Healthcare Facility Hub

ILSM Daily Compliance Pack — Sheet 1: Pre-Construction Risk Assessment (PCRA) & ILSM Determination

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/what-are-interim-life-safety-measures-ilsm/

Healthcare Facility:	_____	Date of Assessment:	_____
Project / Area Name:	_____	Building / Floor / Zone:	_____
Lead Evaluator (Title):	_____	EC Binder Tracking ID:	_____

PART A: STATUTORY TRIGGER EVALUATION (JOINT COMMISSION LS.01.02.01 & CMS 42 CFR § 482.41)

Trigger 1: Construction / Renovation Activity

- ☐ Egress paths diverted or narrowed (NFPA 101 corridor width)
- ☐ Smoke barriers or fire compartments breached / penetrated
- ☐ Fire alarm or automatic smoke detection zones disabled
- ☐ Sprinkler system mains or branch zones offline

Trigger 2: Documented Life Safety Deficiency

- ☐ e-Statement of Conditions (e-SOC) deficiency recorded
- ☐ Barrier or door hardware mechanical failure
- ☐ Municipal Fire Dept / AHJ citation pending correction
- ☐ ICRA 2.0 Class III–V temporary containment active

PART B: MANDATORY 11-ELEMENT ILSM DETERMINATION & ASSIGNMENT MATRIX

Elem	Standard ILSM Measure	Required?	Mandated Frequency	Designated Responsible Party	Initials
ILSM 1	Free & Unobstructed Egress	☐ YES ☐ NO	Daily documented rounds	General Contractor / Facilities	_____
ILSM 2	Free Access to Emergency Services	☐ YES ☐ NO	Daily physical inspection	Safety Officer / Security	_____
ILSM 3	Temporary Fire Detection Systems	☐ YES ☐ NO	Monthly testing & certification	Alarm Vendor / Electrical Lead	_____
ILSM 4	Temporary Smoke-Tight Partitions	☐ YES ☐ NO	Daily integrity checks	Superintendent / ICRA Lead	_____
ILSM 5	Additional Firefighting Equipment	☐ YES ☐ NO	Weekly inspection & tags	Safety Officer / Contractor	_____
ILSM 6	Combustible Storage Restrictions	☐ YES ☐ NO	Continuous / End-of-shift	Trade Subcontractors	_____
ILSM 7	Additional Fire Drills	☐ YES ☐ NO	1 extra drill / shift / quarter	Hospital Safety Committee	_____
ILSM 8	Daily Egress Inspections	☐ YES ☐ NO	Daily pre-shift log	Lead Facilities Engineer	_____
ILSM 9	Increased Hazard Surveillance	☐ YES ☐ NO	Minimum twice-daily rounds	Facilities / Infection Prevention	_____
ILSM 10	Staff Education on Deficiencies	☐ YES ☐ NO	Prior to work / Shift huddles	Clinical Nurse Managers	_____
ILSM 11	Departmental Emergency Training	☐ YES ☐ NO	Quarterly / Project startup	Safety Director (PASS/RACE)	_____

PART C: FORMAL APPROVALS & EC BINDER AUTHORIZATION

Director of Facilities: Signature: _____ Date: _____	**Hospital Safety Officer:** Signature: _____ Date: _____	**General Contractor Lead:** Signature: _____ Date: _____

Healthcare Facility Hub

ILSM Daily Compliance Pack — Sheet 2: 11-Element Daily Inspection Tracker Sheet

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/what-are-interim-life-safety-measures-ilsm/

Date of Inspection:	_____	Shift / Inspection Time:	_____
Inspector Name & Title:	_____	Active Project / Phase:	_____

Elem	Mandatory Compliance Verification	Status	Field Observation & Identified Discrepancies	Corrective Action
ILSM 1	**Corridors & Exit Paths:** Clear of carts, trash, ladders, cords. Temp exit signs illuminated.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 2	**Emergency Access & FDCs:** Drive lanes open; hydrants & FDC free of dumpsters/haulers.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 3	**Temporary Fire Detection:** Detectors uncovered/active; monthly certification in date.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 4	**Smoke Partitions:** Drywall/polycarbonate sealed; tape intact; doors self-closing.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 5	**Fire Extinguishers:** Staged supplemental ABC/water units fully charged, tagged & clear.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 6	**Combustible Waste:** Refuse bagged; metal bins covered; end-of-shift removal confirmed.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 7	**Additional Fire Drills:** Quarterly extra drill scheduled/performed on this active shift.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 8	**Daily Egress Checks:** Pre-shift check of all zone panic hardware and stairwell doors.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 9	**Surveillance Rounds:** Twice-daily safety rounds completed across corridors & shafts.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 10	**Staff Education:** Shift huddle held; nursing notified of temporary exit routing/deficiencies.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending
ILSM 11	**Department Training:** Extinguisher PASS, alarm RACE & horizontal evacuation reviewed.	☐ P ☐ F ☐ NA	_____	☐ Done ☐ Pending

Inspector Certification:
I certify these 11 ILSM elements were physically verified on site.
Signature: _____ Date: _____

Supervisor Review & EC Binder Filing:
Deficiencies logged, work orders issued, filed into EC Binder.
Signature: _____ Date: _____

Healthcare Facility Hub

ILSM Daily Compliance Pack — Sheet 3: Continuous Fire Watch Patrol Tracking Log

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/what-are-interim-life-safety-measures-ilsm/

Mandatory Operational Rules: Dedicated patrol personnel only. Must carry two-way radio or dedicated mobile phone. *Zero secondary duties permitted.* Continuous rounds required every **15 to 30 minutes** per NFPA 101 § 9.6.1.6, § 9.7.6.1 & Joint Commission LS.01.02.01.

Impairment Type:	☐ Fire Alarm (>4h) ☐ Sprinkler (>10h)	Outage Start Date & Time:	_____ @ _____
Designated Fire Watch Officer:	_____	Radio Call Sign / Contact #:	_____
Affected Buildings / Zones:	_____	Shift Hours:	_____ to _____

Round	Sched Time	Actual Time	Specific Area / Corridors Checked	Riser PSI (Sprinkler)	Hazards / Obstructions Observed	Initials
1	__:__	__:__	_____	_____ psi	☐ None _____	____
2	__:__	__:__	_____	_____ psi	☐ None _____	____
3	__:__	__:__	_____	_____ psi	☐ None _____	____
4	__:__	__:__	_____	_____ psi	☐ None _____	____
5	__:__	__:__	_____	_____ psi	☐ None _____	____
6	__:__	__:__	_____	_____ psi	☐ None _____	____
7	__:__	__:__	_____	_____ psi	☐ None _____	____
8	__:__	__:__	_____	_____ psi	☐ None _____	____
9	__:__	__:__	_____	_____ psi	☐ None _____	____
10	__:__	__:__	_____	_____ psi	☐ None _____	____
11	__:__	__:__	_____	_____ psi	☐ None _____	____
12	__:__	__:__	_____	_____ psi	☐ None _____	____

Fire Watch Officer Sign-Off:
Continuous rounds performed at logged intervals. Zero fires or unaddressed hazards.
Signature: _____ Date: _____

Safety Officer Verification:
Log inspected for timestamp continuity. Filed into Environment of Care Binder.
Signature: _____ Date: _____

Healthcare Facility Hub

ILSM Daily Compliance Pack — Sheet 4: Life Safety Impairment Notification & Restoration Record

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/what-are-interim-life-safety-measures-ilsm/

PART A: MANDATORY AGENCY NOTIFICATION LOG (IMMEDIATE AHJ & UNDERWRITER NOTICE)

1. Municipal Fire Department / AHJ Notification

Mandatory for Fire Alarm (>4h) or Sprinkler (>10h) Outage

Department / Agency: _____
Dispatch Contact / Officer: _____
Phone Number Called: _____
Date & Time Notified: _____ @ _____ (AM/PM)
Dispatcher / AHJ Badge #: _____
Special Instructions / Directives Received:
_____
Notification Completed By: _____

2. Property Insurance Underwriter Notification

Mandatory for Automatic Sprinkler Outage (>10h)

Insurance Carrier / Underwriter: _____
Policy / Account #: _____
Claims / Impairment Line: _____
Date & Time Notified: _____ @ _____ (AM/PM)
Underwriter Representative: _____
Carrier Impairment Ref #: _____
Underwriter Requirements (Pre-Staging / Hoses):
_____
Notification Completed By: _____

PART B: SYSTEM RESTORATION, CLEARANCE & ILSM STAND-DOWN

Date & Time Restored to Full Protection:
Date: _____ Time: _____ (AM/PM)

Restoration Contractor / Tech:
Company: _____
Lead Technician: _____ Lic #: _____

System Operational Verification Test:

- ☐ Waterflow / Tamper switches tested & clear
- ☐ FACP primary monitoring restored (no active trouble/supervisory)
- ☐ Fire watch personnel formally stood down
- ☐ Pre-staged hoses & extra extinguishers demobilized

PART C: CLOSEOUT NOTIFICATIONS & EC BINDER ARCHIVAL

AHJ Closeout Notified:	Date: _____ Time: ____ Badge #: _____	Underwriter Closeout:	Date: _____ Time: ____ Ref #: _____

Director of Physical Plant / Facilities:
I confirm the life safety system is fully operational and ILSM measures are formally deactivated.
Signature: _____ Date: _____

Hospital Safety Officer (Environment of Care Filing):
Complete packet (PCRA, daily logs, fire watch sheets, restoration) archived in EC Binder.
Signature: _____ Date: _____