Water System Name _____ Water System # _____

Cross Connection Control Program

Trained Staff

Name	Training Type or Certification	Location / Provider	Date	Expires

Water System Name _____ Water System # _____

Cross Connection Control Program

Public Awareness Activities

Date	Type of Public Awareness	Given to:

Water System Name _____ Water System # _____

Cross Connection Control Program

Written Records

Cross Connection Hazard Assessments

Date	Facility Name	Address	Facility Type	Hazard Level	In Compliance?

Water System Name _____ Water System # _____

Cross Connection Control Program

Written Records

Backflow Assembly Inventory

Facility Name	Address	Location in Facility	Type of Backflow Assembly or Air Gap	Protection for:

Water System Name _____ Water System # _____

Cross Connection Control Program

On-Going Program

Enforcement Actions and CCC Program Activities

Date	Action or Activity