



<b>Title:</b>	<b>Cross Connection Control Survey Form - Part 5: Mortuary or Morgue</b>		
<b>Document #:</b>	<i>PW-ES-WD-FRM-018-005</i>	<b>Revision Number:</b>	<i>4</i>

<b>Part 5: Mortuary or Morgue</b>		*Date:			
		MM	DD	YYYY	
*FACILITY ADDRESS:					
Degree of Hazard: Severe					
TYPE OF HAZARD		DEGREE OF HAZARD		PROTECTION (Size & Type)	
Prep. Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Ex. <input type="checkbox"/> Reqd.		
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 upstream of RP isolation.					
(Town of Grimsby) Form Checked By:				Date (mm/dd/yyyy): __/__/____	

\* Mandatory Field