



# CITY OF ORILLIA

## Cross-Connection Inspection Report

### Customer Information

Company Name: \_\_\_\_\_

Water Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Property Owner & Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

Business Type: (Please be specific, i.e. dry cleaner, shoe store etc.)  
\_\_\_\_\_

Principle use of water?  
\_\_\_\_\_

### Water Use Information

Does the premises use water in any manufacturing/industrial or commercial process?  Yes  No

If yes, please specify: \_\_\_\_\_

Does the premises use any hazardous or toxic material or chemical in any kind of process?  Yes  No

If so, what? \_\_\_\_\_

Do any hot water boilers, steam boilers, instantaneous heat exchange water heaters  Yes  No

or steam generating facilities exist on the premises? If yes, does the system use  Yes  No  N/A  
chemical additives?

Does the premises have any chemical mixing devices or industrial fluid systems attached  Yes  No  
to the plumbing system (i.e. cleaning agents, degreasers, hydraulic fluids, coolants etc.)

Does the premises have a fire protection system?  Yes  No

If yes, is the fire protection system supplied by a dedicated water line?  Yes  No  N/A

What type of backflow device is being used on the fire protection system?

Single swing check valve (SSCV)  Reduce Pressure Backflow Preventer (RPBP)

Double Check Valve Assembly (DCVA)  Other \_\_\_\_\_

Is the fire service(s) equipped with water meter(s)?  Yes  No  N/A

If yes, does fire sprinkler system have outside fire hose connections?  Yes  No  N/A

If yes, does fire sprinkler system use chemical additives?  Yes  No  N/A

Is there a fixed lawn sprinkler system on the premises?  Yes  No

Are there any auxiliary water supplies on the premises?  Yes  No

**Water Use Information (Continued)**

- Is there a booster pump attached to any portion of the plumbing system?  Yes  No
- Are there any buildings taller than 2 stories on the premises with water service?  Yes  No
- Is there any water softening equipment connected to the water service?  Yes  No
- Are there any solar heating systems on the premises?  Yes  No
- Are there any cooling towers connected to the system?  Yes  No
- Does firm have any potentially contaminated or sewer connected equipment on the premises such as aspirators, cuspidors, autoclaves, specimen tanks, sterilizers, laboratory, or mortuary/autopsy equipment?  Yes  No
- Is there more than one service line providing water to the premises?  Yes  No
- Are the service(s) equipped with water meter(s)?  Yes  No
- If more than one service, how many? \_\_\_\_\_  N/A
- Service Type (i.e. galvanized, lead, copper, plastic) \_\_\_\_\_
- Plumbing Type (i.e. galvanized, lead, copper, plastic) \_\_\_\_\_
- Are there as-built drawings providing detailed piping?  Yes  No
- If yes, are they correct?  Yes  No  N/A
- If no, complete page 4 with small sketch of service and potential cross-connections.

**Backflow Preventers & Cross-Connections**

- Is there a backflow preventer installed on the service line/lines providing water to the premises (premises isolation)?  Yes  No
- If YES, size and type of backflow premises isolation: \_\_\_\_\_
- Is there a bypass on the premises isolation?  Yes  No  N/A
- Are there any potential cross-connections at these premises as defined in 1020.1.4?  Yes  No

**If YES to any of the above, please complete the remainder of this section.**

**NOTE: This section must be completed to provide documentation for recommendations on page 3.**

Exact Location of Cross-Connection(s) (List all potential cross-connections)	Protection Device(s) (If already Installed – Type If Required, No)	Degree Hazard(s) (High,Moderate,Minor)

**Backflow Preventers & Cross-Connections (continued)**

Have backflow prevention devices been inspected as per manufacturers' requirements for the previous six (6) years?  Yes  No  N/A

Overall premises assessment of health "hazard level" as per CAN/CSA B64.10-07 Category of Hazards:  
Minor \_\_\_\_\_ Moderate \_\_\_\_\_ High (Severe) \_\_\_\_\_

Corrective Actions Required: (from Backflow Preventers and Cross-Connections section page 2)

---

---

---

Recommendations:

---

---

---

---

---

Additional Comments:

---

---

---

**Qualified Person/Owner**

I hereby certify that, to the best of my knowledge, all of the preceding information is accurate and true.

Qualified Person: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AWWA Licence #: \_\_\_\_\_

Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Both Qualified Person and Owner must sign form.**

**Detailed Drawing – Piping System**

*Note: Required only if plumbing as-built drawing not available for review by qualified person.  
Provide incoming service details and all potential cross-connection location details.*