

HAZARD ASSESSMENT: Initial **Follow Up:** AccountChange/New Connection/ Change Activities or Materials/Incident/No Longer Accurate/Periodic/SWRCB Request **Date:** _____

Site Name: _____ **Site Address:** _____ **Site Contact:** _____ **Assessor's Name:** _____

APN: _____ **Water Account Number:** _____ **Premise Type:** Residential____ Commercial____ Industrial____ Institutional____

Water Services and Existing Backflow Protections/Information

Water Service Type	Number of Services	Service Size	Existing Backflow Protection/Type of Backflow	Existing Protection Approved (Yes or No) Has the backflow preventer been modified, installation meet standards?	Recommended Corrective Action if needed (Indicate if backflow is leaking)
Domestic					
Fire					
Irrigation					
Other					
Other					

Corresponding Backflow Protection: AG RP DC Other

Existing Backflow Protection: Properly Installed____ Continued Operation (Properly Maintained)____ Field Tested (Yearly Certification)____ Approval OK (Not Modified)____

(1) Any observed evidence of potential cross-connections. Yes/No Explain: _____

Backflow Protection: _____

(2) The type and use of materials handled and present, or likely to be, on the user premises. Explain: _____

(3) The degree of piping system complexity and accessibility. Simple System____ Multi Piping System____ Low Complexity ____ High Complexity ____ Other _____

Is a "user supervisor" required for this premise? _____ Do you recommend that one needs to be appointed? _____

(4) Access to auxiliary water supplies, pumping systems, or pressure systems. Auxiliary Water System____ Pumping System____ Pressure System____

(5) Distribution sytem conditions that increase the likelihood of a backflow event (e.g, hydraulic gradient differences impacted by main breaks and high water demand situations, multiple service connections that may result in flow through conditions, etc):

Hydraulic Grade Line _____ High Water Demand _____ Looped Systems _____

(6) User premises accesibility. Open Access _____ Restricted _____ Critical Water Use _____ Other _____

(7) Any previous backflow incidents on the user premises; Yes _____ No _____

Premise History Review Verified History of the Premise _____ Customer Call Logs _____ Service Requests _____ Work Orders _____

Notes:

