

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. - _____