

CROSS-CONNECTION CONTROL SURVEYS

This form is intended for use as a generic survey form:

Company Name:															
Address:															
Type of Business:															
Contact Person:															
Contact Person's Phone Number:															
Meter Number:															
Meter Size:															
Existing Backflow Preventer Installed	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Size</th> <th>Manufacturer</th> <th>Model</th> <th>Serial Number</th> <th>Date Last Tested</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Yes	No	Size	Manufacturer	Model	Serial Number	Date Last Tested							
Yes	No	Size	Manufacturer	Model	Serial Number	Date Last Tested									

HEATING
<input type="checkbox"/> Forced Air
<input type="checkbox"/> Electric
<input type="checkbox"/> Solar
<input type="checkbox"/> Boiler
<input type="checkbox"/> Chemically Treated
<input type="checkbox"/> Make-up Water From City Water
<input type="checkbox"/> Feed from Chemical Feed Tank
<input type="checkbox"/> ASSE 1013 Installed at Make-up

KITCHEN
<input type="checkbox"/> Dishwasher <input type="checkbox"/> ASSE 1001 Installed
<input type="checkbox"/> Soap Eductor <input type="checkbox"/> ASSE 1001 Installed
<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> ASSE 1001 Installed
<input type="checkbox"/> CO2 Dispenser <input type="checkbox"/> ASSE 1032 Installed
<input type="checkbox"/> Ice Machine <input type="checkbox"/> Air-Gap at Drain Line
<input type="checkbox"/> Hose Bibs <input type="checkbox"/> ASSE 1011 Installed
<input type="checkbox"/> Other
<input type="checkbox"/> Other
<input type="checkbox"/> Other

MISC EQUIPMENT
<input type="checkbox"/> Hose Bibs <input type="checkbox"/> ASSE 1011
<input type="checkbox"/> Eductor <input type="checkbox"/> ASSE 1001
<input type="checkbox"/> Aspirator <input type="checkbox"/> ASSE 1001
<input type="checkbox"/> Lab Faucet <input type="checkbox"/> ASSE 1001
<input type="checkbox"/> Shampoo Hose <input type="checkbox"/> ASSE 1001
<input type="checkbox"/> Wax Eductor <input type="checkbox"/> ASSE 1001
<input type="checkbox"/> Thermal Expansion Tank <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other
<input type="checkbox"/> Other

COOLING
<input type="checkbox"/> None
<input type="checkbox"/> Forced Air
<input type="checkbox"/> Chiller
<input type="checkbox"/> Cooling Tower
<input type="checkbox"/> Chemically Treated
<input type="checkbox"/> Make-up Water From City Water
<input type="checkbox"/> Feed from Chemical Feed Tank
<input type="checkbox"/> ASSE 1013 Installed at Make-up
<input type="checkbox"/> Air-Gap at Make-up

THERAPY/POOLS/TANKS/RESERVOIRS
<input type="checkbox"/> Sitz/ Sonic Bath <input type="checkbox"/> ASSE 1001 Installed
<input type="checkbox"/> Jacuzzi <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Whirlpool <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Fountain <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Irrigation <input type="checkbox"/> ASSE 1013 Installed
<input type="checkbox"/> Comm Laundry <input type="checkbox"/> ASSE 1001 Installed
<input type="checkbox"/> Swimming Pool <input type="checkbox"/> ASSE 1013 Installed <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Wash, Dip, or Rinse Tanks <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Plating or Coolant Tanks <input type="checkbox"/> Air-Gap at Make-Up Line
<input type="checkbox"/> Other
<input type="checkbox"/> Other

AUXILIARY WATER
<input type="checkbox"/> Well/Cistern <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tower <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Reservoir <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Interconnected <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 4-Way/Swing <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Domestic Pump LPS Serial Num. <input type="checkbox"/> With LPS
<input type="checkbox"/> Fire Pump LPS Serial Num. <input type="checkbox"/> With LPS
Backflow Preventer on Fire <input type="checkbox"/> No ASSE_____
Model #of Device
Serial Number

Comments: _____

Survey by: _____ Date: _____
 Company: _____ Company Phone Number: _____