



CROSS-CONNECTION/BACKFLOW PREVENTION QUESTIONNAIRE

If you are not sure of how to answer any of these questions or if you have concerns regarding this form please contact Cross-Connection Control Specialist at (970) 962 -3749 or andy.tenbraak@cityofloveland.org

Name of Facility: _____ Date: _____

Address of Facility: _____

Contact Name: _____

Contact Phone #: _____ Contact email: _____

Type of Facility (manufacturing, retail, office, restaurant, etc.): _____

- Commercial Industrial Multi-Family
- New Construction Remodel

1. Water is used at the Facility for:
- A. Domestic consumption? YES NO
 - B. Food preparation? YES NO
 - C. Lawn irrigation? YES* NO
 - If yes, are there chemicals/fertilizers injected into the irrigation system? YES NO
 - D. Used water system (non-potable/reclaimed)? YES NO
 - E. Cooling Towers? YES* NO
 - If yes, is the water chemically conditions? YES NO
 - F. Chilled water system? YES NO
 - G. Heat Exchangers/Solar heating system? YES NO
 - H. Boilers YES* NO
 - If yes, is the water chemically conditions? YES NO
 - I. Steam generating system? YES NO
 - J. Fire protection system? YES* NO
 - If yes, what is the type of fire system? DRY WET CHEMICAL
 - Are there any antifreeze legs? YES NO
 - Is there a fire pump? YES NO
 - K. Manufacturing? YES NO
 - L. Processing? YES* NO
 - If yes, please describe: _____

2. Does the Facility require non- interrupted water service? YES NO

3. Is there another source of water to the Facility other than the service connection? YES* NO
• If yes, please describe the source (well, cistern, etc...): _____

4. Is water pumped at the Facility for any purpose? YES NO

5. Does the Facility have Chemical or Hazard Waste Storage? YES NO

6. Is there any water-using devices/machinery at this site (other than typical plumbing fixtures)? YES* NO
• If yes, please describe: _____

7. Will you have any of the following equipment within the Facility?

	Yes	No	Designed with a Backflow prevention device?
Beverage dispenser CO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee urns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detergent dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking fountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose bibb/threaded faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub/Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janitor sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap mixing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>