

# 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 5645-14. 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"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-Residential	Water Account No:	
Water Meter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Meter Serial No:	Incoming Water Service Size (mm):		Type of Use (e.g. laundry, dental etc.):	
Water Meter Size:				Plaza with Multiple Uses: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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</b>					
Service Connection Purpose: <input type="checkbox"/> Municipal Water Use <input type="checkbox"/> Dedicated Fire Protection		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
Existing Device Type:	Size:	Make:	Model No:	Serial No.	
Last Certification 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
<b>By-Pass Device Installed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle		
Type:	Size:	Make:	Model No:	Serial No.	
Last Certification Date:			Valid Test Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Auxiliary Water Supply (AUX) On Premise:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			Device Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Angle		
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
Type:	Size:	Make:	Model No:	Serial No.	
Last Certification Date:			Valid Test Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		Device Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No

# 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

Fire Protection System			
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	
Section 4: Premise Hazard Level (According to CSA B64.10) and Actions Required			
Premise Hazard Level: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Premise Protection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Attach Test Certificate for Existing Premise Protection		Location:
Device Type Required:	Device Size:	Device Make:	Device Model:
Comments:			

**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 THE ABOVE HEADER.**

Section 5: Qualified Person Information			
Qualified Person/Firm Performing Survey:	Address:	Contact Name:	Phone: Email:
Professional Engineer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Engineering Technologist: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Master Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman Plumber: <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid OWWA Certificate #:	OWWA Certification Date:	Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 6: Signatures		
<b>This Survey must be signed by the owner and the qualified person in accordance with the Town of Aurora's By-Law No. 2019-xx.</b>		
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. 2019-xx

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), Laboratory Faucet Vacuum Breaker (LFVB), 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: