



# CROSS CONNECTION CONTROL SURVEY PART 1 - PROPERTY INFORMATION

ALL FIELDS ARE MANDATORY - SURVEY WILL BE RETURNED FOR ANY MISSING INFORMATION. SUBMIT COMPLETED SURVEY TO BACKFLOW@VAUGHAN.CA  
SURVEY MUST BE SUBMITTED WITHIN 14 DAYS FROM THE DATE OF COMPLETION

Name of Qualified Company:

CCC #:

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Name of Qualified Person:

CCC expiry (mm/dd/yyyy)

## SECTION A - FACILITY INFORMATION (Please print clearly)

Property Address:		Common Name of Property or Tenant:	
Property Owner Name:	Owner Telephone:	Owner Email:	
Mailing Address of Owner: <input type="checkbox"/> Same as Property Address <input type="checkbox"/> Other:			
Facility Type: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Unit Residential		Facility Degree of Hazard: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Number of City of Vaughan service connections supplying property? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other		NOTE: If more than 1, complete CCC survey for <u>each</u> connection	

## SECTION B - WATER METER INFORMATION

City of Vaughan water meter installed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES: Size: _____ mm / inch Serial # _____	Is bypass installed around water meter? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES: Is bypass closed? <input type="checkbox"/> YES <input type="checkbox"/> NO Is bypass sealed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is water meter located in chamber? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES: Is chamber full of water? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## SECTION C - PREMISE INFORMATION EXISTING PREMISE BACKFLOW DEVICE INSTALLED? YES NO If YES, enter information below ↓

Purpose of device: <input type="checkbox"/> Domestic Protection <input type="checkbox"/> Combined Service Protection		Device Type: <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> Other, specify:	
Make	Model	Size _____ mm / inch	Serial #
Backflow device installed downstream of meter bypass piping? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Protection against thermal expansion? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is backflow device located in lot line chamber? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES: Is chamber full of water? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there branch connections between water meter and backflow device? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify:			
If PARALLEL device is installed, please fill out device information →			
Make	Model	Size _____ mm / inch	Serial #

## SECTION D - AUXILIARY WATER SOURCE DOES PROPERTY HAVE AN AUXILIARY WATER SOURCE? YES NO If YES, enter information below ↓

Source of auxiliary supply:	Purpose/use of auxiliary supply:	Specify location of connection:
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## SECTION E - FIRE SYSTEM INFORMATION DOES PROPERTY HAVE FIRE SYSTEM INSTALLED? YES NO If YES, enter information below ↓

Existing INTERNAL system protection: <input type="checkbox"/> None <input type="checkbox"/> SCVAF <input type="checkbox"/> Alarm valve <input type="checkbox"/> DCVA/DCDA <input type="checkbox"/> RP/RPDA		Private fire hydrants installed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Chemical addition present? <input type="checkbox"/> YES <input type="checkbox"/> NO
If INTERNAL TESTABLE device is installed, please fill out device information →			
Make	Model	Size _____ mm / inch	Serial #
Existing LOT LINE fire backflow device present? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES: Is chamber full of water? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If LOT LINE device is installed, please fill out device information →			
Make	Model	Size _____ mm / inch	Serial #
If DETECTOR backflow is installed, please fill out DETECTOR side information →		Size _____ mm / inch	Serial #
		Water meter reading _____ m <sup>3</sup>	Water meter serial #



# CROSS CONNECTION CONTROL SURVEY PART 2 - CONNECTION SUMMARY

ALL FIELDS ARE MANDATORY - SURVEY WILL BE RETURNED FOR ANY MISSING INFORMATION. SUBMIT COMPLETED SURVEY TO [BACKFLOW@VAUGHAN.CA](mailto:BACKFLOW@VAUGHAN.CA)  
 SURVEY MUST BE SUBMITTED WITHIN 14 DAYS FROM THE DATE OF COMPLETION

<b>PROPERTY ADDRESS:</b>	<b>DATE OF SURVEY</b> (mm/dd/yyyy)	<b>PAGE</b> _____ <b>of</b> _____
For additional service connections attach additional <u>signed copies</u> of this page and <u>re-number connections</u> and <u>page numbers</u> as applicable.		
Hazard Level: Minor = <b>MH</b> Moderate = <b>MoH</b> Severe = <b>HH</b>		

#	Location and Description of Cross Connection	Hazard Level	Existing Protection Type	Serial Number	Acceptable Protection (Y/N)	Comments: (BFP Make/Model, Last Test Date, Recommended Upgrade, Other)

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 property owner or building occupant to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connections, and to ensure adequate protection is in place related to zone and area isolation. Backflow selections shall be made in accordance with the [Backflow Prevention By-law](#) and current CSA Standard B64.10. Survey report subject to APPROVAL before commencing any work. Plumbing permits are required for installation, relocation or replacement of a testable Backflow Preventer. To apply and obtain plumbing permit, please contact Building Standards department at 905-832-8510 or visit [vaughan.ca/PermitPortal](http://vaughan.ca/PermitPortal) to apply online.

**Cross Connection Control Survey Report is required to be submitted WITHIN 14 DAYS OF THE SURVEY BEING CONDUCTED**  
 Failure to do so will result in non-compliance of the Backflow Prevention By-law. Submit COMPLETED and SIGNED survey report to [backflow@vaughan.ca](mailto:backflow@vaughan.ca)

<b>OWNER NAME</b>  <b>OWNER SIGNATURE</b>	<b>DATE</b> (mm/dd/yyyy)	<b>QUALIFIED PERSON NAME</b>  <b>QUALIFIED PERSON SIGNATURE</b>	<b>DATE</b> (mm/dd/yyyy)
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*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 City of Vaughan as amended and may be used for the enforcement and administration of the By-law and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and Qualified Person to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Environmental Services for the City of Vaughan.*