



**BACKFLOW PREVENTION**  
BY-LAW 2017-217

**COMPLIANCE SERVICES  
WATER/WASTEWATER**

PO Box 5000 Station A  
Sudbury, ON P3A 5P3  
Tel: (705) 674-4455 ext 3600  
Fax: (705) 560-6109  
Email: backflowprevention@greatersudbury.ca

**DEVICE UPGRADE IMPLEMENTATION REPORT ( Page 1 of \_\_ )**

Facility Address: \_\_\_\_\_

Date of Cross Connection Control Survey has been conducted for this Facility: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Registered Qualified Person		Facility Contact Person		*Please use these codes to identify types of backflow preventer			
Name:		Name:		AG	Air Gap	DUCV	Dual Check Valve Type with Intermediate Vent
Company:		Company:		RP	Reduced Pressure Principle Type	AVB	Atmospheric Type Vacuum Breaker
Phone:		Phone:		RPDA	Reduced Pressure Detector Assembly	PVB	Pressure Type Vacuum Breaker
OWWA Cert #:		E-mail:		DCAP	Dual Check Valve Type with Atmospheric Port	SRPVB	Spill-Resistant Pressure Vacuum Breaker
				DCVA	Double Check Valve Assembly Type	VB	CSA B125 Approved Vacuum Breaker
				DCDA	Double Check Detector Assembly	HCVB	Hose Connection Type Vacuum Breaker
				SCVAF	Single Check Valve Assembly Type for Fire Protection System	HCVB-F	Hose Connection Type Vacuum Breaker – Freeze Resistant
				DUC	Double Check Valve Type	LFVB	Laboratory Faucet Type Vacuum Breaker
						RSCV	Resilient Seated Check Valve

**Premise Isolation(s):**

#	*Upgrade Status (Implemented?) (Yes/No)	Device Location	Type of Premise Isolation	Recommended Upgrade Type	Date of Implementation (MM/DD/YY)	Type of Device Upgrade Installed	Serial # (if applicable)	** Date of Initial Test (If applicable) (MM/DD/YY)	Comments
1									
2									

**Area, Zone or Source Isolation(s):**

#	*Upgrade Status (Implemented?) (Yes/No)	Name of Business/Unit	Location of Cross Connection	Recommended Upgrade Type	Date of Implementation (MM/DD/YY)	Type of Device Upgrade Installed	Serial # (if applicable)	** Date of Initial Test (If applicable) (MM/DD/YY)	Comments
1									
2									
3									
4									
5									
6									

Notes: (1) \* If there is device upgrade recommendation not implemented, please indicate reasons in the "comments" area. (2) \*\* Attach all initial Test Reports to this Report.

**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*