MAINTENANCE & OPERATIONS DIVISION
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BACKFLOW PREVENTION
BY-LAW 125-14

CROSS CONNECTION CONTROL SURVEY REPORT

Date of Survey: _____/_____/_____
DD MM YY

Facility Address: _____ **Page No:** ___ **of** ____

Type of Water Use: Industrial ☐ Commercial ☐ Institutional ☐ Multi-Residential ☐

Overall Hazard Level: Low ☐ Moderate ☐ High ☐ **Size of Service:** _____ mm **Metered?** Yes ☐ No ☐

Qualified Person		Facility Contact Person			
Name:		Name:			
Company:		Company:			
Phone:		Phone:		Fax:	
OWWA Cert #:		E-mail:			

***Please use these codes to identify types of backflow preventer**

AG	Air Gap	DUCV	Dual Check Valve Type with Intermediate Vent
RP	Reduced Pressure Principle Type	AVB	Atmospheric Type Vacuum Breaker
RPF	RP Type for Fire Protection System	PVB	Pressure Type Vacuum Breaker
DCAP	Dual Check Valve Type with Atmospheric Port	SRPVB	Spill-Resistant Pressure Vacuum Breaker
DCVA	Double Check Valve Assembly Type	VB	CSA B125 Approved Vacuum Breaker
DCVAF	DCVA Type for Fire Protection System	HCVB	Hose Connection Type Vacuum Breaker
SCVAF	Single Check Valve Assembly Type for Fire Protection System	HCVB-F	Hose Connection Type Vacuum Breaker – Freeze Resistant
DUC	Double Check Valve Type	LFVB	Laboratory Faucet Type Vacuum Breaker
		RSCV	Resilient Seated Check Valve

#	Location of Cross Connection	Hazard Level (L/M/H)*	Existing Protection Type	Serial #	Date of Last Test (D/M/Y)	Acceptable Protection (Y/N)	Recommended Upgrade Type	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* L = **Low**, M = **Moderate**, H = **High** – Refer to CSA Standards

FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person in carrying out a survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or building occupant to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections, and to enable recommended corrective actions.

Owner/Tenant Signature (SIGN EACH PAGE): | **Qualified Person Signature (SIGN EACH PAGE):**

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the Town of Richmond Hill By-law 125-14 and may be used for the enforcement and administration of the By-law, and will be stored by the Town for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Public Works for the Town of Richmond Hill.

Revision: Dec 2014