



Water Operations / Backflow
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CROSS CONNECTION SURVEY FORM : AMENDMENT

FULL DISCLOSURE REQUIRED: This form is intended to assist the Qualified Person in carrying out an amendment to the current cross connection control survey and is not to be construed as addressing all potential cross connection situations. It is the responsibility of the owner or building occupier, to bring to the attention of the Qualified Person all water uses within the premises to permit inspection for potential cross connection and recommendations of corrective actions. **ALL FIELDS ARE MANDATORY.**

Property Name (Common name of building or tenant)	Street Address of Property:
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Abbreviations: DEGREE OF HAZARD = **DoH** MINOR HAZARD = **MH** MODERATE HAZARD = **MoH** SEVERE HAZARD = **HH** CROSS CONNECTION CONTROL = **CCC**

ITEM #	LOCATION	DESCRIPTION	DoH	TYPE OF EXISTING PROTECTION	RECOMMENDATIONS / SCHEDULE OF WORK

NAME OF QUALIFIED PERSON: Please Print	QUALIFIED PERSON SIGNATURE:	QUALIFIED PERSON'S CCC CERTIFICATION #:
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OWNERS SIGNATURE: Required if an additional cross connection is discovered or DoH is amended.	DATE OF AMENDMENT mm / dd / yy	FOR OFFICE USE ONLY
		DATE RECEIVED ___/___/___ mm/dd/yy APPROVED BY _____ ON ___/___/___ mm/dd/yy

The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Barrie Backflow Prevention and Cross Connection Control By-law, as amended and may be used for the enforcement and administration of the By-law, and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner and qualified person to these terms and uses.