

# CROSS CONNECTION CONTROL SURVEY FORM

## APPENDIX "C" RESTAURANT



Date    /    /  
(M/D/Y)

\*FACILITY ADDRESS:

TYPE OF HAZARD AND LOCATION		DEGREE OF HAZARD	PROTECTION: SIZE/TYPE/SERIAL NUMBER/REQUIRED UPGRADE
Post Mix Carbonator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:                    DCAPC <input type="checkbox"/> Other
Dishwasher, Commercial	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:                    AVB <input type="checkbox"/> Other
Glass Washer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:                    AVB <input type="checkbox"/> Other
Steam Tables	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minor/Moderate	Protection:                    Air Gap <input type="checkbox"/> Other
Cooking Kettles	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minor	Protection:                    Air Gap <input type="checkbox"/> Other
Dish rinse unit with flex hose	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:                    Air Gap <input type="checkbox"/> Other
Potato Peeler	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minor/Moderate	Protection:                    Air Gap <input type="checkbox"/> Other
Fume Hood with water connection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Severe	Protection:
Ice Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:
Dipper well for ice cream	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moderate	Protection:                    Air Gap <input type="checkbox"/> Other
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Protection:
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Protection: