

Infection Control Risk Assessment (ICRA) for Construction, Renovation and Maintenance of Healthcare Facilities in All Settings

1. Project name:	
2. Project location:	
3. Project start date:	4. Project completion date:
5a. VCH Project Manager Name/contact number:	5b. Contractor Site Supervisor Name/contact number:
6. Brief description of the project (include any activities that are dust-generating and/or may impact plumbing, HVAC systems, shared utilities, etc.):	
7. Population risk groups and geographical areas (Table 2):	
8. Area(s) above construction:	9. Area(s) below construction:
10. Areas laterally adjacent to construction zone(s) and identify highest population group(s) at risk (Table 2):	
11. Construction activity type (Table 3):	12. Preventive Measure level and description (Table 4):
13. Risk mitigation strategies and/or additional requirements (include additional containment measures, e.g. solid walls, 6 mil-poly, etc., any MDT-approved exception/deviation, project-specific risk mitigation strategies, etc.):	



14. Signatures		
Facilities, Maintenance & Operations (FMO)/ Property Manager Name:	Signature:	Date:
VCH Project manager Name:	Signature:	Date:
Construction site supervisor name:	Signature:	Date:
Clinical project manager name:	Signature:	Date:
Infection Control Practitioner (ICP) name:	Signature:	Date:

