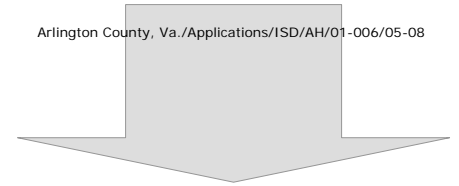




Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division

Arlington County, Va./Applications/ISD/AH/01-006/05-08

CROSS CONNECTION CONTROL REPORT



A.	<u>Customer's Information</u>	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 Test
	Job Address	Number and street	suite	Floor	Phone at site if available	Date of Retest
	<u>On site Contact person information</u>	Name		Number and Street		City
		State	Zip	Phone	Cell-phone	Other phones
	Legal Owner	Name		Address		Phone
Tenant Name (If applicable)	Name		Number and Street		Phone	
						CC
						Stamp

B.	To fulfill the requirements of this report, it is the <u>sole responsibility</u> of the Inspector/ Tester to place the verification tags on the inspected devices.							
	Manufacturer		Manufacturer		Manufacturer		Manufacturer	
	Model		Model		Model		Model	
	Size	Serial	Size	Serial	Size	Serial	Size	Serial
	Inlet	Relief	Inlet	Relief	Inlet	Relief	Inlet	Relief
	(1)D.P.	(2)D.P.	(1)D.P.	(2)D.P.	(1)D.P.	(2)D.P.	(1)D.P.	(2)D.P.
	Location		Location		Location		Location	
	Service	Pass	Service	Pass	Service	Pass	Service	Pass
1		2		3		4		

C.	<u>Certification</u>	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)		
<u>Certificate Number</u>		Date	Phone	Fax			