



Public Works  
Engineering

# City of Milpitas Hazard Assessment Report

*\* Shall be completed by a Qualified Cross-Connection Specialist or trained City Personnel*

ASSESSMENT TYPE:  INITIAL  SUBSEQUENT/FOLLOW-UP (Account Change/ New Connection / Change Activities or Materials/ Incident/ No Longer Accurate/Periodic/SWRCB Request)

ASSESSMENT DATE:

## WATER USER/CUSTOMER INFORMATION

Site Name		Site Contact	
Site Address		Title	
Phone		Email	

## PREMISE TYPE

Residential (Single Family)	Residential (Multi-Family)	Commercial	Industrial	Government/Institutional	Other	Explain "Other"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## QUALIFIED CROSS-CONNECTION SPECIALIST/TRAINED CITY PERSONNEL INFORMATION

NAME		PHONE	
COMPANY/AGENCY		ADDRESS	
AWWA CERT # (if applicable)		EXP DATE	

**METER/SERVICE PROTECTION PREMISE SURVEY** (Fill out multiples of this page if necessary)

WATER SERVICE TYPE	BPA Size/Type	METER #	BPA Location Physical Location of Device	EXISTING BACKFLOW PROTECTION IDENTIFICATION Make/Model/Serial #	Existing Protection Approved		DOES THE CURRENT INSTALLATION OF THE BPA MEET THE STANDARDS SET BY THE CCCPH?			
					YES	NO	YES	NO	RECOMMENDED CORRECTIVE ACTION(S)	
<input type="checkbox"/> DOMESTIC										
<input type="checkbox"/> FIRE										
<input type="checkbox"/> IRRIGATION										
<input type="checkbox"/> RW										
<input type="checkbox"/> OTHER										
<input type="checkbox"/> OTHER										
<input type="checkbox"/> OTHER										
<input type="checkbox"/> OTHER										

1	The existence of Cross-Connections	YES	NO	Explain						
a.	Existing Backflow Protection Measure(s)									
2	Type(s) and use of materials handled and present, or visible, or likely to be on the user premises - Explain									
3	Indicate the degree of piping complexity and accessibility	Simple System	Multi-Piping System	Level of Complexity						
	YES	NO	YES	NO	Low	High	Other			
a.	Is a "User Supervisor" required for this premises?	YES	NO	Should one be appointed?		YES		NO		
				Explain						
4	Does this premise have access to the following?	Auxiliary Water System?		Pumping System?		Pressurized System?		Other		
	Explain									
5	Conditions in the distribution system that may raise the risk 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 System			
6	User Premises Accessibility									
	Open Access?	Restricted?		Critical Service?		Other				
7	Any previous backflow incidents on the user premises?	YES	NO	Explain						
8	Requirements & Information cited from the CCCPH (Cross-Connection Control Policy Handbook)									
	Degree of Hazard:	High	<input type="checkbox"/>	Low	<input type="checkbox"/>	No Hazard	<input type="checkbox"/>			
	Contaminants or Health Hazards. See Appendix D of the CCCPH				Pollutants or Non-Health Hazards			PWS is adequately protected		
	Corresponding Backflow Protection Recommended					AG <input type="checkbox"/>	RP <input type="checkbox"/>	RPDA <input type="checkbox"/>	Other <input type="checkbox"/>	Explain

## Additional Information

**The completed Hazard Assessment Report shall be first signed by the Qualified Cross-Connection Specialist conducting the assessment and then counter-signed by the owner of the premises or the owner's authorized agent. Submit this signed report via the following link for review & filing by the City's Cross-Connection Specialist. [Hazard Assessment Submission Portal](#)**

**Qualified CCS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Or trained City Personnel)*

**As the Owner of the Premises (or Owner's authorized agent), I certify that I have received a copy of this completed Cross-Connection Control Hazard Assessment Report.**

**Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Water users and regulatory agencies should be aware that the City of Milpitas's requirement for this cross-connection hazard assessment and/or the installation of a specific backflow prevention assembly at the point of service does not constitute approval of the consumer's plumbing system, compliance of the plumbing system with the California Plumbing Code, or an assurance that there are no cross-connections within the consumer's plumbing system.

### City Cross-Connection Specialist Use Only

Report reviewed on \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

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Existing Backflow Protection

Properly Installed  Continued Operation  Field Tested (Annual)  Approval OK (Not Modified)

**Verification Images, Site Map & Description (Required)**

**Verification Images, Site Map & Description (Required)**