

CITY OF BAYFIELD COMMERCIAL CROSS CONNECTION CONTROL INSPECTION FORM

BUSINESS / OWNER NAME _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREMISES: BUSINESS: MULTIPLE FAMILY: # of UNITS: _____ APARTMENT: # of UNITS: _____ CONDOMINIUM: # of UNITS: _____

INSPECTION INFORMATION

INSPECTION DATE: _____

NUMBER OF WATER METERS:
 POTABLE WATER: _____
 LAWN IRRIGATION: _____
 FIRE PROTECTION: _____
 WELL: _____

INSPECTION COMPLIANCE:
 YES NO

HAZARD INFORMATION

TYPE OF WATER USED	Y/N	QTY	PORPERLY ISOLATED	APPROVED DEVICE	REQUIREMENT(S) DEVICE TPE/A.S.S.E. #
1. CONTAINMENT SEVICE	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> DCV/1015 <input type="checkbox"/> VDCV/1012 <input type="checkbox"/> DC/1024
2. FIRE PROTECTION SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> DCV/1015
3. WATER SOFTENER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AG
4. LAUNDRY SINK	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> HBVB/1011 <input type="checkbox"/> REMOVE THREADS
5. INSIDE HOSE BIBB(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> HBVB/1011 <input type="checkbox"/> CAP
6. WATER CLOSET(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> ASBC/1002
7. REFRIDGERATOR/ICE MAKER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AG
8. HOT TUB/WHIRLPOOL	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> PVD/1020 <input type="checkbox"/> SVB/1056
9. BOILER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> VDCV/1012
10. HUMIDIFIER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AG <input type="checkbox"/> RPBP/1013
11. SOLAR HOT WATER	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> VDCV/1012
12. OUTSIDE HOSE BIBB(S)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AFHBVB/1014 OR 1019
13. LAWN IRRIGATION SYSTEM	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> PVB/1015 <input type="checkbox"/> SVB/1056 <input type="checkbox"/> AVB/1001
14. SWIMMING POOL	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RPBP/1013 <input type="checkbox"/> PVB/1015 <input type="checkbox"/> AG <input type="checkbox"/> AVB/1001
15. RO/DI UNIT	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> AG <input type="checkbox"/> DCV/1024 <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL NOTES: _____

EXISTING TESTABLE DEVICES W/A.S.S.E.#

DEVICES PROVIDED

CONTAINMENT DEVICE RPBP/1013 DCV/1015

FIRE PROTECTION SYSTEM RPBP/1013 DCV/1015

HOT TUB/WHIRLPOOL RPBP/1013 PVB/1020 SVB/1056

BOILER RPBP/1013

HUMIDIFIER RPBP/1013

SOLAR HOT WATER RPBP/1013

LAWN IRRIGATION SYSTEM RPBP/1013 PVB/1020 SVB/1056

SWIMMING POOL RPBP/1013 PVB/1020 SVB/1056

OTHER RPBP/1013 DCV/1015 PVB/1020 SVB/1056

HBVB INSTALLED Y N QTY _____

AFHBVB INSTALLED Y N QTY _____

ADDITIONAL NOTES: _____

Owner Signature: _____

Inspector Signature: _____ Date: _____