

Healthcare ICRA Compliance Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Negative Air System Integrity

☐	Verify HEPA filter on Negative Air Machine (NAM) is properly sealed and undamaged. Visually inspect the filter and housing for any gaps or tears.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm NAM airflow rate meets or exceeds the required air changes per hour (ACH) for the contained area, as specified in the ICRA plan. Document readings.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Measure and record negative pressure differential between the contained area and adjacent spaces. Ensure a minimum of -0.01 inches of water column (WC) is maintained.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure NAM exhaust is directed outside the building or to a location away from air intakes and pedestrian traffic. Verify exhaust is not recirculating within the facility.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify NAM is connected to a reliable power source, preferably a backup generator circuit. Check for any loose connections or damaged cords.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect NAM pre-filter for excessive dust accumulation. Replace or clean the pre-filter as needed to maintain optimal airflow.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm NAM operation log is maintained, documenting daily readings, filter changes, and any maintenance performed.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	If equipped, test the NAM alarm system to ensure it functions correctly and alerts personnel to pressure loss or equipment failure.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify the NAM's calibration date is current. Schedule recalibration as needed per manufacturer's recommendations.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Assess NAM noise levels to ensure they do not exceed acceptable limits for patient care areas. Implement noise reduction measures if necessary.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Dust Partition and Barrier Integrity

☐	Inspect all seams and joints of the dust partition for complete sealing. Use tape or sealant to close any gaps or openings.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify the barrier material (e.g., polyethylene sheeting) is intact and free from tears, punctures, or damage. Repair or replace damaged sections immediately.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm the ante-room is properly configured with appropriate airlocks and signage. Ensure personnel are using the ante-room for entry and exit.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Inspect all ductwork within the contained area for proper sealing. Seal any leaks or gaps with appropriate tape or sealant to prevent dust migration.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	If a pass-through is used, verify it is properly sealed and maintained to prevent dust migration. Ensure doors or covers are tightly closed when not in use.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Check that the barrier is securely anchored to the walls, floor, and ceiling. Ensure the anchoring method is appropriate for the surface material.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify appropriate ICRA signage is prominently displayed at all entrances to the contained area, warning of potential hazards and required PPE.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Assess the overall stability of the barrier. Ensure it can withstand normal traffic and environmental conditions without collapsing or shifting.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm the barrier material meets fire resistance requirements, if applicable. Use fire-retardant materials in accordance with local codes.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure all access points to the contained area are clearly marked and controlled. Limit access to authorized personnel only.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Personnel and Material Management

☐	Verify sticky mats are in place at all entrances to the contained area and are being replaced regularly when soiled. Check for proper disposal procedures.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Confirm appropriate PPE (e.g., respirators, gloves, gowns) is readily available and being used by all personnel entering the contained area.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Ensure hand hygiene stations (e.g., hand sanitizer dispensers) are readily accessible at all entrances and exits to the contained area.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Verify tools and equipment are being cleaned and disinfected before being removed from the contained area. Check for appropriate cleaning agents.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Confirm waste disposal procedures are being followed, including proper segregation, labeling, and containment of potentially contaminated materials.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Review personnel training records to ensure all workers have received adequate ICRA training and understand the required protocols.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	If a material tracking system is in place, verify it is being used to track the movement of materials in and out of the contained area.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Ensure equipment and materials are stored properly within the contained area to minimize dust generation and maintain a clean work environment.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Implement controls to limit visitor access to the contained area. Ensure visitors are informed of the required safety protocols and PPE.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Verify emergency procedures are in place and communicated to all personnel, including evacuation routes and contact information.	☐	Pass	☐	Fail	☐	N/A	Notes: _____

Documentation and Communication

☐	Confirm the ICRA plan is readily available on-site and accessible to all personnel involved in the renovation project.	☐	Pass	☐	Fail	☐	N/A	Notes: _____
☐	Verify the daily ICRA checklist is being completed and signed by a designated person. Review completed checklists for any identified issues.	☐	Pass	☐	Fail	☐	N/A	Notes: _____

☐	Ensure communication protocols are in place to inform hospital staff and patients about the renovation project and any potential disruptions.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify an incident reporting system is in place to document any ICRA-related incidents or near misses. Ensure incidents are investigated and corrective actions are implemented.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm contact information for key personnel (e.g., infection control officer, project manager) is readily available and up-to-date.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	If a permit-to-work system is in place, verify all required permits are obtained before starting any renovation work.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Ensure a change management process is in place to address any changes to the ICRA plan or renovation project. Document all changes and communicate them to relevant personnel.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Review meeting minutes to ensure ICRA-related issues are being discussed and addressed in a timely manner.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Verify all required regulatory compliance documentation (e.g., permits, licenses) is readily available and up-to-date.	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Confirm the schedule for ICRA audits and inspections is being followed. Review audit reports for any identified deficiencies.	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____