

CROSS CONNECTION CONTROL SURVEY FORM

APPENDIX "E" HOSPITAL / NURSING HOME

Date



FACILITY ADDRESS:			Facility ID#:
HAZARD AND LOCATION		PROTECTION: SIZE/TYPE/SERIAL NUMBER	REQUIRED UPGRADE
Active treatment area	Yes No	Degree of Hazard: Severe	Protection:
Labs	Yes No	Degree of Hazard: Severe	Protection:
Bedpan washer	# and Location	Degree of Hazard: Severe	Protection:
Commercial Laundry Machines	# and Location	Degree of Hazard: Severe	Protection:
Hydrotherapy bath	# and Location	Degree of Hazard: Moderate	Protection:
	# and Location	Degree of Hazard:	Protection:
	# and Location	Degree of Hazard:	Protection:

NOTE: Hand sinks, emergency showers & eye wash stations located within the labs must be located upstream of any zone isolation.