

# Cross connection control survey form Appendix A



additional cross connections

List cross connections that are in addition to the General Form

Date: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Facility address, including unit number: \_\_\_\_\_

Type and location of hazard	Degree of hazard	Protection: size, type, serial number	Required upgrade
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		

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