



**CROSS CONNECTION SURVEY FORM**

|              |   |             |                                       |
|--------------|---|-------------|---------------------------------------|
| <b>N</b>     | None Required   | <b>HCVB</b> | Hose Connection Vacuum Breaker        |
| <b>AVB</b>   | Atmospheric Type Vacuum Breaker                               | <b>LFVB</b> | Laboratory Faucet Type Vacuum Breaker |
| <b>DUC</b>   | Dual Check Valve Type   | <b>SCVA</b> | Single Check Valve Assembly           |
| <b>DCAP</b>  | Dual Check Valve Type w/Atmospheric Port                      | <b>AG</b>   | Air Gap                               |
| <b>DCVA</b>  | Double Check Valve Assembly Type                              | <b>RP</b>   | Reduced Pressure Principle            |
| <b>DUCV</b>  | Dual Check Valve Type w/Intermediate Vent                     | <b>PVB</b>  | Pressure Type Vacuum Breaker          |
| <b>DCAPC</b> | Dual Check Valve Type w/Atmospheric Port for Carbonation Sys. | <b>OTH</b>  | Other (Specify): _____                |

|        |                   |                  |
|--------|-------------------|------------------|
| Date:  | Building Address: | Owner Telephone: |
| Owner: |                   | Owner Email:     |

|                     |                   |                     |
|---------------------|-------------------|---------------------|
| Surveyor Name:      | Surveyor Company: | Surveyor Telephone: |
| Certificate Number: |                   | Surveyor Email:     |

|   |  |  |
|---|--|--|
| Building Use:   | Premise Hazard Level:<br>Minor _____ Moderate _____ Severe _____                 |  |
| Protection against Thermal Expansion:<br>Yes _____ No _____                   | Specify recommended protection against Thermal Expansion if <b>non present</b> : |  |
| Specify recommend/existing (circle one) protection for Fire Sprinkler System: | Fire Sprinkler System in Building:<br>Yes _____ No _____                         | Chemical added to Sprinkler System:<br>Yes _____ No _____                    |
| Well On-Site: Yes _____ No _____  | Irrigation System in Building:<br>Yes _____ No _____                             | Water Source of Irrigation System:<br>Well water _____ Municipal Water _____ |
| If Yes, State Use:  |  |  |

| Location of Cross Connection<br>(Serving what equipment, etc.) | Existing Protection<br>(Type & Size) | Serial No. | Date of Last Test | Degree of Hazard<br>(minor, moderate, severe) | Existing Protection acceptable Y/N | Proposed Upgrade<br>(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 By-law No 6-2019 as amended (Backflow Prevention and Cross Connection Control) and current edition of CSA B64-10. The Municipality 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 Municipality of Thames Centre - Environmental Services Department and to the owner of this facility.*

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|--|---------------------------------------|--|
| <p><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 Municipality Clerk, 4305 Hamilton Rd. Dorchester, ON, Canada, N0L 1G3 Telephone: (519) 268-7334 Fax: (519) 268-3928</i></p> | _____<br><b>Signature of Surveyor</b> | _____<br><b>Date of Facility Audit</b> |
|--|---------------------------------------|--|