



HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL: APPENDIX C

POLICY 5.1C Issued: 12/06 Last Approval:8/09

PRE CONSTRUCTION SURVEY

Risk Assessment and Plan for Dust Mitigation Measures Completed ___/___/___ Class I II III IV (circle one)

Project Title/No.:

Project Location:

Project Manager: _____ Contractor: _____
Phone: _____ Phone: _____
Fax: 885-3572 (D&C) 353-1134 (FM) Fax: _____

A final survey of Infection Control measures as described in Contract Specification Section 01021 was conducted. The following Infection Control 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 Control dust mitigation measures attested to in this document remain in effect for the duration of the project.

MEASURES IN PLACE:

- 1. Infection Control dust mitigation education in-service provided with contractor and construction workers. This education must be completed at least annually for every on-site worker. It is the responsibility of the contractor to maintain a record of attendance; these records may be requested by HEIC at any time.

DATE HELD: ___/___/___

- 2. Infection Control survey sheet(s) attached.

DATE OF SURVEY: ___/___/___ DATE OF FOLLOW-UP SURVEY: ___/___/___

REMARKS: _____

- 3. Date negative air machines certified by DOP test (within one year) ___/___/___
4. Construction space has negative air pressure with barricade door fully open (≥100fpm) DATE ___/___/___
5. Air sample ordered during early demolition phase: Date ___/___/___ Results _____ CFU
For lengthy projects, resample. Date ___/___/___ Results _____ CFU

Signatures per specification section 01021, paragraph 1.01P

Project Manager: _____ Date: ___/___/___
HEIC Representative: _____ Date: ___/___/___
Contractor: _____ Date: ___/___/___
Completed form faxed to Project Manager Date: ___/___/___

**OFFICE OF DESIGN AND CONSTRUCTION
INFECTION CONTROL COMPLIANCE SURVEY**

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

- | | | | | |
|----|---|-----|-----|-----|
| 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 | ___ | ___ | ___ |
| | • 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 | ___ | ___ | ___ |

Comments: _____

- | | | | | |
|----|--|-----|-----|-----|
| 3. | <i>Jobsite</i> | Yes | No | n/a |
| | • Project area clean, debris removed daily | ___ | ___ | ___ |
| | • Debris removed in suitable containers | ___ | ___ | ___ |
| | • Debris removed at time specified | ___ | ___ | ___ |
| | • Adjacent areas been notified | ___ | ___ | ___ |
| | • Patient/staff/visitor traffic diverted | ___ | ___ | ___ |
| | • HEPA-filtered vacuum used appropriately | ___ | ___ | ___ |

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: _____

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