

# CROSS CONNECTION CONTROL SURVEY FORM

## APPENDIX "C" RESTAURANT

Date



FACILITY ADDRESS:				Facility ID#:	
TYPE OF HAZARD AND LOCATION			DEGREE OF HAZARD	PROTECTION: SIZE/TYPE/SERIAL NUMBER	REQUIRED UPGRADE
Post Mix Carbonator	Yes	No	Moderate	Protection: DCAPC      Other	
Dishwasher, Commercial	Yes	No	Moderate	Protection: AVB      Other	
Glass Washer	Yes	No	Moderate	Protection: AVB      Other	
Steam Tables	Yes	No	Minor/Moderate	Protection: Air Gap      Other	
Cooking Kettles	Yes	No	Minor	Protection: Air Gap      Other	
Dish rinse unit with flex hose	Yes	No	Moderate	Protection: Air Gap      Other	
Potato Peeler	Yes	No	Minor/Moderate	Protection: Air Gap      Other	
Fume Hood with water connection	Yes	No	Severe	Protection:	
Ice Machine	Yes	No	Moderate	Protection: DCVA      Other	
Dipper well for ice cream	Yes	No	Moderate	Protection: Air Gap      Other	
	Yes	No		Protection:	
	Yes	No		Protection:	