

For Office Use Only:  
 Received: \_\_\_\_\_



**CROSS CONNECTION INSPECTION REPORT**

**FACILITY:** Whigit Maker **DATE:** 2/14/2015

**ADDRESS:** 1212 Whigit Ave

**CITY:** ANTIGO, WI. 54409

**OWNER / CONTACT :** Bill Whigit **PHONE:** 715-623-XXXX

**Facility Type:** Manufacturing whigits  
 (Manufacturing, Restaurant, Medical, Hospital, Salon, Office, Retail, Gas Station, Carwash, Grocery, Bakery, etc.)

**Inspector's recommended Frequency:** 2 years (High Hazard)  10 Years (Low Hazard)

(Please Print)

**INSPECTION COMPANY:** Weese Inspections

**ADDRESS:** 1111 Blind Street

**CITY:** Antigo, WI 54409 **PHONE:** 715-627-XXXX **E-Mail:** [bwhigit@whigitmaker.com](mailto:bwhigit@whigitmaker.com)

**INSPECTOR:** Ralph the Plumber **Credential No.** XXXXXXX

CONTAINMENT		Number of inlets	Number Requiring Protection
Potable Supply	<input type="text" value="1"/>	<input type="text" value="0"/>	
Fire Supply	<input type="text" value="1"/>	<input type="text" value="1"/>	
Secondary Sources (well)	<input type="text"/>	<input type="text"/>	

ISOLATION HAZARDS	Y/N	Quantity	Quantity Properly Protected
1. Lawn Sprinkler(s)	<input type="text" value="Y"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
2. Boiler(s)	<input type="text" value="Y"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
3. Cooling Tower(s)	<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>
4. Heat Exchanger(s)	<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>
5. Water Cooled A/C	<input type="text" value="N"/>	<input type="text"/>	<input type="text"/>
6. Water Supplied Equipment	<input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>
7. Plumbing Fixture(s)	<input type="text" value="Y"/>	<input type="text" value="9"/>	<input type="text" value="7"/>
8. Other _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>REMARKS</b>	High Hazard because RPZ required on boiler
Fire Sprinkler system is properly protected with an ASSE 1015 Double Check	

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ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
1	4	3	1					1002	
Location: Men's restroom water closets/ADA stall ballcock does not meet ASSE 1002									

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ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
2	5	5	0					1002	
Location: Women's restroom water closets									

									Office Use Only
ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
3	1	0	1					1001	
Location: Lawn irrigation front right corner of building/irrigation system requires back flow protectect ASSE 1001 with a wild zone									

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ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
4	1	1	0		RPZ	Watts	909	1013	
Location: NW corner of building									

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ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
5									
Location: Mop sink in janitor's closet requires a HBVB installed on hose threads									

Inspector's Signature: Ralph A Plumber

Date: 2/15/2015

Facilities Contact Signature William Whigit

Date: 2/15/2015

**ATTENTION INSPECTOR**

**PROVIDE ONE COPY OF THIS FORM TO OWNER/CONTACT, ONE COPY TO THE CITY OF ANTIGO BUILDING INSPECTOR/ZONING ADMINISTRATOR AND RETAIN ONE COPY FOR YOUR RECORDS IN FOLLOWING-UP NON-COMPLIANCE ISSUES.**

**ADDITIONAL PAGE . PLEASE NUMBER LOCATIONS ACCORDINGLY.**

									Office Use Only
ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
Location:									

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									Office Use Only
ID#	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Assembly Type	Manufacturer	Model	ASSE	
Location:									

Inspector's Initial: \_\_\_\_\_