

PREMISE PROTECTION CROSS CONNECTION SURVEY FORM



Woolwich Township
24 Church Street West, P.O. Box
158,
Elmira, ON N3B 2Z6

N None Required
AVB Atmospheric Type Vacuum Breaker
DUC Dual Check Valve Type
DCAP Dual Check Valve Type - Atmospheric Port
DCVA Double Check Valve Assembly Type

DUCV Dual Check Valve Type - Intermediate Vent
DCAPC Dual Check Valve Type with Atmospheric Port for Carbonation Systems
HCVB Hose Connection Vacuum Breaker
LFVB Laboratory Faucet Type Vacuum Breaker

SCVA Single Check Valve Assembly
AG Air Gap
RP Reduced Pressure Principle
PVB Pressure Type Vacuum Breaker

Date:	Building Address:	Surveyor Name:	Certificate #:
Owner:	Owner Telephone:	Surveyor Company:	Surveyor Telephone:
Owner Email:		Surveyor Email:	
Building Use:		Premise Hazard Level (check one): Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	

If no device exists- what are the recommendations? Remarks/Comments?

If a new device is needed, please contact BuildingPermits@woolwich.ca to arrange the Plumbing Permit and final inspection.

Protection against Thermal Expansion? YES NO	Specify recommended protection against Thermal Expansion if none present:
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Fire Sprinkler System in Building? YES NO	Chemicals Added to Sprinkler System? YES NO	Fire Sprinkler Backflow Protection? YES NO	Specify existing (circle one) protection for Fire Sprinkler System: SCVA DCVA RP
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Is this a Premise or Fire Suppression Device?	Existing Protection/Device (Premise and Fire Suppression Only)				Date of Last Test	Existing protection acceptable? YES NO	Proposed Upgrade (Type & Size)
	Location	Type and Size	Manufacturer and Model	Serial #			

This form is intended to assist the Qualified Person in carrying out a survey to address potential cross-connection situations. It is the responsibility of the owner or building occupier to bring to the attention of the Qualified Person all water used within the premises to permit inspection for potential cross connections and recommendation of corrective actions. All selections shall be made in accordance with the Backflow Prevention By-law and current edition of CSA B64-17. The Township has jurisdiction over all selections. Survey subject to approval before work may commence. Permits are required from the municipal building department for installation of all testable devices.

Completed forms can be emailed to: cshwindt@woolwich.ca. Please contact public works at 519-669-6043 for questions, or mail to the address above. Attn.: Public Works - Backflow

<p><i>To the extent that the foregoing information constitutes personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, chapter M.56 as amended, the information is subject to provisions of that Act and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to the Clerk's Office at Township of Woolwich mail to the address above</i></p>	Signature of Surveyor:	Date of Facility Audit:
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