

FORM 8

**Inspection Report
Cross-Connection and Backflow-Prevention Assembly**

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 the
 City of _____

(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 _____
R E P A I R S	____ 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: _____

Figure 2-12 Example form 8—inspection report for testing cross-connection and backflow-prevention assembly(s).