

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:			
			Date.	MM	DD	YYYY
*FACILITY ADDRESS:						
TYPE OF HAZARD DEGREE OF HAZARD			PF	PROTECTION		
	TIPE OF HAZARD	DEGREE OF HAZARD	(8	Size & T	ype)	
Active treatment ar	ea ☐ Yes ☐ No	□Minor □Moderate ⊠Severe				□Ex.
Active treatment at	ea					$\square$ Reqd.
Laba	□ Vaa □ Na	☐Minor ☐Moderate ☒Severe				□Ex.
Labs	☐ Yes ☐ No					$\square$ Reqd.
5	" "	□Minor □Moderate ⊠Severe				□Ex.
Bedpan washer	# and Location:					□Reqd.
Commercial Laund	Irv	□Minor □Moderate ⊠Severe				□Ex.
Machines	# and Location:					□Reqd.
		□Minor ⊠Moderate □Severe				Ex.
Hydrotherapy bath	h # and Location:					□Reqd.
		□Minor □Moderate □Severe				Ex.
	# and Location:					□Reqd.
		□Minor □Moderate □Severe				□Ex.
	# and Location:					□Reqd.
						□ Ex.
	# and Location:	☐Minor ☐Moderate ☐Severe				□ Reqd.
						□ Requ.
	# and Location:	☐Minor ☐Moderate ☐Severe				□Ex. □Reqd.
						□ Kequ. □Ex.
	# and Location:	☐Minor ☐Moderate ☐Severe				
Reqd.						
Note: Hand sinks, emergency showers and eye wash stations located within labs must be located upstream of any zone isolation.						
(Town of Grimsby)				Date (m	nm/dd/yyyy)	):
Form Checked By:				/_	/	

\*Mandatory Field