

Water System Infection Control Risk Assessment Construction Permit

Permit No:		Project Start Date:	
Location of Construction:		Estimated Duration:	
Project Manager:		Permit Expiration Date:	
Contractor:		Telephone:	
Supervisor:		Infection Control Risk Group	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Construction Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> TYPE A: Inspection and non-invasive activity		<input type="checkbox"/> GROUP 1: Low Risk	
<input type="checkbox"/> TYPE B: Minor water service interruptions		<input type="checkbox"/> GROUP 2: Medium Risk	
<input type="checkbox"/> TYPE C: Major water service interruption		<input type="checkbox"/> GROUP 3: High Risk	
<input type="checkbox"/> TYPE D: Major demolition and construction projects.		<input type="checkbox"/> GROUP 4: Highest Risk	

CLASS I	Date Initial	1. Execute work by methods to minimize disturbing plumbing system from construction operations. 2. Run a pencil thin stream of hot and cold water from each affected fixture for 1 minute. 3. Clean work area upon completion of tasks.
CLASS II	Date Initial	1. Isolate water system where work is being performed. 2. Post notices prohibiting the use of water from fixtures impacted by the work. 3. Flush cold water from each affected fixture for 5 minutes and document chlorine residual and temperature. 4. Flush hot water from each affected fixture for 5 minutes and document temperature. 5. Remove notices prohibiting use of water. 6. Clean work area upon completion of tasks.
CLASS III	Date Initial	1. Isolate water system where work is being performed. 2. Post notices prohibiting the use of water from fixtures impacted by the work. 3. Do not remove notices until approved by Infection Control Department. 4. Flush cold water from each affected fixture for 5 minutes and document chlorine residual and temperature. 5. Flush hot water from each affected fixture for 5 minutes and document temperature. 6. Collect water samples for Legionella culture: a. Less than 10 outlets, 1 sample from each outlet b. More than 10 outlets, minimum of 10 representative outlets 7. Remove notices prohibiting use of water.
CLASS IV	Date Initial	1. Isolate water system where work is being performed. 2. Post notices prohibiting the use of water from fixtures impacted by the work. 3. Do not remove notices until approved by Infection Control Department. 4. Flush cold and hot water from each affected fixture until no discoloration is observed. 5. Perform a hyper-oxidation treatment and document results. 6. Collect water samples for Legionella culture: a. Less than 10 outlets, 1 sample from each outlet b. More than 10 outlets, minimum of 10 representative outlets 7. Do not allow water use until test results are returned and system is safe to open for consumption. 8. Flush each outlet for 1 minute at least 5 days out of every 7 days until test results are returned. 9. Remove notices prohibiting use of water.
Permit Requested By:		Date:
Permit Authorized By:		Date:
Infection Control Rep:		Date:
Special Conditions:		

ICRA GENERAL REQUIREMENTS

- CONTRACTOR TO COMPLY WITH ICRA REQUIREMENTS FOR WORK IN HOSPITAL BUILDING THROUGH-OUT DEMOLITION AND CONSTRUCTION.
- PROVIDE TEMPORARY PLASTIC ZIPPER PARTITIONS FROM FLOOR TO UNDERSIDE OF DECK ABOVE TO SEAL AGAINST THE MIGRATION OF DUST AND DIRT ALONG ALL PATHS OF TRAVEL BETWEEN AREA OF WORK AND ADJACENT OCCUPIED AREAS.
- PROVIDE PARTITIONS, AS REQUIRED ALONG THE PERIMETER BETWEEN AREA OF WORK AND EXISTING AREA TO REMAIN. PARTITIONS TO BE FROM FLOOR TO UNDERSIDE OF DECK ABOVE AND SEALED ALONG PERIMETER TO PREVENT MIGRATION OF DUST AND DIRT, WHERE TEMPORARILY NOT INSTALLED.
- MAINTAIN NEGATIVE AIR PRESSURE WITHIN AREA OF WORK FOR DURATION OF DEMOLITION AND CONSTRUCTION ACTIVITIES.
- BUILDING WILL BE CONTINUOUSLY OCCUPIED DURING CONSTRUCTION DURATION. MAINTAIN ACCESS TO STAIR EXITS AND FROM EXITS TO EXTERIOR.
- PROVIDE STICKY WALK OFF MATS ON BOTH SIDES OF ALL DOORS.
- ICRA PARTITIONS/SET-UP TO BE DONE DURING OFF HOURS.
- ALL FLOOR OR UNDERSIDE OF DECK HOLES EXPOSED OR CREATED DURING DEMOLITION/CONSTRUCTION WILL BE SEALED IMMEDIATELY.
- ALL ANTE ROOMS, ALL CLOTHING, TOOLS, AND MATERIALS (POST DEMOLITION PHASE) ARE TO BE HEPA VACUUMED EACH TIME THROUGH THE ANTE ROOM.
- FULL GOWN AND BOOTIES ARE REQUIRED DURING DEMOLITION PHASE.
- AS THE PERIMETER FLOOR EDGE IS EXPOSED, ANY OPENING AT THE SLAB EXTERIOR WALL SHALL BE SEALED IMMEDIATELY.
- PROVIDE SWEEPS AND VERTICAL ASTRAGALS ON ALL ICRA DOORS AND STAIR TOWER DOORS.
- EXISTING SMOKE DETECTORS WILL BE CONVERTED TO HEAT DETECTORS AND MAINTAINED DURING CONSTRUCTION PERIOD. TEMPORARY FIRE ALARM PULL STATION AND STROBES WILL BE INSTALLED AT EXIT DOORS.
- MAINTAIN EGRESS TO ALL EXIT STAIR TOWERS AT ALL TIMES.
- COORDINATE WITH ENGINEER ANY N.P.E. SHUTDOWNS THAT MAY BE REQUIRED.
- TEMPORARY CONTAINMENT MEASURES PROVIDED MUST MEET HOSPITAL ICRA REQUIREMENTS. CONTRACTOR SHALL SUBMIT SHOP DRAWINGS FOR ALL TEMPORARY CONTAINMENT MEASURES FOR EACH CLASS AND AREA. APPROVAL MUST BE OBTAINED BEFORE ANY WORK CAN BEGIN.

I.C.R.A. GENERAL NOTES:

- ALL NOTED I.C.R.A. CLASS LEVEL IDENTIFICATIONS SHALL BE VERIFIED. I.C.R.A. CLASS IDENTIFICATIONS SHALL BE COORDINATED WITH THE COR AND I.C.R.A. PERSONNEL.
- CONTRACTOR SHALL UTILIZE TELESCOPING, HEPA-FILTERED WORK CONTAINMENT EQUIPMENT FOR ALL ABOVE CEILING WORK, WHETHER OR NOT ASBESTOS RELATED. SEE DETAIL 1/PL-501 FOR APPROVED HEPA FILTRATION BOOTH DETAIL.
- ALL WORK SHALL BE PERFORMED IN A CONTAINMENT UNIT WITH HEPA FILTRATION. THE UNIT SHALL BE THE MOBILE CONTAINMENT UNIT IDENTIFIED ON DRAWING 1/PL-501 (OR APPROVED EQUAL) OR IN A FABRICATED UNIT WITH HEPA FILTRATION AND NEGATIVE AIR FOR AREAS THAT THE USE OF THE MOBILE CONTAINMENT UNIT IS NOT FEASIBLE. WORK THAT REQUIRES THE USE OF THE CONTAINMENT UNIT SHALL INCLUDE BUT IS NOT LIMITED TO ABATEMENT, DEMOLITION AND NEW WORK.

LIFE SAFETY REQUIREMENTS/BUILDING CODES

- NATIONAL ELECTRIC CODE/NFPA 70 2017
- 2010 ADA STANDARDS FOR ACCESSIBLE DESIGN
- US DEPARTMENT OF VETERANS AFFAIRS PLUMBING DESIGN MANUAL (2021) INCLUDED REFERENCED CODES.
- US DEPARTMENT OF VETERANS AFFAIRS DIRECTIVE 1061 PREVENTION OF HEALTHCARE-ASSOCIATED LEGIONELLA DISEASE AND SCALD INJURY FROM POTABLE WATER DISTRIBUTION SYSTEMS (2021).
- CONTRACTOR SHALL REFER TO THE VA SPECIFICATIONS FOR A COMPLETE LIST OF CODES AND STANDARDS THAT MUST BE ADHERED TO ON THIS PROJECT, SPECIFICALLY 01 00 00 GENERAL REQUIREMENTS, 01 35 26 SAFETY AND 02 82 11 ASBESTOS ABATEMENT.

NOTE: THERE ARE SEVERAL PERMIT REQUIRED CONFINED SPACES LOCATED THROUGHOUT THE PROJECT BUILDINGS WHERE CONTRACT WORK SHALL BE PERFORMED. CONTRACTOR SHALL VISIT THE SITE AND FULLY INFORM HIMSELF OF THE LOCATIONS OF PERMIT REQUIRED CONFINED SPACES AND THE WORK REQUIRED THEREIN. CONTRACTOR SHALL PROVIDE COPIES OF CONFINED SPACE TRAINING AND ACCESS PLAN TO COR FOR APPROVAL AT LEAST 21 DAYS IN ADVANCE OF ENTRY.

INFECTION CONTROL RISK GROUPS

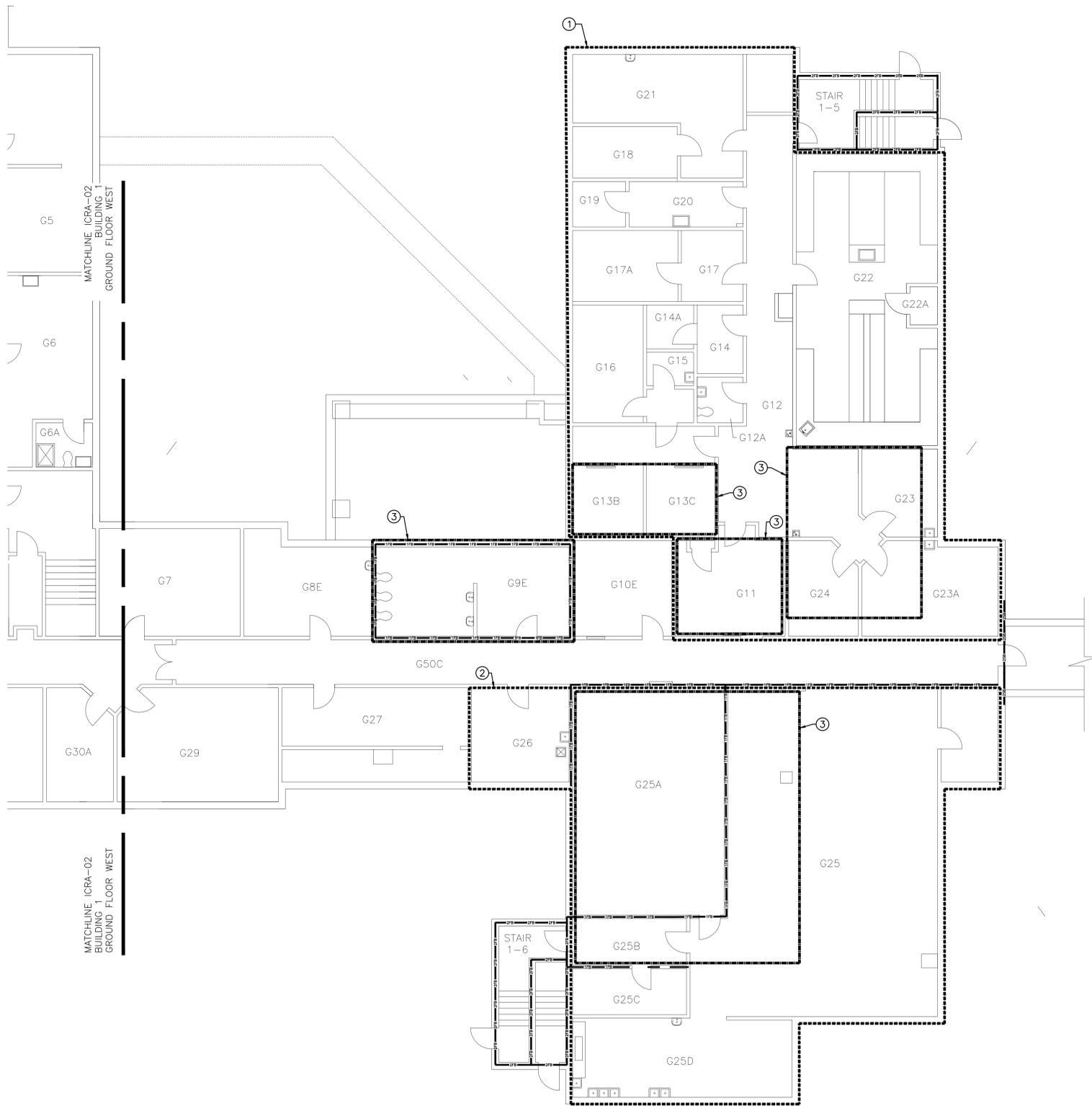
BUILDING: BATAVIA VAMC	PROJECT NAME: VAMC BATAVIA, NY IMPROVE POTABLE WATER DISTRIBUTION SYSTEM
CONTRACTOR: TO BE SELECTED	PROJECT MANAGER: TBD
THE INFECTION CONTROL RISK ASSESSMENT IS USED TO ANALYZE AREAS WHERE WORK IS TO OCCUR FROM EXISTING PLUMBING SYSTEMS.	
1. IDENTIFY THE TYPE OF CONSTRUCTION PROJECT ACTIVITY.	SEE ABOVE
2. IDENTIFY THE PATIENT RISK GROUPS THAT WILL BE AFFECTED. USE THE AREA WITH THE HIGHEST RISK FOR ASSESSMENT.	SEE ABOVE
3. MATCH THE PATIENT GROUP WITH THE PLANNED CONSTRUCTION PROJECT TYPE USING THE "ICRA MATRIX CLASS OF PRECAUTIONS" TO DETERMINE THE LEVEL OF INFECTION CONTROL ACTIVITIES REQUIRED.	SEE ABOVE
USE THE DESCRIPTION OF REQUIRED INFECTION CONTROL PRECAUTIONS BY CLASS TO DETERMINE THE ICRA MEASURES TO BE IMPLEMENTED FOR THE DURATION OF CONSTRUCTION:	CLASS I CLASS II CLASS III CLASS IV SEE ABOVE

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File Path

Revisions:	Date:	CONSULTANT	ARCHITECT/ENGINEER OF RECORD	STAMP	Office of Construction and Facilities Management	Drawing Title	Phase	Project Title	Project Number
						I.C.R.A. AND LIFE SAFETY GENERAL REQUIREMENTS 2	CONSTRUCTION DOCUMENTS	IMPROVE POTABLE WATER DISTRIBUTION SYSTEM	528A4-16-205
			34 BROWN STREET HONESDALE, PA 18431 OFFICE : (570) 253-0846 FAX : (570) 253-1935 WWW.NEINFRA.COM		VA U.S. Department of Veterans Affairs	Approved: Project Director VA NEW YORK HEALTHCARE SYSTEM		222 RICHMOND AVENUE BATAVIA, NY 14020	N/A
								Issue Date	Drawing Number
								06/08/2022	ICRA-01
								Checked	Drawn
								D.L.E.	K.E.B.

FIRE BARRIER LINETYPES	
	SMOKE RESISTANT BARRIER
	30 MINUTE SMOKE BARRIER
	1 HOUR FIRE/SMOKE BARRIER
	2 HOUR FIRE/SMOKE BARRIER
	1 HOUR FIRE BARRIER
	2 HOUR FIRE BARRIER
	3 HOUR FIRE BARRIER



I.C.R.A. GENERAL NOTES:

1. ALL I.C.R.A. CLASS LEVEL IDENTIFICATIONS SHALL BE VERIFIED. I.C.R.A. CLASS IDENTIFICATIONS SHALL BE COORDINATED WITH THE COR AND I.C.R.A. PERSONNEL.

PHASING GENERAL NOTES:

1. ALL WORK WITHIN BUILDING 1 GROUND FLOOR EAST SHALL BE CONDUCTED DURING NORMAL BUSINESS HOURS UNLESS OTHERWISE NOTED AND SHALL BE COORDINATED WITH THE COR.
2. ALL WORK WITHIN CANTEEN AREAS SHALL BE CONDUCTED DURING NORMAL BUSINESS HOURS AND SHALL BE COORDINATED WITH THE COR.

KEYED NOTES:

- ① ALL WORK WITHIN THIS AREA SHALL BE I.C.R.A. CLASS II AND IS TO BE CONDUCTED DURING OFF HOURS ON WEEKDAYS AFTER 4:30 PM OR ON WEEKENDS. TIME OF WORK TO BE COORDINATED WITH THE COR.
- ② ALL WORK WITHIN THIS AREA SHALL BE I.C.R.A. CLASS III AND IS TO BE CONDUCTED DURING NORMAL BUSINESS HOURS MONDAY THROUGH FRIDAY 8:00 AM TO 3:00 PM. TIME OF WORK TO BE COORDINATED WITH THE COR.
- ③ ASBESTOS REMOVAL SEE ASSOCIATED DEMOLITION DRAWINGS FOR REMOVAL REQUIREMENTS AS WELL AS DRAWING PL-030 AND THE ASBESTOS ABATEMENT SPECIFICATION.



**BUILDING 1 GROUND FLOOR EAST
I.C.R.A. CLASSIFICATION PLAN**
SCALE: 1/8"=1'-0"



BUILDING 1 GROUND FLOOR KEY PLAN
SCALE: NO SCALE

NOTE: ALL AREAS LOCATED ON THIS PLAN SHALL BE I.C.R.A. CLASS II UNLESS OTHERWISE NOTED.

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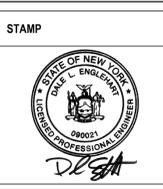
Revisions:	Date:

CONSULTANT

ARCHITECT/ENGINEER OF RECORD

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Office of Construction and Facilities Management

U.S. Department of Veterans Affairs

Drawing Title
**BUILDING 1 GROUND FLOOR EAST
I.C.R.A. CLASSIFICATION PLAN**

Approved: Project Director
VA NEW YORK
HEALTHCARE SYSTEM

Phase
CONSTRUCTION DOCUMENTS

Project Title
**IMPROVE POTABLE WATER
DISTRIBUTION SYSTEM**

Location 222 RICHMOND AVENUE
BATAVIA, NY 14020

Issue Date 06/08/2022

Checked D.L.E.

Drawn D.J.S.

Project Number 528A4-16-205

Building Number 1

Drawing Number **ICRA-03**

FIRE BARRIER LINETYPES	
	SMOKE RESISTANT BARRIER
	30 MINUTE SMOKE BARRIER
	1 HOUR FIRE/SMOKE BARRIER
	2 HOUR FIRE/SMOKE BARRIER
	1 HOUR FIRE BARRIER
	2 HOUR FIRE BARRIER
	3 HOUR FIRE BARRIER



I.C.R.A. GENERAL NOTES:

1. ALL I.C.R.A. CLASS LEVEL IDENTIFICATIONS SHALL BE VERIFIED. I.C.R.A. CLASS IDENTIFICATIONS SHALL BE COORDINATED WITH THE COR AND I.C.R.A. PERSONNEL.
2. ALL WORK WITHIN BUILDING 1 THIRD FLOOR WEST SHALL BE CONDUCTED DURING NORMAL BUSINESS HOURS UNLESS OTHERWISE NOTED AND SHALL BE COORDINATED WITH THE COR.
3. PRIOR TO WORK IN I.C.R.A. CLASS II AREAS COORDINATE WITH ENVIRONMENTAL MANAGEMENT SERVICES (EMS) STAFF FOR CLEANING AFTER WORK IS COMPLETE.

PHASING GENERAL NOTE:

1. ALL WORK IN I.C.R.A. II AREAS IS TO BE COORDINATED AHEAD OF DEMOLITION/CONSTRUCTION AND TO BE DONE DURING NORMAL BUSINESS HOURS UNLESS DIRECTED OTHERWISE BY THE COR.

KEYED NOTES:

- ① ALL WORK WITHIN THIS AREA SHALL BE I.C.R.A. CLASS I AND IS TO BE CONDUCTED DURING NORMAL BUSINESS HOURS. TIME OF WORK TO BE COORDINATED WITH THE COR.
- ② ASBESTOS REMOVAL. SEE ASSOCIATED DEMOLITION DRAWINGS FOR REMOVAL REQUIREMENTS AS WELL AS DRAWING PL-030 AND THE ASBESTOS ABATEMENT SPECIFICATION.

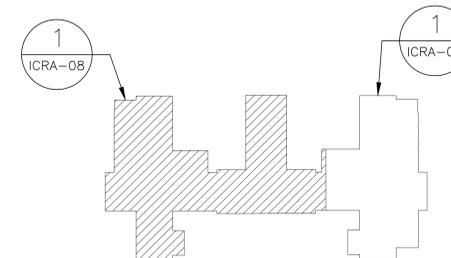
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**BUILDING 1 THIRD FLOOR WEST
I.C.R.A. CLASSIFICATION PLAN**

SCALE: 1/8"=1'-0"

NOTE: ALL AREAS LOCATED ON THIS PLAN SHALL BE I.C.R.A. CLASS II UNLESS OTHERWISE NOTED.



BUILDING 1 THIRD FLOOR KEY PLAN

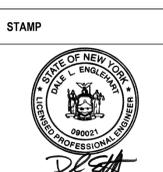
SCALE: NO SCALE

Revisions:	Date:

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Office of Construction and Facilities Management

VA U.S. Department of Veterans Affairs

Drawing Title
**BUILDING 1 THIRD FLOOR WEST
I.C.R.A. CLASSIFICATION PLAN**

Approved: Project Director
VA NEW YORK
HEALTHCARE SYSTEM

Phase
CONSTRUCTION DOCUMENTS

Project Title
**IMPROVE POTABLE WATER
DISTRIBUTION SYSTEM**

Location 222 RICHMOND AVENUE
BATAVIA, NY 14020

Issue Date 06/08/2022

Checked D.L.E.

Drawn F.R.O.

Project Number
528A4-16-205

Building Number
1

Drawing Number
ICRA-08

