

CROSS CONNECTION SURVEY FORM



N None Required
AVB Atmospheric Type Vacuum Breaker
DUC Dual Check Valve Type
DCAP Dual Check Valve Type with Atmospheric Port
†DCVA Double Check Valve Assembly Type
DUCV Dual Check Valve Type with Intermediate Vent
DCAPC Dual Check Valve Type with Atmospheric Port for Carbonation Systems
HCVB Hose Connection Vacuum Breaker
LFVB Laboratory Faucet Type Vacuum Breaker
†SCVA Single Check Valve Assembly
AG Air Gap
†RP Reduced Pressure Principle
†PVB Pressure Type Vacuum Breaker
† permits required for installation of these devices

Date: _____ Building Address: _____ Surveyor Name: _____ Certificate #: _____

Owner: _____ Owner Telephone: _____ Surveyor Company: _____ Surveyor Telephone: _____

Owner Email: _____ Surveyor Email: _____

Building Use: _____ Premise Hazard Level (check one):
 Minor Moderate Severe

Protection against Thermal Expansion? YES NO Specify recommended protection against Thermal Expansion if none present: _____

Fire Sprinkler System in Building? YES NO Chemicals added to Sprinkler System? YES NO Specify existing (check one) protection for Fire Sprinkler System: SCVA DCVA RP

Location of Cross Connection (Serving what equipment, etc)	Existing Protection (Type & Size)	Serial #	Date of Last Test	Degree of Hazard (minor, moderate, severe)	Existing protection acceptable? Y/N	Proposed Upgrade (Type & Size)

This form is intended to assist the Qualified Person in carrying out a survey to address potential cross-connection situations. It is the responsibility of the owner or building occupier to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections and recommendation of corrective actions. All selections shall be made in accordance with the Backflow Prevention By-law and current edition of CSA B64-17. The City has jurisdiction over all selections. Survey subject to approval before work may commence. Permits are required for installation of all testable devices. Submit copies of this survey to the City of Waterloo Backflow Prevention Officer and to the Owner of this facility.

To the extent that the foregoing information constitutes personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, chapter M.56 as amended, the information is subject to provisions of that Act and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to the City Clerk, Waterloo City Centre, 100 Regina Street South, Waterloo, Ontario, N2J 4A8, telephone (519) 886-1550.

Signature of Surveyor: _____ Date of Facility Audit: _____