Cross Connection Control
Field Survey

Water System Name: _____
Water System #: _____

Date of survey: _____
Facility Name: _____
Facility Address: _____
Mailing Address: _____
City/State/Zip Code:_____
Contact Name:_____
Phone #: _____ **Mobile #:** _____
E-mail: _____

Site Notes:
_____
_____
_____
_____
_____

Airgap's:_____ **AVB's**: _____
Site Use: _____

Culinary Supply Protection:	yes	no				
Fire Sprinkler System Protection:	yes	no	n/a	Glycol system	yes	no
Landscape Irrigation Protection:	yes	no	n/a	Pressure Irrigation	yes	no

Degree of Hazard: ☐ Heath (High) ☐ Non-Health (Low)
Corrections Needed:
_____
_____
_____
_____
_____
_____

Time to Complete: _____ Days
Water System Inspector: _____