

**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**

<b>Facility Address</b>	<input type="text"/>	<b>Contact</b>	<input type="text"/>
City	<input type="text"/>	Telephone	<input type="text"/>
Postal Code	<input type="text"/>	Email	<input type="text"/>
<b>Owner address</b>	<input type="text"/>	<b>Owner</b>	<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 Number	<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  Nature of Business

Type of Water Use:  COMMERCIAL  INDUSTRIAL  INSTITUTIONAL  MULTI-RESIDENTIAL

Is there a fire protection system?  YES  NO      Is there premises isolation for the fire protection system?  YES  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

<b>Connection Number</b>	<input type="text"/>	<input type="checkbox"/> Cross Connection	<input type="checkbox"/> Fire System Connection	<input type="checkbox"/> Service Connection	Meter Number	<input type="text"/>	
Location	<input type="text"/>						
Equipment Connected to or Serving	<input type="text"/>						
Hazard Level	<input type="radio"/> MINOR	<input type="radio"/> MODERATE	<input type="radio"/> SEVERE	Device Required for:	<input type="checkbox"/> Premises Protection	<input type="checkbox"/> Zone Protection	<input type="checkbox"/> Fixture Protection
<b>Existing Device Type / Serial number</b>	<input type="text"/>						
Acceptable Protection in Place per City of Kingston By-Law No. 2006-122?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - <b>NOTE:</b> 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 Kingston Cross Connection Control database of approved testers.

**Connection Number** 
 Cross Connection
  Fire System Connection
  Service Connection
 Meter Number

Location

Equipment Connected to or Serving

Hazard Level  MINOR  MODERATE  SEVERE
 Device Required for:  Premises Protection
  Zone Protection
  Fixture Protection

Existing Device Type / Serial number

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

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  NO  YES - **NOTE:** If Yes, test reports must be submitted for devices used for premises protection.

Device Upgrade Recommended by Tester

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Location

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Hazard Level  MINOR  MODERATE  SEVERE
 Device Required for:  Premises Protection
  Zone Protection
  Fixture Protection

Existing Device Type / Serial number

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 in accordance with CSA B64 standard and that the information provided is true and accurate.

Certified Tester Name
  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 premises 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

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