



1867 Ashburnham Drive
 PO Box 4125, Station Main
 Peterborough ON K9J 6Z5
 (705)748-9300

CROSS CONNECTION CONTROL PROGRAM SURVEY REPORT

This form is to be used for review of a facility for compliance with the Peterborough Utilities Commission (PUC) Cross Connection Control Program (CCCP) and the CSA-B64.10-17 Standard. Please indicate the existing and/or proposed backflow devices for the water distribution (plumbing) system.

Company/Facility _____	Last Survey Date: _____
Owner Name: _____	New Survey Date: _____
Address: _____	
Address if different from above: _____	Owner Phone: _____
Contact Person: _____	Contact Phone: _____
Type of Use _____	Hazard Level: Severe Moderate Low
Registered Tester Name _____	Certification # _____
Business Name _____	Phone _____

Is there premise isolation on the domestic water supply system?	Yes	No
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Please provide the following information if there is premise isolation

Location of Device	Type of Device	Acceptable Protection	Comment

Have provisions been made for thermal expansion:		
If yes, see below	Yes	No
Expansion Tank	Other	
Identify Type : _____		

Is there a fire protection system?	Yes	No
Is there premise isolation on the fire protection system?	Yes	No
Is there anti-freeze in any part of the fire protection system?	Yes	No

*** If you answered yes to any of the above please fill in the following information.**

Location of Device	Type of Device	Acceptable Protection	Comment
		Yes No	
		Yes No	



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List all existing devices at this location:

Location of Device	Type of Device	Acceptable Protection	Serving what Equipment
		Yes No	

Are there actual or potential cross connections that are not protected? Yes No

If yes, please provide the following information:

Location	Hazard	Recommendation for Compliance with cccp

Note: For Hazard rating S (severe) M (moderate) L (low)

The PUC has jurisdiction over all selections. Please refer to Appendix B of CSA B64 .10-17 for the correct type of device for recommendations for compliance. The surveyor shall provide copies of this report to the PUC and owner of property within 14 days of the survey date.

I certify that the information in this report and any other attached document(s) is true to the best of my knowledge and recommendations are made in compliance with the CCCP and CSA Standard.

Signature: Registered Tester

Date