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

Location:																						
Project Manager: Phone #																						
Estimated Duration	Project Number: <u>Occupancy Date</u>																					
Contractor:Phone #	_																					
WEEK OF:		Mon In Place			Tues			Wed			Thru			Fri			Sat			Sun		
					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																						
<u>AIR</u>	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																						
<u>DEBRIS</u>	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																						