

Facility Information**Name of Facility:** _____**Facility Address:** _____**Date and Time of Incident:** _____**Facility Owner:** _____**Owner's Address (if different):** _____**Owner's Phone Number:** _____**Owner's Email:** _____

Premises type: Residential Industrial Commercial Institutional Institutional Agricultural

Most recent survey prior to incident: *yyyy/mm/dd* Never

Hazard Level: Minor Moderate High

Comments:

Cross Connection Control Coordinator Signature: _____

Existing Backflow Preventer Information**Type of Premises Isolation:**

RPBA DCVA PVB Dual Check HCVB Other: _____

Backflow Preventer Details:

Make: _____

Model: _____

Size: _____

Serial Number: _____

Date Installed: _____

Last Test date: _____

Name and Company of Last Tester: _____

Installation Status:

CSA Approve Improperly plumbed or maintained Bypass around assembly with no device
 Obvious alterations to Backflow Preventer or plumbing since last survey

How did the Backflow Preventer fail to prevent the backflow? Are there any other unprotected hazards identified at the facility? Are there any fixture isolation in the premises? (Please attach additional details, sketches, etc.)

Cross Connection Control Coordinator Signature: _____

Backflow Incident Information

Please attach any addition details, sketches, etc.

How was the backflow discovered? (Check all that apply)

- Direct observation Meter running backwards Water use decrease
 Disinfectant residual monitoring Water quality monitoring Water quality complaint
 Illness/injury complaint Result of investigation Other: _____
-

Incident reported to CCC Coordinator by (Name, company name, address and phone number). Please attach business card

Contamination type:

- chemical physical microbiological
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Describe name, colour, odour, etc. of contamination/pollutant. Please attach MSDS if available:

Contaminant contained within premises distribution system

Comments:

Source and location of contaminant or fixture type (i.e. boiler, irrigation, process water):

Cross Connection Control Coordinator Signature: _____

Administrative**Distribution system status at time of break (i.e. main break, firefighting, etc)**

Estimated number of water services affected:**Estimated population affected or at risk:****Number of illnesses reported:****Date of survey after backflow incident: yyyy/mm/dd**

Form forwarded to: Internally: _____ Vancouver Island Health Authority Other: _____

Please ensure all documentation is forwarded to the CCC Coordinator, including pictures, sketches, etc.**Comments:** Additional information attached

Property owner:**I certify that the information provided in this report is complete and accurate to the best of my knowledge. (Attach business card)**

Name: _____ Signature: _____

Cross Connection Control Coordinator Signature: _____