8100 Warden Avenue
Markham, ON
L6G 1B4

Tel: (905) 475-4862
Fax: (905) 479-7772
Email: backflow@markham.ca

CROSS CONNECTION CONTROL SURVEY REPORT

Cover Page

Date of Survey: _____/_____/_____ (D / M / Y)

Facility Address: _____ **Page No:** _1__ **of** ____

Type of Water Use: Industrial ☐ Commercial ☐ Institutional ☐ Multi-Residential ☐ Single-Residential ☐

Overall Hazard Level: Low ☐ Moderate ☐ High ☐ **Size of Service:** _____ mm **Metered?** Yes ☐ No ☐

Certified Tester		Facility Contact Person			
Name:		Name:			
Company:		Company:			
Phone:		Phone:		Fax:	
Tester Cert #:		E-mail:			

*Please use these codes to identify types of backflow prevention			
AG	Air Gap	AVB	Atmospheric Type Vacuum Breaker
RP	Reduced Pressure Principle Type	PVB	Pressure Type Vacuum Breaker
DCAP	Dual Check Valve Type with Atmospheric Port	SRPVB	Spill-Resistant Pressure Vacuum Breaker
		VB	CSA B125 Approved Vacuum Breaker
DCVA	Double Check Valve Assembly Type	HCVB	Hose Connection Type Vacuum Breaker
SCVA	Single Check Valve Assembly Type	HCVB-F	Hose Connection Type Vacuum Breaker – Freeze Resistant
DUC	Double Check Valve Type		
DUCV	Dual Check Valve Type with Intermediate Vent	LFVB	Laboratory Faucet Type Vacuum Breaker
		RSCV	Resilient Seated Check Valve

#	Location of Cross Connection	Hazard Level (L/M/H)*	Existing Protection Type	Serial #	Date of Last Test (D/M/Y)	Acceptable Protection (Y/N)	Recommended Upgrade Type	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* L = **Low**, M = **Moderate**, H = **High** – Refer to CSA Standards

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 building 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 recommended corrective actions.

Owner/Tenant Signature (SIGN EACH PAGE):

Certified Tester 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 Town of Markham By-law 2007-142 and may be used for the enforcement and administration of the By-law, and will be stored by the Town for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner, tester and/or surveyor to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Operations for the Town of Markham.

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Date of Survey: _____/_____/_____ (D / M / Y)

Attach additional copies of this page as needed

Facility Address: _____

Page No: ___ **of** ____

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