



**CROSS CONNECTION SURVEY**

Plumbing System

Fire Protection System

**DATE:**

**Page No.:**

<b>Facility:</b>		<b>Address:</b>			<b>Owner:</b>			<b>Facility Contact Person:</b>
<b>Surveyor:</b>		<b>Certification #</b>			<b>Phone #:</b>			<b>Contact Person Phone #:</b>
	Location of Cross Connection	Existing Protection Type	Serial # (If Applicable)	Date of Last Test (If Applicable)	Acceptable Protection Yes/No	Required Upgrade	Selection From	Remarks
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Selection from:  S – Can/CSA B64 Selection Guide P – Professional Engineer * Attach selection documentation M – Manufacturer Supplied Device B – Selected in accordance with Section 7.4 of the Water Use By-law Schedule				AG - Air Gap *AVB - Atmospheric Type Vacuum Breaker *DCAP - Dual Check Valve Type with Atmospheric Port *DCVA - Double Check Valve Assembly Type *DUC - Double Check Valve Type *DUCV - Dual Check Valve Type with Intermediate Vent HCVB - Hose Connection Type Vacuum Breaker			*LACV - Listed Alarm Check Valve LFVB - Laboratory Faucet Type Vacuum Breaker N - None *PVB - Pressure Type Vacuum Breaker *RSCV - Resilient Seated Check Valve *RP - Reduced Pressure Principle Type *- Building Permits required for installation of these devices.	

All selections shall be made in accordance with the Backflow Prevention Regulations Schedule A of the City's Water By-law. The City has jurisdiction over all selections.  
 Note: Surveyor required to submit copies of this report to City of Cambridge and owner of property.