

Facility Address:		SIZE/TYPE/SERIAL NUMBER/REQUIRED UPGRADE	
Lunch Rooms/cafeterias	Coffee machines Yes <input type="checkbox"/> No <input type="checkbox"/>	Direct water connection Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Vending Machines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Direct water connection Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Mop Sinks Y/N	Total No:	Chemical dispenser	Protection:
Laundry Tubs Y/N	Total No:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Boiler make-up water	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemical addition Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Chiller make up water	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemical addition Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Irrigation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemical addition Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Pressure Washer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Aspirator Yes <input type="checkbox"/> No <input type="checkbox"/>	Protection:
Chemical dispenser	Yes <input type="checkbox"/> No <input type="checkbox"/>		Protection:
Garbage Wash down	# and Location	Degree of Hazard: Severe	Protection:
Humidifier	Chemical addition Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree of Hazard: Moderate/Severe	Protection:
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 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. Cross connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and Bylaw (2008) - 18660.			
Date all required upgrades will be completed:		No required upgrades or DATE COMPLETE:	
*OWNER/OCCUPANT Name (please print)		*QUALIFIED PERSON Name (please print)	
SIGNATURE		SIGNATURE	
All selections shall be made in accordance with the Backflow Prevention By-law and current edition of CSA B64-10 Note: Surveyor required to submit copies of this report to City of Guelph and owner of property.		AG Air Gap AVB Atmospheric Type Vacuum Breaker DCAP Dual Check Valve Type with Atmospheric Port †DCVA Double Check Valve Assemble Type DUC Dual Check Valve Type DUCV Dual Check Valve Type with Intermediate Vent HCVB Hose Connection Vacuum Breaker	LFVB Laboratory Faucet Type Vacuum Breaker †PVB Pressure Type Vacuum Breaker †RP Reduced Pressure Principle Type †SCVA Single Check Valve Type DCAPC Dual Check Valve Type with Atmospheric Port for Carbonation Systems
† Building Permits required for installation of these devices. * All fields marked with an * are mandatory fields		Planning & Building, Engineering and Environment Building Services T 519-837-5615 F 519-837-5652 backflow@guelph.ca	
Please list additional cross connections on Appendix "A" (ie: hose bibs, eye wash stations, laundry machines etc.)			

CROSS CONNECTION CONTROL SURVEY FORM

APPENDIX "A" Additional Cross Connections



Date / /
(M/ D/Y)

*FACILITY ADDRESS:

TYPE OF HAZARD AND LOCATION	DEGREE OF HAZARD	PROTECTION: SIZE/TYPE/SERIAL NUMBER/REQUIRED UPGRADE
	Minor <input type="checkbox"/>	
	Moderate <input type="checkbox"/>	
	Severe <input type="checkbox"/>	
	Minor <input type="checkbox"/>	
	Moderate <input type="checkbox"/>	
	Severe <input type="checkbox"/>	
	Minor <input type="checkbox"/>	
	Moderate <input type="checkbox"/>	
	Severe <input type="checkbox"/>	
	Minor <input type="checkbox"/>	
	Moderate <input type="checkbox"/>	
	Severe <input type="checkbox"/>	
	Minor <input type="checkbox"/>	
	Moderate <input type="checkbox"/>	
	Severe <input type="checkbox"/>	

NOTE: List additional cross connections on this form that were NOT mentioned on General Form