

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:
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Degree of hazard: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Size, type & serial # of Premise Isolation:	Bypass (Parallel) device <input type="checkbox"/> Yes <input type="checkbox"/> No Size, type & serial #
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Does building have a designated process line: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection: Size, Type & Serial #	Bypass (Parallel) device: <input type="checkbox"/> Yes <input type="checkbox"/> No Size, Type & Serial #	Is all non-potable pipe labeled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Does building have a Fire Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No Chemical addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection: (Size, Type & Serial # if applicable):
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Washrooms – Total #	Basins – Total # Protection: <input type="checkbox"/> Air gap <input type="checkbox"/> Other	Toilets – Total # Chemical addition: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection: <input type="checkbox"/> AVB <input type="checkbox"/> Other	Urinals – Total # Chemical addition: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection: <input type="checkbox"/> Air gap <input type="checkbox"/> AVB
Floor drains – Total # Location:		Are floor drains primed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility address:		Facility ID#:	Size, type, serial number
Lunch Rooms/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	Total No:	Chemical dispenser	Protection:
Laundry tubs <input type="checkbox"/> Yes <input type="checkbox"/> No	Total No:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boiler make-up water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	Protection:
Chiller make up water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	Protection:
Irrigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	Protection:
Pressure washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirator	Protection:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Chemical dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No		Protection:	
Garbage wash down	# and location	Degree of hazard: 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 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.				
Date all required upgrades will be completed:		No required upgrades or date complete:		
Owner/occupant		Qualified person		
Name (please print): _____		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.				
List additional cross connections on Appendix "A" (ie: 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/qualified person. 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.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.