



THE TOWN OF MIDLAND

Cross Connection Control Survey

Page 1 *DATE: ____dd____mm____yy

*Occupant		*Address		*Phone #:		*Fax#:		
				Email:				
*Occupant		*Address		*Phone #:		*Fax#:		
				Email:				
*Surveyor		*Company		*Phone #:		*Fax#:		
				Email:				
*Building Use								
*Degree of Hazard				*Size and Type of Premise Isolation				
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				*Bypass device <input type="checkbox"/> Yes <input type="checkbox"/> No Size and Type				
*Does building have a designated system?				*Size and Type of Premise Isolation				
<input type="checkbox"/> Process <input type="checkbox"/> Portable <input type="checkbox"/> Yes <input type="checkbox"/> No				*Bypass device <input type="checkbox"/> Yes <input type="checkbox"/> No Size and Type				
*Does building have a sprinkler system?				*Chemical addition <input type="checkbox"/> Yes <input type="checkbox"/> No *Protection				
*Washroom #1	Location	Total # toilets Protection <input type="checkbox"/> AVB <input type="checkbox"/> Other	Total # basins Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other	Total # showers Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other				
*Washroom #2	Location	Total # toilets Protection <input type="checkbox"/> AVB <input type="checkbox"/> Other	Total # basins Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other	Total # showers Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other				
*Washroom #3	Location	Total # toilets Protection <input type="checkbox"/> AVB <input type="checkbox"/> Other	Total # basins Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other	Total # showers Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other				
*Washroom #4	Location	Total # toilets Protection <input type="checkbox"/> AVB <input type="checkbox"/> Other	Total # basins Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other	Total # showers Protection <input type="checkbox"/> Airgap <input type="checkbox"/> Other				
*Floor Drains	Location	Total #	Trapseal Primer <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes protection type				
*Lunch Rooms/ cafeterias	Coffee machines	Direct water connection <input type="checkbox"/> Yes <input type="checkbox"/> No		Protection				

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Vending Machines		Direct Water Connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protection
*Mop Sinks/ Laundry Tubs	Total No.	Chemical dispenser	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protection
*Boiler make-up water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protection
*Chiller make-up water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protection
*Irrigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical addition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Protection

RESTAURANT

Degree of Hazard: Moderate

Post Mix Carbonator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:			
Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Protection	
Glass Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No			Protection	
Steam Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total no.		Protection	
Cooking Kettles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total no.		Protection	
Dish rinse unit with flex hose	<input type="checkbox"/> Yes <input type="checkbox"/> No			Protection	
Potato Peeler	<input type="checkbox"/> Yes <input type="checkbox"/> No			Protection	

Other Cross Connections

DENTAL OFFICE

Degree of Hazard: Moderate

Dental vacuum pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Severe	Protection	Note: AVB not sufficient protection
Dental Deliver System (water supply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Low	Protection	
Cuspidor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Severe	Protection	
X-Ray Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Severe	Protection	

Other Cross Connections

MORTUARY OR MORGUE

Degree of Hazard: Severe

Prep room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Hazard: Severe	Protection
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NOTE: Hot & cold water to prep room require RP protection. Hand sinks, emergency, showers and eye wash stations located within prep room must be connected up-stream of RP isolation

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HOSPITALS

Active treatment area Yes No Degree of Hazard: Severe Protection

Labs Yes No Degree of Hazard: Severe Protection

NOTE: Hand sinks, emergency showers & eye wash stations located within the labs must be located upstream of any zone isolation.

Bedpan washer # and Location Degree of Hazard: Severe Protection

Commercial Laundry Machines # and Location Degree of Hazard: Severe Protection

Garbage Disposal Unit # and Location Degree of Hazard: Severe Protection

Hydrotherapy bath # and Location Degree of Hazard: Moderate Protection

Humidifier Chemical addition Yes No Degree of Hazard: Moderate/ Severe Protection

Other Cross Connections

FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person 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 occupier, to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross-connection and recommendation of corrective actions. Cross-connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and Bylaw 2005-20.

OWNER/OCCUPANT Signature

SURVEYOR Signature

All selections shall be made in accordance with the Backflow Prevention Regulations of the Town of Midland By-law 2005-02 and CAN/CSAB64-10 (as amended). The Town has jurisdiction over all selections.

Note: Surveyor required to submit copies of this report to Town of Midland and owner of property.

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

Mailing Address

Town of Midland, 575 Dominion Avenue, Midland ON L4R 1R2

Website

www.midland.ca

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Do the devices that are listed on Survey Letter to the owner of this facility match the devices found in the facility?
(If no, please list the discrepancies below)

Yes No

Have you determined that additional protection is required at this facility? (If yes, please list all additional devices and corresponding information below)

Yes No