

Cross Connection Survey

All fields are mandatory unless stated otherwise.
 Please email completed report to backflow@stcatharines.ca

Facility Address:	
Occupant (Business Name):	Phone:
Company Contact Name:	Email:
Property Owner/Contact:	Phone:
Mailing Address:	Email:
Qualified Tester Name:	
Qualified Tester Company:	Phone:
OWWA or ASSE Certification #:	Email:
Building Type (e.g. Manufacturing, office, retail):	
Degree of Hazard for Building: <input type="radio"/> Minor <input type="radio"/> Moderate <input type="radio"/> Severe	
Premise Isolation: <input type="radio"/> Existing <input type="radio"/> Required <input type="radio"/> Not Required Size and Type:	
By-Pass: <input type="radio"/> Yes <input type="radio"/> No If Yes, <input type="radio"/> Existing <input type="radio"/> Required Protection Size and Type:	
Fire Sprinkler System: <input type="radio"/> Yes <input type="radio"/> No Chemical Addition: <input type="radio"/> Yes <input type="radio"/> No	
If Yes , <input type="radio"/> Existing BF Device <input type="radio"/> Requires Protection <input type="radio"/> Not Required Size and Type:	

Please fill in 1 to 35 as needed in the table below.

Source and Location in Building	Existing Backflow Device	Acceptable Protection Yes/No	Proposed Backflow Device	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Source and Location in Building	Existing Backflow Device	Acceptable Protection Yes/No	Proposed Backflow Device	Remarks
12.				
13.				
14.				
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35.				

Backflow Devices			
AG	Air Gap	HCVB	Hose Connection Vacuum Breaker
AVB	Atmospheric Vacuum Breaker	LFVB	Laboratory Faucet Vacuum Breaker
DCAP	Dual Check Valve w/ Atmospheric Port	PVB*	Pressure Vacuum Breaker
DCAPC	Dual Check Valve w/ Atmospheric Port for Carbonators	RP*	Reduced Pressure Assembly
DCVA*	Double Check Valve Assembly	SRPVB*	Spill Resistant Pressure Vacuum Breaker
DUC	Dual Check Valve		

*Testable backflow devices.

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

Signature:

Date (mm/dd/yyyy):
