

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

(Attachment #5)

Location /
Project Manager: _____ Phone # _____
Estimated Duration _____ Project Number: _____
Contractor: _____ Phone # _____

Project Start Date: _____
Occupancy _____

Week Of: 9/19/2016

| | Mon | | | Tues | | | Wed | | | Thru | | | Fri | | | Sat | | | Sun | | |
|---|----------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-----|----|-----|
| | In Place | | | In Place | | | In Place | | | In Place | | | In Place | | | In Place | | | | | |
| | 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 |
| <u>BARRIERS:</u> <i>All signage posted</i> <i>Are all airtight seals tight</i> <i>Air Leakage</i> <i>Are all doors closed</i> <i>Are wet mats being used and clean</i> | | | | | | | | | | | | | | | | | | | | | |
| <u>AIR</u> <i>All HVAC Units running correctly</i> <i>Air Filters checked once a week and/or replaced</i> <i>Is the location Negative pressure</i> <i>Fans</i> <i>HEPA Filtration</i> | | | | | | | | | | | | | | | | | | | | | |
| <u>TRAFFIC PATTERNS</u> <i>All Egress Corridors Clear</i> <i>Divert Pedestrian Traffic</i> | | | | | | | | | | | | | | | | | | | | | |
| <u>DEBRIS</u> <i>Covered for Disposal</i> | | | | | | | | | | | | | | | | | | | | | |
| <u>Vibration and Noise</u> <i>Communicate with all affected Staff</i> | | | | | | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | | | | | | |

Comments and Actions:

