Daily Infection Control/Life Safety Risk Assessment Checklist
for use During Construction and Renovation

Location: _____ Project Start Date: _____

Project Manager: _____ Phone # _____

Estimated Duration _____ Project Number: _____ Occupancy Date _____

Contractor: _____ Phone # _____

WEEK OF:	Mon			Tues			Wed			Thru			Fri			Sat			Sun		
	In Place			In Place			In Place			In Place			In Place			In Place			In Place		
BARRIERS:	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Are all required project signs in place																					
Are all airtight seals maintained																					
Are all doors closed																					
Are adhesive coated floor mats properly attached to the floor and continuously maintained																					
Are wet mats being used and clean																					
LIFE SAFETY	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Are sprinkler heads turned up or is a fire watch in place.																					
Are fire extinguishers certification current																					
Are we using correct fire extinguishers 10lb ABC																					
Are fire extinguishers mounted properly																					
Is the construction entrance door latched and with closer functioning.																					
Are penetrations in floors, walls or structure above being sealed or fireproofed.																					
Verify sprinkler piping is not used to support any other items																					
Are temporary exit signs in place																					
Are flammable liquids and gases stored correctly																					
All pressurized gas cylinders properly restrained																					
AIR	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Is the HVAC System in construction area sealed properly																					
Air filters checked daily and replaced as needed.																					
Are the project limits negative pressure																					
Are all air scrubbers running properly																					
Are HEPA filtration running correctly																					
TRAFFIC PATTERNS	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
All egress corridors clear																					
DEBRIS	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Are trash containers covered before they are removed from construction area																					
Are trash containers being wiped down before they are removed from construction area																					
Are the floors outside construction area continuous cleaned and monitored																					
Vibration and Noise	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Have we communicated with all affected staff (adjacent, floors above and below)																					
Initials																					

Comments and Actions: _____