

Surveyor Information (please print)

Receipt Number: (for office use only) _____

Survey Date: _____

Surveyor Company: _____	Facility Name: _____	Description/ Type: _____
Surveyor Name: _____	Facility Address: _____	
Surveyor Certification _____ Exp. Date: _____	Property Management: _____	Postal Code: _____
Surveyor Address: _____	Mailing Address: _____	
City: _____ Postal Code: _____	City: _____	Postal Code: _____
Surveyor Email: _____	Facility Rep/Contact _____	Email: _____
Surveyor Phone # _____ Cell # _____	Owner Name: _____	Email: _____
	Facility Rep/Owner _____ Phone # _____	Cell # _____

Required 2 out of 3	Premise Isolation	Water Service Information
Premise: <input type="checkbox"/> What is the current Premise Hazard Level: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Area Floor Drains Primed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the service metered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zone: <input type="checkbox"/> Does the facility have a premise isolation device installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Device: _____	Meter 1 Serial #: _____ Size: _____
Source: <input type="checkbox"/> If yes, which Device?: <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:		Meter 2 Serial #: _____ Size: _____
Is the Plumbing System protected from thermal expansion?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Facility require un-interrupted water supply?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Potable Water / Auxiliary Water	Fire Protection System (FPS)/ Sprinkler System	
Is Auxiliary water in use?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a FPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Check Valve Chamber at the property line?
Is it Zone protected with a backflow device?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the FPS have a dedicated water Service line? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other	If yes, specify what kind of BFD is installed <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:	
What is the source of this water (Well, pond, etc.)?	When a FPS is fed from a separate service, the FPS must be protected by a DCVA minimum.	
Process Water	Boiler System	Irrigation System: Garden/ Lawn
Is process water in use at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a Boiler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an irrigation system present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the process water Potable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this system use chemical additives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it protected with a Backflow Device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are process water lines Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it protected with a Backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow Device is in use?
If yes, which device?	If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> Other:	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other
Chemical Feed System	HVAC System	
Is there a chemical feed system in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a Cooling Tower? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow device is in use?
If yes, is the system Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the cooling system Backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:
If yes, specify what type of Backflow device is in use? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:	Is the Chiller/Boiler protected by a Backflow Device? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow device is in use on the make-up supply system? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other:
What kind of contamination is present?		

Appendix A

Cross-Connection Survey

LIST ALL CROSS CONNECTIONS FOUND WITHIN THE FACILITY

Unit	Location of Devices	System/Type of Cross Connection	Degree of Hazard: Severe / Moderate / Low	Acceptable Protection: Yes / No	Size	Type	Existing BFP Serial Number/Model Number	Required Upgrade – Type of Device	Required Upgrade: Yes / No

Complete all sections of this document, do not leave any questions unanswered. It is the responsibility of the owner to ensure this Survey is submitted to the Region of Peel within 14 days of inspection, failure to do so will result in non-compliance of By-law No. 10-2017. All recommendations on this Survey shall be in accordance with the Backflow Prevention By-Law and current CSA B64-10 Standards. Commencement of any work recommended by a Survey is subject to approval and Permits for installation or upgrades of all testable devices and can be obtained from the respective City or Town's Building Departments. **Submit Original Survey Documents to:** The Region of Peel, Backflow Prevention, Environmental Control 3515 Wolfedale Rd, Mississauga, Ontario, L5C 1V8. **A \$50 fee (Tax not applicable) is payable to the Region of Peel upon submission. Payments can be made by cheque, debit or credit card.**

Facility Address:	Surveyor's Name:		
Owner/Representative's Name:	Surveyor's Signature:		
Owner/Representative's Signature:	Surveyor's Certification #	Exp. Date:	
Date:	Date:		

By signing this, the above signatories certify that the cross-connection survey findings are correct and true.