

Appendix C: Pre-Construction Survey

Risk Assessment and Plan for Dust Mitigation Measures Completed _ / _ / _

Class I II III IV V (circle one)

Project Title/No.:	Project Location:
Project Manager:	Phone:
Contractor:	Phone:

A final survey of Infection Prevention measures as described in Contract Specification Section 01021 was conducted. The following Infection Prevention measures have been incorporated in this report and approval is hereby given to proceed with demolition and/or construction activities as described in the contract documents. Contractor is responsible to ensure that the Infection Prevention dust mitigation measures attested to in this document remain in effect for the duration of the project.

MEASURES IN PLACE and Confirmed / Completed by Project Manager:

The project team has met with the Infection Preventionist (IP) to review project requirements. All workers have completed the Infection Prevention test and training. HEIP may request records at any time.

1. All workers Current: Y N

2. Date negative air machines certified by DOP test: (meets requirements for one year after test date) _ / _ / _

3. Construction space has negative air pressure with barricade door fully open: (≥100fpm) DATE _ / _ / _

MEASURES IN PLACE and Confirmed / Completed by HEIP Representative:

1. Infection Prevention Compliance Survey sheet completed: Y N

DATE SURVEY COMPLETED: _ / _ / _

DATE OF FOLLOW-UP SURVEY: _ / _ / _ or TBD

REMARKS: _____

2. Air sampling Required: Y N (refer to IPRA) to be performed during demolition

If Y Date Ordered: _ / _ / _

3. Continuous Differential Pressure Monitoring Required: Y N (refer to IPRA)

Installed and verified to be operating through duration of the project (Log?): _ / _ / _

Project Manager:	Date:
HEIP Representative:	Date:
Contractor:	Date:

**OFFICE OF DESIGN AND CONSTRUCTION & FACILITIES MANAGEMENT
INFECTION PREVENTION COMPLIANCE SURVEY**

Project No.: _____ Location: _____ Date ____/____/____

☐ Initial Survey prior to start of construction/demo.

☐ Follow-up Survey

1. <i>Construction Barricade</i>	Yes	No	N/A
• Barricades sealed, no penetrations	_____	_____	_____
• Walk-off mats in place, clean	_____	_____	_____
• Barricade doors have closers	_____	_____	_____
• Door frames gasketed, doors close & seal properly	_____	_____	_____
• Signs posted cautioning about dust hazards	_____	_____	_____
• Infection Prevention Risk Assessment & Mitigation Plan	_____	_____	_____
• Project Manager contact information posted	_____	_____	_____
• Adjacent ceiling areas intact	_____	_____	_____
• Adjacent floor area clean, no dust tracked	_____	_____	_____
• Correct installation of wall/ceiling enclosure	_____	_____	_____

Comments: _____

2. <i>Negative Air</i>	Yes	No	N/A
• Negative pressure at barricade entrance	_____	_____	_____
• All windows and doors closed behind barricade	_____	_____	_____
• Negative air machines running	_____	_____	_____
• Negative air machines filters clean	_____	_____	_____
• Negative air discharge hoses intact	_____	_____	_____
• Project requires use of vestibule	_____	_____	_____
• Continuous Differential Pressure Monitor	_____	_____	_____

Comments: _____

3. <i>Jobsite</i>	Yes	No	N/A
• Project area clean, debris removal path verified	_____	_____	_____
• Debris removed in suitable containers	_____	_____	_____
• Debris removed scheduled at time specified	_____	_____	_____
• Adjacent areas been notified by Project Manager	_____	_____	_____
• Patient/staff/visitor traffic diverted	_____	_____	_____
• HEPA-filtered vacuum ready to use	_____	_____	_____
• Disposable patient care items removed from jobsite	_____	_____	_____

Comments: _____

4. <i>Occupied Areas</i>	Yes	No	N/A
• Work authorized and scheduled	_____	_____	_____
• Polyethylene barricade in place, properly sealed	_____	_____	_____
• Ceiling access tag posted	_____	_____	_____
• Surrounding area clean	_____	_____	_____

Comments: _____

HEIP Representative: _____

Date: ____/____/____