

Meeting Objectives

1. Contractor orientation

- a. ID – do we need them
- b. Where do we park
- c. Hours we can work
- d. Bath room
- e. Use of cafeteria

2. Safety / security

- a. Contact #s
 - 1. ?
 - 2. ?
 - 3. ?
- b. Emergency Procedures
 - i. If we set off an alarm
 - ii. Code in area
 - iii. Baby alarm / lock down
 - iv. Other
- c. Access to units, rooms or offices
 - i. Protocol
 - ii. Scheduling
 - iii. Off hours
 - iv. ?

3. Infection control

- a. Hospital permit and policy
- b. Restrictions or modifications to matrix
- c. Documentation process
- d. Permits by area

- e. Assess risks areas on plan _____
- f. Public areas 1st _____
- g. Inspection by hospital after we leave an area? _____
- h. High risk areas and equipment _____
- i. Control Cube use _____
- j. Measurable neg? _____
- k. Ongoing process _____
- l. - _____
- m. - _____
- n. - _____

4. Project Scope and Construction Process

- a. - _____
- b. - _____
- c. - _____
 - i. Time frame _____
 - ii. Documentation _____
 - iii. Clean up _____
- d. Life safety – _____
 - i. - _____
 - ii. - _____
 - iii. - _____