

# CROSS CONNECTION CONTROL SURVEY FORM

## APPENDIX "D" MORTUARY OR MORGUE



Date / /  
(M/ D/ Y)

\*FACILITY ADDRESS:

Degree of Hazard: Severe

TYPE OF HAZARD AND LOCATION			PROTECTION: SIZE/TYPE/SERIAL NUMBER/REQUIRED UPGRADE
Prep room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Severe Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree of Hazard: Protection:

**NOTE: 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**