



43 Stewart Road
 Collingwood ON L9Y 4M7
 (705) 445-1581 ext 3321
 eorser@collingwood.ca

CROSS CONNECTION CONTROL Survey Form

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This form must be legible, printed and completed in blue or black ink. Please note all information must be completed, and a signature by the owner or owners authorised contact is required prior to submittal. Please submit forms to eorser@collingwood.ca.

Forms must be submitted to the Town of Collingwood within 14 days of completion. Forms submitted after the required date of submission will not be accepted. **Required Date of Submission:**

Street Address of Premises:		Occupant/ Business Name (List all):			Owners Email Address:			
Owner/ Business Name:		Mailing Address of Owner:			Postal Code:		Owners Phone #:	
Certified Contractor Performing Survey:		Certified Contractor/ Company Name:			Phone:		OWWA#:	
Type of Premises:		Degree of Hazard:			Date Surveyed:		OWWA Certification Date:	
Premises Protection Installed: DCVA RP None		Device Accessible:	Size:	Make:	Model:	Serial #:	Does a Backflow Bypass Exist?	
Location of Premises Protection:		Device Orientation:	Thermal Protection:		Last Certification Date:		Valid Test Tag:	
Premise Fire Protection Installed: Alarm Valve SCVAF		Size:	Make:	Model:	Serial #:	Last Certification Date:		
DCVA RP No Protection No System								
Auxiliary Water Supply on Premises:		Auxiliary Water Connected to the Potable Water System:			Purpose of Auxiliary Water:		Chemical Addition:	
Name of Owner:			Signature:				Date:	
Owners Authorized Contact:			Signature:				Date:	
Certified Contractor:			Signature:				Date:	
For Office Use Only								
Date Received		Hazard Classification:			Reviewed By:		Date Reviewed:	



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Survey Form

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Street Address of Premises:	Occupant/ Business Name:	Date Surveyed:
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Location	Description	Degree of Hazard	Existing Protection

Certified Contractor:	Signature:	Owner or Authorized Signature:
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Note: *This form must be legible, printed and completed in blue or black ink. This form must be returned to the Town of Collingwood within 14 days of completion.*

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

Comments, recommendations:

Street Address of Property:

Occupant/ Business Name:

Owner or Authorized Signature: