



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-B64.10-11 Standard.

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

Date of Last Survey		Date of New Survey	
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			

Please provide the following information if there is premise isolation

Location of Device	Type of Device	Acceptable Protection	Comment

Have provisions been made for thermal expansion Yes No If yes, see below

Expansion tank Other Identify Type

Is there a fire protection system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there premise isolation on the fire protection system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there anti-freeze in any part of the fire protection system? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you answered yes to any of the above please fill in the following information.

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	



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List all existing devices at this location

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

Are there actual or potential cross connections that are not protected? Yes No

If yes, please provide the following information:

Location	Hazard	Recommendation for Compliance with CCCP*

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

The PUC has jurisdiction over all selections. Please refer to Appendix B of CSA B64.10 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 _____