

Cross-Connection Control Hazard Survey Report

Survey date: _____

Consumer Information

Premises name: _____ Telephone: _____

Address: _____ ZIP: _____

Contact person: _____ Title: _____

Description of premises:

Water Service and Backflow Prevention Assembly (BPA) Information

Service Type	Service Size	Meter Size	Meter #	BPA Size	BPA Type	BPA Serial #
Domestic						
Fire						
Irrigation						
Other						

Cross-Connection Control Specialist (CCCPS) Information

Name: _____ Telephone: _____

Company name: _____

Address: _____ ZIP: _____

CCCPS Certification #: _____ Certified By: _____ Year certified: _____

Cross-Connection Control Survey Report (Continued)

Survey Results

Note: The CCCPS's survey shall include an inspection of the premises isolation assembly to verify that it is installed correctly and is a currently listed CSWRCB approved assembly.

#	Location Description	Water Service Type	Equipment / Hazard Description	Meter#	Quantity	Existing Protection / Backflow Devices						Approved Backflow Protection (Yes / No)	Proper Backflow Protection (Yes / No)	Backflow Installation Acceptable (Yes / No)	Cross Connection Hazard Type (Contaminant / Pollutant)	Cross Connection Type (Direct / Indirect)	Picture#	Comments	Recommended Corrections	Code References	
						# Existing	Manufacturer	Model #	Type	Size	Serial #										
1																					
2																					
3																					
4																					
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Attach additional sheets if needed.

Surveyor's Recommendations

I certify that this cross-connection hazard survey accurately reflects the overall risk posed by the consumer's plumbing system to the *WATER PURVEYOR's* distribution system. Based on the above survey, I certify that:

1. I found the following type(s) of premises isolation backflow preventer(s):
Air Gap ____ RPBA/RPDA ____ DCVA/DCDA ____ None ____.
2. The existing backflow preventer(s) is/are properly installed.
Yes ____ No ____ N/A ____.
3. The existing backflow preventer(s) is/are commensurate with the degree of hazard.
Yes ____ No ____ N/A ____.
4. Since no backflow preventer was installed for premises isolation, the premises owner should install a premises isolation backflow preventer of the following type:
Air Gap ____ RPBA/RPDA ____ DCVA/DCDA ____ N/A ____.
5. The premises owner should replace the existing premises isolation backflow preventer(s) with the following:
Air Gap ____ RPBA/RPDA ____ DCVA/DCDA ____ N/A ____.

The completed survey report shall be first signed by the CCCPS conducting the survey, and then counter-signed by the owner of the premises or the owner's authorized agent.

CCCPS Signature: _____ **Date:** _____

As the Owner of the Premises (or Owner's authorized agent), I certify that I have received a copy of this completed Cross-Connection Control Hazard Survey Report.

Signature: _____ **Date:** _____

Note: Consumers and regulatory agencies should be aware that the *Water Supplier's* requirement for this cross-connection hazard survey and/or for the installation of a specific backflow prevention assembly on a service pipe **do not** constitute an approval of the consumer's plumbing system, compliance of the consumer's plumbing system with the Uniform Plumbing Code or an assurance of the absence of cross connections in the consumer's plumbing system.