

**CROSS CONNECTION CONTROL SURVEY FORM
APPENDIX D**



APPENDIX D: Mortuary and/or Morgue

List cross connections that are in addition to the General Form

Date: _____

Facility ID: _____

Facility address, including unit number: _____

Hazards (indicate all that are present)

Prep Rooms¹

Number: _____ Location(s): _____

Degree of hazard: SEVERE

Protection size, type, and serial number: _____

Required Upgrade: _____

Other (specify)

Number: _____ Location(s): _____

Degree of hazard:

Minor

Moderate

Severe

Protection size, type, and serial number: _____

Required Upgrade: _____

¹ Hot and 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.

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Other (specify)

Number: _____ Location(s): _____

Degree of hazard:

- Minor
- Moderate
- Severe

Protection size, type, and serial number: _____

Required Upgrade: _____

Other (specify)

Number: _____ Location(s): _____

Degree of hazard:

- Minor
- Moderate
- Severe

Protection size, type, and serial number: _____

Required Upgrade: _____

Other (specify)

Number: _____ Location(s): _____

Degree of hazard:

- Minor
- Moderate
- Severe

Protection size, type, and serial number: _____

Required Upgrade: _____