

CROSS-CONNECTION CONTROL SURVEY FORM (Page 1 of 2)
(Use One Form for Each Service Connection)

<i>BUILDING INFORMATION</i>	
1)	Building Address: Building ID No.: _____ BFP ID No.: _____
2)	Building Description (include estimate of number of floors, square footage, etc.):
3)	Year Constructed:
4)	Type of Facility (circle one): <div style="display: flex; justify-content: space-around; text-align: center;"> <div><i>Industrial</i></div> <div><i>Federal Government</i></div> <div><i>Residential</i></div> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <div><i>Commercial</i></div> <div><i>Local Government</i></div> <div><i>Office Building</i></div> </div> <i>Other (describe):</i> _____
5)	Describe Major Commercial and Industrial Uses (<u>be as specific as possible</u>):
OWNER	6) Name of Owner/Contact Person:
	8) Mailing Address:
	9) Telephone/Fax/E-mail:
FACILITY CONTACT	10) Name of Contact Person:
	12) Mailing Address:
	13) Telephone/Fax/E-mail:

<i>CROSS-CONNECTION SURVEY RESULTS</i>	
1.) WASA Inspector/Contract Inspector:	2.) Date:
3.) Spoke with/Position:	
4.) General Observations/Notes:	

CROSS-CONNECTION CONTROL FIELD SURVEY FORM (Page 2 of 2)
(Use One Form for Each Service Connection)

CROSS-CONNECTION CONTROL SURVEY RESULTS (continued)

5.) Location and Size of Service Connection:

7.) Backflow Preventer at Service Connection for Containment?

If Yes, Describe:

a.) Type of Assembly:

b.) Serial Number:

c.) Size

d.) Manufacturer

e.) Model No.:

f.) Describe Condition:

8.) Connections to Non-Potable Water (Give Location and Describe):

9.) Assessment of Building Degree of Hazard (circle one):

HIGH

LOW

10.) Recommended Corrective Action: