

Name:

Township Of King 2585 King Rd King City, On L7B 1A1 905-833-5321 1-800-688-5013 www.king.ca

Name:

Qualified Person

| CROSS CONNECTION CONTROL SURVEY REPORT |
|--|
| Date of Survey:// |
| Facility Address: Page No: _1 of Type of Water Use: Industrial Commercial Institutional Multi-Residential |
| Overall Hazard Level: Low Moderate High Size of Service: mm Metered? Yes No |

Reduced Pressure Principle Type

AG

RP

*Please use these codes to identify types of backflow preventer

DUCV

Dual Check Valve Type with Intermediate

| Ph | ompany: none: WWA Cert #: | | Company Phone: E-mail: | : | Fax: | | DCVAF SCVAF | RP Type for Fire Protection System Dual Check Valve Type with Atmospheric Port Double Check Valve Assembly Type DCVA Type for Fire Protection Syst Single Check Valve Assembly Type Fire Protection System Double Check Valve Type | PVB SRPVB VB em HCVB | Atmospheric Type Vacuum Breaker Pressure Type Vacuum Breaker Spill-Resistant Pressure Vacuum Break CSA B125 Approved Vacuum Breaker Hose Connection Type Vacuum Breake - Freeze Resistant Laboratory Faucet Type Vacuum Break Resilient Seated Check Valve |
|----|---------------------------------|---------------------|-----------------------------|--------------------------------|----------|---------------------------------|--------------------------------|--|-------------------------------|--|
| # | Location | of Cross Connection | Hazard Level (L/M/H)* | Existing Protection Type | Serial # | Date of Last Test (D/M/Y) | Acceptab Protectio (Y/N) | | | Comments |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

Facility Contact Person

* L = Low, M = Moderate, H = High - Refer to CSA Standards

FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person in carrying out a survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or building occupant to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections, and to enable recommended corrective actions.

Owner/Tenant Signature (SIGN EACH PAGE):

Qualified Person Signature (SIGN EACH PAGE):

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the Township of King and may be used for the enforcement and administration of the By-law, and will be stored by the Township for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Public Works.