



# BACKFLOW PREVENTION SURVEY REPORT

Operational Services Tel: (905)727-3123; Email: [backflow@aurora.ca](mailto:backflow@aurora.ca)  
 100 John West Way, Box 1000 Aurora, ON L4G 6J1

This survey must be conducted by a Qualified Person under Town of Aurora Bylaw 6213-19. This form must be submitted by the Property Owner, or Agent, of an Industrial, Commercial, Institutional, or Multi-Residential building. Please complete this form for each service connection at a property.

<b>Section 1: Facility Name:</b>			
Facility Address:	Number of water connections:	Property Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Residential <input type="checkbox"/> Other	Water Account No:
Water Meter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Meter Size:	Water Meter Serial No:	Incoming Water Service Size (mm):	Type of Use (e.g. laundry, dental etc.):
<b>Section 2: Owner/ Agent</b>			
Property Owner Name:	Mailing Address:	Phone:	Email Address:
Contact Person for Property: <input type="checkbox"/> Same as Owner	Mailing Address:	Phone:	Email Address:
<b>Section 3: Cross Connection Control Information, Premise Hazard Level (According to CSA B64.10) and Actions Required</b>			
<b>Domestic</b>			
Service Connection Purpose: <input type="checkbox"/> Municipal Water Use	Is there a Backflow Prevention (BFP) device installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of BFP Is the BFP device installed after the water meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an unprotected branch connection, hose connection or a split between the Water Meter and the BFP device? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details below.
Existing Device Type:	Size:	Make:	Model No: Serial No.
Last Testing Date:	Valid Test Tag : <input type="checkbox"/> Yes <input type="checkbox"/> No	Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle
Premise Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Required Device Type:	Required Device Size:	Location of future backflow device:
Comments:			
<b>Water Meter By-Pass in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
If Yes, please provide details (is protection needed on the by-pass, type of device, etc...)			

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<b>Fire Protection System on the property?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>BFP Device Installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flow Through System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Device Type:	Size:	Make:	Model No: Serial No.
Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Required Device Type:	Required Device Size:	Is the BFP device on Fire line by-passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details below.
Comments:			

<b>Auxiliary Water Supply (AUX) On Premise?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
AUX Connected to any part of the Plumbing System or the Municipal Water System: <input type="checkbox"/> Yes <input type="checkbox"/> No		Source of Auxiliary Water:	Is there a Backflow Prevention (BFP) device installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Device Type:	Size:	Make:	Model No: Serial No.
Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Required Device Type:	Required Device Size:	Location of future backflow device:

**UPON IDENTIFICATION OF SEVERE HAZARD, THE QUALIFIED PERSON SHALL NOTIFY THE WATER OPERATIONS WITHIN 24 HOURS BY SENDING AN EMAIL TO THE EMAIL ADDRESS NOTED IN THE ABOVE HEADER.**

<b>Section 4: Qualified Person Information</b>			
Business name:	Address:	Contact Name:	Phone:
			Email:
Qualified Person Name:	OWWA Certificate #: OWWA Certification Date:	OCOT Membership #: OCOT Expiry Date:	Sprinkler and Fire Protection Installer: <input type="checkbox"/>

### Section 5: Signatures

**This Survey must be signed by the owner and the qualified person in accordance with the Town of Aurora's By-Law No. 6213-19.**

Name of Owner:	Signature:	Date:
Owners Authorized Contact:	Signature:	Date:
Qualified Person:	Signature:	Date of Survey:

**FULL DISCLOSURE REQUIRED:** This form is intended to assist the Qualified Person in carrying out the Cross Connection Control Survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or agent, to inform the Qualified Person of all water uses within the premises to permit inspection for potential cross connections and recommendations for corrective actions. Cross connections not identified in the survey may be deemed as works carried out subsequent to the survey in violation of the Building Code and By-law No. 6213-19

### Device Types

Air Gap (AG), Atmospheric Vacuum Breaker (AVB), Double Check Valve (DCVA), Dual Check with Atmospheric Port (DCAP), Dual Check with Atmospheric Port for Carbonators (DCAPC), Dual Check Valve (DuC), Hose Connection Vacuum Breaker (HCVB), Pressure Vacuum Breaker (PVB), Reduced Pressure (RP), Single Check Valve Assembly for Fire Systems (SCVAF)

### Town's Office Use Only

Date Requested:	Date Received:	Reviewed By:	Date Reviewed:
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