

Quality Assurance Form

Doc. #: CPMS-EC-FR-3050

Issued: 16-Apr-2024

Revised: Revision #: 0.0
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Cross-Connection Survey

Cross-Connection Control Program Environmental Control

| | | | | | Receipt Number: (for office use only) | | | | | | |
|---|-----------------------------|----------------------------|----------------------|--|---|--|--|--|-----------------------------|--------------|--|
| Surveyor Information (please print) | | | | | | | Survey Date: | | | | |
| | | | | | | | | Year | Month | Day | |
| Surveyor Company: | | | | Facility Name: | | | Description/ Type: | | | | |
| Surveyor Name: Surveyor Certification | | | Exp. Date: | | Facility Address: Property Management: | | | Postal Code: | | | |
| | · · | | | | | | | rostal code. | | | |
| Surveyor Address: City: | Destrict to | | | | Mailing Address: City: | | Postal Code: | | | | |
| Surveyor Email: | Postal Code: | | | Facility Rep/Contact | | | | Email: | | | |
| Surveyor Phone # | Cell # | | | | Owner Name: | | Email: | | | | |
| | | | | | Facility Rep/Owner | Phone # | | Cell # | | | |
| Required 2 out of 3 Premise Isolation | | | | | | | | | Water Service Information | | |
| Premise: | What is the current Premi | se Hazard Level: \square | Minor ☐ Moderate ☐ S | Severe | 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 | Device: Meter 1 Serial #: | | | Size: | | | |
| Source: | | | | | | Meter 2 Serial #: Size: | | | | | |
| Is the Plumbing System protected from thermal expansion?: | | | | □ No | | | Poes the Facility require un-interrupted water supply?: ☐ Yes ☐ No | | | | |
| Non-Potable Water / Auxiliary Water | | | | | | | System | | | | |
| Is Auxiliary water in u | ıse?: ☐ Yes ☐ No | | | Does the fac | ility 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: | | | | | | | |
| | | | | 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 us | e at this facility? | ☐ Yes | □ No | Does the fac | ility have a Boiler system? | ☐ Yes | □ No | Is there an irrigation | system present? Yes | i □ No | |
| If yes, is the process w | water Potable? | ☐ Yes | □ No | Does this sys | tem use chemical additives? | ☐ Yes | □ No | Is it protected with | a Backflow Device? Yes | □ No | |
| Are process water line | es Backflow protected? | ☐ Yes | □ No | | otected with a Backflow device? | ☐ Yes | □ No | If Yes, what type | of Backflow Device is in us | e? | |
| If yes, which device? | | | | If yes, which device? | □ RP | ☐ Other: | | □ RP | ☐ DCVA ☐ Other | , | |
| Chemical Feed System | | | | | | | | | | | |
| Is there a chemical fee | ed system in this facility? | ☐ Yes | □ No | Does the fac | ility have a Cooling Tower? | ☐ Yes | □ No | If Yes, what type of Backflow device i | is in use? | | |
| If yes, is the system B | ackflow protected? | ☐ Yes | □ No | | g system Backflow protected? | ☐ Yes | □ No | ☐ RP ☐ DCVA | ☐ Other: | | |
| If yes, specify what type o | of Backflow device is in | □ RP | □ DCVA | Is the Chiller Device? | /Boiler protected by a Backflow | | | If Yes, what type of Backflow device i | is in use on the make-up su | pply system? | |
| use? | | ☐ Other: | | | | ☐ Yes | □ No | ☐ RP ☐ DCVA ☐ Other: | | | |
| What kind of contami | ination is present? | | | | | | | | | | |



Regional Municipality of Peel Form: Cross-Connection Survey Doc. #: CPMS-EC-FR-3050

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Appendix A Cross-Connection Survey

Cross-Connection Control Program Environmental Control

| 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 | | |
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| 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 Peel Region 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 B64-10 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. Submit Original Survey Documents to: Peel Region, Backflow Prevention, Environmental Control 3515 Wolfedale Rd, Mississauga, Ontario, L5C 1V8. An administration fee is payable to Peel Region upon submission. Payments can be made by credit card. | | | | | | | | | | | |
| Facility Address: | | | Surveyor's Name: | Surveyor's Name: | | | | | | | |
| Owner/F | Representative's Name: | Surveyor's Signature: | Surveyor's Signature: | | | | | | | | |
| Owner/F | depresentative's Signature: | Surveyor's Certificatio | Surveyor's Certification # | | | | | Exp. Date: | | | |
| Date: | | Date: | | | | | | | | | |



By signing this, the above signatories certify that the cross-connection survey findings are correct and true.