



85 Branch Street  
 Pawtucket, R.I. 02860  
 Office- 401-729-5013  
 Fax - 401-727-3423

**CROSS-CONNECTION CONTROL SURVEY REPORT FORM 1**

**CUSTOMER /OWNER INFORMATION**

PROPERTY LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

ALL BFPA'S MUST BE TESTED UPON INSTALLATION AND ANNUALLY THEREAFTER. ALL VERTICAL'S MUST GET PWSB APPROVAL  
 BFPA'S RESULTS IN PSI LOSES AND RESULT IN A CLOSED LOOP SYSTEM. EXPANSION TANKS MAY BE REQUIRED. CHECK WITH LOCAL CODES

Survey Location	Is BFPA Present	BFPA Type	BFPA Make	BFPA Model	BFPA Size	BFPA Serial #	BFPA To Be Installed	90 Day BFPA Due Date

Survey By \_\_\_\_\_ Witness \_\_\_\_\_ Survey Date \_\_\_\_\_

NEWWA # \_\_\_\_\_ Expiration \_\_\_\_\_