

CROSS-CONNECTION CONTROL SURVEY REPORT FORM

CUSTOMER / OWNER INFORMATION

PROPERTY NAME _____

PROPERTY LOCATION _____

MAILING ADDRESS _____

CONTACT PERSON _____

CONTACT PHONE _____

IMPORTANT INFORMATION

ALL BACKFLOW PREVENTION ASSEMBLIES SHALL MEET PWSB APPROVAL. ANY VERTICAL INSTALLATIONS MUST NOTIFIED THE PWSB FOR APPROVAL. THE INSTALLATION OF BACKFLOW PREVENTION DEVICES RESULTS IN PSI LOSSES. STRAINERS ARE RECOMMENDED FOR DOMESTIC SERVICES.

ALL BACKFLOW PREVENTION ASSEMBLIES SHALL BE TESTED UPON INSTALLATION AND AT LEAST ANNUALLY THEREAFTER.

SURVEY LOCATION	BFPA PRESENT YES / NO	IF YES BFPD TYPE	BFPA MAKE	BFPA MODEL	BFPA SIZE	BFPA SERIAL NUMBER	IF NO TYPE OF BFPA TO BE INSTALLED	COMPLETION DATE

NOTES / DRAWING

SURVEY BY _____

WITNESS _____

SURVEY CERTIFICATE NUMBER _____

SURVEY DATE _____

