Infection Control Checklist

Instructions: To be completed daily by contractor.
Please date, initial and indicated by a check mark that all items noted are being accomplished as outlined in contract documents.
Please note start of work, stop and end of demo

Superintendent ______________________

Project # ______________________

Project Name ______________________

rev 10/14

Class	all	all	all	all	all	all	all	all	all	all	IV	all	all	
Date & initial	Exterior Cleaned Daily	Negative Air	Air Filters Clean	Barrier Integrity Ok	Doors Closed & Secured	Interior Clean	Hauled Debris Covere	Tracks Cleaned	Mats Clean	Signage Posted	Clothing Covered	Full PPE Worn	No Standing Water	