

Commercial (Non-Residential) Cross Connection Control & Fire Prevention System Guideline Checklist

Date : _____ Plan Reference: _____

Reviewer: _____

Description Statement of Guideline	Does Submitted Detail Satisfy RWU Guideline?		
	Yes	No	N/A
1. Plan Submittal Section			
A. Does the plan set clearly identify address of facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does plan set submitted include plumbing / HVAC plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the plumbing plan set submitted provide adequate detail? (Detail should include materials list sufficient to identify key components)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

2. Backflow Prevention Section			
A. Is a Reduced Pressure Zone Assembly (RPZA) specified for each water service entry line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is a Reduced Pressure Zone Assembly (RPZA) specified for each irrigation service entry line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the plumbing plan specify manufacturer and model number for all backflow prevention devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the backflow prevention device included on the list of approved units published by University of Southern California Foundation for Cross-Connection Control and Hydraulic Research ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the installation configuration for the approved backflow prevention device as illustrated in the submitted plan conform to the manufacturer's installation requirements for the device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the backflow prevention device installed in heated area (or frost-proof enclosure) with a minimum of 12 inches from wall and 12 inches to 30 inches above grade or finished floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2. Backflow Prevention Section (Continued)			
G. Does the plumbing plan submitted exclude Tees or Branches in the service line prior to any backflow prevention device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____ _____ _____ _____			
3. Sewage Pre-Treatment Section (Grease Traps, Oil Interceptors, Sand Interceptors, Pre-Treatment Facilities)			
A. Have the pre-treatment plans been reviewed with Bob Winnes? (Bob's phone number is (479) 273-7378, Extension 126)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: If project as scoped does not require any sewage pre-treatment, please check "N/A" for Items B, C, and D that follow.			
B. Does the submitted plan clearly provide pre-treatment detail? (Equipment List? Location of equipment clearly noted on plans?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the pre-treatment equipment of sufficient size for scope of project? (Design criteria used? Calculations required for sizing?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the pre-treatment equipment in an acceptable location? (Accessible for servicing? No sanitation issues? Close to source that makes pre-treatment necessary?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If an elevator is planned for project, do the plan details include an oil interceptor if sewer drain is specified near or under elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. If the project calls for use of condensers, chillers, and /or boilers with any discharge into sanitary sewer, please explain operation of each providing an estimate of peak and average daily gallons discharged to the sanitary sewer in the comment section that follows:			
Comments: _____ _____ _____ _____ _____ _____ _____ _____			

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4. Water Meter Section			
<p>A. Is peak water demand requirement specified? Peak water demand is _____ gpm Service line size: _____ inches (diameter) Existing water meter size : _____ inches Proposed water meter size: _____ inches</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>B. If the scope of the project has any provisions for "non-return" water, please provide explanation in comment section below.</p>			
<p>C. If the scope of the project specifies "water only" meters, please provide explanation in comment section below.</p>			
<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
5. Fire Protection System Section			
<p>A. If the fire protection system utilizes any substances / chemicals <u>other than water and air</u> under pressure, please provide a brief description of substances / chemicals used and how the system may be connected to any public utility: _____</p> <p>_____</p> <p>_____</p>			
<p>B. Is fire protection demarcation valve location clearly identified on plan set without "non-fire system" water services connected to fire line beyond the demarcation valve?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C. Is a Double Check, Detector Check (DCDC) device adequate for fire system application?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D. Does fire line riser detail comply with RWU Standard Detail? (Detail found at www.rwu.org/engineering.htm)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>E. Does the plan show the cross connection control device?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>F. Is the cross connection control device included on the list of approved units published by University of Southern California Foundation for Cross-Connection Control and Hydraulic Research?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

