



Backflow Prevention Program Online Services

Instructions to “Submit a Cross Connection Control Survey Report”

(Updated: March 2021)



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Use “Submit a Cross Connection Control Survey Report” Function

1. Go to www.markham.ca
2. Follow the path:
“Neighbourhood Services”
→ *“Water & Sewer”* →
“Backflow Prevention Online Services”.
3. Click *“Submit a Cross Connection Control Survey Report”* icon.

The screenshot shows the City of Markham website interface. At the top, the navigation menu includes 'ABOUT THE CITY OF MARKHAM', 'ARTS, CULTURE & LIBRARY', 'SPORTS, RECREATION & FITNESS', 'NEIGHBOURHOOD SERVICES', and 'PERMITS, LICENCES & TAXES'. Below this, a secondary menu lists 'Roads & Sidewalks', 'Traffic', 'Walking and Cycling', 'Recycling & Garbage', 'Water & Sewer', 'Environmental Conservation', and 'Trees'. The 'Water & Sewer' menu item is highlighted with a red box. Below the menu, the page content includes sections for 'Protect Your Pipes! F.O.G. Clogs', 'Systems Overview: Water, Sewer, Stormwater', 'Backflow Prevention Online Services' (highlighted with a red box), and 'Rates, Meters, Billing & Fees'. A 'Please Select Your Category' section is visible, with the 'Submit a Cross Connection Control Survey Report' option highlighted by a red box. Other categories include 'Facility Owners', 'Customers with Multiple Facilities', 'Qualified Person Registration Application', 'Submit a Backflow Preventer Test & Inspection Report', and 'Submit a Device Upgrade Implementation Report'.



“Log in” to your Registration Account

1. **Sign in** with your login account issued by the City of Markham.
 - **Account ID** is assigned by the City.
 - **Certification No.** is your OWWA Backflow Certification Number.

Registered Qualified Person - Login

The Backflow Prevention Program Online Services allows "Qualified Persons" registered with the City of Markham to submit Test & Inspection Reports for:

1. existing backflow preventers,
2. replacement backflow preventers, and
3. newly installed backflow preventers in the facilities.

To use this function, you must have a "login" account issued by the City of Markham - Environmental Services Department.

Account ID

Certification No.

If you want to use other functions of the Backflow Prevention Online Services, please go to Home Page - Backflow Prevention Online Services".

[Home Page - Backflow Prevention Program Online Services](#) [Login](#)

2. Click **“Login”** button.

Note: You must register with the City of Markham first. Otherwise, you can not use this System.



“Uploaded/Incomplete Survey Reports” Window

Registered Qualified Person -
Login

MARKHAM ENVIRONMENTAL SERVICES DEPARTMENT
CROSS CONNECTION CONTROL

DATE: 2019-06-14
Municipality: ON L6G 1B4
Tel: (905) 476-2282
Fax: (905) 476-2722
Email: backflow@markham.ca

Date of Survey: _____

Facility Address: _____
Type of Water User: Industrial Commercial Residential
Overall Hazard Level: Low Moderate High Size of Serv: _____

Qualified Person		Facility Contact Person		*Please use these codes!	
Name:		Name:		CC	HT

The Backflow Prevention Program Online Services allows "Qualified Persons" registered with the City

Saved Survey Reports Found in your Account

- 1) To load & continue a "partial" Report, please select it and click "Edit" button.
- 2) To edit & re-submit a "submitted" Report, please select it and click "Edit" button.
- 3) To submit a new Report by using & editing data on a saved Report, please select it and click "Copy" button.
- 4) To enter & submit a new Report from scratch, please click "Create New Report" button.

Updated	Facility ID & Address	Status	Expiry Date	
2019-06-14	13838 [1 Dummy St]	Partial	2019-07-14	<input type="radio"/>
2019-06-17	13838 [1 Dummy St]	Submitted	2019-07-17	<input type="radio"/>

Create New Report Edit Copy

Home Page - Backflow Prevention Program Online Services

Login

The personal information on this form is collected under the authority of the Municipal Act, 2001. The information collected will be used by the City of Markham to administer Markham's Backflow Prevention Program and enforce the Backflow Prevention By-law #2012-27. Questions about this collection can be directed to the Environmental Services Department, City of Markham, 8100 Warden Avenue, Markham, ON L6G 1B4, 905-475-4862, backflow@markham.ca.

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This page will only show if there are previously uploaded/incomplete Survey Reports that require further submission:

- *was previously saved in your account or submitted through your account and you would like to complete submission or edit information.*
- *These uploaded/incomplete survey reports are kept in your account only for 30 days. After 30 days, the System will delete the incomplete Reports automatically.*
- ***Follow next step on pg. 6 if edits/changes are required, if NOT please skip to pg. 7***

Note: Edits/changes you made to a saved or submitted Report will not be received by the City until you submit that Report.



“Uploaded/Incomplete Survey Reports” Window

Registered Qualified Person -
Login

MARKHAM ENVIRONMENTAL SERVICES DEPARTMENT
CROSS CONNECTION CONTROL

DATE: 2019-06-14
FACILITY ADDRESS: 13838 [1 Dummy St]
OVERALL RISK LEVEL: Low

Qualified Person		Facility Contact Person		*Please use these codes!	
Name	Phone	Name	Phone	Code	Code

The Backflow Prevention Program Online Services
allows "Qualified Persons" registered with the City

Saved Survey Reports Found in your Account

- 1) To load & continue a "partial" Report, please select it and click "Edit" button.
- 2) To edit & re-submit a "submitted" Report, please select it and click "Edit" button.
- 3) To submit a new Report by using & editing data on a saved Report, please select it and click "Copy" button.
- 4) To enter & submit a new Report from scratch, please click "Create New Report" button.

1

Updated	Facility ID & Address	Status	Expiry Date	
2019-06-14	13838 [1 Dummy St]	Partial	2019-07-14	<input type="radio"/>
2019-06-17	13838 [1 Dummy St]	Submitted	2019-07-17	<input type="radio"/>

Create New Report Edit Copy

3

2

1. If you wish to edit a uploaded/incomplete Report before your submission/re-submission, select the Report and click **“Edit”** button.
2. If you wish to copy a saved/submitted Report and then edit & submit it for other Facility ID, select the Report and click **“Copy”** button.
3. If you wish to create a Report from scratch, click **“Create New Report”** button.

The personal information on this form is collected under the authority of the Municipal Act, 2001. The information collected will be used by the City of Markham to administer Markham's Backflow Prevention Program and enforce the Backflow Prevention By-law #2012-27. Questions about this collection can be directed to the Environmental Services Department, City of Markham, 8100 Warden Avenue, Markham, ON L6G 1B4, 905-475-4862, backflow@markham.ca.

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Note: Edits/changes you made to a saved or submitted Report will not be received by the City until you submit that Report.



On “Current Registration Info” Page (1) – Ensure No Expired Certificate

Current Registration Information

Dear John Doe Your current registration documentation with Markham are listed below.
Your Company's Email Address: backflow@markham.ca

A. Company's Plumbing Contractor License:

1. Plumbing Contractor License No.	1234567890
2. Plumbing Contractor License Expiry Date:	Jan 01, 9999
3. Is this Certificate expired?	No

B. Liability Insurance Certificate:

1. Insurance Company Name:	
2. Insurance Policy No.:	
3. Insurance Policy Expiry Date:	Oct 31, 2018
4. Is this Certificate expired?	Yes

C. OWWA (or equivalent) Cross Connection Control Tester Certificate:

1. Certificate No.:	566
2. Certificate Expiry Date:	Jan 01, 2021
3. Is this Certificate expired?	No

D. Plumber, Professional Engineer or Other Types of Trade Certificate:

1. Type of Trade Certificate:	Plumber
2. Certificate No.:	306A-121212
3. Certificate Expiry Date:	Jan 01, 2021
4. Is this Certificate expired?	No

E. Backflow Preventer Testing Equipment(s) Certification:

No of Active Testing Equipment: 1

#	Make	Model	Serial No.	Expiry Date	Expired?
Kit 1	Conbraco	40-200-TK5U	12121313	Jun 15, 2021	No

You have expired certificate(s). Your registration is suspended. You cannot submit any backflow related reports until you su



1. Confirm all certificates & their expiry dates are correct.

Note: If any certificate is expired, the system will not allow you to submit any Backflow Reports.

2. Scroll to bottom and click “Next>” button.

Note: If any certificate are expired, please follow pg. 8, if not proceed to pg. 9



On “Current Registration Info” Page (2) – Upload Renewed Certificates

If you want to update your Current Registration Information, please upload your renewed certificates in .pdf format below.

Upload Files

File Name

There are 0 submissions.

Upload

+ ×

You may also submit comments regarding your current registration.

Comments

Submit

Add Entry

File Name

Attachment ID

Attachment

Select File: **Choose File** No file chosen

Add **Cancel**

Note : A Plumber License issued or renewed by the Ontario College of Trades may not have an expiry date on the "Certificate of Qualifications". Please enter your certificate number in order to retrieve the expiry date.

Please click the "Submit Files/Comments & Exit" button below to submit your uploaded files/comments to the City for review.

Submit Files/Comments & Exit **Print** **Next >**

1. Click green “+” icon to open a “*Add Entry*” window.
2. Click “*Choose File*” button to select your renewed certificates.
3. Click “*Add*” button to upload your selected files to the system.
4. Click “*Submit File/Comments & Exit*” button to submit those files to the City.

Note: After the submission, the system will show a “*Registration Update Received*” page & the City will update your info within 2 - 3 business days.



On “Facility ID & Survey Date” Page

Facility ID & Survey Date

Qualified Person: John Doe
Company's Email: 123markham@hotmail.com

1. Facility ID
Please enter the Facility ID. Then, click "Check Facility ID" button to verify it is the correct Facility Address you did the Survey work for.
(Note: The City issued the Facility ID to the property owner. You can get it from your client).
* Facility ID: 1

Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy S...

2. Facility Contact Person
Please enter the facility contact who is aware of your Survey work.
(* indicates required fields.)
* Name:
* Company:
* Phone:
* Email:
Note: Please separate two emails by a semicolon

3. Date of Survey
Please enter the date the survey was conducted.
* Date of Survey: 3

4

The personal information on this form is collected under the authority of the Municipal Act, 2001. The information collected will be used by the City of Markham.

- 1(a). Enter “*Facility ID*”.
- 1(b). Click “*Check Facility ID*” button to ensure Facility Name & Address are correct.
2. Enter all required “*Facility Contact info*”.
3. Enter “*Date of Survey*” by clicking calendar icon.
4. Scroll to bottom and click “*Next>*” button.

Note: The “*Next*”> button will not work if you:

- forget to enter data in some mandatory field *.
- OR
- forget to click “*Check Facility ID*” button.



On “Facility Water Use Information” Page

Facility Water Use Information

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID: 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

4. Facility Water Use Information

1) Please select the facility's water use type(s). (Note: You may select more than one type)

* Water Use Type(s):

Industrial Multi-Residential Institutional
 Commercial Multi-Business Other: } 1

2) Please indicate the overall hazard level of the facility:

* Overall hazard level of the facility: Mod 2

3) Please indicate the size and location of the water meter:

* Size: 2" 3 * Location: Near the Boiler Room

4) Please indicate the total number of buildings and businesses in the facility. If the facility has more than one building and/or more than one business, you must indicate the total number of buildings and businesses in the "Area, Zone or Source Isolation"

* Total No. of Buildings: 1 4 * Total No. of Businesses: 4

Comments:

< Previous Next > 5

1. Select “*Water Use Type(s)*”.
2. Select “*Hazard Level*” by using drop-down menu (i.e. Low, Moderate, High)
3. Indicate the “*Size (inches)*” and “*Location of the Water Meter*”.
4. Indicate “*Number of Buildings*” & “*Number of Businesses*” located in facility.
5. Scroll to bottom and click “*Next*” button.

Note: The “*Next>*” button will not work if you forget to enter data in some mandatory field *.



On “Premise Isolation(s)” Page (1) - “No Premise Isolation” Field

Premises Isolation(s)

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

5. Premise Isolation(s):

- If you identified any existing "premise isolation", please add those "premise isolation" items to the following table.
- If you recommend installing any new "premise isolation", please add those "premise isolation" items to the following table.
- If you don't identify any existing "premise isolation" and the facility doesn't require "premise isolation", please check the "Premise Isolation Not Required" field and go to the next page.

1

Premise Isolation Not Required

No.	Type of Premise Isolation	Location of Device	Hazard Level	Existing Protection	Serial Number	Date of Last Test
There are no submissions.						

(Note: + add new row to the table; edit the row in the table; ✕ delete the row in the table.)

2

< Previous Next >

Note:

- If premise Isolation is not required for the Facility, complete steps 1 & 2 on this page and proceed to page 16.
- If premise isolation is required for the Facility, skip this page and continue on next page.

1. Check “No Premise Isolation” box.
2. Scroll to bottom and click “Next>” button.



On “Premise Isolation(s)” Page (2) – Add a *Premise Isolation Entry* [i]

Premises Isolation(s)

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

5. Premise Isolation(s):

- If you identified any existing "premise isolation", please add those "premise isolation" items to the following table.
- If you recommend installing any new "premise isolation", please add those "premise isolation" items to the following table.
- If you didn't identify any existing "premise isolation" and the facility doesn't require "premise isolation", please check the "Premise Isolation Not Required" field and go to the next page.

Premise Isolation Not Required

No.	Type of Premise Isolation	Location of Device	Hazard Level	Existing Protection	Serial Number	Date of Last Test
There are no submissions.						
<div style="display: flex; align-items: center; gap: 10px;">+ ✎ ✕ 1</div>						

(Note: + add new row to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

[< Previous](#) [Next >](#) [Chat with us](#)

1. If premise isolations are required or they are already existing, click the green + (plus) sign to open the “*Add Entry*” window.

Continued on next page...



On “Premise Isolation(s)” Page (3) – Add a *Premise Isolation Entry* [ii]

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 - Dummy St

Add Entry

* Type of Premise Isolation: Fire System * Hazard Level: Mod
* Existing Protection Type: DCVA – Double Check Valve Assembly
Location of Device: Not applicable
* Serial Number: 181818 Not applicable
* Date of Last Test: Aug 13, 2018 Not applicable
* Existing Protection Acceptable?
 Yes No
Recommended Upgrade Type:
Comments / Make & Size for a Testable Device

2. Select “*Type of Premise Isolation*” by using the drop-down menu.
3. Select “*Hazard Level*” (i.e. Low, Moderate, High) by using the drop-down menu.
4. Select “*Existing Protection Type*” by using the drop-down menu.
5. For an existing device, indicate “*Location*”, “*Serial Number*” and “*Date of the Last Test*” if applicable. Otherwise, select “*Not Applicable*” for each of those fields.

Continued on next page...



On “Premise Isolation(s)” Page (4) – Add a *Premise Isolation Entry* [iii]

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 - Dummy St

Add Entry

* Type of Premise Isolation: Fire System * Hazard Level: Mod
* Existing Protection Type: DCVA – Double Check Valve Assembly
Location of Device: Not applicable
N/A
* Serial Number: 181818 Not applicable
* Date of Last Test: Aug 13, 2018 Not applicable
* Existing Protection Acceptable?
 Yes No
Recommended Upgrade Type:
Comments / Make & Size for a Testable Device

6. Select “Yes” or “No” to indicate if existing protection is acceptable.
7. If “No” is selected, input “Recommended Upgrade Type” by using the drop-down menu. [Note: This field is required only if the existing protection is not accepted and selected as “No”.]
8. Click “Add” button to close the window.



On “Premise Isolation(s)” Page (5) – Edit a *Premise Isolation Entry* [i]

Premises Isolation(s)

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

5. Premise Isolation(s):

- If you identified any existing "premise isolation", please add those "premise isolation" items to the following table.
- If you recommend installing any new "premise isolation", please add those "premise isolation" items to the following table.
- If you didn't identify any existing "premise isolation" and the facility doesn't require "premise isolation", please check the "Premise Isolation Not Required" field and go to the next page.

Premise Isolation Not Required

No.	Type of Premise Isolation	Location of Device	Hazard Level	Existing Protection	Serial Number	Date of Last Test
1	Fire System	N/A	Mod	DCVA	181818	2018-8-13
2	Domestic	N/A	Mod	NONE	N/A	N/A

+ ✎ ✕

(Note: + add n to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

< Previous Next >

1. Select the entry you would like to edit.
2. Click the ✎ pencil icon to open the “*Edit Entry*” window.

Tip for Steps 1 & 2:
Double click the entry you wish to edit. The System will open the “Edit Entry” window.

Continued on next page...



On “Premise Isolation(s)” Page (6) – Edit a *Premise Isolation Entry* [ii]

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

Edit Entry

* Type of Premise Isolation: Domestic * Hazard Level: Mod
* Existing Protection Type: No Existing Device
Location of Device: Not applicable
Serial Number: N/A Not applicable
Date of Last Test: Not applicable
* Existing Protection Acceptable?
 Yes No
* Recommended Upgrade Type: DCVA – Double Check Valve Assembly
Comments / Make & Size for a Testable Device

3

4 Save Cancel

< Previous Next >

The personal information on this form is collected under the authority of the Municipal Act, 2001. Information collected will be used by the City of Markham to administer Markham's Backflow Prevention Program.

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3. *Edit* any of those data entry as necessary.
4. Once all changes have been made, click “*Save*” button to close the window.



On “Premise Isolation(s)” Page (7) – Delete a *Premise Isolation Entry*

Premises Isolation(s)

Qualified Person's Name: John Doe
Company's Email: 123markham@hotmail.com
Facility ID : 13838
Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

5. Premise Isolation(s):

- If you identified any existing "premise isolation", please add those "premise isolation" items to the following table.
- If you recommend installing any new "premise isolation", please add those "premise isolation" items to the following table.
- If you didn't identify any existing "premise isolation" and the facility doesn't require "premise isolation", please check the "Premise Isolation Not Required" field and go to the next page.

Premise Isolation Not Required

No.	Type of Premise Isolation	Location of Device	Hazard Level	Existing Protection	Serial Number	Date of Last Test
1	Fire System	N/A	Mod	DCVA	181818	2018-8-13
2	Domestic	N/A	Mod	NONE	N/A	N/A

+ ✎ ✕

(Note: + add new row to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

< Previous Next >

1. Select the entry you wish to delete.
2. Then, click ✕ the cross sign to delete the selected entry.



On “Area, Zone or Source Isolation(s)” Page(1) – “No Cross Connection” field

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you record installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
There are no submissions.							

(Note: + add new row to the table; edit the row in the table; delete the row in the table.)

Copy Row **Tips for adding a new row** - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete Survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

< Previous Save and Exit Next >

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Note:

- If no cross connection(s) are identified in the Facility, complete steps 1 & 2 on this page.
- If cross connection(s) are identified in the Facility, skip this page and proceed next page.

1. Check “**No Cross Connection**” box.
2. Click “**Next>**” button.



On “Area, Zone or Source Isolation(s)” Page (2) – Add a *Cross Connection Entry* [i]




6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.




Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
There are no submissions.							

1

(Note:  add new row to the table;  edit the row in the table;  delete the row in the table.)

Tips for adding a new row - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete Survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

1. Select the green + plus sign to open the “*Add Entry*” window.

Continued on next page...



On “Area, Zone or Source Isolation(s)” Page (3) – Add a *Cross Connection Entry* [ii]

Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

6. Area, Zone or Source Isolation(s):

Add Entry

* Building/Unit Name & Building Use:
Unit #2 - Hair Salon

* Location & Type of Cross Connection:
Hair Wash Sinks

* Hazard Level:
Mod

* Existing Protection Type:
AVB - Atmospheric Vacuum Breaker

Serial No: N/A Not applicable

Date of Last Test: Not applicable

* Existing Protection Acceptable?
 Yes No

Recommended Upgrade Type:

Comments/Make & Size for a Testable Device

Add Cancel

Multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

2. Fill in “*Building/Unit Name & Building Use*” and “*Location & Type of Cross Connection*”.
3. Select “*Hazard Level*” by using drop-down menu.
4. Select “*Existing Protection Type*” by using drop-down menu.
5. If “*Existing Protection Type*” is a testable device, input its “*Serial No.*” and “*Date of Last Test*”. Otherwise, click “*Not Applicable*” for each of those fields.

Continued on next page...



On “Area, Zone or Source Isolation(s)” Page(4) – Add a *Cross Connection Entry* [iii]

Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

6. Area, Zone or Source Isolation(s):

Add Entry

* Building/Unit Name & Building Use:
Unit #2 - Hair Salon

* Location & Type of Cross Connection: Hair Wash Sinks * Hazard Level: Mod

* Existing Protection Type: AVB - Atmospheric Vacuum Breaker

Serial No: N/A Not applicable

Date of Last Test: Not applicable

* Existing Protection Acceptable?
 Yes No

Recommended Upgrade Type:

Comments/Make & Size for a Testable Device

< Previous Save and Exit Next > Chat with us

6. Select “Yes” or “No” to indicate if *Existing Protection Type* is acceptable.
7. If “No” is selected, indicate “Recommended Upgrade Type” by using drop-down menu. [Note: This field is required only if the existing protection is not acceptable and selected as “No”.]
8. Click “Add” button to close window.



On “Area, Zone or Source Isolation(s)” Page – Edit a *Cross Connection Entry* [i]

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
1	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	Ye
2	Unit #2 - Hair Salon	Toilets	Mod	AVB	N/A	N/A	Ye
3	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AG	N/A	N/A	Ye

+ ✎ ✕

(Note: + add n to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

Copy Row **Tips for adding a new row** - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete Survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

1. If necessary, select the entry you wish to edit.
2. Click the ✎ pencil sign to open “*Edit Entry*” window.

Tip for Steps 1 & 2:
Double click the entry you wish to edit. The System will open the “*Edit Entry*” window.

Continued on next page...



On “Area, Zone or Source Isolation(s)” Page (2) - Edit a *Cross Connection Entry* [ii]

Facility Name & Address: Backflow Prevention - Dummy Facility 1 Dummy St

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source

Edit Entry

* Building/Unit Name & Building Use:
Unit #2 - Hair Salon

* Location & Type of Cross Connection: Hair Wash Sinks

* Hazard Level: Mod

* Existing Protection Type: AG - Air Gap

Serial No: N/A Not applicable

Date of Last Test: Not applicable

* Existing Protection Acceptable?
 Yes No

Recommended Upgrade Type:

Comments/Make & Size for a Testable Device

4 → Save Cancel

multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

3. *Edit* any of the existing data entry as necessary.
4. Once all changes have been made, click *“Save”* button to close the window.



On “Area, Zone or Source Isolation(s)” Page (3) – Delete a *Cross Connection* Entry

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
1	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	Ye
2	Unit #2 - Hair Salon	Toilets	Mod	AVB	N/A	N/A	Ye
3	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AG	N/A	N/A	Ye

+ ✎ ✕

(Note: + add new row to table; ✎ edit the row in the table; ✕ delete the row in the table.)

Copy Row

Tips for adding a new row - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete Survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

1. *Select* the entry you wish to delete.
2. Click the ✕ cross sign to delete the selected entry.



On “Area, Zone or Source Isolation(s)” Page(4) – “Copy Row” button

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	E P
1	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	
2	Unit #2 - Hair Salon	Toilets	Mod	AVB	N/A	N/A	
3	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	

+ ✎ ✕

(Note: + add new row to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

Copy Row for adding a new row - (1) Select an existing row; (2) Use “Copy Row” button to copy that row; (3) Edit that copied row.

Note for “Save and Exit” button - It will save your incomplete Survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

Note: This function is intended to reduce repetition and increase your data entry efficiency.

1. *Select* the row (i.e. Cross Connection Entry) that is similar to the one you plan to enter.
2. Click “*Copy Row*” button.
3. The System will add that copied row to the bottom.

Then, Refer to the **Area, Zone or Source Isolation(s) Page – Edit a Cross Connection Entry** to edit that copied row.

Tip: Double click the copied row to open the “Edit Entry” window.



On “Area, Zone or Source Isolation(s)” Page (5) – “Save & Exit” button

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
1	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	Ye
2	Unit #2 - Hair Salon	Toilets	Mod	AVB	N/A	N/A	Ye
3	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AG	N/A	N/A	Ye

+ ✎ ✕

(Note: + add new row to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

Copy Row **Tips for adding a new row** - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete survey in this website and log you out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey through multiple data entries and validations prior to your submission.

1

< Previous **Save and Exit** Next > Chat with us

Note: This function is intended to save your complete or partial data entry. You can edit your data entry within **30 days** every time you clicked on **“Save and Exit”** button. If you won't do any changes and won't submit saved report to the City all data will be automatically deleted from your account after 30 days and you will need to enter all the data from the beginning.

1. If necessary, click **“Save and Exit”** button. The system will log you out.



On “Area, Zone or Source Isolation(s)” Page (6) – “Next>” button

6. Area, Zone or Source Isolation(s):

- If you identified any cross connection with or without existing "zone isolation" or "source isolation", please add those items to the following table.
- If you identified any existing "area isolation", please add those "area isolation" items to the following table.
- If you recommend installing any new "area isolation", please add those "area isolation" items to the following table.
- If you didn't identify any cross connection, please check the "No Cross Connection" field and go to the next page.

Note: The table is limited to 200 rows as a maximum.

No Cross Connection

No.	Building/Unit Name & Building Use	Location & Type of Cross Connection	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Ex Pr Ac
1	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AVB	N/A	N/A	Ye
2	Unit #2 - Hair Salon	Toilets	Mod	AVB	N/A	N/A	Ye
3	Unit #2 - Hair Salon	Hair Wash Sinks	Mod	AG	N/A	N/A	Ye

+ ✎ ✕

(Note: + add new row to the table; ✎ edit the row in the table; ✕ delete the row in the table.)

Copy Row **Tips for adding a new row** - (1) Select an existing row; (2) Use "Copy Row" button to copy that row; (3) Edit that copied row.

Note for "Save and Exit" button - It will save your incomplete Survey in this website and **1** out. The saved Survey will be retrieved on your next login. It allows you to complete a Survey multiple data entries and validations prior to your submission.

< Previous Save and Exit Next > Chat with us

1. If you **complete** all adding, editing or deleting “cross connection entries”, click **“Next>”** button to proceed the next page.



On “Confirmation of a Survey Report” Page

- An overview of your data entry will be displayed.
- Review all the data entries before submitting it to the City.

Your company email address in the City's database is: 123markham@hotmail.com

* Would you like to receive the City's response for your submission through this email?

Yes No

* Email
newemail@email.ca

* Confirm Email Address:
newemail@email.ca

IN ORDER TO USE THIS ONLINE SERVICE, USERS ARE REQUIRED TO INDICATE THAT THEY HAVE READ AND ACCEPT THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY". ON THE "I HAVE READ AND AGREE" CHECKBOX BELOW, YOU ARE AGREEING TO BE BOUND BY THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY".

I have read and agree to the terms and conditions above and to the City of Markham's [Terms of Use & Privacy Policy](#).

< Previous **2** Print **3** Submit

The screenshot shows a web form with three numbered callouts: 1 points to the email address fields, 2 points to the terms and conditions checkbox, and 3 points to the Submit button.

1. Ensure the email address in the City's database is correct. If it is **incorrect**, click “*No*” and enter correct “*Email*” in those two textboxes.
2. Click on **the check box** if you agree with the “*City of Markham's Terms of Use and Privacy Policy*”.
3. Scroll to bottom and click “*Submit*” button.



On “Survey Report Submission Received” Page(1)”



Survey Report Submission Received

Qualified Person's Name: John Doe

Company: XYZ Mechanical Limited
 Facility ID: 13838
 Facility Name & Address: 1 Dummy St

06/17/2019
 Confirmation #: 223686272034

Qualified Person: John Doe
 OWWA Cert. No.: 566
 Company: XYZ Mechanical Limited
 Phone No.: 905-477-7000

1. Facility ID
 Facility ID: 13838

2. Facility Contact
 Name: Jane Doe
 Phone: (123) 456-7890
 Company: Online Submission Training Inc
 E-mail: 123markham@hotmail.com

3. Survey Date
 Date of Survey: Mar 24, 2018

4. Facility Water Use Information
 (1) Water Use Type:
 Industrial Multi-Residential Institutional
 Commercial Multi-Business Other
 (2) Overall hazard level of the facility: Mod
 (3) Meter Size: 2" Meter Location: Near the Boiler Room
 (4) Total Number of Buildings: 1 Total Number of Businesses: 4
 Comments:

5. Premise Isolation(s)
 Premise Isolation Not Required

#	Type of Premise Isolation	Location of Device	Hazard Level	Existing Protection	Serial No.	Date of Last Test	Existing Protection Acceptable?	Upgrade Recommendation	Comments/Make & Size for a Testable Device
1	Fire System	N/A	Mod	DCVA	181818	Aug 13, 2018	Yes		

6. Area, Zone or Source Isolation(s)
 No Cross Connection

- If your submission is successful, the System will (1) show “Survey Report Submission Received” page and (2) email you the Survey Report in pdf file with submission number.
- Otherwise, none of above will happen.



On “Survey Report Submission Received” Page(2)

The screenshot shows a progress bar at the top with steps: Logout, Current Registration, Facility ID & Survey Date, Facility Water Use Information, Premise Isolation(s), Area, Zone or Source Isolation(s), Confirmation of Survey Report, and Survey Report Submission Received (highlighted). Below the progress bar, the page title is "Survey Report Submission Received". It displays user information: "Qualified Person's Name: John Doe", "Company's Email: 123markham@hotmail.com", "Facility ID: 13838", and "Facility Address: 1 Dummy St". A message states: "Your Cross Connection Control Survey Report has been submitted to the City of Markham - Environmental Services Department for review and process." Below this, there are three instructions: 1. "If you want to submit another Cross Connection Control Survey for another facility, please select 'Another Facility'." 2. "If you have completed all Cross Connection Control Survey reports, please select 'Log out'." 3. "If you want to submit other types of backflow prevention reports (i.e. Test Reports and Device Upgrade Reports), please return to the 'Backflow Prevention Program Online Services - Home Page' and select your appropriate category." At the bottom right, there are three green buttons: "Another Facility", "Log out", and "Backflow Prevention Program Online Services - Home Page". Red arrows and boxes with numbers 1, 2, and 3 point to these buttons respectively.

- After you submit the Survey Report, you have 3 choices to submit other backflow report(s).

1. Click *“Another Facility”* button if you wish to submit a Survey Report for other facilities.
2. Click *“Log out”* button if you completed all report submissions.
3. Click *“Backflow Prevention Program Online Services – Home Page”* if you wish to submit other types of backflow report.