	fection Cont		Project Name:					T					
Assessment and Permit			ICRA Numb			Requested by							
Location	of Work Acti	vity				Project Start Date							
Es	timated Durat	tion					Completion Date						
For	isor					Phone							
Contractor	ork					Phone							
Арј	rity					Phone							
Please no	ote that the a	above signat	ure is appro	e work activity a	as de	scribed and assesse	d 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	s rea	soning for this asses	sment					
Type A:	Non-invasive	9											
Type B:	Small-scale,	short durati	on										
Type C:	Large-scale,	longer dura	tion										
Type D:	Type D: Major demolition, construction												
2. Patient F	Risk Area				Describe ke	Describe key patient risks							
Low: No	n-patient ca	re areas											
Medium	Medium: Patient care support areas												
High: Pa	High: Patient care areas												
Highest	Highest: Invasive, sterile or highly compromised care												
3. Class of	Precautions												
Т			Гуре А		TYPE B		TYPE C	TYPE D					
Low			1		II		II	III					
Medium			I		II		III	IV					
High			I		III		IV	V					
Highest			III		IV		V	V					
4. Surround	ding Area												
	Below:	A	Above:		Lateral:		Behind:	In Front:					
Unit													
Risk group													
Contact													
Phone													
Controls Noise			□ Noise		□ Noise		□ Noise	□ Noise					
	☐ Vibration☐ Dust		Vibration Dust		□ Vibration □ Dust		☐ Vibration ☐ Dust	☐ Vibration☐ Dust					
	☐ Ventilatio		Ventilation		☐ Ventilation		☐ Ventilation	☐ Ventilation					
	☐ Pressuriza		Pressurizati		☐ Pressurization		☐ Pressurization	☐ Pressurization					
Systems			□ Data		☐ Data		☐ Data	□ Data					
impacted:	☐ Mechanic	al 🗆	☐ Mechanical		☐ Mechanical		☐ Mechanical	☐ Mechanical					
	☐ Med Gas		☐ Med Gas		☐ Med Gas		☐ Med Gas	☐ Med Gas					
	☐ Hot/Cold Water ☐ Other		☐ Hot/Cold Water		☐ Hot/Cold Water		☐ Hot/Cold Water	☐ Hot/Cold Water					
	L L	Other		□ Other		Other	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.													
auditional Co	additional controls: 11 30, picase summanze.												

5. Detailed Plan of ICRA Controls for this Work										
Final Class of Precautions being applied	I	II	III	IV	V					
Controls required for this project	Specifi	cations/ Materia	als	Verification method and frequency						
Date and	Exceptions/Addit d Initials are note	tions to this permed by attached me	iit emoranda							
Initials			Date							
Permit Request By			Date							
Permit Authorized By			Date							
Approval Signature										

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