CROSS CONNECTION INSPECTION REPORT

Forms can be sent via mail, email, or hand delivered to the Public Works office located in City Hall.

Mail completed forms to:
Antigo City Hall
Building Inspection/ Zoning Admin
700 Edison St
Antigo, WI 54409

Email completed forms to:
bmauk@antigo-city.org

1. Information

Building Information

Address	**Business Name/Occupant Name**
Occupancy Type or Use	**Business/ Occupant Phone Number**
Inspectors Recommended Frequency ☐ **2 Years (High Hazard)**	☐ **10 years (Low Hazard)**

Property Owner	**Licensed Plumber or Certified Cross Connection Inspector**
Name	**Name of Licensed Plumber or Trained Cross Connection Inspector**
Phone Number	**License Number of Licensed Plumber or Certified Inspector**
Address	**Phone Number of Inspector**
	Company Name
	Address

2. Signatures

_____ _____

Signature and Date
Facilities Contact

Signature and Date
Licensed Plumber or Trained Cross Connection Inspector

Attention Plumber/Inspector
Please, 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.

3. Containment

	Number of Inlets	Number Requiring Protection
Potable Supply		
Fire Supply		
Secondary Sources (well)		

4. Isolation Hazards

	Yes/No	Quantity	Quantity Properly Protected
Lawn Sprinkler(s) Boiler(s)			
Cooling Tower(s)			
Heat Exchange(s)			
Water Cooled A/C			
Water Supplied Equipment			
Plumbing Fixture(s)			
Other			
Other			
Other			

5. Remarks

6. Location

ID # 1	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 2	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 3	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 4	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 5	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 6	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID # 7	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

Additional Page. Please Number Locations Accordingly

ID #	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

ID #	Quantity Total	Quantity Passed	Quantity Failed	Device Type	Manufacturer	Model	ASSE
Location							

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