



Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division

CROSS CONNECTION CONTROL REPORT

A.	Customer's Information	Date of Test
	Important: Applicant must fill ALL three (3) sections "A, B, and C" of this report. Failure to do so may result in rejection and/or delay of the report approval and filing.	Date of Retest
	Number and street suite Floor Number and Street City	C
	Name City	
	State Zip Phone Cell-phone Other phones	
	Name Address Phone	
	Name Number and Street Phone	
	Stamp	

To fulfill the requirements of this report, it is the sole responsibility of the Inspector/ Tester to place the verification tags on the inspected devices.

Manufacturer		Manufacturer		Manufacturer	
Model	Model	Model	Model	Model	Model
Size	Serial	Size	Serial	Size	Serial
Inlet	Relief	Inlet	Relief	Inlet	Relief
(1)D.P.	(2)D.P.	(1)D.P.	(2)D.P.	(1)D.P.	(2)D.P.
Location	Location	Location	Location	Location	Location
Service	Service	Service	Service	Service	Service
Pass	Fail	Pass	Fail	Pass	Fail

C.

Certification I hereby certify that I have the authority to make the foregoing report, that the report is correct, and that the tested Cross connection equipment will conform to the regulations in the Current adopted Va. Uniform Code, and Arlington County codes

Signature of Inspector/ Tester _____ Address _____ Name (print) _____

Certificate Number _____ Date _____ Phone _____ Fax _____