

Village of Milan 405 E 1st Ave Milan, IL 61264 Inspection: 309-787-8697 Fax: 309-787-8536	NOTE: <u>PLEASE SUBMIT ONE FORM</u> <u>PER DEVICE</u>	Village Use Only Device ID: _____ Account Number: _____
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CROSS-CONNECTION AND BACKFLOW PREVENTION INSPECTION AND TEST REPORT FORM

Name of Owner: _____	Mailing Address: _____
Name of Account: _____	Service Address: _____
Serial Number: _____	Make: _____
Model: _____	Size: _____
Type of Device: RP () DC () PVB () SVB () DCDA () RPDA () Air Gap () AVB ()	

Purchase Date: _____	Installed: _____	Inspection Due: _____	Last Inspection Date: _____
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Line Pressure at Time of Test:		PSI	Pressure Drop Across First Check Valve:		PSID
	Check Valve No 1	Check Valve No 2	Differential Pressure Relief Valve		Pressure Vacuum Breaker
Initial Test	Leaked () Closed Tight () Held at PSI	Leaked () Closed Tight () Held at PSID	Did Not Open () Opened at PSID		AIR INLET Did Not Open () Opened at PSID
Repairs	Cleaned : () Replaced:	Cleaned : () Replaced:	Cleaned : () Replaced:		CHECK VALVE Held at PSID
Details	Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, Describe _____ _____ _____ _____ _____	Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, Describe _____ _____ _____ _____ _____	Disc Upper () Disc Lower () Spring () Seat Upper () Seat Lower () Spacer Lower () Diaphragm () Large Upper () Large Lower () Small Upper () Small Lower () Other, Describe _____ _____ _____ _____	Cleaned () Replaced: Air Inlet Disc () Check Disc () Air Inlet Spring () Check Spring () Other, Describe () Atmospheric Vacuum Breaker After Removing Canopy, Device Leaks () Float Does Not Fall With Flow Shut Off () Cleaned () Parts Replaced () List Parts in Remarks:	
Final Test	Closed Tight () Held at PSI	Closed Tight () Held at PSID	Opened at PSID Reduced Pressure.		AIR INLET PSID CHECK VALVE PSID

Remarks: _____

The above report is certified to be true, accurate and complete.

	Date Tested:	CCCDI Signature and No:	Tester Calibration Date & Serial:	Passed:	Failed:
Initial Test					
Repairs					
Final Test					

Plumbing Firm Name: _____