



Town of Penetanguishene

CROSS CONNECTION CONTROL SURVEY

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*DATE : _____ dd _____ mm _____ yy

*Occupant:	*Address:	*Phone #:	*Fax #:
		Email:	
*Owner:	*Address:	*Phone #:	*Fax #:
		Email:	
*Surveyor:	*Company:	*Phone #:	*Fax #:
		*Email:	

***Building Use**

*Degree of Hazard Low/Moderate/High		*Size and Type of Premise Isolation		
		*Bypass device Y/N Size and Type		
*Does building have a designated system:		*Size and Type of Premise Isolation		
*Process /Potable Y/N		*Bypass device Y/N Size & type		
*Does building have a Sprinkler System	Y/N	*Chemical addition Y/N	*Protection:	
*Washroom #1	Location	Total # toilets Protection: AVB/Other	Total # Basins Protection: Airgap/Other	Total # Showers Protection: Airgap/Other
*Washroom # 2	Location	Total # toilets Protection: AVB/Other	Total # Basins Protection: Airgap/Other	Total # Showers Protection: Airgap/Other
*Washroom # 3	Location	Total # toilets Protection: AVB/Other	Total # Basins Protection: Airgap/Other	Total # Showers Protection: Airgap/Other
*Washroom # 4	Location	Total # toilets Protection: AVB/Other	Total # Basins Protection: Airgap/Other	Total # Showers Protection: Airgap/Other
*Floor Drains	Location	Total #	Trapseal Primer: Y/N	If yes protection type:
*Lunch Rooms/cafeterias	Coffee machines	Direct water connection	Y/N	Protection:

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	Vending Machines	Direct water connection	Y/N	Protection:
*Mop Sinks/Laundry Tubs	Total No:	Chemical dispenser	Y/N	Protection:
*Boiler make-up water	Y/N	Chemical addition	Y/N	Protection:
*Chiller make up water	Y/N	Chemical addition	Y/N	Protection:
*Irrigation	Y/N	Chemical addition	Y/N	Protection:

RESTAURANT

Degree of Hazard: **Moderate**

Post Mix Carbonator	Y/N	Protection:		
Dishwasher	Y/N	Commercial or Residential	Protection:	
Glass Washer	Y/N	Protection:		
Steam Tables	Y/N	Total no.	Protection:	
Cooking Kettles	Y/N	Total no.	Protection:	
Dish rinse unit with flex hose	Y/N	Protection:		
Potato Peeler	Y/N	Protection:		

Other Cross Connections

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DENTAL OFFICE

Degree of Hazard: **Moderate**

Dental vacuum pump	Y/N	Degree of Hazard: Severe	Protection: Note: AVB not sufficient protection
Dental Delivery System (water supply)	Y/N	Degree of Hazard: Low	Protection:
Cuspidor	Y/N	Degree of Hazard: Severe	Protection:
X-Ray Equipment	Y/N	Degree of Hazard: Severe	Protection:

Other Cross Connections

MORTUARY OR MORGUE

Degree of Hazard: **Severe**

Prep room	Y/N	Degree of Hazard: Severe	Protection:
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NOTE: Hot & cold water to prep room require RP protection. Hand sinks, emergency, showers and eye wash stations located within prep room must be connected up-stream of RP isolation

HOSPITALS

Active treatment area	Y/N	Degree of Hazard: Severe	Protection:
Labs	Y/N	Degree of Hazard: Severe	Protection:

NOTE: Hand sinks, emergency showers & eye wash stations located within the labs must be located upstream of any zone isolation.

Bedpan washer	# and Location	Degree of Hazard: Severe	Protection:
Commercial Laundry Machines	# and Location	Degree of Hazard: Severe	Protection:

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Garbage Disposal Unit	# and Location	Degree of Hazard: Severe	Protection:
Hydrotherapy bath	# and Location	Degree of Hazard: Moderate	Protection:
Humidifier	Chemical addition Y/N	Degree of Hazard: Moderate/Severe	Protection:

Other Cross Connections

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 occupier, to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross-connection and recommendation of corrective actions. Cross-connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and Bylaw No. 2009-105.

OWNER/OCCUPANT Signature

SURVEYOR Signature

<p>All selections shall be made in accordance with the Backflow Prevention Regulations of the Town of Penetanguishene By-law No. 2009-105 and CAN/CSAB64-10 (as amended). The Town has jurisdiction over all selections. Note: Surveyor required to submit copies of this report to Town of Penetanguishene and owner of property.</p>	<p>AG - Air Gap AVB - Atmospheric Type Vacuum Breaker DCAP - Dual Check Valve Type with Atmospheric Port *DCVA - Double Check Valve Assembly Type DUC - Double Check Valve Type DUCV - Dual Check Valve Type with Intermediate Vent HCVB - Hose Connection Type Vacuum Breaker</p>	<p>LACV - Listed Alarm Check Valve LFVB - Laboratory Faucet Type Vacuum Breaker N - None *PVB - Pressure Type Vacuum Breaker RSCV - Resilient Seated Check Valve *RP - Reduced Pressure Principle Type</p>
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NOTE: In the above list, the items that are bold and have “*” will require a building permit for installation of the device

CROSS CONNECTION CONTROL SURVEY – FLOOR PLAN DIAGRAM (Device location)

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