Title:	***Cross Connection Control Survey Form - Part 3: Dental Office***		
Document #:	*PW–ES-WD-FRM-018-003*	**Revision Number:**	*4*

Part 3: Dental Office			*Date:	MM	DD	YYYY
*FACILITY ADDRESS:						
TYPE OF HAZARD		DEGREE OF HAZARD	PROTECTION (Size & Type)			
Dental Vacuum Pump	☐ Yes ☐ No	☐ Minor ☐ Moderate ☒ Severe	Note: AVB not sufficient protection Protection:	☐Ex. ☐Reqd.		
Dental Delivery System (Water Supply)	☐ Yes ☐ No	☒ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
Cuspidor	☐ Yes ☐ No	☐ Minor ☐ Moderate ☒ Severe		☐Ex. ☐Reqd.		
X-Ray Equipment	☐ Yes ☐ No	☐ Minor ☐ Moderate ☒ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
		☐ Minor ☐ Moderate ☐ Severe		☐Ex. ☐Reqd.		
(Town of Grimsby) Form Checked By:				Date (mm/dd/yyyy): __ __ / __ __ / __ __ __ __		

* Mandatory Field