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Project Title:	.....	**Permit Number:**	.....
Facility / Campus:	.....	**Building & Floor:**	.....
Specific Room / Zone:	.....	**Target Start / Finish:**	.....
General Contractor:	.....	**Lead Super / Phone:**	.....
Infection Preventionist:	.....	**Facilities PM / Phone:**	.....

Section 1: ASHE ICRA 2.0 Class Determination Matrix

STEP 1 — CLASS FINDER

Patient Risk Group ↓ | Project Type →	Type A (Inspection)	Type B (Small Scale)	Type C (Demolition/Mod Dust)	Type D (Major Project)
Low Risk (Admin / Public)	[ ] Class I	[ ] Class II	[ ] Class II	[ ] Class III*
Medium Risk (Outpatient/PT/Admit)	[ ] Class I	[ ] Class II	[ ] Class III*	[ ] Class IV
High Risk (ED/Rad/L&D/Peds/Surg)	[ ] Class I	[ ] Class III	[ ] Class IV	[ ] Class V
Highest Risk (BMT/Onc/ICU/OR/Sterile)	[ ] Class III	[ ] Class IV	[ ] Class V	[ ] Class V

Section 2: Mandatory Escalation & Policy Rules

STEP 2 — ESCALATION AUDIT

☐ **Rule 1 (Permit Trigger):** Required for Class III Type C, and all Class IV and Class V projects.

☐ **Rule 2 (Environmental Hazards Auto-Raise):** Check if active: [ ] Mold [ ] Asbestos [ ] Sewage [ ] Gray Water [ ] Black Water. *Mandates Class IV in Low/Med; Class V in High/Highest.*

☐ **Rule 3 (The Asterisk Rule *):** Class III areas (Type C Med risk / Type D Low risk) that **cannot be sealed and fully isolated** from occupied patient spaces must be raised to include Class IV negative air exhaust.

☐ **Facility Policy Wrinkle (Low-Risk Type C):** ASHE Table 5 states Class II must never be used for construction. Facility policy mandates: [ ] Class II standing procedures [ ] Elevate to Class III containment.

FINAL AUTHORIZED ICRA CLASS: **[ ] Class I [ ] Class II [ ] Class III [ ] Class IV [ ] Class V**

Section 3: Mandatory Pre-Mobilization Sign-Offs

AUTHORIZATIONS

Role	Printed Name & Title	Signature	Date / Time
Infection Preventionist	.....	.....	.....
Facilities / Project Manager	.....	.....	.....
Safety / ILSM Officer	.....	.....	.....
Contractor Superintendent	.....	.....	.....

Section 4: The 5 Containment Engineering Elements

TECHNICAL CONTROLS

Element	Class I & II	Class III	Class IV	Class V
1. Barrier Envelope	Class I: none; replace tile. Class II: per policy.	HEPA vacuum, poly containment, or sealed room door; non-residue tape.	Critical barriers per NFPA 241 (poly/rigid); continuous to deck if tile removed; taped gaps.	Same as Class IV critical barriers, plus dedicated airtight anteroom attached to entrance.
2. Penetrations	n/a	Seal visible breaches per policy.	Seal 100% floor and ceiling penetrations; UL firestop where rated.	Same as Class IV, including anteroom walls, ceilings, and conduit sleeves.
3. HVAC Isolation	Class II: policy	Remove/cap supply & return diffusers in work zone.	Isolate diffusers; cap returns so dust cannot enter system; cap supply to avoid pressurization.	Same as Class IV; verify pressure balance in adjacent clinical areas.
4. Pressure Cascade	n/a	Neutral to negative at all times when contained.	Entire zone held negative to corridor; continuous exterior monitoring device.	Cascade: Occupied Corridor → Anteroom → Work Zone (each zone progressively negative).
5. HEPA Exhaust	n/a	Not specified (unless raised by asterisk rule).	Outdoors ≥25 ft from intakes/windows/doors; indoor discharge ≥99.97% HEPA certified.	Same as Class IV; exhaust never into shared/recirculating ductwork.

Section 5: Job-Site Engineering Parameters (Specify for Permit)

DESIGN SETPOINTS

Barrier Construction Specifications

- **Barrier Material:** [ ] Flame-retardant poly (NFPA 241) [ ] Rigid gypsum [ ] Modular tongue-and-groove panels.
- **Ceiling Interface:** [ ] Sealed to grid (intact tile) [ ] Floor-to-deck critical barrier (ceiling open/removed).
- **Penetration Firestopping:** [ ] Non-rated acoustic sealant [ ] UL-listed intumescent firestop system.
- **Door Hardware:** Self-closing, latching gasketed door; keyed lock for site security.

Ventilation, Differential & Monitoring

- **Target Differential:** _____ in. w.g. (or _____ Pa) relative to corridor.
- **Alarm Threshold:** _____ in. w.g. (Continuous audible/visual alarm).
- **Monitoring Device:** [ ] Digital recording manometer [ ] Analog gauge [ ] Smoke tube spot-check.
- **After-Hours Alert Recipient:** _____ Phone: _____
- **Max Response Time:** [ ] 15 min [ ] 30 min [ ] 60 min.

HEPA Machine Sizing & Routing

- **Zone Volume:** L ___ × W ___ × H ___ = _____ cu ft.
- **Required Flow (CFM):** (Volume × ACH) / 60 = _____ CFM.
- **Machine Count:** _____ units @ _____ rated CFM each.
- **Exhaust Path:** [ ] Dedicated outdoor exhaust (≥25 ft from intakes/doors) [ ] Indoor HEPA discharge (≥99.97% certified).

PPE & Dust Control Protocols

- **Worker Clothing:** [ ] Shoe covers on entry [ ] Disposable coveralls (Class V) [ ] HEPA vacuum clothes before exit.
- **Walk-Off Mats:** Multilayer tacky adhesive mats placed in anteroom and immediate exit corridor; changed daily/shift.
- **Debris Transport:** Hard-lidded, smooth cleanable carts; damp-wiped prior to leaving containment zone.

Section 6: Pre-Construction Containment Checklist (15 Mandatory Gates)

MOBILIZATION GATE

#	Verification Requirement (Published Substance of Post 727)	Status	Verified Initials
1	ICRA completed on current ASHE ICRA 2.0 tool: activity type, risk group, class, Table 4.	[ ] Pass [ ] N/A	
2	Environmental hazards evaluated (mold, asbestos, sewage, black water); class raised if present.	[ ] Pass [ ] N/A	
3	Asterisk rule evaluated for Class III areas that cannot be fully sealed from patient space.	[ ] Pass [ ] N/A	
4	Permit formally signed by Infection Prevention and Facilities (Class III Type C, IV, V).	[ ] Pass [ ] N/A	
5	ILSM assessment completed on identical floor plan drawings; required measures posted.	[ ] Pass [ ] N/A	
6	Barrier material, fire rating, anteroom layout, self-closing doors, and egress approved.	[ ] Pass [ ] N/A	
7	HVAC isolation plan: supply & return diffusers capped; surrounding space air balance checked.	[ ] Pass [ ] N/A	
8	Exhaust route approved: outdoors ≥25 ft from intakes/doors, or indoor ≥99.97% HEPA verified.	[ ] Pass [ ] N/A	
9	Pressure set point, alarm threshold, monitoring device, and after-hours recipient written in permit.	[ ] Pass [ ] N/A	
10	Utility outages identified and scheduled with clinical units; temporary bypass systems arranged.	[ ] Pass [ ] N/A	
11	Traffic routes, dedicated construction elevator, debris haul times, and worker entry designated.	[ ] Pass [ ] N/A	
12	Patients in high-risk adjacent rooms assessed for relocation (CDC); clinical staff briefed.	[ ] Pass [ ] N/A	
13	Contractor and subcontractor staff training complete; ICRA adherence clause in contract.	[ ] Pass [ ] N/A	
14	Baseline pressure readings recorded in adjacent protective environment / All rooms.	[ ] Pass [ ] N/A	
15	Barrier built without releasing dust, inspected, and negative pressure verified before dust work.	[ ] Pass [ ] N/A	

Section 7: Table 4 Surroundings Assessment Worksheet

SPATIAL RISK REVIEW

Location	Neighboring Unit & Risk Group	Noise & Vibration Controls	Dust Migration & Vertical Shafts	Utility System Impacts & Mitigations
Below	Unit: _____ Risk: [ ]L [ ]M [ ]H [ ]Highest	[ ] Wet core drilling [ ] Beam clamps (no powder)	Plumbing drops, conduit sleeves sealed floor-to-deck.	Data, med gas, plumbing risers below protected.
Above	Unit: _____ Risk: [ ]L [ ]M [ ]H [ ]Highest	[ ] Wet diamond saw [ ] Prefabricated hangers	Ceiling plenum sealed to deck; no open penetrations.	Air balance, duct static pressure monitored above.
Lateral (L)	Unit: _____ Risk: [ ]L [ ]M [ ]H [ ]Highest	Schedule noisy work during off-peak clinical hours.	Demising partition sealed; outlet boxes firestopped.	Branch isolation valves identified; back-feeds ready.
Lateral (R)	Unit: _____ Risk: [ ]L [ ]M [ ]H [ ]Highest	Schedule noisy work during off-peak clinical hours.	Demising partition sealed; door seals verified.	Branch isolation valves identified; back-feeds ready.
Behind / In Front	Corridor / Unit: _____ Risk: [ ]L [ ]M [ ]H [ ]Highest	Traffic barrier; signage posted; egress unobstructed.	Walk-off mats; anteroom cascade; sticky mats daily.	Fire alarm strobe/horn circuit maintained active.

Project:	.....	**Location/Zone:**	.....
Permit Class:	[ ] Class III [ ] Class IV [ ] Class V	**Target Pressure Setpoint:**	_____ in. w.g. (Alarm: _____ in. w.g.)

Section 8: Daily Shift Inspection Log

OPERATIONAL COMPLIANCE

Date / Shift	Inspector (Print)	Manometer (in. w.g.)	Airflow (Smoke)	HEPA / Pre-Filter	Barrier & Deck Seals	Doors / Anteroom	Walk-Off Mats	Housekeeping & Carts	ILSM / Egress	Sign-Off
Mon AM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Mon PM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Tue AM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Tue PM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Wed AM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Wed PM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Thu AM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Thu PM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Fri AM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Fri PM	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....
Sat/Sun	.....	.....	[ ] In [ ] Out	[ ] OK [ ] Chg	[ ] Intact [ ] Tear	[ ] Latch [ ] Prop	[ ] Clean [ ] Chg	[ ] Wiped [ ] Dust	[ ] Clear [ ] Block	.....

Section 9: Shift Deficiency & Corrective Action Tracking

CORRECTIVE ACTION LOG

Date / Time	Deficiency Observed	Immediate Corrective Action Taken	Resolved By	Super Initials
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Section 10: Containment Breach Response Incident Record

EMERGENCY LOG

Incident Date & Time:	.....	**Work Stopped At:**	.....
Discovered By / Role:	.....	**Breach Duration:**	.....
Nature of Breach:	[ ] Barrier tear/gap [ ] Door propped [ ] Machine power loss [ ] Loaded pre-filter [ ] Duct disconnection [ ] HVAC pressure surge		
Response Actions (Check All Completed):	[ ] 1. Dust-producing work halted immediately. [ ] 2. Seal restored; negative pressure verified with manometer and smoke tube. [ ] 3. External corridor HEPA vacuumed and damp-wiped as far as dust migrated. [ ] 4. Infection Preventionist and Clinical Unit Nurse Manager notified. [ ] 5. Patient relocation assessed; nearby AII / protective room pressures verified. [ ] 6. Root cause identified and documented in project file.		
Root Cause & Preventive Fix:	.....		
IP Restart Approval:	Signature:	**Date / Time:**	.....

Section 11: Teardown, Downgrade & Commissioning Sign-Off (Table 6)

CLOSEOUT VERIFICATION

Pre-Teardown Verification Checklist:

[ ] All demolition, drywall work, and dust-producing trades 100% finished.
[ ] Negative air machines running continuously during cleaning and barrier deconstruction.
[ ] Area thoroughly inspected for visible mold; eliminated if present.
[ ] Barrier curtains / plastic enclosure in place for rigid wall removal; screws removed carefully with HEPA vacuum.
[ ] **NO drywall cutting during barrier teardown;** stud tracks HEPA vacuumed before outer wall comes down.
[ ] Secondary cleaning completed; spent filters bagged prior to removal; HVAC supply/return caps removed; water lines flushed.

99.97% HEPA Exhaust Verification

Exhaust Location: [ ] Outdoor ≥25 ft [ ] Indoor HEPA
DOP/PAO Test Date: _____
Certified Efficiency: _____% (≥99.97% @ 0.3µm)
Technician Initials: _____

25-Ft Outdoor Clearance Check

Air Intake Distance: _____ ft (≥25 ft required)
Operable Windows Distance: _____ ft (≥25 ft)
Building Entrance Distance: _____ ft (≥25 ft)
Verified By: _____

Section 12: Tripartite Reoccupancy Authorization Sign-Off

FINAL SIGN-OFF

Authority	Printed Name	Signature	Date
Infection Preventionist	.....	.....	.....
Engineering / Facilities	.....	.....	.....
EVS Terminal Clean Lead	.....	.....	.....