

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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