

Cross connection control survey form Appendix E



Hospital/nursing home

List cross connections that are in addition to the General Form

Date: _____

Facility ID: _____

Facility address, including unit number: _____

Active treatment area

Location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

Required upgrade: _____

Laboratories¹

Location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

Required upgrade: _____

Bedpan washer

Number and location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

Required upgrade: _____

¹ **Hand sinks, emergency showers, and eye wash stations located within laboratories must be located upstream of any zone insulation.**

Commercial laundry machines

Number and location: _____

Degree of hazard: Severe

Protection size, type, and serial number: _____

Required upgrade: _____

Hydrotherapy bath

Number and location: _____

Degree of hazard: Moderate

Protection size, type, and serial number: _____

Required upgrade: _____

Other (specify): _____

Number and location: _____

Degree of hazard:

- Minor
- Moderate
- Severe

Protection size, type, and serial number: _____

Required upgrade: _____

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