

<b>ICRA 2.0 Infection Control Risk Assessment and Permit</b>		Project Name:	
		ICRA Number:	
Location of Work Activity		Requested by	
Estimated Duration		Project Start Date	
Foreman/Supervisor		Completion Date	
Contractor Performing Work		Phone	
Approving Authority		Phone	
<p>Please note that the above signature is approval of the work activity as described and assessed documented here.  <b>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.</b></p>			

1. Type of Activity		Explain this reasoning for this assessment
<input type="checkbox"/>	Type A: Non-invasive	
<input type="checkbox"/>	Type B: Small-scale, short duration	
<input type="checkbox"/>	Type C: Large-scale, longer duration	
<input type="checkbox"/>	Type D: Major demolition, construction	

2. Patient Risk Area		Describe key patient risks
<input type="checkbox"/>	Low: Non-patient care areas	
<input type="checkbox"/>	Medium: Patient care support areas	
<input type="checkbox"/>	High: Patient care areas	
<input type="checkbox"/>	Highest: Invasive, sterile or highly compromised care	

3. Class of Precautions				
	Type A	TYPE B	TYPE C	TYPE D
Low	I	II	II	III
Medium	I	II	III	IV
High	I	III	IV	V
Highest	III	IV	V	V

4. Surrounding Area					
Unit	Below:	Above:	Lateral:	Behind:	In Front:
Risk group					
Contact					
Phone					
Controls	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization
Systems impacted:	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other

Were there discoveries in surrounding areas that would serve as cause to increase the class of precautions and necessitate additional controls? If so, please summarize.

