



Title:	Cross Connection Control Survey Form - Part 4: Restaurant		
Document #:	<i>PW-ES-WD-FRM-018-004</i>	Revision Number:	<i>4</i>

Part 4: Restaurant		*Date:				
		MM	DD	YYYY		
*FACILITY ADDRESS:						
TYPE OF HAZARD			PROTECTION (Size & Type)			
Post Mix Carbonator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:				
Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Protection:		<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
Glass Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
Steam Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total #:	Protection:		<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
Cooking Kettles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total #:	Protection:		<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
Dish Rinse Unit With Flex Hose	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
Potato Peeler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
		Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
		Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
		Protection:			<input type="checkbox"/> Ex.	<input type="checkbox"/> Reqd.
(Town of Grimsby) Form Checked By:					Date (mm/dd/yyyy): ___/___/_____	

* Mandatory Field