

**CROSS CONNECTION CONTROL SURVEY FORM
APPENDIX E**



APPENDIX E: Hospital / Nursing Home

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)

Active Treatment Area

Number: _____ Location(s): _____

Degree of hazard: SEVERE

Protection size, type, and serial number: _____

Required Upgrade: _____

Laboratories¹

Number: _____ Location(s): _____

Degree of hazard: SEVERE

Protection size, type, and serial number: _____

Required Upgrade: _____

Bedpan Washer

Number: _____ Location(s): _____

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 isolation.

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Commercial Laundry Machines

Number: _____ Location(s): _____

Degree of hazard: SEVERE

Protection size, type, and serial number: _____

Required Upgrade: _____

Hydrotherapy Bath

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: _____