

## Scope of Work Plan

To be completed in conjunction with Infection Control Measures Permit to provide detailed scope of work.

<b>Project Name:</b>	<b>Project Location(s):</b>	<b>Date of Project</b>
<b>Trades/Contractor:</b>	<b>Supervisor/Project Lead:</b>	<b>Date Form Completed:</b>
<b>Type of Construction:</b> New Renovation Maintenance	<b>Phases:</b> Phase 1 Phase 2 Phase 3	

**Scope of Work:**

Effective Date	January 2025		
Partners Reviewed	Capital Planning and Procurement, P3 partners		
Last Reviewed			
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision