

**Surveyor Information (please print)**

Receipt Number: (for office use only) \_\_\_\_\_

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

Surveyor Company: _____	Facility Name: _____	Description/ Type: _____
Surveyor Name: _____	Facility Address: _____	City: _____
Surveyor Certification: _____	Exp. Date: _____	Property Management: _____
Surveyor Address: _____	Mailing Address: _____	Postal Code: _____
City: _____	Postal Code: _____	City: _____
Surveyor Email: _____	Facility Rep/Contact: _____	Email: _____
Surveyor Phone #: _____	Cell #: _____	Email: _____
	Facility Rep/Owner: _____	Phone #: _____
		Cell #: _____

Required 2 out of 3	Premise Isolation	Water Service Information
Premise: <input type="checkbox"/> What is the current Premise Hazard Level: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Area Floor Drains Primed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the service metered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zone: <input type="checkbox"/> Does the facility have a premise isolation device installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Device: _____	Meter 1 Serial #: _____ Size: _____
Source: <input type="checkbox"/> If yes, which Device?: <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:		Meter 2 Serial #: _____ Size: _____
Is the Plumbing System protected from thermal expansion?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Facility require un-interrupted water supply?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Potable Water / Auxiliary Water	Fire Protection System (FPS)/ Sprinkler System	
Is Auxiliary water in use?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a FPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Check Valve Chamber at the property line?
Is it Zone protected with a backflow device?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the FPS have a dedicated water Service line? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other	If yes, specify what kind of BFD is installed <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:	
What is the source of this water (Well, pond, etc.)?	When a FPS is fed from a separate service, the FPS must be protected by a DCVA minimum.	
Process Water	Boiler System	Irrigation System: Garden/ Lawn
Is process water in use at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a Boiler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an irrigation system present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the process water Potable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this system use chemical additives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it protected with a Backflow Device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are process water lines Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it protected with a Backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow Device is in use?
If yes, which device?	If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> Other:	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other
Chemical Feed System	HVAC System	
Is there a chemical feed system in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a Cooling Tower? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow device is in use?
If yes, is the system Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the cooling system Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:
If yes, specify what type of Backflow device is in use? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:	Is the Chiller/Boiler protected by a Backflow Device? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow device is in use on the make-up supply system? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:
What kind of contamination is present?		

