



Building Department
 City Hall, 100 Wellington Sq
 Brantford, Ontario, N3T 5R7
Phone: 519-759-4150
Fax: 519-752-1874

Plumbing System
 Fire System
 Irrigation System

APPENDIX C page 1
Cross Connection Survey

Date of Audit: _____ / _____ / 20_____

Facility Name: _____ Address: _____
 Property/Business Owner: _____ Phone# _____ Hazard Level: Low _____ Moderate _____ Severe _____
 Surveyor Name: _____ Phone#: _____ Company: _____

	Location of Cross Connection Service what equip. etc.	Acceptable Protection Y/N?	Serial Number of Exist. Device	Required Upgrade from list of BFP devices below	Remarks
1					
2					
3					

I, the undersigned, hereby declare that to the best of my knowledge, the information contained herein is complete and acc

Surveyor's Signature: _____ **Date:** _____

5 Year Renewal? Initial Survey? *If initial survey was checked off, survey completion is MANDATORY unless choosing to install an RP.*
 If "5 Year Renewal" was checked off, were any process or operational changes made in the last 5 years? Yes _____ No _____
 If yes, complete the survey. If no, Owner may forego completion of survey and sign below:
 I, the undersigned, hereby declare that to the best of my knowledge, the information contained herein is complete and acc
Owner's Signature: _____ **Date:** _____

NOTE:
 Identifications of any cross-connections shall be made in accordance with the City of Brantford Backflow Prevention Bylaw. All selections shall be made in accordance with the CSA B64. 10-94, as amended OR consult with the City of Brantford, Building Department. The City reserves the right to approve of all selections. Survey subject to approval before work may commence. Permits are required for installation of all testable devices. Submit copies of this survey to Building Dept. and Owner of facility within 14 days of audit. Use the abbreviations provided for listing required upgrades and existing device.

AG - Air Gap AVB - Atmospheric Vacuum Breaker DCAP - Dual Check Valve with Atmospheric Port DuC - Dual Check Valve DUCV - Double Check with Atmospheric Port HCVB - Hose Connection Vacuum Breaker LFVB - Lab Faucet Vacuum Breaker N - None	LACV - Listed Alarm Check Valve DCVA - Double Check Valve Assembly PVB - Pressure Vacuum Breaker RSCV - Resilient Seated Check Valve RP - Reduced Pressure Principle * Owner is responsible for all applicable permits.
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NOTE: Any non-conventional device that is installed shall be identified and the rationale be specified under "REMARKS".



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APPENDIX C page 2
Cross Connection Survey

	Location of Cross Connection Service what equip. etc.	Acceptable Protection Y/N?	Serial Number of Exist. Device	Required Upgrade from list of BFP devices below	Remarks
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					