

ASHE ICRA 2.0™ Infection Control Risk Assessment and Permit		Project Name:	
		ICRA Number:	
Location of Work Activity		Requested by	
Estimated Duration		Project Start Date	
Foreman/Supervisor		Completion Date	
Contractor Performing Work		Phone	
Approving Authority		Phone	
<p>Please note that the above signature is approval of the work activity as described and assessed documented here. Should the scope of work change or the discovery of additional toxic or biological substances. STOP WORK and seek additional approval and guidance before proceeding.</p>			

1. Type of Activity		Explain this reasoning for this assessment
<input type="checkbox"/>	Type A: Non-invasive	
<input type="checkbox"/>	Type B: Small-scale, short duration	
<input type="checkbox"/>	Type C: Large-scale, longer duration	
<input type="checkbox"/>	Type D: Major demolition, construction	

2. Patient Risk Area		Describe key patient risks
<input type="checkbox"/>	Low: Non-patient care areas	
<input type="checkbox"/>	Medium: Patient care support areas	
<input type="checkbox"/>	High: Patient care areas	
<input type="checkbox"/>	Highest: Invasive, sterile or highly compromised care	

3. Class of Precautions				
	Type A	TYPE B	TYPE C	TYPE D
Low	I	II	II	III
Medium	I	II	III	IV
High	I	III	IV	V
Highest	III	IV	V	V

4. Surrounding Area					
Unit	Below:	Above:	Lateral:	Behind:	In Front:
Risk group					
Contact					
Phone					
Controls	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization	<input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Dust <input type="checkbox"/> Ventilation <input type="checkbox"/> Pressurization
Systems impacted:	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other	<input type="checkbox"/> Data <input type="checkbox"/> Mechanical <input type="checkbox"/> Med Gas <input type="checkbox"/> Hot/Cold Water <input type="checkbox"/> Other

Were there discoveries in surrounding areas that would serve as cause to increase the class of precautions and necessitate additional controls? If so, please summarize.

5. Detailed Plan of ICRA Controls for this Work

Final Class of Precautions being applied	I	II	III	IV	V
Controls required for this project	Specifications/ Materials			Verification method and frequency	

Exceptions/Additions to this permit
Date and Initials are noted by attached memoranda

Initials		Date	
Permit Request By		Date	
Permit Authorized By		Date	
Approval Signature			

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