



I.C.I.A. Cross Connection Assessment Form

(For all Industrial, Commercial, Institutional and Agricultural Facilities)

GVW Use Only:				
Date Received:	Customer Account No.	GVW Project No.	CCC Manager Initials	Review Date:

A. Municipality - (location of facility):

<input type="checkbox"/> City of Vernon	<input type="checkbox"/> District of Coldstream	<input type="checkbox"/> Regional District of North Okanagan (RDNO)
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B. Facility Information

Facility Name:		Design Job / Project No.:	
Facility Service Address:			
Owner Name:		Facility Hazard Level: (Determine to CAN/CSA B64.10-01 standards)	
Facility or Business Type:		<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate <input type="checkbox"/> High

C. Responsible Contact Person:

Name:	Title:	Business Name:
Mailing Address:		
Phone:	Fax:	Email:
Cell:		

D. Water Service Information:

Service Connection(s):	Size (Inches):	Meter Size:	Premise Isolation at the Water Meter?
<input type="checkbox"/> Main Inlet / Combined			<input type="checkbox"/> Yes: with <input type="checkbox"/> AG <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DuC <input type="checkbox"/> No: Explain _____ <input type="checkbox"/> Fire Line: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> Other _____
<input type="checkbox"/> Domestic			
<input type="checkbox"/> Fire			
<input type="checkbox"/> Irrigation			
<input type="checkbox"/> Other			
Consideration for Thermal Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No			Design Line Pressure: _____ (psig)
Bypass arrangement around backflow preventer? <input type="checkbox"/> Yes <input type="checkbox"/> No / if Yes...Parallel BFP installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

E. Water Usage and Backflow Prevention (BFP) Information:

Water Usage: ⇄	Fixture or Process: ⇄	BFP Type: ⇄ (AG, RP, DC, DuC, AVB, etc)	Location: (Room #, floor level, tag # etc.)
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 _____		
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		

Facility Name: _____

Design Job / Project No.: _____

E. Water Usage and Backflow Prevention (BFP) Information:

Water Usage: ⇨	Fixture or Process: ⇨	BFP Type: ⇨ (AG, RP, DC, DuC, AVB, etc)	Location: (Room #, floor level, tag # etc.)
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		

NOTE: * Please submit detailed information

F. Designer / Cross Connection Control Specialist (please complete and sign below)

All backflow protection listed above complies with CAN / CSA B64.10-01 standards? Yes No
 Indicate CSA Version: _____ / All internal cross connections protected? Yes No

Name (please print): _____ Phone: _____

Signature: _____ Date: _____

GVW Accepted Cross Connection Control Standards: Canadian Standards Association CSA B64.10-01 Manual for the Selection and Installation of Backflow Prevention Devices/Manual for the Maintenance and Field Testing of Backflow Prevention Devices as stated in Part 7 of the BC Building Code.

BACKFLOW PREVENTER (BFP) TYPE GLOSSARY
AG – Approved Air Gap
RP – Reduced Pressure Principal Assembly
DC – Double Check Valve Assembly
PVB – Pressure Vacuum Breaker Assembly
AVB – Atmospheric Vacuum Breaker type
DuC – Dual Check Valve
DCAP – Dual Check with Atmospheric Port

ATTACH to: Municipal copy with **Permit Application**

MAIL or FAX to: **Cross Connection Control Manager**
 Regional District of North Okanagan
 Greater Vernon Water
 9848 Aberdeen Road, Coldstream, BC V1B 2K9
 Ph: (250) 550-3700 Fax: (250) 550-3701