Facility _____

Date _____
Prepared by _____
Tel. No. ( ) _____

Airborne Infection Isolation Rooms

			Type of Room - Check One																
Building	Room Number	Beds in Room	Emerg. Dept.	Intensive Care	General Med/Surg	Peds	Maternity	Burn	BMTU	Hem/ Onc	Other	Negative Air Flow	Continuous Monitor	Monthly Smoke Testing	Date Last Verified by Smoke	Direct Exhaust to Outside	If Direct, >25 feet from Intake	Exhaust thru HEPA	UV in Exhaust Ducts

rls01 - 11/1/02