

Cross Connection Assessment Form

(Excluding Single Family and Duplex Residential Buildings)

Important: Required for permit - submit this form with building permit application.

A. Facility Information:	
Facility Name:	Building Permit Number:
Facility Service Address:	Municipality:
Facility Description:	

B. Responsible Contact Person:		
Name:	Business Name: (If different from above)	
Mailing Address: (If different from above)		
Phone:	Fax:	Email:
Cell:		

C: Water Service Connection(s):		* MANDATORY - Please List All Connections*		
<input type="checkbox"/> Main Inlet / Combined	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire	<input type="checkbox"/> Domestic	<input type="checkbox"/> Other: _____
Premise Isolation at Water Meter(s):	Backflow Preventer (BFP) Type and Location Description (list all):			

Any BFP used for zone or fixture isolation should be noted on the back of this form. Add additional sheets if necessary.

D. Plumbing Designer / Contractor (please complete and sign below)	
I hereby certify that all backflow protection listed above complies with CAN / CSA B64.10 standards as well as the RDNO- Greater Vernon Water <i>Cross Connection Control Bylaw</i> .	
Name (please print): _____ Phone: _____	
Qualifications: _____ (Certified Backflow Device Tester, Plumber with Tester Certification, Engineer with Tester Certification-include tester number)	
Signature: _____ Date: _____	

In accordance with Interior Health's requirements, the **Regional District of North Okanagan (RDNO)** requires premise isolation at the water meter(s) for all industrial, commercial, and institutional facilities (as defined by the **Canadian Standards Association Standard B64.10**).

All other internal cross connection control efforts, to protect persons within the facility, are recommended but not mandatory for compliance with the *Cross Connection Control Bylaw*.

E. Government Office Use Only:				
Bldg Inspector Reviewed Against Drawings	Bldg Inspector On-site Review (optional)	Final Review for Occupancy by Bldg Inspector	Test Report Received and Reviewed for Compliance	RDNO CCC Officer Review and Approval
Building Inspector Initials & Date	Building Inspector Initials & Date	Initial & Date upon Approval for Occupancy	Initial & Date	CCC Officer Initials

F. Internal Water Use and Backflow Prevention (BFP) Information:

Water Use:	Fixture or Process:	BFP Type:	Location: (Room #, floor level, tag # etc.)
Fire Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chemical (glycol, etc.) <input type="checkbox"/> Wet or Dry System <input type="checkbox"/> Flow through system <input type="checkbox"/> Auxiliary water supply		
Irrigation System <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chemical Injection <input type="checkbox"/> Under-ground System <input type="checkbox"/> Above-ground System		
Heating & Cooling <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Water Heater T&P Valve <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Exchanger * <input type="checkbox"/> Water Cooled Equipment * <input type="checkbox"/> Other _____		
Kitchen / Bar Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beverage Carbonator <input type="checkbox"/> Dish / Glass Washer <input type="checkbox"/> Icemaker (water / air cool) <input type="checkbox"/> Hood washer / degreaser <input type="checkbox"/> Other _____		
Laundry, Custodial <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Detergent Dispenser <input type="checkbox"/> Dry Cleaning Equipment <input type="checkbox"/> Sinks with threaded faucet <input type="checkbox"/> Washing Machines <input type="checkbox"/> Other _____		
<input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Laboratory	<input type="checkbox"/> Dental Equipment * <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> Medical Equipment * <input type="checkbox"/> Sterilizer <input type="checkbox"/> Fume Hood <input type="checkbox"/> Sink (including lab sink) <input type="checkbox"/> Other _____		
Misc. Other Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hose Connection (all) <input type="checkbox"/> Booster Pumps <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Specialized Industrial Equip.* <input type="checkbox"/> Elevated Piping <input type="checkbox"/> Livestock (water trough, etc.) <input type="checkbox"/> Truck / Fill Standpipe(s)* <input type="checkbox"/> Other _____		
Auxiliary Water Supply <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Well or Surface Water <input type="checkbox"/> Storage Tank <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Rainwater Harvesting <input type="checkbox"/> Other _____		

****NOTE:** Please submit detailed information**

To achieve compliance with the **RDNO-GVW Cross Connection Control (CCC) Bylaw, a test report for each testable backflow prevention device(s) must be given to the RDNO CCC Officer within **30 days** of installation. Reports submitted to a municipal Building Official will be forwarded to RDNO-GVW and kept as a record of compliance. **ANNUAL** testing is required for all testable devices - these reports must be provided to RDNO-GVW to maintain the facility's compliance rating.