

General Information					
1	Project Location (Building & Room #):				
1a	Blanket & Tag/Job/CAR Number:				
2	Description of Work (Detailed):				
3	Project Working Hours:				
4	Project Manager:				
5	Project Manager Phone & Pager #:				
6	Contractor(s) Performing Work:				
6a	Emergency Contact Phone #:				
7	Project Start Date:				
8	Estimated Duration:				
Preconstruction Site Preparation					
9	Set up				
10	Protection				
11	Material Movement				
12	Work				
Postconstruction Site Activities					
13	Tests (ex. Dust, Mold, Noise, etc.)				
14	Demobilization				
15	Final Clean up				
Risk Level					
16	Infection Control and/or Fire & Life Safety Risk Level (A new CIRA must be completed if the risk level increases at any time during the project.)	"X"		Approved by: _____ (Safety Officer or Infection Control) to remove containment and downgrade ICRA to level <input type="text"/> Date: _____	
		1	No permit required.		
		2	Permit required if Fire/Life Safety measures are necessary**		
		3	Permit & Post Construction sign off required**		
		4	Permit & Post Construction sign off required**		
Potential Impacts		Yes	No	Description of Impact	Mitigation (Consult ILSM Procedure Guide)
Interim Life Safety Measures					
17a	Will exits be maintained free and unobstructed				
17b	Will egress routes be maintained and unobstructed				
17c	Will Emergency Response access be maintained				
17d	Will fire/smoke alarm or sprinkler be shut down				
17e	Will temporary smoke barriers be constructed				
17f	Will additional firefighting equipment be provided				
17g	Smoking prohibited throughout work site				
17h	Will debris, storage, housekeeping be maintained				
17i	Will Fire Drills be conducted if needed				
17j	Will Life Safety Rounds be conducted				
17k	Will staff be trained regarding any impacts				
17l	Will staff be informed of deficiencies/hazards				
Infection Control					
18a	Potential to track dust thru occupied areas				
18b	Potential airborne dust within construction site				
18c	Potential airborne dust in occupied areas				
Material / Debris Transport					
19a	Transport thru corridors				
19b	Transport thru occupied space				
19c	Impact to public traffic patterns				
Access to Construction Site					
20a	Travel thru hospital space				
20b	Travel thru restricted area				
Signage					
21a	Will existing signage be affected				
21b	Will new signage be posted				

Hazardous Materials				
22a	Hazardous materials used at construction site			
22b	Flammable liquids used at construction site			
22c	Compressed gases used at construction site			
22d	Asbestos-containing material present			
22e	Odor generating activities			
22f	MSDS present at construction site			
Security				
23a	Are identification badges required			
23b	Are secured areas maintained during construction			
23c	Is work being done in special secure areas			
23d	Construction site locked during off hours			
Noise / Vibration				
24a	Will equipment generate noise / vibration			
24b	Will demolition generate noise / vibration			
Hot Work / Welding				
25a	Will there be hot work performed			
25b	Will there be a dedicated fire extinguisher			
25c	Will there be a dedicated Fire Watch			
Utilities				
26	Will utilities be shutdown or affected			
26a	Will Information Technology systems be affected			

**Pre-Construction Approvals**

Submitted by (Contractor or Facilities)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Hospital Epidemiology

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Hospital Safety Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Health Systems Facilities

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*All projects designated as Levels 3 or 4****MUST obtain Hospital Epidemiology and Safety Dept. post construction sign Off.****Post Construction Sign Off**

Submitted by (Contractor or Facilities)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Hospital Epidemiology

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Hospital Safety Officer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by Health Systems Facilities

Signature: \_\_\_\_\_

Date: \_\_\_\_\_