



Contractor/Subcontractor Site Summary

Site Name & ID: _____ Phase #: _____ City Block #: _____

Name of the Proponent: _____

Developer: _____

Contact Name: _____

Contact Number: _____

Consulting Firm: _____

Contact Name: _____

Contact Number: _____

Contractor (General): _____

Contact Name: _____

Contact Number: _____

Contractor (Commissioning): _____

Contact Name: _____

Contact Number: _____

Commissioning - Operator information

	Full Name	Operator ID (OWWCO)	Signature	Initials
Operator In Charge for the Project				
Operator #1				
Operator #2				
Operator #3				
Operator #4				
Operator #5				

Live Taps

Number of Live Tap(s): 1 2 3 4 5 N/A or Specify: _____

Performed by (Contractor): _____

Date(s): _____

Water Meter

Water Meter Serial #: _____ Model #: _____ size: _____

Meter Reading @ Start: _____ (m³)

Final Readings @ Completion: _____ (m³)

Total Usage: _____ (m³)

Backflow Prevention Device Summary

**** ONLY CSA-CERTIFIED REDUCED PRESSURE (RP) BACKFLOW PREVENTERS SHALL BE USED **
** INSTALLATION AND TESTING REQUIREMENTS SHALL BE IN ACCORDANCE WITH CSA STANDARDS B64.10 and B64.10.1 ****

DAY 1 - INSTALLATION INFORMATION		
SN: _____	Model: _____	Size: _____
Location of Installation: _____		
Date Installed/Tested: _____		
Tester Name: _____	CCCS #: _____	
Day 1 - Relocation #1 Summary		
Located to: _____		
Certified Operator in Charge of Relocation: _____		CCCS #: _____
Day 1 - Relocation #2 Summary		
Located to: _____		
Certified Operator in Charge of Relocation: _____		CCCS #: _____
DAY 2 - INSTALLATION INFORMATION		N/A <input type="checkbox"/>
SN: _____	Model: _____	Size: _____
Location of Installation: _____		
Date Installed/Tested: _____		
Tester Name: _____	CCCS #: _____	
Day 2 - Relocation #1 Summary		
Located to: _____		
Certified Operator in Charge of Relocation: _____		CCCS #: _____
Day 2 - Relocation #2 Summary		
Located to: _____		
Certified Operator in Charge of Relocation: _____		CCCS #: _____

DAY 3 - INSTALLATION INFORMATION			N/A <input type="checkbox"/>
SN: _____	Model: _____	Size: _____	
Location of Installation: _____			
Date Installed/Tested: _____			
Tester Name: _____		CCCS #: _____	
Day 3 - Relocation #1 Summary			
Located to: _____			
Certified Operator in Charge of Relocation: _____		CCCS #: _____	
Day 3 - Relocation #2 Summary			
Located to: _____			
Certified Operator in Charge of Relocation: _____		CCCS #: _____	
DAY 4 - INSTALLATION INFORMATION			N/A <input type="checkbox"/>
SN: _____	Model: _____	Size: _____	
Location of Installation: _____			
Date Installed/Tested: _____			
Tester Name: _____		CCCS #: _____	
Day 4 - Relocation #1 Summary			
Located to: _____			
Certified Operator in Charge of Relocation: _____		CCCS #: _____	
Day 4 - Relocation #2 Summary			
Located to: _____			
Certified Operator in Charge of Relocation: _____		CCCS #: _____	
DAY 5 - INSTALLATION INFORMATION			N/A <input type="checkbox"/>
SN: _____	Model: _____	Size: _____	
Location of Installation: _____			
Date Installed/Tested: _____			
Tester Name: _____		CCCS #: _____	
Day 5 - Relocation #1 Summary			
Located to: _____			

Certified Operator in Charge of Relocation: _____ CCCS #: _____
Day 5 - Relocation #2 Summary
Located to: _____
Certified Operator in Charge of Relocation: _____ CCCS #: _____

Swabbing

Number of Watermain Swabbing Round(s): 1 2 3 4 5 N/A

Date(s): _____

Turbidity

Number of Turbidity Round(s): 1 2 3 4 5 6 7 8 or Specify: _____

Date(s): _____

Hydrostatic Testing (Pressure Test)

Number of Hydrostatic Pressure Test Round(s): 1 2 3 4 5 or Specify: _____

Date(s): _____

City of Vaughan Pressure Test #: _____

Chlorination

Number of Chlorination Round(s): 1 2 3 4 5 or Specify: _____

Date(s): _____



**Contractor/Subcontractor
Site Summary**

Chlorine High Count Results – Contact Time (Minimum 24 hrs. to Maximum 72 hrs.)

Number of Successful Round(s): 1 2 3 4 5 or Specify: _____

Date(s) _____

Number of Unsuccessful Round(s): 1 2 3 4 5 N/A

Date(s) _____

Dechlorination/Flushing History

Number of Flushing/Dechlorination Round(s): 1 2 3 4 5 6 7 8
or Specify: _____

Date(s): _____

Microbiological Sampling

Tracking #: _____

Number of Sampling Round(s): 1 2 3 4 5 6 7 8 or Specify: _____

(Note: Each Round contains 2 sets of samples)

Final Connection/Closure Piece

Total Number of Final Connection(s)/Closure Piece(s): 1 2 3 4 5 or Specify: _____

Comments:

Representative Name: _____ Signature: _____