

| <b>Infection Control Construction Permit</b>           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
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| Location of Construction: Bldg. 700, 1st Floor, Mather |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Project Start Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |  |
| Project COR: Rodney Rickert                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Estimated Duration: One year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |  |
| Contractor Performing Work:                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Permit Expiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |  |
| Supervisor:                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |  |
| YES                                                    | NO | CONSTRUCTION ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INFECTION CONTROL RISK GROUP |  |
|                                                        | ✓  | TYPE A: Inspection, non-invasive activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUP 1: Low Risk            |  |
|                                                        | ✓  | TYPE B: Small scale, short duration, moderate to high levels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUP 2: Medium Risk         |  |
|                                                        | ✓  | TYPE C: Activity generates moderate to high levels of dust, requires greater 1 work shift for completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUP 3: Medium/High Risk    |  |
| ✓                                                      |    | TYPE D: Major duration and construction activities Requiring consecutive work shifts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GROUP 4: Highest Risk        |  |
| <b>CLASS I</b>                                         |    | 1. Execute work by methods to minimize raising dust from construction operations.<br>2. Immediately replace any ceiling tile displaced for visual inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | 3. Minor demolition for remodeling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |  |
| <b>CLASS II</b>                                        |    | 1. Provides active means to prevent air-borne dust from dispersing into atmosphere.<br>2. Water mist work surfaces to control dust while cutting.<br>3. Seal unused doors with duct tape.<br>4. Block off and seal air vents.<br>5. Wipe surfaces with disinfectant.                                                                                                                                                                                                                                                                                                                                                                                                                              |     | 6. Contain construction waste before transport in tightly covered containers.<br>7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.<br>8. Place dust mat at entrance and exit of work area.<br>9. Remove or isolate HVAC system in areas where work is being performed.                                                                                                                                                                                                                                                                                                    |                              |  |
| <b>CLASS III</b>                                       |    | 1. Obtain infection control permit before construction begins.<br>2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.<br>3. Complete all critical barriers or implement control cube method before construction begins.<br>4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>5. Do not remove barriers from work area until complete project is thoroughly cleaned.                                                                                                                                                                                                                            |     | 6. Vacuum work with HEPA filtered vacuums.<br>7. Wet mop with disinfectant.<br>8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. Contain construction waste before transport in tightly covered containers.<br>9. Cover transport receptacles or carts. Tape covering.<br>10. Remove or isolate HVAC system in areas where work is being performed.                                                                                                                                                                                       |                              |  |
| <b>CLASS IV</b>                                        |    | 1. Obtain infection control permit before construction begins.<br>2. Isolate HVAC system in area where work is being done to prevent contamination of duct system.<br>3. Complete all critical barriers or implement control cube method before construction begins.<br>4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>5. Seal holes, pipes, conduits, and punctures appropriately.<br>6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. |     | 7. All personnel entering work site are required to wear shoe covers.<br>8. Do not remove barriers from work area until completed project is thoroughly cleaned.<br>9. Vacuum work area with HEPA filtered vacuums.<br>10. Wet mop with disinfectant.<br>11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.<br>12. Contain construction waste before transport in tightly covered containers.<br>13. Cover transport receptacles or carts. Tape covering.<br>14. Remove or isolate HVAC system in areas where construction is being done. |                              |  |
| <b>Date</b>                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
| <b>Initial</b>                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
| 12/20/2017                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
| JSD                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
| Additional Requirements:                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |  |
| Date: _____ Initials: _____                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Exceptions/Additions to this permit<br>Date: _____ Initials: _____ are noted by attached memoranda.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |  |
| Permit Requested By: Rodney Rickert                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Permit Authorized By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| Date: 12/18/17                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |