

PRE-CONSTRUCTION RISK ASSESSMENT CHECKLIST

Project or Work Order #: _____ Building: _____

Floor: _____ Location: _____

Project Description: _____

Planner/Project Mgr. _____ Contact #: _____

Chemical Product Use/Dust Generation

1. Project will involve use of chemical compounds and solvents, or generate dust, and/or effect adjacent areas? YES ____ NO ____

Infection Control

2. Project is in or adjacent to high-risk patient area? YES ____ NO ____
3. Project is in or adjacent to a sterile environment? YES ____ NO ____
4. Project is in or adjacent to clinical procedure areas? YES ____ NO ____
5. Project will generate visible dust / debris? YES ____ NO ____
6. Project will affect relative room pressure relationships? YES ____ NO ____
7. Project will affect existing air exchange rates? YES ____ NO ____
8. Project will affect normal domestic water service? YES ____ NO ____

Noise & Vibration

9. Project will generate noise that may affect patient care? YES ____ NO ____
10. Project will generate vibrations that may affect patient care? YES ____ NO ____
11. Project will generate vibrations that may affect clinical procedures? YES ____ NO ____

Utilities

12. Project will interrupt normal utility systems that may affect patient care? YES ____ NO ____
13. Project will alter existing utility systems that may affect patient care? YES ____ NO ____

Emergency Procedures

14. Project will interfere with existing emergency procedures? YES ____ NO ____

IF mold, asbestos, or lead-based paint is unexpectedly encountered during the work, the job will be stopped and the Project Manager will be contacted immediately.

Completed By: _____ Date: _____

Print Name: _____

NOTE: A "Yes" response to any of the risk criteria requires implementation of the appropriate Risk Reduction Controls (attachment 'B' to the Plan) designed to minimize the impact of the construction, renovation, or demolition activity

Distribution: Kathy Innes (160/8), and Facilities Compliance Coordinator (274/ Ames Burgoyne)

Health Department Jobs preconstruction checklist FORM A 2006 PCRA.doc

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RISK REDUCTION MEASURES FORM

Work Order/Project #: _____ Date: _____

Project Name: _____

Project Manager: _____ Contact #: _____

Building: _____ Floor: _____ Room #: _____

Est. Start date: ____/____/____ Est. Completion date: ____/____/____

Risk to patients / staff: High ____ Low ____ Risk to sterile environment: High ____ Low ____

Chemical Product Use/Dust Generation

- | | | | |
|--|----------|---------|----------|
| 1. Review alternative materials / methods to minimize impact | yes ____ | no ____ | n/a ____ |
| 2. Install additional ventilation exhaust fumes / contaminants | yes ____ | no ____ | n/a ____ |
| 3. Install filtration to remove odors and/ or contaminants | yes ____ | no ____ | n/a ____ |
| 4. Schedule work to minimize impact | yes ____ | no ____ | n/a ____ |
| 5. Relocate patients / staff. | yes ____ | no ____ | n/a ____ |
| 6. MSDS sheets are provided and maintained at worksite | yes ____ | no ____ | n/a ____ |
| 7. Critical barriers/Enclosures are used | yes ____ | no ____ | n/a ____ |

Infection Control**Patient Relocation**

- | | | | |
|------------------------------|----------|---------|----------|
| 1. Relocate patients / staff | yes ____ | no ____ | n/a ____ |
|------------------------------|----------|---------|----------|

Dust & Debris Control

- | | | | |
|---|----------|---------|----------|
| 2. Establish & maintain dust barriers. | yes ____ | no ____ | n/a ____ |
| 3. Install dust mats at exits of construction area | yes ____ | no ____ | n/a ____ |
| 4. Seal doors and penetrations at construction boundaries. | yes ____ | no ____ | n/a ____ |
| 5. Close doors & windows to patient rooms in adjacent areas. | yes ____ | no ____ | n/a ____ |
| 6. Construct work site anteroom & HEPA vac all personnel exiting site | yes ____ | no ____ | n/a ____ |
| 7. Review staging of trucks & dumpsters to minimize intake of fumes, dust & debris into HVAC systems. | yes ____ | no ____ | n/a ____ |
| 8. Define & use debris removal pathways & elevators to minimize risk. | yes ____ | no ____ | n/a ____ |
| 9. Cover debris carts appropriately to minimize dust contamination during transport. | yes ____ | no ____ | n/a ____ |
| 10. Use HEPA filtered equipment as needed. | yes ____ | no ____ | n/a ____ |
| 11. Clean work area as needed to minimize dust & debris migration into adjacent hospital areas. | yes ____ | no ____ | n/a ____ |

Construction Personnel

- | | | | |
|---|----------|---------|----------|
| 12. Wear appropriate attire (shoe/hair covers, masks, & garments) as needed | yes ____ | no ____ | n/a ____ |
| 13. Instruct construction personnel on infection control issues. | yes ____ | no ____ | n/a ____ |

Ventilation & Air pressure

- | | | | |
|---|----------|---------|----------|
| 14. Establish & maintain negative atmosphere w/in the construction area. | yes ____ | no ____ | n/a ____ |
| 15. Use exhaust air machines w/ appropriate filtration. | yes ____ | no ____ | n/a ____ |
| 16. Review potential impact of work on negative & positive room pressures in areas on the same HVAC system. | yes ____ | no ____ | n/a ____ |
| 17. Isolate existing HVAC systems in the construction area. | yes ____ | no ____ | n/a ____ |
| 18. Install appropriate filters in return & exhaust air systems to minimize contamination of existing HVAC. | yes ____ | no ____ | n/a ____ |

Utility Requirements

- | | | | |
|--|----------|---------|----------|
| 19. Review impact of utility shut down on affected patient care areas. | yes ____ | no ____ | n/a ____ |
| 20. Coordinate utility shut downs w/staff in affected areas. | yes ____ | no ____ | n/a ____ |
| 21. Schedule work to minimize impact. | yes ____ | no ____ | n/a ____ |
| 22. Follow utility shut down processes. | yes ____ | no ____ | n/a ____ |
| 23. Arrange for alternative utility sources. (Medical Gases, etc) | yes ____ | no ____ | n/a ____ |

Noise & Vibration

- | | | | |
|--------------------------------------|----------|---------|----------|
| 24. Review alternative methods. | yes ____ | no ____ | n/a ____ |
| 25. Schedule work to minimize impact | yes ____ | no ____ | n/a ____ |
| 26. Relocate patients / staff. | yes ____ | no ____ | n/a ____ |

Emergency Procedures

- | | | | |
|--|----------|---------|----------|
| 27. Review potential impact of work on existing emergency procedures. (Emergency egress, codes, and or communications) | yes ____ | no ____ | n/a ____ |
| 28. Maintain existing emergency access or develop alternative access. | yes ____ | no ____ | n/a ____ |
| 29. Instruct construction personnel on appropriate response to emergency codes. | yes ____ | no ____ | n/a ____ |

Notification

- Notify staff in the affected areas of the issues and possible impact of the project.
- Post signage to identify work site

Final Cleaning:

- Construction area will be cleaned appropriately for new occupancy prior to move in.

Mold & Asbestos

- If mold, asbestos, or lead-based paint is unexpectedly encountered during the work, the job will be stopped and the Project Manager will be contacted immediately.

NOTES/SPECIAL REQUIREMENTS:

Attendees:

Please print the following information:

Name

Title

Other effected staff notified as needed by e-mail (attached)