

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: \_\_\_\_\_