

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 room¹

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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