

Project Data At-A-Glance

COTR (or Point of Contact) Name	Sam Powell		
COTR (or POC) Extension	4175		
Project Title	Sample Project Title Boiler Plant Upgrade Phase I		
Work Location	Boiler Plant		
Project Number	613	12	501
Contractor (or TBD)	TBD		
Contractor Supervisor (CO if TBD)	Kathryn Leatherman		
Contractor Contact Number	x2083		
Est. Project Start Date	9/30/2013		
Est. Project Duration	12 Months		

Project Description

This project will upgrade the steam generation system in Building 320 at the VA Medical Center, 510 Butler Avenue, Martinsburg, WV 25405 in accordance with the drawings and specifications. Work includes but is not limited to, boiler replacement, general construction, alterations, interior demolition, masonry, windows, doors, painting, telecommunications, utility systems, plumbing, mechanical, electrical, and roofing work.

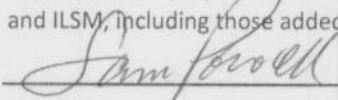
ICRA Signers		
Title	Signer/Alternate	Extension
Project Section Supervisor	Anthony Petredis Brad Lawton	4400 2126
Safety Program Manager	Krista Bowen	4715
Infection Control	Shari Self	3626
	Shirley York	4574
	Allyson Welling	4875
Industrial Hygiene	Krista Bowen*	4715

ILSM Signers		
Title	Signer/Alternate	Extension
Project Section Supervisor	Anthony Petredis Brad Lawton	4400 2126
Safety Program	Krista Bowen	4715
Police Department	John Shade	4100
	Richard Love	4103
Fire Department	Donnie Grubb	4314
	Mark Morrison	4611 / 4612
	Ed Sankbeil	4611 / 4612
	Eric Gray	4611 / 4612

**Note: Krista Bowen can also sign on behalf of Safety Office for the Construction Start-Work Permits*

I acknowledge that it is my responsibility to submit signed safety documents to Contracting prior to solicitation.

I certify that all project information is correct and complete to the best of my knowledge. I will ensure the precautions listed in the ICRA and ILSM, including those added by the ICRA and ILSM signers and/or their alternates, will be upheld.



COTR signature

6/17/2013

Date

MARTINSBURG VA MEDICAL CENTER INFECTION CONTROL RISK ASSESSMENT

Project Title:	Sample Project Title				
Project Number:	613	12	501	Project Start Date:	09/30/13
Location of Work	Boiler Plant			Estimated Duration:	12 Months
VA COTR:	Sam Powell			COTR Extension	4175
Contractor:	TBD			Contractor Telephone:	x2083
Contractor's Supervisor	Kathryn Leatherman			(Information is automatically input from title sheet)	

Please mark Construction Types and Risk

Groups with X's.

Precaution Classes will populate automatically based on this matrix.

TYPE OF CONSTRUCTION	PATIENT RISK GROUP	CLASS OF PRECAUTIONS
TYPE A	GROUP 1: Low Risk	CLASS I
TYPE B	x GROUP 2: Medium Risk	CLASS II
x TYPE C	GROUP 3: High Risk	X CLASS III

Patient Risk Group	A	B	C
Low Risk Group	I	II	II
Medium Risk Group	I	II	III
High Risk Group	II	III	III

Class of Precaution

Type of Construction	Inspection and Non-Invasive Activities
Type A	Small scale removal of ceiling tiles for visual inspection or minor installation (limited to 1 tile per 50 sq. ft.)
	Painting (but not sanding)
	Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type B	Small scale, short duration activities that create minimal dust.
	Installation of telephone and computer cabling.
	Access to chase spaces.
	Cutting of walls or ceiling where dust migration can be controlled.
Type C	Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components, assemblies, or new construction.
	Sanding of walls for painting or wall covering.
	Removal of floor coverings, ceiling tiles, and casework
	New wall construction.
	Uncontained duct, HVAC, or electrical work above ceilings.
	Major cabling activities, major plumbing activities (including items that expose sewage, such as work on a major stoppage.)
	Any other project where high levels of dust are generated.
	Any activity that cannot be completed within a single work shift/ activities that require consecutive work shifts
	Activities that require heavy demolition or removal of a complete cabling system
	New construction

Patient Risk Groups	Low Risk	Medium Risk	High Risk
	Vacant Floor	Administrative Offices	Lobbies
	Public Corridors	Elevators	Day Rooms
	Canteen Retail Store	Outdoors	Non-Patient Care Space
	Cardiology	Outpatient Clinics	Endoscopy
	Food Service/ Dietary Care	Nuclear Medicine	Laboratory (non-specimen)
	Physical Therapy	Pharmacy	Radiology/MRI
	Primary Care and Urgent Care	Respiratory Therapy	Interim Care/ Medical Units
	CCU/Emergency Room	Areas w/ immuno-compromised patients	Negative Pressure Isolation Rooms
	Central Sterile Supply	Labor & Delivery	Protective Care 6A
	Laboratories (Specimen)	Oncology	Newborn Nursery/Pediatrics
	Interventional Radiology	Outpatient Surgery	Pharmacy I.V. Room
	Surgical Units	Operating Rooms	Medical Units
	SPD Storage/Sterilization	Post Anesthesia Care Unit	Intensive Care Units
		Bronch Suite	Endocardiography

Continued on next page

Project: Sample Project Title

CLASS I	<ol style="list-style-type: none"> 1. Obtain infection control permit. 2. Execute work by methods to minimize raising dust from construction operations. 3. Immediately replace any ceiling tile displaced for visual inspection. 4. Clean work area upon completion of task
CLASS II	<ol style="list-style-type: none"> 1. Obtain infection control permit before construction begins. 2. Notify staff in the immediate area 3. Provide active means to prevent air-borne dust from dispersing into atmosphere. 4. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 5. Water mist work surfaces to control dust while cutting. 6. Seal unused doors with duct tape. 7. Block off and seal air vents. 8. Place dust mat at entrance and exit of work area. 9. Contain construction waste before transport in tightly covered containers. 10. Upon completion, wipe work surfaces with disinfectant, wet mop and/or vacuum with HEPA filtered vacuum.
CLASS III	<ol style="list-style-type: none"> 1. Obtain infection control permit before construction begins, and notify staff in the immediate area. 2. Complete all critical barriers or implement control cube method before construction begins. 3. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Cover transport receptacles or carts. Tape covering. 6. Seal holes, pipes, conduits and punctures appropriately. 7. Place dust mats at entrance and exit of work area. 8. Vacuum work with HEPA filtered vacuums. 9. Wet mop with disinfectant. 10. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Service. 11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste before transport in tightly covered containers.

ADDITIONAL CONCERNS

Will the project produce any fumes or vapors, or otherwise affect air quality?	YES	NO
		X

Will the project create vibrations that could loosen dust or other particulates, impair construction barriers, or barriers, or otherwise affect areas outside of the work area?	YES	NO
(If someone puts an "X" in the "Yes" column, red text automatically appears, advising the COTR to Provide Details on this.)		X

Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found? PROVIDE DETAILS	YES	NO
(If someone puts an "X" in the "Yes" column, red text automatically appears, advising the COTR to Provide Details on this.)	X	

To Be Completed By Infection Preventionist

- ☒ Based upon the local TB risk assessment, this project is considered safe from TB exposure hazards to contracted workers. No pre-project PPD testing is required of the contracted company or other sub-contractors. *SW*
- ☐ Based upon the local TB risk assessment, this project is considered to potentially pose a TB exposure hazard to contracted workers. Pre-project PPD testing is required by the contracted company or other sub-contractors, for all employees on this job. Validation of negative PPD testing, or if PPD positive, validation of follow-up and determination to be free of active TB disease, is required 90 days prior to assignment to the worksite. This information must be provided in writing to the Contracting Officer prior to the start date of the project.

ADDITIONS AND/OR MODIFICATIONS TO CLASS III PRECAUTIONS

Some asbestos abatement will be required. Most was accomplished in Phase IV.

Infection Control	<i>S. Self</i>	Date:	<i>6/18/13</i>
Industrial Hygiene	<i>[Signature]</i>	Date:	<i>6/19/13</i>
Safety Program	<i>[Signature]</i>	Date:	<i>6/19/13</i>
Project Section	<i>[Signature]</i>	Date:	<i>6/18/13</i>

**MARTINSBURG VA MEDICAL CENTER
INTERIM LIFE SAFETY MEASURES PERMIT**

Project Title:	Sample Project Title		
Work Location:	Boiler Plant		
Project Number:	613	12	501
Point of Contact:	Sam Powell	Extension:	4175
Deficiency:			
Start Date:	09/30/13	Estimated Duration:	12 Months

PART I: PROJECT EVALUATION Review each of the following categories and indicate whether each is acceptable to the project/Life Safety code deficiency by checking the appropriate response.

A. EXITS

Does the project/deficiency have the potential of affecting an exit or other components of the means of egress?	YES	NO x	N/A
Will affected exit be used by other than contractor personnel?	YES x	NO	N/A
Will alternate exit route be sufficiently marked and lit?	YES x	NO	N/A

B. EMERGENCY ACCESS

Does the project/deficiency have the potential of obstructing access to emergency departments, services or vehicles?	YES	NO x	N/A
Does the project/deficiency have the potential of obstructing access of emergency responders to the construction area?	YES	NO x	N/A

C. FIRE PROTECTION

Does the project/deficiency have the potential of impairing existing fire alarm, fire detection, or fire suppression systems?	YES	NO x	N/A
Will temporary fire protection systems be required as part of the project/deficiency?	YES	NO x	N/A

D. TEMPORARY PARTITIONS

Will construction involve the use of temporary partitions?	YES x	NO	N/A
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E. ADDITIONAL FIRE FIGHTING EQUIPMENT and TRAINING

Does the area affected by the project/deficiency warrant placement of additional fire protection equipment?	YES	NO x	N/A
Will additional fire safety training be required of affected personnel?	YES	NO x	N/A

F. COMBUSTIBLE FUEL LOAD LEVELS

Does the project/deficiency involve the storage of flammable or combustible materials?	YES	NO x	N/A
Does the project/deficiency have the potential of creating flammable or combustible debris?	YES	NO x	N/A

G. FIRE DRILLS

Does the project/deficiency warrant additional fire drills?	YES	NO x	N/A
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H. HAZARD SURVEILLANCE

Does the project/deficiency present added hazards, such as: excavations; construction/ chemical storage; or field offices, which warrant increased hazard surveillance?	YES x	NO	N/A
Contractor or COTR is to provide Material Safety Data Sheets to the Safety Office for all chemicals, cleaning agents, solvents, etc., to be used during project. Has this been done?	YES x	NO	N/A
Will hazard communication training be provided, including location of spill kits, and advisement to notify Fire Department in the event of spills?	YES x	NO	N/A

I. ADDITIONAL PERSONNEL TRAINING

Does the project/deficiency have the potential to affect structural features of the fire safety system?	YES	NO x	N/A
Does the project/deficiency have the potential to affect compartmentation features of the fire safety systems?	YES	NO x	N/A

J. FACILITY-WIDE TRAINING

Does the project/deficiency present Life Safety Code deficiencies or construction hazards, which warrant facility-wide education of personnel concerning these Interim Life Safety Measures?	YES	NO x	N/A
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K. FIRE/SMOKE BARRIERS

Will the project cause penetrations to be made in Fire/Smoke Barriers?	YES	NO x	N/A
Will fire/smoke barriers be temporarily sealed with a UL-Listed material filler on both sides of the barrier?	YES	NO	N/A x
Will these temporary UL-Listed material adequately compensate for the penetrations made in the fire/smoke barriers?	YES	NO	N/A x

L. GENERAL SAFETY

Will the project cause noise levels greater than or equal to 90 decibels?	YES	NO x	N/A
Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors?	YES	NO x	N/A
Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers?	YES	NO x	N/A

M. ACCESSIBILITY

Will signage be required to limit access to work area?	YES x	NO	N/A
Will there be sufficient clearance around the construction site to prevent tripping hazards, falling debris, or other safety concerns?	YES x	NO	N/A

PART II: INTERIM LIFE SAFETY MEASURES: Provide a description of all items indicated as applicable in Part I. Explain Interim Life Safety measures or procedures which will then be incorporated into the project.

Construction Safety Committee Chair - ILSM Evaluator

Safety Program Manager

Fire Chief

Police Service Representative

Date _____

Date _____

Date _____

Date _____

Project Re-Evaluation And Review

Projects are to be re-evaluated prior to construction and every sixty (60) days from initial start of construction to ensure all information is correct, complete, and current. Changes to the work location, construction type, or other factors necessitating any modification to the Infection Control Precautions as listed must be documented below, with approval from Infection Control, Industrial Hygiene, Safety, and Project Section.

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COTR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

COTR Signature _____

Date _____

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

	Circle Changes Below		
	New Construction Type		
	A	B	C
	New Risk Group		
	1	2	3
	New Class of Precautions		
	I	II	III

Initial and Date Below

Infection Control

Industrial Hygiene

Projects Section Supervisor

Safety Program Manager

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COTR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

COTR Signature _____

Date _____

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

	Circle Changes Below		
	New Construction Type		
	A	B	C
	New Risk Group		
	1	2	3
	New Class of Precautions		
	I	II	III

Initial and Date Below

Infection Control

Industrial Hygiene

Projects Section Supervisor

Safety Program Manager

This work permit is to be printed by Project COTR. Infection Control, Safety and Fire Department are to check the boxes as applicable and sign the permit before work may begin.

Construction Start Work Permit

613 12 501

Project Title: Sample Project Title	Start Date: 9/30/2013	Est. Duration: 12 Months
Project Location: Boiler Plant		
Point Of Contact: Sam Powell	P.O.C. Phone Ext. 4175	After-Hours Contact #:

Notice: For projects with Class II and III Infection Control precautions, work is not to begin until after permit has been signed.

INFECTION CONTROL (Construction Barriers - Containment - Ventilation)

Is the Infection Control Risk Assessment (ICRA) visibly posted on-site?	Yes	No	N/A
Is the ICRA complete and up-to-date (including re-evaluation forms as necessary)?			
Are the project conditions/scope the same as indicated on the signed ICRA?			
Have all conditions/controls indicated in the ICRA been satisfied?			
Have staff in immediate area been notified of construction?			

Hazard Surveillance and Life Safety

Is the Interim Life Safety Measures evaluation (ILSM) visibly posted on-site?	Yes	No	N/A
Is the ILSM form complete and up-to-date?			
Are construction barriers made of fire-rated or fire-resistant material?			
Are means of egress clear and free of obstruction in construction and adjacent areas?			
Is access for the fire department and emergency services clear and free of obstruction?			
Are temporary signage, exit routes, etc., in place?			
Are fire extinguishers readily available in construction area?			
Are flammables and combustibles in proper containers?			

Fire Detection and Prevention Systems

Is fire sprinkler system active?	Yes	No	N/A
Is fire alarm system active?			
Are smoke detectors active and uncovered?			
If "No" to any of the above, are temporary measures in place?			

General Safety and Security

Is there proper signage in place at the entrance to the construction site denoting appropriate PPE required for entry?	Yes	No	N/A
Are workers properly attired and equipped with appropriate PPE?			
Are workers properly identified with appropriate badges?			
Are entrances to construction site closed and locked as appropriate?			
Has the proper fall protection equipment been provided?			
Is scaffolding compliant with OSHA standards?			
Are Material Safety Data Sheets present on-site for all chemicals to be used during the project?			
Are lock-out/tag-out procedures developed and present on-site?			

Description/Scope/Remarks/Details (To be filled out by Infection Control, Fire Department, or Safety Program Representatives)

Infection Control Representative	(Shari Self, x3626)	Alternates: Shirley York, x4574 Allyson Welling, x4875	Date
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Fire Chief/Fire Dept. Representative	(Donnie Grubb, x4314)	Alternates: x4611; x4612	Date
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Safety Program Representative		Alternates: Krista Bowen, x4715	Date
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TABLE 1

100% CONSTRUCTION
DOCUMENTS RE-SUBMISSION

Project Number	613-12-501
Bidding Number	320
Drawing Number	

Office of
Construction
and Facilities
Management

320-AS101
Management
Department of
Management
320-AS101

Training Site: _____

ARCHITECT/ENGINEERS:

SVA architects

833 North Harley Street, Suite 130
 • 717.643.3200 • F 717.698.0705
 www.enrichlife.com

CONSULTANTS:

08-03-03