



Division of Permits and Inspections
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 TTD Dial 711

**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) Printed Name

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.