

CROSS CONNECTION CONTROL SURVEY FORM

APPENDIX "D" MORTUARY OR MORGUE

Date



FACILITY ADDRESS:

Facility ID#:

Degree of Hazard: Severe

TYPE OF HAZARD AND LOCATION			PROTECTION: SIZE/TYPE/SERIAL NUMBER	REQUIRED UPGRADE
Prep room	Yes	No	Degree of Hazard: Severe	Protection:
	Yes	No	Degree of Hazard:	Protection:
	Yes	No	Degree of Hazard:	Protection:
	Yes	No	Degree of Hazard:	Protection:
	Yes	No	Degree of Hazard:	Protection:
	Yes	No	Degree of Hazard:	Protection:
	Yes	No	Degree of Hazard:	Protection:

NOTE: Hot & cold water to prep room require RP protection. Hand sinks, emergency, showers and eye wash stations located within prep room must be connected up-stream of RP isolation