

Title: Cross Connection Control Survey Form - Part 4: Restaurant  Document #: PW-ES-WD-FRM-018-004 Revision Number: 4							
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Part 4: Restaurant				T			
			*Date:	MM	DD	YYYY	
*FACILITY ADDRESS:							
TYPE OF HAZARD		PROTECTION (Size & Type)					
Post Mix Carbonator ☐ Yes ☐ No		(Size & Type) Protection:					
Post wilk Carbonator	⊔ res ⊔ ino	Frotection.	1				
Dishwasher	☐ Yes ☐ No	☐ Commercial ☐ Residential	Protection:				□Ex. □Reqd.
Close Weeker	□ Vee □ N-	Brada dia a	1				□Ex.
Glass Washer	☐ Yes ☐ No	☐ Yes ☐ No Protection:					□Reqd.
Steam Tables	☐ Yes ☐ No	Total #:	Protection:				□Ex.
							□Reqd. □Ex.
Cooking Kettles	□ Yes □ No	Total #:	Protection:				□Ex. □Reqd.
Dish Rinse Unit With	☐ Yes ☐ No	Protection:					□Ex.
Flex Hose	⊔ res ⊔ NO	FIOLECTION.					$\square$ Reqd.
Potato Peeler	☐ Yes ☐ No	Protection:					□Ex.
							□Reqd. □Ex.
		Protection:					□Ex. □Reqd.
		Protection					□Ex.
		Protection:					□Reqd.
		Protection:					□Ex.
(Taxing of Opins 11.)				Т	Date (mm/c	Ισγνννη.	☐Reqd.
(Town of Grimsby) Form Checked By:					Date (mm/dd/yyyy):		
* Mandatory Field							<u> </u>

This is a Controlled Document printed on May 30, 2018. It will expire in 7 days.