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:_____

☐ **Laboratories**[1]

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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