

# CROSS CONNECTION CONTROL SURVEY FORM

## APPENDIX "E" HOSPITAL / NURSING HOME

Date    /    /  
(M/ D/Y)



\*FACILITY ADDRESS:

HAZARD AND LOCATION			PROTECTION: SIZE/TYPE/SERIAL NUMBER/REQUIRED UPGRADE
Active treatment area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree of Hazard: Severe	Protection:
Labs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree of Hazard: Severe	Protection:
Bedpan washer	# and Location	Degree of Hazard: Severe	Protection:
Commercial Laundry Machines	# and Location	Degree of Hazard: Severe	Protection:
Hydrotherapy bath	# and Location	Degree of Hazard: Moderate	Protection:
	# and Location	Degree of Hazard:	Protection:
	# and Location	Degree of Hazard:	Protection:

**NOTE: Hand sinks, emergency showers & eye wash stations located within the labs must be located upstream of any zone isolation.**