

**CAPE COD HOSPITAL
INTERIM LIFE SAFETY DAILY MONITORING**

Date of survey	
Inspector	
Area surveyed	
Project no.	
Project name	
Date safety was notified of project	

YES NO N/A

A. EXITS			
1. Exits clear, unobstructed and functional?			
2. Construction exits designated during construction?			
3. Did personnel receive training for alternative exits?			
4. Is proper signage present in and around the construction area?			
5. Is signage clear and concise for patients, visitors, staff and workers?			
B. FIRE EQUIPMENT			
1. Are fire alarms, detection, and suppression systems in an operational function?			
2. Have temporary fire alarm, detection, and suppression systems been inspected and tested monthly?			
3. Have training and additional fire equipment been provided for personnel?			

C. FIRE SAFETY

1. Are new employees instructed in all policies and safety regulations and requirements?			
2. Is "No Smoking" policy enforced in and adjacent to the construction area?			
3. Are construction areas free of storage and housekeeping materials, food, food waste, and debris for daily operations to reduce flammable and combustible load of the construction area?			
4. Are two fire drills per shift per quarter being enforced?			
5. Are temporary construction partitions smoke tight and built of noncombustible materials?			

D. GENERAL SAFETY

1. Are hand and safety rails in place and in good condition?			
2. Are hard hats used regularly?			
3. Is power properly secured at the end of each workday?			
4. Do contractor(s) comply with OSHA regulations? If "NO" is checked, see "Additional comments" on Page 2.			
5. Has Hazard Surveillance of the area been increased?			
6. Have personnel received training to ensure awareness of any Life Safety Code deficiencies, construction hazards and Interim Life Safety Measures?			
7. During monitoring surveys, were any hazards identified? if the YES box is checked, see details on attached comment page.			

E. INFECTION CONTROL

1. Monitor barrier for integrity and airflow from clean to dirty (construction).			
2. Are methods of debris transport monitored and found to be consistent with process designed to minimize airborne particulate matter/debris?			
3. Is compliance demonstrated with cover clothing?			
4. Is compliance demonstrated with traffic patterns?			

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YES NO N/A

E. INFECTION CONTROL continued

5. Does use of equipment demonstrated to prevent airborne particle material from migrating to patient care areas include portable HEPA filters, HEPA filtered vacuums, self-closing construction doors or appropriate use of exhaust fans or debris chutes?			
6. Are doors to project closed and properly signed?			
7. Are carpet and other adhesive track dirt compliance aids in place and clean at the doors leading to the hospital/clinical/OR/support space?			
8. Do all windows and doors remain closed to prevent circulation of dust/debris?			
9. Are all windows, doors, and debris chutes to the outside closed and secured after hours?			
10. Are areas being cleaned at the end of each day?			
11. Are there signs of water leakage?			
12. Are there signs of pests, i.e. visible signs of mice, insects, birds, squirrels, or other vermin?			

Additional comments: _____

Cape Cod Hospital Safety Officer _____ Date _____

Cape Cod Hospital Project Manager _____ Date _____

General Contractor _____ Date _____

Comments: _____

Area Surveyed: _____ Date of Survey: _____