



HOSPITAL EPIDEMIOLOGY AND  
INFECTION PREVENTION :  
**POLICY 5.1C**  
Issued: 12/06  
**GUIDELINES FOR CONSTRUCTION/RENOVATION/DEMOLITION Last Approval: 12/19**  
PROJECTS AND ENVIRONMENTAL CONTROL OF  
INVASIVE FUNGAL INFECTION  
AND OTHER NOSOCOMIAL INFECTIONS

**Appendix C**  
**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 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:

1. Infection Prevention 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 HEIP at any time.  
All workers Current Y N
2. Date negative air machines certified by DOP test (within one year) \_\_\_/\_\_\_/\_\_\_
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. Verify Date negative air machines certified by DOP test (within one year) \_\_\_/\_\_\_/\_\_\_  
Comments: \_\_\_\_\_
4. 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: \_\_\_/\_\_\_/\_\_\_

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HOSPITAL EPIDEMIOLOGY AND  
INFECTION PREVENTION:  
**GUIDELINES FOR CONSTRUCTION/RENOVATION/DEMOLITION  
PROJECTS AND ENVIRONMENTAL CONTROL OF ASPERGILLOSIS  
AND OTHER NOSOCOMIAL INFECTIONS**

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**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: \_\_\_/\_\_\_/\_\_\_

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