

CROSS CONNECTION CONTROL SURVEY FORM GENERAL



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:	
Qualified Person:		Company:		Phone #:	
				Fax #:	
				Email:	
Facility ID#:			Building Use:		
Degree of Hazard:		Size, Type & Serial # of Premise Isolation:		Bypass (Parallel) device Yes No	
Minor Moderate Severe				Size, Type & Serial #	
Does building have a designated process line: Yes No		Bypass (Parallel) device: Yes No		Is all non-potable pipe labeled Yes No	
Protection: Size, Type & Serial #		Size, Type & Serial #		N/A	
Does building have a Fire Sprinkler System: Yes No			Chemical addition: Yes No		Protection: (Size, Type & Serial # if applicable):
WASHROOMS – Total #		BASINS – Total #		TOILETS – Total #	
		Protection: Air Gap		Chemical addition: Yes No	
		Other		Protection: AVB	
				Other	
				Protection: Air gap	
				AVB	
Floor Drains – Total #			Are floor drains primed: Yes No		
Location:					

Facility Address:		Facility ID#:	SIZE, TYPE, SERIAL NUMBER	REQUIRED UPGRADE
	Coffee machines	Direct water connection	Protection:	
Lunch Rooms/cafeterias	Yes No	Yes No		
		Direct water connection	Protection:	
Vending Machines	Yes No	Yes No		
Mop Sinks Yes No	Total No:	Chemical dispenser	Protection:	
Laundry Tubs Yes No	Total No:	Yes No		
		Chemical addition	Protection:	
Boiler make-up water	Yes No	Yes No		
		Chemical addition	Protection:	
Chiller make up water	Yes No	Yes No		
		Chemical addition	Protection:	
Irrigation	Yes No	Yes No		
		Aspirator	Protection:	
Pressure Washer	Yes No	Yes No		
Chemical dispenser	Yes No		Protection:	
Garbage Wash down	# and Location	Degree of Hazard: Severe	Protection:	
	Chemical addition:	Degree of Hazard:	Protection:	
Humidifier	Yes No	Moderate Severe		
<p>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 Backflow Prevention Bylaw.</p>				
Date all required upgrades will be completed:			No required upgrades or DATE COMPLETE:	
OWNER/OCCUPANT			QUALIFIED PERSON	
Name (please print)		Signature	Name (please print)	
			Signature	
<p>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.</p>				
				<p>Building Services T 519-837-5615 F 519-837-5652 backflow@quelfh.ca</p>
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



FACILITY ADDRESS:

Facility ID#:

TYPE OF HAZARD AND LOCATION	DEGREE OF HAZARD	PROTECTION: SIZE/TYPE/SERIAL NUMBER	REQUIRED UPGRADE
	Minor Moderate Severe		
	Minor Moderate Severe		
	Minor Moderate Severe		
	Minor Moderate Severe		
	Minor Moderate Severe		

NOTE: List additional cross connections on this form that were *NOT* mentioned on General Form (do not duplicate)