Cross connection control survey form Appendix D

Mortuary or morgue

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)

☐ **Prep room**[1]

Location:_____

Degree of hazard: Severe

Protection size, type, and serial number:_____

Required upgrade:_____

☐ **Other (specify):**_____

Location:_____

Degree of hazard:

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Protection size, type, and serial number:_____

Required upgrade:_____

☐ **Other (specify):**_____

Location:_____

Degree of hazard:

- ☐ Minor
- ☐ Moderate
- ☐ Severe

[1] **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.**

Protection size, type, and serial number: _____

Required upgrade: _____

☐ **Other (specify):** _____

Location: _____

Degree of hazard:

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Protection size, type, and serial number: _____

Required upgrade: _____

☐ **Other (specify):** _____

Location: _____

Degree of hazard:

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Protection size, type, and serial number: _____

Required upgrade: _____

☐ **Other (specify):** _____

Location: _____

Degree of hazard:

- ☐ Minor
- ☐ Moderate
- ☐ Severe

Protection size, type, and serial number: _____

Required upgrade: _____

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