



**COMPLIANCE SERVICES
WATER/WASTEWATER**

PO Box 5000 Station A
Sudbury, ON P3A 5P3
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Email: backflowprevention@greatersudbury.ca

BACKFLOW PREVENTER REMOVAL REPORT

NOTE: To be completed clearly and submitted to the City of Greater Sudbury.
Missing information will not be acceptable

FACILITY ADDRESS				FACILITY ID #		CONTACT		CONTACT PHONE #	
NAME OF OWNER			ADDRESS OF OWNER			POSTAL CODE		OWNER PHONE #	
QUALIFIED PERSON NAME		OWWA CERT #		TEST KIT MAKE		TEST KIT MODEL #	TEST KIT SERIAL #		DATE OF LAST CALIBRATION
BUSINESS NAME			BUSINESS ADDRESS			POSTAL CODE		PHONE #	
DEVICE SERIAL #	DEVICE NAME	DEVICE MODEL	DEVICE SIZE	DEVICE LOCATION <input type="checkbox"/> ABOVE GRADE <input type="checkbox"/> BELOW GRADE		ORIGINAL INSTALL DATE	YYYY	MM	DD
INSTALLED ON WHAT SYSTEM <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> BYPASS			TYPE OF ISOLATION <input type="checkbox"/> PREMISE <input type="checkbox"/> ZONE <input type="checkbox"/> OTHER		LOCATION OF DEVICE (I.E. BUILDING & ROOM NUMBER)				
				TYPE OF DEVICE REMOVED					
				<input type="checkbox"/> RP	<input type="checkbox"/> DCVA	<input type="checkbox"/> PVB	<input type="checkbox"/> SRPVB	<input type="checkbox"/> RPF	<input type="checkbox"/> DCVAF
If the device has been removed for any reason, complete the sections below, noting the details of why it was removed									
Reason why device is no longer required (provide specific details)									
REASON									
<p>FULL DISCLOSURE REQUIRED: This report is intended to assist the Qualified Person in carrying out an amendment to the current cross connection control survey. It is the responsibility of the owner or building occupant/tenant to bring to the attention of the Qualified Person all water related issues within the subject premise to permit an inspection for potential cross connections and recommendations of required corrective actions. Cross Connections that are not identified in the survey may be deemed as work carried out subsequent to the survey, which is recognized as being in contravention of the City of Greater Sudbury Backflow Prevention By-law 2017-217</p>									
QUALIFIED PERSON NAME:					SIGNATURE:				
OWNER TENANT NAME:					SIGNATURE:				
<p>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 City of Greater Sudbury By-Law 2017-217 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 Manager of Compliance and Operational Support for the City of Greater Sudbury.</p>				OFFICE USE ONLY			OFFICE REMARKS / COMMENTS:		
				<input type="checkbox"/> REVIEWED	<input type="checkbox"/> DATA BASE ENTERED				
				REVIEWER NAME:					