

ICRA 2.0 Infection Control Risk Assessment and Permit		Project Name:	
		ICRA Number:	
		Requested by	
Location of Work Activity		Project Start Date	
Estimated Duration		Completion Date	
Foreman/Supervisor		Phone	
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. 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.</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.

