ICRA 2.0 Infection Control Risk	Project Name:				
Assessment and Permit	ICRA Number:	ICRA Number:			
Location of Work Activity			Project Start Date		
Estimated Duration			Completion Date		
Foreman/Supervisor			Phone		
Contractor Performing Work			Phone		
Approving Authority			Phone		
Please note that the above signature is approval of the work activity as described and assessed documented here. Should the scope of work change or the discovery of additional toxic or biological substances. STOP WORK and seek additional approval and guidance before proceeding.					

1. Type of Activity	Explain this reasoning for this assessment		
Type A: Non-invasive			
Type B: Small-scale, short duration			
Type C: Large-scale, longer duration			
Type D: Major demolition, construction			

2. Patient Risk Area			Describe key patient risks			
Low: Non-patient care areas						
Medium: Patient care support areas						
High: Patient care areas						
Highest: Invasive, sterile or highly compromised care						
3. Class of Precautions						
	Type A	TYP	EB	TYPE C	TYPE D	
Low		I		II	III	
Medium		II			IV	
High				IV	V	
Highest		IV		V	V	

4. Surrounding Area						
	Below:	Above:	Lateral:	Behind:	In Front:	
Unit						
Risk group						
Contact						
Phone						
Controls	Noise	□ Noise	□ Noise	□ Noise	Noise	
	Vibration	Vibration	Vibration	Vibration	Vibration	
	🗆 Dust	🗆 Dust	🗆 Dust	🗆 Dust	Dust	
	Ventilation	Ventilation	Ventilation	Ventilation	Ventilation	
	Pressurization	Pressurization	Pressurization	Pressurization	Pressurization	
Systems	🗆 Data	🗆 Data	🗆 Data	🗆 Data	🗆 Data	
impacted:	Mechanical	Mechanical	Mechanical	Mechanical	Mechanical	
	Med Gas	Med Gas	Med Gas	Med Gas	Med Gas	
	□ Hot/Cold Water	□ Hot/Cold Water	□ Hot/Cold Water	□ Hot/Cold Water	Hot/Cold Water	
	□ Other	□ Other	□ Other	□ Other	Other	
Were there discoveries in surrounding areas that would serve as cause to increase the class of precautions and necessitate						
additional co	ontrols? If so, please sur	nmarize.				

5. Detailed Plan of ICRA Controls for this Work							
Final Class of Precautions being applied	I	II		IV	V		
Controls required for this project	Specifications/ Materials			Verification method and frequency			
Exceptions/Additions to this permit							
Date and Initials are noted by attached memoranda							
Initials			Date				
Permit Request By			Date				
Permit Authorized By			Date				
Approval Signature							

©2022 The American Society for Health Care Engineering of the American Hospital Association Disclaimer: This document is provided by ASHE as a service to its members. The information provided may not apply to a reader's specific situation and is not a substitute for application of the reader's own independent judgment or the advice of a competent professional. ASHE does not make any guaranty or warranty as to the accuracy or completeness of any information contained in this document. ASHE and the authors disclaim liability for personal injury, property damage, or other damages of any kind, whether special, indirect, consequential, or compensatory, that may result directly or indirectly from use of or reliance on this document.





Courtesy share by Courtemanche & Associates

©2022. American Society for Health Care Engineering of the American Hospital Association