



Transportation and Environmental Services, Operations Division  
 PO Box 3012, 50 Church Street  
 St. Catharines, ON L2R 7C2  
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## Cross Connection Survey

E-mail completed Report to [backflow@stcatharines.ca](mailto:backflow@stcatharines.ca)

Facility Address:

Occupant (Business Name):

Phone number:

Company Contact Name:

E-mail:

Property Owner/Contact:

Phone number:

Mailing Address:

E-mail:

Qualified Tester (Name and Company):

Phone number:

OWWA or ASSE Certification #:

Exp. Date:

**Building Type:** (i.e. Manufacturing, office, retail)

**Degree of Hazard for Building:** Minor  Moderate  Severe

**Premise Isolation:** Existing  Required  Not Required  **Size & Type:**

**By-Pass:** Yes  No  **If Yes, Existing**  Required Protection  **Size & Type:**

**Fire Sprinkler System:** Yes  No  **Chemical Addition:** Yes  No

**If Yes, Existing BF Device**  Requires Protection  Not Required  **Size & Type:**

Source and Location in Building	Existing Backflow Device	Acceptable Protection Yes/No	Proposed Backflow Device	Remarks
1.				
2.				
3.				
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17.				
18.				

\*\*Ensure to list all cross connection fixtures and equipment

Source and Location of Device	Existing Backflow Device	Acceptable Protection Yes/No	Proposed Backflow Device	Remarks
19.				
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<b>Backflow Devices</b>		* testable backflow devices	
AG	Air Gap	DUC	Dual Check Valve
AVB	Atmospheric Vacuum Breaker	HCVB	Hose Connection Vacuum Breaker
DCAP	Dual Check Valve w/ Atmospheric Port	LFVB	Laboratory Faucet Vacuum Breaker
DCAPC	Dual Check Valve w/ Atmospheric Port for Carbonators	PVB*	Pressure Vacuum Breaker
DCVA*	Double Check Valve Assembly	RP*	Reduced Pressure Assembly
		SRPVB*	Spill Resistant Pressure Vacuum Breaker

Backflow devices are to be selected and installed for both source and premise isolation installed in accordance with City of St. Catharines By-law No. 2005-200 as amended by By-law No. 2010-107, the Ontario Building Code and CSA Standard - B64.10/B64.10.1.

Surveyor is required to submit copies of this report to the owner of the property and the City of St. Catharines Operations Division

Surveyor Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_