



**Water and Wastewater Operations**  
 1162 Kohler Rd.  
 Cayuga, ON N0A 1E0  
 Tel: (905) 318-5932  
 Fax: (905) 772-3779  
 Email: wwwops@haldimandcounty.on.ca

# CROSS CONNECTION CONTROL SURVEY REPORT

Water Use By-law 1420-14

<b>Qualified Person Information</b>		
Name:	Company:	Phone: Email:
Certificate #:		

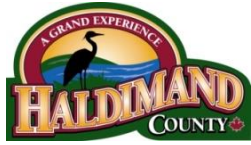
<b>Facility Information</b>		
Owner:	Address:	Phone: Email:
Occupant:	Address:	Phone: Email:
Is a Fire Suppression System Present?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Are chemicals added to the Fire Suppression System?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Building or Facility – (B64. 10-11 Table B.2):	Facility Degree of Hazard:      Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	

<b>Premise Isolation Backflow Prevention Device</b> – <i>To be completed if a premise isolation backflow prevention device is installed.</i>		
Backflow Preventer Type:	Make/Model:	Serial #:
Device Location:	Device Size:	Date Last Tested:
Is the device adequate for the degree of hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If <u>No</u> is selected, please provide more information and a recommended device below.</i>		

<b>Comments/Recommendations:</b> <i>A recommended device must be provided for High Hazard properties.</i>	

<b>Owner/Occupant Signature (SIGN EACH PAGE):</b>	<b>Qualified Person Signature (SIGN EACH PAGE):</b>
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*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 Haldimand County By-law 1420-14 and may be used for the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms.*



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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								

\* 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):**

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