



BACKFLOW PREVENTION
BY-LAW 2012-27

ENVIRONMENTAL SERVICES DEPARTMENT
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DEVICE UPGRADE IMPLEMENTATION REPORT (Page 1 of _)

Facility Address: _____

Date of Cross Connection Control Survey has been conducted for this Facility: ____ / ____ / ____
DD MM YY

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):

#	*Upgrade Status (Implemented?) (Yes/No)	Device Location	Type of Premise Isolation	Recommended Upgrade Type	Date of Implementation (MM/DD/YY)	Type of Device Upgrade Installed	Serial # (if applicable)	** Date of Initial Test (If applicable) (MM/DD/YY)	Comments
1									
2									

Area, Zone or Source Isolation(s):

#	*Upgrade Status (Implemented?) (Yes/No)	Name of Business/Unit	Location of Cross Connection	Recommended Upgrade Type	Date of Implementation (MM/DD/YY)	Type of Device Upgrade Installed	Serial # (if applicable)	** Date of Initial Test (If applicable) (MM/DD/YY)	Comments
1									
2									
3									
4									
5									
6									
7									

Notes: (1) * If there is device upgrade recommendation not implemented, please indicate reasons in the “comments” area. (2) ** Attach all initial Test Reports to this Report.

Owner/Tenant Signature (SIGN EACH PAGE):

Qualified Person Signature (SIGN EACH PAGE):

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