

Cross connection control survey form Appendix B



Dental office

List cross connections that are in addition to the General Form

Date: _____

Facility ID: _____

Facility address, including unit number: _____

Hazards (indicate all that are present)

☐ **Dental vacuum pump (note: AVB protection not sufficient)**

Location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

Required upgrade: _____

☐ **Dental delivery system (water supply)**

Location: _____

Degree of hazard: Minor

Protection size, type, and serial number: Protection not required

Required upgrade: Protection not required

☐ **Cuspidor (direct water-fed only)**

Location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

☐ Air gap

☐ Other

Required upgrade: _____

☐ **Water-fed x-ray equipment**

Location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

☐ Air gap

☐ Other

Required upgrade: _____

☐ **Model trimmer**

Location: _____

Degree of hazard: Moderate

Protection size, type, and serial number: _____

☐ Air gap

☐ Other

Required upgrade: _____

☐ **Other (specify):** _____

Location: _____

Degree of hazard:

☐ Minor

☐ Moderate

☐ Severe

Protection size, type, and serial number: _____

Required upgrade: _____

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