

## PRESSURE DIFFERENTIAL DAILY CHECKLIST

Hospital zone P <sub>1</sub> P <sub>1</sub>
P <sub>4</sub> Anteroom P <sub>3</sub> Hospital zone
P <sub>4</sub> Construction zone P <sub>4</sub>
P <sub>1</sub> > P <sub>2</sub> , minimum differential 2.5 Pa
P <sub>2</sub> > P <sub>3</sub> , minimum differential 2.5 Pa
$P_1 > P_3$ , minimum differential 7.5 Pa
P <sub>4</sub> > P <sub>3</sub> , minimum differential 7.5 Pa

• Pressures are to be documented daily

Name of Construction Project:

• Submit form to Infection Control

## **Post at Construction Entrance**

	4 3/					
	Day-Month-Year	Time	Pa or inches water column Inside Construction Zone	Pa or inches water column Inside Anteroom	Employee Name (print)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						



## PRESSURE DIFFERENTIAL DAILY CHECKLIST

Z/////////////////////////////////////							
Hospital zone							
$P_1 \qquad \qquad P_1$							
P <sub>4</sub> Anteroom P <sub>3</sub> Hospital zone Hospital zone							
P <sub>4</sub>							
P <sub>1</sub> > P <sub>2</sub> , minimum differential 2.5 Pa							
$P_2 > P_3$ , minimum differential 2.5 Pa							
P <sub>1</sub> > P <sub>3</sub> , minimum differential 7.5 Pa							
P <sub>a</sub> > P <sub>a</sub> , minimum differential 7.5 Pa							

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## **Post at Construction Entrance**

	Day-Month-Year	Time	Pa or inches water column Inside Construction Zone	Pa or inches water column Inside Anteroom	Employee Name (print)
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					