



1867 Ashburnham Drive
 PO Box 4125, Station Main
 Peterborough ON K9J 6Z5
 (705)748-9300

CROSS CONNECTION CONTROL PROGRAM SURVEY REPORT

This form is to be used for review of a facility for compliance with the Peterborough Utilities Commission (PUC) Cross Connection Control Program (CCCP) and the CSA-B64.10-01 Standard.

Please indicate the existing and/or proposed backflow devices for the water distribution (plumbing) system.

Date of Survey (yyyy/mm/dd)	
Company/Facility	Owner
Address	Phone
Owner Address (if different from above)	
Contact Person	Phone
Type of Use	Hazard Level <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Registered Tester Name	Certification #
Business Name	Phone
Is there premise isolation on the domestic water supply system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the Test Report included? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state when	

Please provide the following information if there is premise isolation

Location of Device	Type of Device	Acceptable Protection	Comment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendation if no			

Is there premise isolation on the fire protection system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is the Test Report included? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state when			

Please provide the following information if there is premise isolation

Location of Device	Type of Device	Acceptable Protection	Comment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendation if no			



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Existing Zone Protection Devices

Test Reports included for existing devices? Yes No If no, please state when _____

Location of Device	Type of Device	Acceptable Protection	Comment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Actual or Potential Cross Connections

Note: For Hazard rating S (severe) M (moderate) L (low)

Location	Hazard	Recommendation for Compliance with CCCP*

The PUC has jurisdiction over all selections. Please refer to Appendix C, Selection Guide, of the CCCP for the correct type of device for recommendations for compliance. The surveyor shall provide copies of this report to the PUC and owner of property within 14 days of the survey date.

I certify that the information in this report and any other attached document(s) is true to the best of my knowledge and recommendations are made in compliance with the CCCP and CSA Standard.

Signature of Registered Tester _____ Date _____

*Please use the following short form for recommended devices

AG Air Gap	LACV* Listed Alarm Check Valve
AVB* Atmospheric Type Vacuum Breaker	LFVB Laboratory Faucet Type Vacuum Breaker
DCAP* Dual Check Valve Type with Atmospheric Port	N None
DCVA* Double Check Valve Assembly Type	PVB* Pressure Type Vacuum Breaker
DUC* Double Check Valve Type	RSCV* Resilient Seated Check Valve
DUCV* Dual Check Valve Type with Intermediate Vent	RP* Reduced Pressure Principle Type
HCVB Hose Connection Type Vacuum Breaker	*Building Permits required for installation of these devices