

Facility Modification Risk Assessment Worksheet

Project or Task: _____

Location: _____ Date: _____

Estimated Start Date: _____ Estimated Completion Date: _____

1. Infection Prevention/Control

Determine Risk Group and Activity Type from attached Risk Assessment Matrix:

Risk Group: _____ Activity Type: _____

Environmental Containment or Barriers required? ☐ Yes ☐ No

(If YES proceed to Infection Prevention/Control Policy)

2. Utility Disruptions

Electrical Systems: ☐ Yes ☐ No

Emergency Power Systems: ☐ Yes ☐ No

HVAC Systems: ☐ Yes ☐ No

Medical Gas / Vacuum: ☐ Yes ☐ No

Waste / Vent: ☐ Yes ☐ No

Water: ☐ Yes ☐ No

Pneumatic Tube system: ☐ Yes ☐ No

Communications / Telephone: ☐ Yes ☐ No

(If YES to any of the above-listed systems, a Shutdown Request Permit must be completed to obtain required approvals and to provide required notification)

3. Life Safety

Fire Alarm System: ☐ Yes ☐ No

Sprinkler System: ☐ Yes ☐ No

Does it involve more than a one-room project: ☐ Yes ☐ No

Does it infringe on a patient care corridor: ☐ Yes ☐ No

Emergency egress closed during this project: ☐ Yes ☐ No

Fire or Smoke Separation Compromised: ☐ Yes ☐ No

(If YES to any of these questions, an Interim Life Safety Measures Determination Form (ILSM) must be completed then follow the appropriate procedures as outlined in the Interim Life Safety Plan)

4. Wall / Floor Penetrations

Any penetrations of walls, ceiling, or floor: ☐ Yes ☐ No

If YES, list what Fire Stop System will be utilized. _____

Fire stop System reviewed by _____ ***Date*** _____

5. Vibration & Noise

Is there a potential for areas to be impacted by Noise or Vibration? ☐ Yes ☐ No

If YES, an assessment of impact must be documented and mitigation measures implemented prior to project start.

6. Asbestos

Is the project in an area identified as having asbestos containing materials (ACM)? ☐ Yes ☐ No

(Review Survey Documents, if YES workers must be documented as trained for Asbestos Awareness and given a copy of the Asbestos Notice to attach to the form.)

7. Mold

Is the project in an area identified as having any previous water damage or mold issues? ☐ Yes ☐ No

(Review Survey Documents, if YES workers must be documented as trained for mold abatement for small projects.)

If NO to all questions Sign below & file.

If YES to any question, describe what is required to minimize or eliminate disruption and have the procedures approved.

Assessment Completed by: _____ Approved by: _____
Project Lead Facility Representative

Adapted with permission from Healthcare Safety Consulting, 2012.