

# CROSS CONNECTION CONTROL SURVEY FORM GENERAL FORM



Included with this form:

- Appendix A: Additional Cross Connections
- Appendix B: Dental Office
- Appendix C: Restaurant
- Appendix D: Mortuary
- Appendix E: Hospital/Nursing Home

Date: \_\_\_\_\_

Occupant:		Address:		Phone: Fax: Email:	
Owner:		Address:		Phone: Fax: Email:	
Certified Tester:		Company:		Phone: Fax: Email:	
Facility ID #:			Building Use:		
<b>Degree of Hazard:</b> <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<b>Size, Type and Serial Number of Premise Isolation:</b>		<b>Bypass (Parallel) Device:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Size, Type and Serial Number:</b>		
<b>Does Building have a Designated Process Line:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Protection: Size, Type and Serial Number:</b>		<b>Bypass (Parallel) Device:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Protection: Size, Type and Serial Number:</b>		<b>All Non-Potable Pipes Labeled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A	
<b>Does building have a Fire Sprinkler System:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Protection: Size, Type and Serial Number, if applicable</b>		
<b>Chemical Addition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Washrooms – Total #:</b>	<b>Basins – Total #:</b>  <b>Protection:</b> <input type="checkbox"/> Air gap <input type="checkbox"/> Other	<b>Toilets – Total #:</b> <b>Chemical Addition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Protection:</b> <input type="checkbox"/> AVB <input type="checkbox"/> Other	<b>Urinals – Total #:</b> <b>Chemical Addition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Protection:</b> <input type="checkbox"/> AVB <input type="checkbox"/> Other		

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Floor Drains – Total #:  Location(s):		Are floor drains primed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Address:		Facility ID#:	Size, Type, Serial #	Required Upgrade
Lunchrooms / Cafeterias	Coffee machines: <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct water connection <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Vending Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct water connection <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Mop Sinks <input type="checkbox"/> Yes <input type="checkbox"/> No  Laundry Tubs <input type="checkbox"/> Yes <input type="checkbox"/> No	Mop Sinks #:  Laundry Tubs #:	Chemical Dispenser  <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Boiler Make-Up Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Chiller Make-Up Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Irrigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Pressure Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirator <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:	
Chemical Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No		Protection:	
Garbage Wash Down	# and Location	Degree of Hazard <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Protection:	
Humidifier	Chemical Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Protection:	

**FULL DISCLOSURE REQUIRED:** This form is intended to assist the Certified Tester 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 Certified Tester 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 Backflow Prevention By-Law.

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Date Completed:	Upgrades required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date all required upgrades will be completed:	
Owner / Occupant	Certified Tester
Name (Please Print): _____	Name (Please Print): _____
Signature: _____	Signature: _____
<b>All selections shall be made in accordance with the Backflow Prevention By-Law and current edition of CSA B64-10</b> <b>Note:</b> Surveyor required to submit copies of this report to the Town of Goderich as well as the owner of the property.	
List additional cross connections on <b>Appendix A</b> (i.e., hose bibs, eye wash stations, laundry machines, etc.)	

**Collection of Personal Information:**

Personal information is being collected and will be used for the purposes of verifying property ownership and to communicate with the owner/occupant/Certified Tester. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.