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| --- | --- | --- | --- | --- | --- | --- | --- |
| Project # | | | | Contractor Name: | | | |
| Project Name & Area: | | | | Project Start Date: Click here to enter a date. | | | |
| Project Manager: Contact#: | | | | Estimated Completion Date: Click here to enter a date. | | | |
| General Contractor: Contact#: | | | | HCAI Permit #: | | | |
| IOR: Contact#: | | | | IC Subcontractor Contact#: | | | |
|  | **CONSTRUCTION ACTIVITY** | | |  | | **INFECTION CONTROL RISK GROUP** | |
|  | TYPE A: Inspection, non-invasive activity | | |  | | GROUP 1: Low Risk | |
|  | TYPE B: Small scale, short duration, minimal dust and debris | | |  | | GROUP 2: Medium Risk | |
|  | TYPE C: Large scale, longer duration, moderate dust and debris. | | |  | | GROUP 3: High Risk | |
|  | TYPE D: Major demolition and construction activities. | | |  | | GROUP 4: Highest Risk | |
| CLASS I  **Date:**  **Initials:** | 1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection. | | | 1. Cleanup and disposal in accordance with defined procedures. | | | |
| CLASS II  **Date:**  **Initials:** | 1. Continue Class I requirements 2. Provides active means to prevent air-borne dust from dispersing into atmosphere 3. Water mist work surfaces to control dust while cutting. 4. Seal unused doors with duct tape. 5. Block off and seal air vents. 6. Wipe surfaces with approved disinfectant. | | | 1. Contain construction waste before transport in tightly covered containers. 2. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. **Vacuum Personnel if needed**. 3. Place dust mat at entrance and exit of work area. 4. Remove or isolate HVAC system in areas where work is being performed. | | | |
| CLASS III  **Date:**  **Initials:** | 1. Continue Class I & II requirements 2. Obtain infection control permit before construction begins. 3. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 4. Complete all critical barriers or implement control cube method before construction begins.   5. Maintain negative air pressure within work site utilizing  HEPA equipped air filtration units.  6. Seal holes, pipes, conduits, and punctures appropriately.  7. Do not remove barriers from work area until complete; project is thoroughly cleaned. | | | 8. Vacuum work area with HEPA filtered vacuums **including Personnel**, **if needed**.  9. Wet mop with approved disinfectant  10. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.  11. Contain construction waste before transport in tightly covered  Containers.  12. Cover transport receptacles or carts. Tape covering.   1. Remove or isolate HVAC system in areas where work is being performed. | | | |
| CLASS IV  **Date:**  **Initials:** | 1. Continue Class I, II & III requirements 2. **Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.** 3. **All personnel entering work site are required to wear shoe covers, and change shoe covers before exiting anteroom.** | | | 1. Do not remove barriers from work area until completed project is thoroughly cleaned 2. **Install device on exterior of work containment to continually monitor negative pressurization**. . | | | |
| CLASS V  **Date:**  **Initials:** | 1. Continue Class I, II, III & IV requirements 2. **Construct anteroom large enough for equipment staging, cart cleaning, workers**. The anteroom must be constructed adjacent to entrance of construction work area | | | 1. **Personnel are required to wear coveralls at all times during Class V work activities. Coveralls must be removed before leaving the anteroom.** | | | |
| ILSM  **Date:**  **Initials:** | **IF THE ANSWER IS YES TO ANY OF #1-5, COMPLETE ILSM** | | **YES NO N/A** | | **COMMENTS:** | | |
| 1. Will egress routes/exits be affected? | |  | |  | | |
| 2. Will fire protection (suppression) system(s) be affected? | |  | |  | | |
| 3. Will structural features of fire/smoke barriers be affected? | |  | |  | | |
| 4. Will the fire alarm system be affected? | |  | |  | | |
| 5. Is access to the emergency department affected? | |  | |  | | |
| 6. Will hot work occur? (*Obtain permit from Fire Marshal*) | |  | |  | | |
| 7. Will work involve large quantities of combustibles? | |  | |  | | |
| Additional Requirements: (*If scope of project changes IPCE and Fire Marshal needs to be notified*) | | | | | | | |
| Exceptions /Additions to this permit are noted by attached memoranda: Date: Initials: | | | | | | | |
| Permit Request By:  Date: Title:  Phone: | | ICRA Authorized By:  Date: Title:  Phone: | | | | | ILSM Authorized By:  Date: Title:  Phone: |