# 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: |