

## Pre-Construction Risk Assessment (PCRA)

<b>Project Name:</b> <b>Architect:</b>	<b>Project Location:</b> <b>Project Manager:</b> <b>Contractor:</b>
<b>Project Description:</b>	

See page 2 for additional information, interventions or action plans

YES	NO									
<input type="checkbox"/>	<input type="checkbox"/>	A. Will construction directly affect patient care areas? (If yes, which areas will be affected):								
<input type="checkbox"/>	<input type="checkbox"/>	B. Will HVAC systems be affected by the construction (i.e., outside air intakes, exhaust systems, air handlers)? If yes, note which systems and provide an action plan.								
<input type="checkbox"/>	<input type="checkbox"/>	C. Will there be a disruption of utilities/essential services? Check all that apply. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> HVAC</td> <td><input type="checkbox"/> Steam</td> </tr> <tr> <td><input type="checkbox"/> Hot / Cold Domestic Water</td> <td><input type="checkbox"/> Medical Gas</td> </tr> <tr> <td><input type="checkbox"/> Sanitary</td> <td><input type="checkbox"/> Electric</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Specify):</td> </tr> </table> <p style="color: red; font-size: small;">ALL utility shut downs must be coordinated with project manager, contractor, Facilities Services, affected departments and hospital administration in order to minimize disruption to operations.</p>	<input type="checkbox"/> HVAC	<input type="checkbox"/> Steam	<input type="checkbox"/> Hot / Cold Domestic Water	<input type="checkbox"/> Medical Gas	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (Specify):	
<input type="checkbox"/> HVAC	<input type="checkbox"/> Steam									
<input type="checkbox"/> Hot / Cold Domestic Water	<input type="checkbox"/> Medical Gas									
<input type="checkbox"/> Sanitary	<input type="checkbox"/> Electric									
<input type="checkbox"/> Other (Specify):										
<input type="checkbox"/>	<input type="checkbox"/>	D. Will construction activities generate noise that will disrupt occupants adjacent to, above, or below the construction area? <ul style="list-style-type: none"> <li>a. If yes, affected occupants must be notified.</li> <li>b. How will work be managed to minimize disruption?</li> </ul>								
<input type="checkbox"/>	<input type="checkbox"/>	E. Will construction activities affect hospital security (site security, access control) above, or below the construction area? <ul style="list-style-type: none"> <li>a. If yes, affected occupants must be notified.</li> <li>b. How will work be managed to minimize disruption?</li> </ul>								
<input type="checkbox"/>	<input type="checkbox"/>	F. Does the construction area contain any environmental hazards? <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Asbestos</td> <td><input type="checkbox"/> Chemicals (Specify):</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Specify):</td> </tr> </table>	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Chemicals (Specify):	<input type="checkbox"/> Other (Specify):					
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Chemicals (Specify):									
<input type="checkbox"/> Other (Specify):										
<input type="checkbox"/>	<input type="checkbox"/>	G. What precautions will be made, by the contractor, for deliveries or debris removal? <p style="margin-top: 5px;">If yes, describe and list any special requirements. (Use page 2, G for more space)</p>								
<input type="checkbox"/>	<input type="checkbox"/>	H. Will debris removal require precautions above and beyond those required for the assigned ICRA precaution level? (i.e., covered carts, wiped down for levels affected) <p style="margin-top: 5px;">If yes, describe additional precautions. (Use page 2, H for more space)</p>								
<input type="checkbox"/>	<input type="checkbox"/>	I. Are there any other circumstances that may affect care, treatment and services? <p style="margin-top: 5px;">If yes, describe. (Use page 2, I for more space)</p>								

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has an ICRA been developed for this project? Date Reviewed _____ ICRA Level Assigned _____

<b>Project Manager:</b>	<b>Date:</b>	<b>Safety Manager:</b>	<b>Date:</b>
-------------------------	--------------	------------------------	--------------

TJC Standard EC 02.06.05 states that space must be managed during demolition, renovation or new construction to reduce risk to those in the organization. This form addresses Element of Performance 2. An ILSM must be completed to comply with Element of Performance 3 (See *ILSM for Construction and Renovation Projects* Form). An ICRA must be completed to comply with Element of Performance 3 (See *Infection Control Risk Assessment and Permit* Form).

<b>Project Name:</b> <b>Architect:</b>	<b>Project Location:</b> <b>Project Manager:</b> <b>Contractor:</b>
---	---

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	A.	Spaces that will be affected:
<input type="checkbox"/>	<input type="checkbox"/>	B.	HVAC systems affected by the construction:
<input type="checkbox"/>	<input type="checkbox"/>	C.	Utility Shutdowns with greater than usual impact:
<input type="checkbox"/>	<input type="checkbox"/>	D.	Construction activities generating disruptive noise:
<input type="checkbox"/>	<input type="checkbox"/>	E.	Construction activities generating disruptive vibration:
<input type="checkbox"/>	<input type="checkbox"/>	F.	Environmental hazards requiring special attention:
<input type="checkbox"/>	<input type="checkbox"/>	G.	Deliveries or debris removal made outside of normal working hours:
<input type="checkbox"/>	<input type="checkbox"/>	H.	Debris removal require precautions above and beyond those required for the assigned ICRA precaution level?
<input type="checkbox"/>	<input type="checkbox"/>	I.	Are there any other circumstances that may affect care, treatment and services?

Project Manager : \_\_\_\_\_ Date: \_\_\_\_\_ Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_