



Division of Permits and Inspections
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**INSPECTION REPORT
 CROSS-CONNECTION
 AND BACKFLOW-
 PREVENTION ASSEMBLY**

Project No.: _____
 Activity No.: _____

Name of Owner _____
 Mailing Address _____
 Name of Premises _____
 Street Address _____
 Location of Assembly _____ Install Date _____
 Type of Assembly _____ Manufacturer _____ Size _____
 Model Number _____ Serial Number _____
 Tested by (Firm Name) _____ Licensed Tester's Number _____
 Business Address _____ Telephone _____
 Date of Test _____ Fault _____
 Reason for Failure (if apparent) _____
 Maintenance _____
 Date of Retest _____

I certify that I have tested the above assembly and that it meets the performance requirements of Washington County, Maryland.

 (Signature Licensed Tester)

Line Pressure at Time of Test _____ psi Drop Across Check Valve 1 _____ psid.

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	1. Leaked _____ RP _____ psid 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____	1. Opened at _____ psid reduced pressure 2. Did Not Open _____
Repairs	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc _____ Spring _____ Guide _____ Pin Retainer _____ Hinge Pin _____ Seat _____ Diaphragm _____ Other, Describe _____ _____ _____	_____ Cleaned: _____ Replaced: _____ Disc, upper _____ Disc, lower _____ Spring _____ Diaphragm, large _____ upper _____ lower _____ Diaphragm, small _____ upper _____ lower _____ Spacer, lower _____ Other, Describe _____ _____
Final Test	RP _____ psid Closed Tight _____	Closed Tight _____	Opened at _____ psid reduced pressure

Remarks: _____

NOTE: This form will be returned to the applicant/tester if it is not completed in its entirety.