COLLINGWOOD	CROSS CONNECTION CONTROL SURVEY FORM	97 Hurontario Street Collingwood ON, L9Y 2L8 705-445-1030 x 3321 eorser@collingwood.ca

This form must be legible, printed and completed in blue or black ink.
Please note all information including signatures must be completed prior to submission.

Premises information		
Premises Address:	Occupant / Business:	
Premises Owner:		Phone:
Premises Owners Mailing Address:		Unit Number:
City:	Province:	Postal Code:
Owners Email Address:		Mail Contact:
Signature of Owner or Authorised Signatory:		Date:

Qualified Contractor Information		
Qualified Contractor Name:		Phone:
Qualified Contractor Company Name:		Email:
OWWA Certification #:	OWWA Certification Date:	

Premises Device Information	
Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐ Other:	Domestic ☐ Fire ☐ Irrigation ☐ Other ☐
Device Make: Model:	Serial #: Size:
Device Orientation: Horizontal ☐ Vertical Up ☐ Vertical Down ☐	Town of Collingwood Test Tag Affixed : Yes ☐ No ☐
Device Location:	Device installed as per CSA B64: Yes ☐ No ☐
Device Assessable: Yes ☐ No ☐	Last Certification Date:
Thermal protection: Yes ☐ No ☐	Fire System Chemical Addition: Yes ☐ No ☐

Type of Device: RP (F) ☐ DCVA (F) ☐ (SR) PVB ☐ Other:	Domestic ☐ Fire ☐ Irrigation ☐ Other ☐
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Premises Information	
Type of Premises:	Auxiliary Water Supply on Premises: Yes ☐ No ☐
Auxiliary Water Connected to the Potable Water System: Yes ☐ No ☐	Purpose of Auxiliary Water:
Does the premises have a dedicated fire system: Yes ☐ No ☐	Premises fire protection device installed: Yes ☐ No protection ☐
Premises Degree of Hazard:	Date Surveyed:

I certify that I have surveyed the above premises in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.	
Signature of Qualified Contractor:	Date:

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Premises information	
Premises Address:	Occupant / Business:
Signature of Owner or Authorised Signatory:	Date:

Qualified Contractor Information	
Qualified Contractor Name:	OWWA Certification #:
Qualified Contractor Company Name:	Phone #:
Email:	Date Surveyed:

Premises Cross Connections

Location	Description	Degree of Hazard	Existing Protection

I certify that I have surveyed the above premises in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.

Signature of Qualified Contractor:	Date:

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Premises information

Premises Address:	Occupant / Business:
Signature of Owner or Authorised Signatory:	Date:

Qualified Contractor Information

Qualified Contractor Name:	OWWA Certification #:
Qualified Contractor Company Name:	Phone #:
Email:	

Provide a detailed sketch of all incoming water service(s). Include details such as the water meter, backflow preventers and bypasses:

Comments, recommendations:

I certify that I have surveyed the premises in accordance with the Town Of Collingwood Backflow Prevention By-law; as amended, and CSA B64 Standards.

Signature of Qualified Contractor:	Date: