# Infection prevention daily compliance survey

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| **Permit number:** |   | Work order number: |   |
| Company: |   | Vendor OIC name: |   |
| Date: |   | Time: |   |
| Reviewer: |   |
| Location: |   |
| Work description: |   |
| Special conditions: |   |
| Clinical considerations: |   |

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| **Construction barricade** | **Yes** | **NA** | **Corrected** |
| Barriers sealed, no penetrations |[ ] [ ]    |
| Walk off mats in place and clean |[ ] [ ]    |
| Barrier doors have closers and they are working |[ ] [ ]    |
| Door frames have gaskets, doors close and seal properly |[ ] [ ]    |
| Signs posted informing about spread of dust |[ ] [ ]    |
| Adjacent ceiling areas intact |[ ] [ ]    |
| Adjacent floor is clean and no dust tracked |[ ] [ ]    |
| Comments:  |
| **Negative air** |
| Negative pressure at barrier entrance |[ ] [ ]    |
| All windows and doors closed behind barrier |[ ] [ ]    |
| Negative air units or exhaust fans running |[ ] [ ]    |
| Negative air units filters clean |[ ] [ ]    |
| Negative air units discharge ducts intact |[ ] [ ]    |
| Comments:  |
| **Jobsite** |
| Project/work area is clean and debris removed daily |[ ] [ ]    |
| Debris removed in suitable containers |[ ] [ ]    |
| Debris removed at time specified |[ ] [ ]    |
| Comment:  |

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| **Permit number:** |   | Work order number: |   |

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| **Occupied Areas** | **Yes** | **NA** | **Corrected** |
| Work authorised and scheduled |[ ] [ ]    |
| Barrier in place and properly sealed |[ ] [ ]    |
| Ceiling access sign posted |[ ] [ ]    |
| Surrounding areas are clean |[ ] [ ]    |
| Comments:  |

**REVIEW ACKNOWLEDGEMENT**

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| *I understand the conditions of this review and will abide by all safe work procedures. I agree to make the required infection prevention changes.* | Officer in charge on site:  Name: Signature:Date:  |

**REVIEW CLOSEOUT**

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| *I hereby certify that issues identified by the review have been rectified.* | Officer in charge:Name: Signature:Date:  |