

FULL DISCLOSURE REQUIRED: This form is intended to assist the Certified Tester 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 occupant to bring to the attention of the Certified Tester all water uses within the premises to permit inspection for potential cross connections, and to enable the Certified Tester to determine the hazard classification. If premises already defined as high hazard and using zone protection, the survey must, at minimum, determine the required backflow preventer required on all water lines and possible bypasses which service the building.

FACILITY AND CONTACT INFORMATION

Facility Address	<input type="text"/>	Contact	<input type="text"/>
City	<input type="text"/>	Telephone	<input type="text"/>
Postal Code	<input type="text"/>	Email	<input type="text"/>
Owner Address	<input type="text"/>	Owner	<input type="text"/>
City	<input type="text"/>	Telephone	<input type="text"/>
Postal Code	<input type="text"/>	Email	<input type="text"/>

SURVEY COMPLETED BY

Tester Name	<input type="text"/>	Certification #	<input type="text"/>
Company Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Postal Code	<input type="text"/>

GENERAL SURVEY INFORMATION

Survey Date	<input type="text"/>	Nature of Business	<input type="text"/>		
Type of Water Use:	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> MULTI-RESIDENTIAL	
Is there a fire protection system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is there premises isolation for the fire protection system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONNECTIONS

Please use these codes to identify types of backflow prevention

AG - air gap	AVB - atmospheric vacuum breaker	DCAP - dual check valve with atmospheric port
DCVA - double check valve assembly	DuC - dual check valve	DuCV - double check with atmospheric port
HCVB - hose connection vacuum breaker	LFVB - lab faucet vacuum breaker	PVB - pressure vacuum breaker
RP - reduced pressure principle	RSCV - resilient seated check valve	

Connection #	<input type="text"/>	<input type="checkbox"/> Cross Connection	<input type="checkbox"/> Fire System Connection	<input type="checkbox"/> Service Connection	Meter #	<input type="text"/>	
Location	<input type="text"/>						
Equipment Connected to or Serving	<input type="text"/>						
Hazard Level	<input type="checkbox"/> MINOR	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	Device Required for:	<input type="checkbox"/> Premises Protection	<input type="checkbox"/> Zone Protection	<input type="checkbox"/> Fixture Protection
Existing Device Type / Serial #	<input type="text"/>						
Acceptable Protection in Place per City of Kingston By-Law No. 2006-122?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - NOTE: If Yes, test reports must be submitted for devices used for premises protection.					
Device Upgrade Recommended by Tester	<input type="text"/>						

Report continued on page 2.

Any false information or misleading statements made on this survey will render any approval granted by the City of Kingston and Utilities Kingston null and void and may result in removal of the certified tester and/or testing company from the Utilities Cross Connection Control database of approved testers for a predetermined length of time.

UTILITIES KINGSTON - DRINKING WATER SYSTEMS - CROSS CONNECTION CONTROL SURVEY

Connection # [] Cross Connection Fire System Connection Service Connection Meter # []
Location []
Equipment Connected to or Serving []
Hazard Level MINOR MODERATE SEVERE Device Required for: Premises Protection Zone Protection Fixture Protection
Existing Device Type / Serial # []
Acceptable Protection in Place per City of Kingston By-Law No. 2006-122? NO YES - NOTE: If Yes, test reports must be submitted for devices used for premises protection.
Device Upgrade Recommended by Tester []

Connection # [] Cross Connection Fire System Connection Service Connection Meter # []
Location []
Equipment Connected to or Serving []
Hazard Level MINOR MODERATE SEVERE Device Required for: Premises Protection Zone Protection Fixture Protection
Existing Device Type / Serial # []
Acceptable Protection in Place per City of Kingston By-Law No. 2006-122? NO YES - NOTE: If Yes, test reports must be submitted for devices used for premises protection.
Device Upgrade Recommended by Tester []

Connection # [] Cross Connection Fire System Connection Service Connection Meter # []
Location []
Equipment Connected to or Serving []
Hazard Level MINOR MODERATE SEVERE Device Required for: Premises Protection Zone Protection Fixture Protection
Existing Device Type / Serial # []
Acceptable Protection in Place per City of Kingston By-Law No. 2006-122? NO YES - NOTE: If Yes, test reports must be submitted for devices used for premises protection.
Device Upgrade Recommended by Tester []

For additional connections attach additional copies of this page and re-number connections as applicable

REPORT SUMMARY AND COMPLETION

Additional Premises Protection Required? NO YES - Describe Below
[]

I certify that I have completed this cross connection survey in accordance with the Utilities Kingston Cross Connection Control Program and as specified by the CSA B64 standard and that the information provided is true and accurate.

Certified Tester Name (Please Print) _____ Certified Tester Signature _____ Date _____

CAUTION: The installation of cross connection control devices will require additional measures to control heat expansion. The OWNER / OCCUPANT is responsible for the inspection, repair, and maintenance of water heating equipment. Utilities Kingston requires that adequate premise protection is in place to ensure the safety of drinking water provided to our customers. The OWNER / OCCUPANT is responsible for ensuring adequate zone protection is in place to ensure the safety of drinking water within the building / facility.

Owner / Owner Representative / Occupant (Please Print) _____ Owner / Owner Representative / Occupant Signature _____ Date _____