



Title:	Cross Connection Control Survey Form - Part 6: Hospital/Nursing Home		
Document #:	PW-ES-WD-FRM-018-006	Revision Number:	4

Part 6: Hospital/Nursing Home	*Date:	MM	DD	YYYY
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*FACILITY ADDRESS:

TYPE OF HAZARD	DEGREE OF HAZARD	PROTECTION (Size & Type)
Active treatment area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe
Labs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe
Bedpan washer	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe
Commercial Laundry Machines	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe
Hydrotherapy bath	# and Location:	<input type="checkbox"/> Minor <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe
	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
	# and Location:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Note: Hand sinks, emergency showers and eye wash stations located within labs must be located upstream of any zone isolation.

(Town of Grimsby) Form Checked By:	Date (mm/dd/yyyy): ___/___/____
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*Mandatory Field