



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF FIELD TRAINING FOR CROSS CONNECTION SURVEY INSPECTORS

NAME _____

EMPLOYER _____

ADDRESS _____

E-MAIL ADDRESS _____

TELEPHONE _____

* SOCIAL SECURITY NUMBER _____ - _____ - _____

*  FEDERAL EMPLOYER ID#(FEIN) _____

DATE OF BIRTH ____/____/____

* = Info required by Section 4a-79 of the Regulations of CT State Agencies
 = Only applies to business owners

FOR STATE USE ONLY	
Tester Written	Exam Score _____
Tester Practical	Exam Score _____
Cert #	_____
Eff. Date	_____
Exp. Date	_____

Cross Connection Survey Inspectors

Section 19-13-B102(f) of the Regulations of Connecticut State Agencies requires public water systems to have cross connection surveys performed by a person who has completed and passed a course on cross connection inspections administered or approved by the DPH. In lieu of a course on cross connection inspections, a person may complete and pass a course on the testing of backflow preventers administered or approved by DPH and receive training from a Cross Connection Inspector who has met the requirements of the Regulations of Connecticut State Agencies 25-32-11(h).

Although some systems may contract with private companies to perform this work, having the surveys done is the responsibility of the water system. **Meeting the requirements to perform cross connection surveys does not guarantee that survey reports will be accepted by all water systems.**

Verification

I verify that I have provided training to the applicant named above, for a minimum of two days, in the methods and techniques of performing cross connection surveys.

Name _____

Certificate Number _____

Signature _____

Dates trained _____

Completed form and application must be returned to:

William Sullivan, Department of Public Health, Drinking Water Section at the address below.



Phone: (860) 509-7333
Telephone Device for the Deaf (860) 509-7191
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