



Title:	Cross Connection Control Survey Form - Part 1: General		
Document #:	PW-ES-WD-FRM-018-001	Revision Number:	4

Part 1: General Included with this form: <input type="checkbox"/> Part 2: Addition Cross Connections <input type="checkbox"/> Part 3: Dental Office <input type="checkbox"/> Part 4: Restaurant <input type="checkbox"/> Part 5: Mortuary/Morgue <input type="checkbox"/> Part 6: Hospital/Nursing Home	Date:			
		MM	DD	YYYY

*Facility Occupant:	*Facility Address:	*Phone #:	Fax #:
		Email:	

*Property Owner:	*Mailing Address: <input type="checkbox"/> Same as Facility	*Phone #:	Fax #:
		Email:	

*Certified Person:	*Company Name:	*Phone #:	Fax #:
		Email:	

*Certification Persons Qualifications:
 Licenced Plumber Journeyman Plumber Apprentice Plumber Fire Sprinkler Fitter Lawn Irrigation Installer

*Certificate # (CCC Specialist): <input type="checkbox"/> Certificate Attached	*Certificate # (Plumber / Fire Sprinkler Fitter / Lawn Irrigation Installer): <input type="checkbox"/> Certificate Attached
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*Building Use:

*Degree of Hazard: <input type="checkbox"/> Minor ⁽¹⁾ <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	*Size and Type of Premise Isolation: <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.	Bypass device <input type="checkbox"/> Yes <input type="checkbox"/> No	Size and Type:
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Does building have a designated system (i.e. Process/Portable): <input type="checkbox"/> Yes <input type="checkbox"/> No	Size & Type of Premise Isolation: <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.	Bypass Device: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size and Type:
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Does building have a Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type): <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
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***Does this building have/require Zone Protection: Yes No - If "Yes" note protection below or on CCC Survey Form Part 2 - 6**

Washroom #	Location	Total # Toilets: Protection: <input type="checkbox"/> AVB <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd. <input type="checkbox"/> Other <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.	Total # Basins: Protection: <input type="checkbox"/> AVB <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd. <input type="checkbox"/> Other <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.	Total # Urinals: Protection: <input type="checkbox"/> AVB <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd. <input type="checkbox"/> Other <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Washroom #1				
Washroom #2				
Washroom #3				
Floor Drains		Total #:	Trapseal Primer: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, protection (size/type): <input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.



Lunch Rooms/Cafeterias	Coffee Machines	Direct water connection <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Vending Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct water connection	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Mop Sinks/Laundry Tubs <input type="checkbox"/> Yes <input type="checkbox"/> No	Total #:	Chemical dispenser <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Boiler Make-Up Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Chiller Make-Up Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Irrigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Pressure Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirator <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Chemical Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No		Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Garbage Disposal Unit	Total #:	Degree of Hazard: Severe	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.
Humidifier	Chemical addition <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Moderate/Severe	Protection (size & type):	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.

FULL DISCLOSURE REQUIRED: This form is intended to assist the Certified 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 Certified 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 By-law No. 09-73

*PROPERTY OWNER (print name): _____ (signature): _____

*CERTIFIED PERSON (print name): _____ (signature): _____

All selections shall be made in accordance with the Backflow Prevention By-law and current edition of CSA 864-10. Note: Surveyor is required to submit copies of this report to Town of Grimsby and owner of property.	AG- Air Gap AVB- Atmospheric Type Vacuum Breaker DCAP- Dual Check Valve Type with Atmospheric Port DCAPC- Dual Check Valve Type with Atmospheric Port for Carbonation System † DCVA- Double Check Valve Assembly Type DUC- Double Check Valve Type	DUCV- Dual Check Valve Type with Intermediate Vent HCVB- Hose Connection Type Vacuum Breaker LFVB- Laboratory Faucet Type Vacuum Breaker † PVB- Pressure Type Vacuum Breaker † RP- Reduced Pressure Principle Type † SCVA- Single Check Valve Type
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Notes: (1) Buildings identified as a "minor" degree of hazard are considered exempt from the requirements to install a backflow prevention device at this time.
 † Building Permits required for installation of these devices.

* All fields marked with an * are mandatory fields.
 Ex. - Existing Device
 Reqd. - Device Required/Recommended

(Town of Grimsby)
Form Checked By: _____ Date (mm/dd/yyyy): ____/____/____