

Cross-Connection Survey

Cross-Connection Control Program Environmental Control

	_					Receipt Number: (for office use of	only)		
Surveyor Information (please print					Survey Date:				
						Julyey Date.	Year	Month	Day
Surveyor Company:				Facility Name:			Description/ Type:		-
Surveyor Name:				Facility Address:			City:		
Surveyor Certification Exp. Date:				Property Management:			Postal Code:		
Surveyor Address:	F 1111			Mailing Address:					
City:	Postal Code:			City:			Postal Code:		
Surveyor Email:	i osai code.			Facility Rep/Contact			Email:		
Surveyor Phone #	Cell #			Owner Name:		Email:			
				Facility Rep/Owner	Phone #		Cell #		
Required 2 out of 3	Premise Isolation	n					Water Service Information	on	
Premise: What is the current Prem	nise Hazard Level: 🗌 N	Minor 🗆 Moderate 🗀 S	Severe	vere Area Floor Drains Primed: 🗆 Yes 🗆 No s the service metered? 🗆 Yes 🗀			No		
Zone: Does the facility have a premise isolation device installed? Yes No			□ No	Meter 1 Serial #: Device:			Size:		
Source: ☐ If yes, which Device?: ☐ RP ☐ DCVA ☐ Other:						Meter 2 Serial # :		Size:	
Is the Plumbing System	protected from therma	al expansion?: Yes	□ No			Does the Facility require un-interrupte	ed water supply?: \square Yes \square No		
Non-Potable Water	/ Auxiliary Water					Fire Protection System (FPS)/ Sprinkler S	System		
Is Auxiliary water in use?: ☐ Yes ☐ No Doc			Does the facili	ty have a FPS? 🗌 Yes 🗎 No		Is there a Check Valve Chamber at the property line?			
Is it Zone protected with a backflow device?: Yes No			Does the FPS have a dedicated water Service line?				☐ Yes ☐ No		
If yes, which device? ☐ RP ☐ DCVA ☐ Other			If yes, specify what kind of BFD is installed \square RP \square DCVA \square 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?	☐ Yes	□ No	Does the facili	ty have a Boiler system?	☐ Yes	□ No	Is there an irrigation	system present? Yes	□ No
If yes, is the process water Potable?	☐ Yes	□ No	Does this syste	em use chemical additives?	☐ Yes	□ No	Is it protected with	a Backflow Device? Yes	No
Are process water lines Backflow protected?	☐ Yes	□ No		tected with a Backflow device?	☐ Yes	□ No	If Yes, what type	of Backflow Device is in use?	
If yes, which device?			If yes, which device?	□ RP	☐ Other:		□ RP	□ DCVA □ Other	
Chemical Fe	ed System				1	HVAC System			
Is there a chemical feed system in this facility?	☐ Yes	□ No	Does the facili	ty have a Cooling Tower?	☐ Yes	□ No	If Yes, what type of Backflow device	is in use?	
If yes, is the system Backflow protected?	☐ Yes	□ No		system Backflow protected?	☐ Yes	□ No	□ RP □ DCVA	☐ Other:	
If yes, specify what type of Backflow device is in	□ RP	□ DCVA	Is the Chiller/E Device?	Boiler protected by a Backflow	Π.,	п.,	If Yes, what type of Backflow device	s in use on the make-up supp	ly system?
use?	☐ Other:				☐ Yes	□ No	☐ RP ☐ DCVA ☐ Other:		
What kind of contamination is present?	_	_	_	_					



Appendix A Cross-Connection Survey

	LIST ALL CROSS CONNECTIONS FOLIND WITHIN THE FACULTY								
LIST ALL CROSS CONNECTIONS FOUND WITHIN THE FACLITY									
Unit	Location of Devices	System/Type of Cross Connection	Degree of Hazard: Severe / Moderate / Low	Acceptable Protection: Yes / No	Size	Туре	Existing BFP Serial Number/Model Number	Required Upgrade – Type of Device	Required Upgrade: Yes / No
Comp	Complete all sections of this document, do not leave any questions unanswered. It is the responsibility of the owner to ensure this Survey is submitted to the Region of Real within 14 days of								

Complete all sections of this document, do not leave any questions unanswered. It is the responsibility of the owner to ensure this Survey is submitted to the Region of Peel within 14 days of inspection, failure to do so will result in non-compliance of By-law No. 10-2017. All recommendations on this Survey shall be in accordance with the Backflow Prevention By-Law and current CSA B64-21 Standards. Commencement of any work recommended by a Survey is subject to approval and Permits for installation or upgrades of all testable devices and can be obtained from the respective City or Town's Building Departments.

For inquiries please contact: zzg-backflowprevention@peelregion.ca

Submit Original Survey Documents to: The Region of Peel, Backflow Prevention, Environmental Control 3515 Wolfedale Rd, Mississauga, Ontario, L5C 1V8.

A \$56.92 fee (Tax not applicable) is payable to the Region of Peel upon submission. Payments can be made by credit card.

Facility Address:	Surveyor's Name:				
Owner/Representative's Name:	Surveyor's Signature:				
Owner/Representative's Signature:	Surveyor's Certification #	Exp. Date:			
Date:	Date:				
By signing this, the above signatories certify that the cross-connection survey findings are correct and true.					