

## Daily Monitoring: ILSM – ICRA Precautions

Date of assessment/survey	Assessment completed by:			
Area assessed/surveyed	Date distributed to safety/IC:			
Project no.	Project name:			
	Yes	No	NA	List time, documentation or action/follow-up as needed
<b>A. EXITS</b>				
1. Exits provide free and unobstructed egress through construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Alternative exits are clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Means of egress in construction area inspected daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Free & unobstructed access to ED/Services and for emergency forces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. FIRE EQUIPMENT AND SAFETY</b>				
5. Fire alarms, detection, and suppression systems are in an operational function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fire alarms, detection, and suppression systems are not impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Temporary fire alarm, detection, and suppression systems been inspected and tested monthly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
8. Training and additional fire equipment been provided for personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Power has been properly secured at the end of each workday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. No smoking policy been implemented in and adjacent to the construction areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Construction areas are free of storage and housekeeping materials, food waste, and debris for daily operations to reduce flammable and combustible fire load of the building; floor area leading to/from construction site cleaned daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date or time:

## Daily Monitoring: ILSM – ICRA Precautions

	Yes	No	NA	List time, documentation or action/follow-up as needed
12. There has been a minimum of two fire drills conducted per shift per quarter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
13. Number of hazard surveillance inspections in construction area has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last date or time:
14. Safety education programs have been conducted to ensure awareness of any ILS Safety Code deficiencies and construction hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
<b>C. HAZARD SURVEILLANCE and INFECTION PREVENTION SAFETY</b>				
15. Power is properly secured at the end of each workday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Hand and safety rails are in place and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Extension cords are grounded and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Power tools are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Workers wearing required identification and hard hats are used as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Cutting and welding operations are properly and safely conducted and have appropriate hot work permits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Documentation of worker instruction in Right-To-Know, Infection Control and Fall hazards is available if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of request:
22. All scaffolding complies with OSHA requirements (1926.451).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Construction site secure and properly isolated from fresh air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Lock out / tag out procedures are used as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Daily Monitoring: ILSM – ICRA Precautions

	Yes	No	NA	List time, documentation or action/follow-up as needed
25. Materials used (i.e., fire retardants) comply with necessary safety regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Construction barriers maintain negative pressure relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Workers demonstrate compliance with traffic patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Workers comply with use of PPE (Hard hats, eye protection etc) as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. HEPA filtration units, HEPA vacuum equipment, &/or continuous use of exhaust fans demonstrate they are functioning appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Exhaust ducts sealed/capped as agreed by ICRA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Construction area doors are closed and gaskets & hardware are intact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Construction carts transporting debris are covered and consistent with agreement designed to minimize airborne particulate matter from debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. All windows and doors remain closed to prevent circulation of dust/debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Walk-off mats, adhesive strips are clean and changed sufficiently, or construction exit cleaned sufficiently to maintain clean entry/exits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. No signs of water leakage or pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Ceiling tiles replaced when space not being accessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments \_\_\_\_\_

Project Manager \_\_\_\_\_ Date \_\_\_\_\_

Contractor \_\_\_\_\_ Date \_\_\_\_\_

Sent to Safety &/or IC Committee \_\_\_\_\_ Date \_\_\_\_\_