

Survey Date: \_\_\_\_\_  
Year on Day

**Surveyor Information (Please print)**

Surveyor Company: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_  
 Surveyor Address: \_\_\_\_\_ Surveyor Certification #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Surveyor Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Facility Information**

Facility Name: \_\_\_\_\_  
 Facility Rep/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Facility Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Owner Rep/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Owner Rep Email: \_\_\_\_\_ Facility Rep Email: \_\_\_\_\_

Service Information		Description of Facility Use (i.e. manufacturing, school, etc.):	
Premise: <input type="checkbox"/>	Is the service metered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Connections: _____	
Zone: <input type="checkbox"/>	Meter 1 Serial: _____ Size: _____	Meter 3 Serial: _____ Size: _____	Facility Type (Industrial, etc.): _____ # Units: _____ # Storeys: _____
Source: <input type="checkbox"/>	Meter 2 Serial: _____ Size: _____	Meter 4 Serial: _____ Size: _____	
Does the facility require non-interrupted water service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Meter 5 Serial: _____ Size: _____	
<b>Premise Isolation</b>		<b>Non-Potable/Non-Peel Source Water</b>	
What is Premise Hazard Level? <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Is non-potable or non-Peel water in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a FPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility have a premise isolation device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it source protected with a backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it have a dedicated wa <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	What type of Backflow device is in use on the FPS?	
Is the plumbing protected from thermal expansion?: Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the source of this water (Well, pond, etc)?	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	
<b>Process Water</b>		<b>Boiler System</b>	
Is process water in use at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a boiler system? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Irrigation System</b>	
If yes, is the process water potable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this system use chemical additives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an Irrigation system present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the process water lines backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it protected with a backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it protected with a backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	If yes, which device? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	If Yes, What type of Backflow device is in use?	
<b>Chemical Feed System</b>		<b>Facility Cooling System</b>	
Is there a chemical feed system in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the facility have a cooling system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type of Backflow device is in use?	
If yes, is the system backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the cooling system backflow protected? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	
If yes, what type of Backflow device is in use? <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	Is the make-up supply line in use on the condensing lines? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What type of Backflow device is in use on the make-up supply system?	
What is the possible contamination? _____	Are the condensing lines protected with a backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> Other _____	



