

# 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  
*† building 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):<br>Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |
|---------------|---|

|   |  |
|---|--|
| Protection against Thermal Expansion?<br>YES NO | Specify <b>recommended</b> protection against Thermal Expansion if none present: |
|---|--|

|   |   |   |
|---|---|---|
| Fire Sprinkler System in Building? YES NO | Chemicals Added to Sprinkler System? YES NO | Specify recommended / existing (circle one) protection for Fire Sprinkler System: |
|---|---|---|

| 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 B64-10. 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.*

|  |                        |                         |
|--|------------------------|-------------------------|
| <i>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.</i> | Signature of Surveyor: | Date of Facility Audit: |
|--|------------------------|-------------------------|