



**Compliance Services  
Water/Wastewater**

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**BACKFLOW PREVENTION**  
BY-LAW 2012-27

# CROSS CONNECTION CONTROL SURVEY REPORT (Page 1 of \_\_\_)

Date of Survey: \_\_\_/\_\_\_/\_\_\_ (DD/MM/YY) Facility Address: \_\_\_\_\_

Type of Water Use: Industrial  Commercial  Institutional  Multi-Residential  Multi-Business  Others

Overall Hazard Level: Low  Moderate  High  Water Meter Size: \_\_\_ mm Meter Location: \_\_\_\_\_

No of Buildings at the Facility: \_\_\_\_\_ No of Businesses at the Facility: \_\_\_\_\_

Registered Qualified Person		Facility Contact Person		*Please use these codes to identify types of backflow preventer			
Name:		Name:		DCAP	Dual Check Valve with Atmospheric Port	AG	Air Gap
Company:		Company:		DCAPC	Dual Check Valve with Atmospheric Port for Carbonators	ASVB	Air Space Type Vacuum Breaker
Phone:		Phone:		DCVA	Double Check Valve Assembly	AVB	Atmospheric Vacuum Breaker
OWWA Cert #:		E-mail:		DCDA	Double Check Detector Assembly	PVB	Pressure Vacuum Breaker
				DuC	Dual Check Valve	SRPVB	Spill-Resistant Pressure Vacuum Breaker
				DuCV	Dual Check Valve with Intermediate Vent	HCVB	Hose Connection Vacuum Breaker
				RP	Reduced Pressure Principle	HCVB-F	Hose Connection Vacuum Breaker - Freeze Resistant
				RPDA	Reduced Pressure Detector Assembly	LFVB	Laboratory Faucet Vacuum Breaker
				SCVAF	Single Check Valve for Fire Protection System	RSCV	Resilient Seated Check Valve

Premise Isolation(s) : (If no premise isolation was found and no premise isolation is required, please select "No Premise Isolation".)  No Premise Isolation

#	Type of Premise Isolation	Hazard Level (L/M/H)*	Existing Protection Type	Location of Device	Serial #	Date of Last Test (D/M/Y)	Existing Protection Acceptable (Y/N)	Recommended Upgrade Type	Comments
1									
2									

Area, Zone or Source Isolation(s) : (If no cross connection was found, please select "No Cross Connection".)  No Cross Connection

#	Building or Business Description	Location of Cross Connection	Hazard Level (L/M/H)*	Existing Protection Type	Serial #	Date of Last Test (D/M/Y)	Existing Protection Acceptable (Y/N)	Recommended Upgrade Type	Comments
1									
2									
3									
4									
5									
6									
7									
8									

\* L = Low, M = Moderate, H = High – Refer to CSA Standards

**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 occupant to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections, and to enable recommended corrective actions.

Owner/Tenant Signature (SIGN EACH PAGE):

Qualified Person Signature (SIGN EACH PAGE):

*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 the 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, Water/Wastewater Services, City of Greater Sudbury*