



## Infection Prevention and Control Operational Commissioning Checklist

IPC Operational Commissioning Checklist			
<b>Date of assessment:</b>			
<b>Location of work:</b>			
<b>Project no.</b>			
<b>Completed by:</b>			
<b>1. Construction</b>		<b>Answer (circle one)</b>	
All construction activities are complete		Yes	No NA
Integrity of surfaces, floors and joints is acceptable		Yes	No NA
Waste and construction equipment has been removed		Yes	No NA
Builders clean completed		Yes	No NA
<b>2. Equipment</b>		<b>Answer (circle one)</b>	
Wall fixed items installed correctly (e.g., ABHR brackets, glove brackets)		Yes	No NA
Surfaces are smooth and impervious		Yes	No NA
Sinks functional and flushed, water sampling completed		Yes	No NA
<b>3. Environmental cleaning</b>		<b>Answer (circle one)</b>	
All surfaces (e.g., walls, ceilings, windows, floors) are clean		Yes	No NA
Hard floors have been wet mopped		Yes	No NA
Carpets have been HEPA vacuumed		Yes	No NA
Terminal clean has been completed		Yes	No NA
<b>4. Ventilation</b>		<b>Answer (circle one)</b>	
Air intake/exhaust vents are free from protective coverings and clean		Yes	No NA
Isolation rooms operating as designed (air exchanges, pressure, seals)		Yes	No NA
Negative ventilation rooms operating as designed		Yes	No NA
Verification HVAC system operating as designed		Yes	No NA
Air sampling completed (if required)		Yes	No NA
Air sampling results reviewed and acceptable		Yes	No NA
<b>5. Hoarding / Barriers</b>		<b>Answer (circle one)</b>	
Hoarding has been wiped, HEPA vacuumed, water misted prior to removal		Yes	No NA
Barrier materials to be removed carefully to minimise dispersion of dust		Yes	No NA
<b>Comments:</b>			
<b>Sign-off</b>			
IPC: Name:	Signature:	Date:	
Project Manager:	Signature:	Date:	
Dept Manager:	Signature:	Date:	