



CROSS CONNECTION SURVEY

Plumbing System

Fire Protection System

DATE:

Page No.:

Facility:		Address:			Owner:			Facility Contact Person:	
Surveyor:			Certification #		Phone #:			Contact Person Phone #:	
	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.									