



BACKFLOW PREVENTION
BY-LAW 2012-27

ENVIRONMENTAL SERVICES DEPARTMENT
8100 Warden Avenue
Markham, ON L6G 1B4
Tel: (905) 475-4862
Fax: (905) 479-7772
Email: backflow@markham.ca

CROSS CONNECTION CONTROL SURVEY REPORT (Page 1 of _)

Date of Survey: ____/____/____ (DD/MM/YY) **Facility Address:** _____
Type of Water Use: Industrial Commercial Institutional Multi-Residential Multi-Business Others
Overall Hazard Level: Low Moderate High **Water Meter Size:** ____ mm **Meter Location:** _____
No of Buildings at the Facility: _____ **No of Businesses at the Facility:** _____

Registered Qualified Person		Facility Contact Person		*Please use these codes to identify types of backflow preventer			
Name:		Name:		AG	Air Gap	DUCV	Dual Check Valve Type with Intermediate Vent
Company:		Company:		RP	Reduced Pressure Principle Type	AVB	Atmospheric Type Vacuum Breaker
Phone:		Phone:		RPDA	Reduced Pressure Detector Assembly	PVB	Pressure Type Vacuum Breaker
OWWA Cert #:		E-mail:		DCAP	Dual Check Valve Type with Atmospheric Port	SRPVB	Spill-Resistant Pressure Vacuum Breaker
				DCVA	Double Check Valve Assembly Type	VB	CSA B125 Approved Vacuum Breaker
				DCDA	Double Check Detector Assembly	HCVB	Hose Connection Type Vacuum Breaker
				SCVAF	Single Check Valve Assembly Type for Fire Protection System	HCVB-F	Hose Connection Type Vacuum Breaker – Freeze Resistant
				DUC	Double Check Valve Type	LFVB	Laboratory Faucet Type Vacuum Breaker
						RSCV	Resilient Seated Check Valve

Premise Isolation(s) : (If no premise isolation was found and no premise isolation is required, please select "No Premise Isolation".) No Premise Isolation

#	Type of Premise Isolation	Hazard Level (L/M/H)*	Existing Protection Type	Location of Device	Serial #	Date of Last Test (D/M/Y)	Existing Protection Acceptable (Y/N)	Recommended Upgrade Type	Comments
1									
2									

Area, Zone or Source Isolation(s) : (If no cross connection was found, please select "No Cross Connection".) No Cross Connection

#	Building or Business Description	Location of Cross Connection	Hazard Level (L/M/H)*	Existing Protection Type	Serial #	Date of Last Test (D/M/Y)	Existing Protection Acceptable (Y/N)	Recommended Upgrade Type	Comments
1									
2									
3									
4									
5									
6									
7									
8									

* 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 City of Markham By-law 2012-27 and may be used for the enforcement and administration of the By-law, and will be stored by the City 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 Environmental Services for the City of Markham.