

CROSS CONNECTION ASSESSMENT FORM

DEVELOPMENT SERVICES DEPARTMENT

PREMISE DEGREE OF HAZARD: <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Moderate	TOTAL NUMBER OF TESTABLE DEVICES: _____ PLUMBING SYSTEM _____ FIRE PROTECTION SYSTEM	DATE: (MM/DD/YY): PAGE # _____ of _____
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PREMISE:	ADDRESS OF PREMISE:	PHONE NO.:	PREMISE MAIN CONTACT PERSON: Name:
OWNER:	ADDRESS OF OWNER:	PHONE NO.:	Phone Number(s):

NAME OF PERSON/COMPANY CONDUCTING ASSESSMENT:	LICENCE NO:	PHONE NO.:	REPORT GIVEN TO: <input type="checkbox"/> OWNER OF PREMISE <input type="checkbox"/> CITY OF THUNDER BAY
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	Location of Cross-Connection	Existing Protection Type	Degree of Hazard	Required Upgrade	RECOMMENDATION OF WORK TO BE COMPLETED
1					
2					
3					
4					
5					
6					
7					
8					
9					

- ➔ All selections shall be made in accordance with the *Cross Connections and Backflow Prevention* regulations in Section 4 of the City's Waterworks By-law. The City has jurisdiction over all selections.
- ➔ The person/company conducting this assessment is required to submit the original copy of this report to the City and a copy to the owner of the premise.
- ➔ A building permit will be required pursuant to the Ontario *Building Code Act* as amended to install a backflow prevention device. The provisions of the *Act* pertaining to such Building Permits continue to apply to each installation in addition to the provisions of this By-law. Permits are required for devices as noted in the *Cross Connection Assessment Form*.

Mailing Address:	Telephone:	Fax:	Website:	Email Address:
City of Thunder Bay Development Services Department Building Division 2nd Floor, Victoriaville Civic Centre 111 Syndicate Ave. S., P. O. Box 800 Thunder Bay, ON P7C 5K4	(807) 625-3430	(807) 623-9344	www.thunderbay.ca	backflow@thunderbay.ca
SURVEYOR'S SIGNATURE:			DATE:	