



EDWARD J. HINES, JR. VA HOSPITAL

BUILDING 228: MENTAL HEALTH RENOVATION

VA 578-14-001

Hines, Illinois

PROJECT MANUAL

Volume 1 of 2

Special Sections – Division 00
General Requirements – Division 01
Specification – Divisions 02 thru 19

ISSUED FOR BID

April 4th, 2014



Architecture
Interiors
Engineering

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Edward Hines, Jr. VA Hospital
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Hines, Illinois

SECTION 00 62 19
INFECTION CONTROL RISK ASSESSMENT FOR
CONSTRUCTION/RENOVATION PROJECTS

PART 1 - GENERAL

1.1 SUMMARY

- A. This form is for ensuring the inclusion of applicable infection control measures. Contractor shall complete and submit form in addition to meeting infection prevention measures as specified in Section 01 00 00, GENERAL REQUIREMENTS.

Infection Control Risk Assessment for Construction / Renovation Projects				
Project Name: Building 228: Mental Health Renovation		Project/ Work-Order Number: 578-14-001		
Project Planner or Technician:		Extension:		
Building Number: 228		Floor(s)/Room(s): Partial 4th Floor		
Start date:		Projected completion date: / /		
Construction Activity		Infection control risk group		
	TYPE A: Non-invasive activity, low noise, no vibration DUST LEVEL Low		GROUP 1: Low office areas, FMS areas, all non-patient care areas.	
	TYPE B: Small scale, short duration, low-moderate noise, low-moderate vibration DUST LEVEL: Moderate to High		GROUP 2: Medium All other patient care areas including general medicine floors, ultrasound, Rehab, Occupational Therapy.	
	TYPE C: Requires more than one work shift to complete, low-moderate noise, moderate-high vibration DUST LEVEL Moderate to High		GROUP 3: Medium/High ED, Radiology/MRI, admissions, food service areas, laboratories.	
	TYPE D: Major demolition and construction activities Requiring consecutive work shifts, moderate-high noise, moderate-high vibration DUST LEVEL High		GROUP 4: Highest Operating rooms, SPS, ICU's, Outpatient areas, oncology, anesthesia, post anesthetic recovery, all endoscope areas, Pharmacy, Renal Dialysis	
Project Class Determination Matrix				
<u>Construction Activity →</u>	Type "A"	Type "B"	Type "C"	Type "D"
<u>Risk Level ↓</u>				
Group 1	I	II	II	III
Group 2	I	II	III	IV
Group 3	I	III	III	IV
Group 4	III	IV	IV	IV
Contractors Actions by Project Class				
CLASS I	1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.		3. Contain construction waste before transport in tightly-covered containers. 4. Emergency Preparedness training/posting/ID card.	
CLASS II	1. Provide active means to prevent air-borne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tap		4. Block off and seal air vents. 5. Wipe surfaces with disinfectant. 6. Contain construction waste before transport in tightly-covered containers. 7. Emergency Preparedness training/posting/ID card.	
CLASS III	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide dust mat at entrance and exit of work area.		5. Contain construction waste before transport in tightly-covered containers. 6. Wet mop or vacuum with HEPA-filtered vacuum before leaving work area. 7. Cover transport receptacles or carts. Tape covering. 8. Emergency Preparedness training/posting/ID card.	
CLASS IV	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide adhesive walk-off mat at entrance and exit of work area. 5. Seal holes, pipes, conduits and punctures appropriately. 6. Vacuum the entire work area with HEPA vacuums or wet mop with disinfectant at the completion of project.		7. Do not remove barriers from work area until completed project is thoroughly cleaned by housekeeping and inspected by the Infection Control Department, Safety Section, and Engineering Service. 8. Remove barrier materials carefully to minimize spreading dust and debris associated with construction. 9. Contain construction waste before transport in tightly-covered containers. 10. Cover transport receptacles or carts. Tape covering. 11. Remove isolation of HVAC system in areas where work was performed at the end of the project. 12. Emergency Preparedness training/posting/ID card.	

Risk Assessment for TB exposure: Does the project involve a) HVAC Yes____ No____ b) HEPA filters Yes ____ No____

c) Negative Pressure Room (s)? Yes____ No____ If **any** checked yes, an N95 mask **will be** required.

Classification _____ Contractor's signature (for Projects only)_____

Project Planner or Technician Signature_____

Supervisor signature _____ Date_____

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SECTION 00 62 21
PRECONSTRUCTION/SAFETY RISK ASSESSMENT

PART 1 - GENERAL

1.1 SUMMARY

- A. This form is for ensuring the inclusion of applicable safety measures. Contractor shall complete and submit form in addition to meeting safety measures and requirements as specified in Section 01 00 00, GENERAL REQUIREMENTS.

Pre-Construction/Safety Risk Assessment

Location of Construction (Bldg No./Room No.): **Building 228, Partial 4th Floor** Project No.: **578-14-001**

Project Title: **Building 228: Mental Health Renovation**

Project Coordinator:

Project Start Date:

Contractor Performing Work:

Estimated Duration:

Supervisor:

Telephone:

Description of project:

Construction Activities

The following projects do not require completion of the Pre-Construction/Safety Risk Assessment form:

1. Painting and installation of new wallpaper in business offices and non-patient areas.
2. Painting in a patient room, if closed for painting and less than 3 square feet of wall area is to be patched and painted. Contractor shall replace the air filter for the room's air conditioning unit upon completion of painting.
3. Installation of a soap dispenser/needle box/paper towel holder in a patient room
4. Repair of a window blind.
5. Ceiling tile replacement for areas less than ten (10) 2' x 2' tiles, if not in business offices and non-patient areas.
6. Ceiling tile replacement for areas less than five (5) 2' x 2' tiles in a patient area, if patient is out of the immediate area and clean up can be accomplished before patient returns.
7. Minimal repair of Nurse Call System/TV/Bed/Telephone.
8. Checking or replacing of electric outlet.
9. Replacing a light bulb.
10. Unstopping sink/commode with no water on floor.
11. Unstopping commode when water on floor requires maintenance to have Housekeeping clean area immediately.
12. Repair of a medical gas outlet. (Front Body)
13. Taking air balance measurement readings.
14. Checking air conditioning unit/system.
15. Intermediate jobs that create a moderate amount of dust inside the room with negative air pressure maintained in the room via use of HEPA-equipped unit with minimum 10 ACH, and all air discharged outside. The HEPA unit must continue running 2 hours after completion of job and Housekeeping must clean room before the HEPA unit is removed from room. All work and use of HEPA unit must be documented and copies forwarded to Infection Control and Safety. **NOTE: All duct vents to be sealed off during work!**

Yes	No	
		Will there be noise generated that will impact a department adjacent to, above, or below the construction area?
		a. If so, these departments must be notified.
		b. How are you going to reduce the noise to an acceptable level?
Yes	No	
		Will there be vibration generated that will impact a department adjacent to, above, or below the construction area?
		a. If so, these departments must be notified each time this type of work will be performed.
		b. How are you going to reduce the vibration to an acceptable level?
Yes	No	
		Are Emergency Procedures in place and posted on each job for accidental events that could greatly impact Patient Care or Life Safety to the facility? Typically included items in these procedures are:
		<ul style="list-style-type: none"> Emergency telephone numbers of key departments. A contingency plan describing the location of main valves, switches, and controls. A contingency plan for unexpected outages.
		Environment
Yes	No	Are any of the following environmental hazards present?
		Will hazardous chemicals be used on this project? How will fumes and odors be controlled? Material Safety Data Sheets (MSDS) are required.
		Is asbestos abatement required on this job? If so, notify Safety at the Pre-Construction Meeting.
		Will there be hot work done on this project? If so, then a hot work permit must be posted on the job site. All hot work must have a fire watch assigned to each area while the hot work is being performed.
		Will confined space entry be required on this project? If so, the VAMC Confined Space Entry Program must be followed.
		Utility Failures
Yes	No	Will any of the following systems be out of service at any time during the project?
		<ul style="list-style-type: none"> Fire alarm (For outages greater than 4 hours, Interim Life Safety Measures must be implemented.) Sprinkler (For outages greater than 4 hours, Interim Life Safety Measures must be implemented.) Electrical Domestic water Oxygen Sewage HVAC

Yes	No	
		Will there be any work that will require activation of the Interim Life Safety Measures (ILSM) during this project? Other work may require ILSM's, but typical work requiring ILSM implementation are: <ul style="list-style-type: none"> Any construction that impacts an exit or stairs, Any construction that impacts major breaches in a fire or smoke wall, Taking the main fire protection system out of service (sprinkler), Taking the main fire alarm system out of service, Taking the "area" fire or fire alarm systems out of service for more than 4 hours within a 24-hour period.
		Implementation of the ILSM requires a fire watch and the ILSM forms to be completed.
Additional Safety Concerns		
Yes	No	
		Will construction affect exit routes from occupied areas adjacent to construction site?
		Will project affect traffic patterns in area? <i>If yes, explain plan.</i>
		The following must be completed prior to any construction activities:
		<ul style="list-style-type: none"> Construct separation walls prior to project start. Fire protection systems must remain intact. Provide extra fire extinguishers in work areas. Maintain exit lights in work area. Maintain negative air pressure in construction area (24/7) throughout project duration. There cannot be any return air from within the construction area to the rest of the building. Redirect egress routes, do not allow egress routes to pass through construction areas. Provide and maintain "Construction Area-Do No Enter" signs on doors leading into the construction area. Maintain up-to-date daily logs and maintain a current Hot Work Permit. Provide and install no-slip mats at doors exiting construction area. All debris removal must be by covered cart. Maintain a clean and orderly work area. Determine how, if at all, this project will affect the departments above, below, and adjacent to this project?
Air Quality and Infection Control		
Construction activity types are defined by the amount of dust that is generated, the duration of the activity, and the amount of shared HVAC systems. Contact VAMC 's Safety and Infection Control Departments if any activity is questionable under these guidelines.		
Yes	No	
		Will dust be generated during this project? <i>If yes, explain location of and plan for interim dust barriers or attach floor plan with barriers clearly marked.</i>
		Will debris removal be necessary? <i>If yes, explain plan for debris removal and control.</i>
		Negative airflow ventilation and filtration in place and assessed for effectiveness.
		Exhaust fans in-place and functioning.
		Air supply duct to area closed and HEPA filtration unit in-place and functioning in adjacent patient care area?
		Will work be done in a sterile area? <i>If so, how will sterile atmosphere be maintained (to include access in/out of the work area)?</i>
Type A	Inspections and Non-Invasive Activities or Small Scale/Short Duration Activities. (Refer to Infection Control Risk Assessment for Type Selection)	
Yes	No	
		Removal of ceiling tiles for visual inspection (limited to 1 tile per 50 square feet)
		Painting (excludes sanding)
		Wall covering—Describe work to be done:
		Electrical trim work. Describe:
		Minor plumbing. Describe:
Type B	Small Scale, Short Duration Activities that create minimal dust. (Refer to Infection Control Risk Assessment for Type Selection)	
Yes	No	
		Installation of telephone and computer cabling
		Access to chase spaces
		Sanding of walls for painting or wall covering (minor repairs—excludes sanding for drywall finishing)

Type C		Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. (Refer to Infection Control Risk Assessment for Type Selection)	
Yes	No		
		Sanding of walls--drywall finishing	
		Removal of <input type="checkbox"/> floor coverings <input type="checkbox"/> ceiling tiles <input type="checkbox"/> casework Describe:	
		Cutting of walls or ceiling. Describe:	
		New wall construction	
		Minor ductwork or electrical work above ceilings	
		Major cabling activities	
		Activity cannot be completed within a single work shift	
Type D		Major demolition and Construction Projects. (Refer to Infection Control Risk Assessment for Type Selection)	
Yes	No		
		Will require heavy demolition or removal of a complete ceiling system	
		New construction	
		Contractor Signature	COTR Signature
Date:			Date:

Edward Hines, Jr. VA Hospital
Building 228: Mental Health Renovation
Hines, Illinois

DOCUMENT 006325
SUBSTITUTION REQUEST

To: Bancroft Architects + Engineers Substitution Request (SR): _____
700 Nicholas Blvd, Suite 403 From: _____
Elk Grove Village, IL 60007 _____
Attention: _____ Date: _____

Work Contract: _____
Specification Section: _____ Article/Paragraph: _____
Drawing: _____ Detail: _____

Proposed Substitution: _____
Manufacturer: _____ Address: _____ Telephone: _____
Trade Name: _____ Model: _____
Installer: _____ Address: _____ Telephone: _____
History: ☐ New Product ☐ 2-5 years old ☐ 5-10 years old ☐ More than 10 years old
Differences between proposed substitution and specified product: _____

☐ Point-by-point comparative data of proposed substitution with specified product attached -
REQUIRED BY ARCHITECT

Compliance of proposed substitution with performance requirements of Contract Documents: _____

Life cycle cost or proposed substitution relative to specified product: _____

Reason for not providing specified product: _____

Similar Installation:

Project: _____ Architect: _____
Address: _____ Owner: _____
Date Installed: _____

Proposed substitution affects other parts of the Work and Project: ☐ No ☐ Yes; explain _____

Description of Changes to Contract Documents that proposed substitution will require for proper
installation: _____

Savings to Owner for accepting substitution: _____ (_____)

Proposed substitution changes Contract Time: ☐ No ☐ Yes; Add/Deduct _____ calendar days.

Supporting Data Attached:

☐ Product Data ☐ Drawings ☐ Tests ☐ Reports ☐ Samples ☐ _____

Contractor certifies:

- Contractor has thoroughly evaluated proposed substitution and has determined proposed substitution will result in total Work which is equal to or better than the Work originally required by Contract Documents, in every respect of significance, except as otherwise specifically stated in Substitution Request Form, and that proposed substitution will perform adequately in application indicated, regardless of equality and exceptions thereto. Contractor waives rights to additional payment and time which may subsequently be necessitated, by failure of substitution to perform adequately, and for required work to make corrections thereof.
- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified.
- Same warranty will be furnished for proposed substitution as for specified.
- Same maintenance service and source of replacement parts, as applicable, is available.
- Proposed substitution will not affect or delay progress of the Work.
- Cost data is complete. Claims for additional costs and time related to accepted substitution which may subsequently become apparent are to be waived and for required work to make corrections thereof.
- Proposed substitution does not affect dimensions and functional clearances.
- Payment will be made for evaluation review of proposed substitution, and for any changes to design of the Work and Project, and to Contract Documents caused by accepted substitution, including architectural and engineering services.
- Payment will be made for other separate contractors, if any, and Owner for increased cost of other work caused by accepted substitution.
- Coordination, installation and changes in the Work as necessary for accepted substitution will be complete in all respects.

Submitted by: _____

Signature: _____

Contractor: _____

Address: _____

Telephone: _____

Attachments: _____

ARCHITECT REVIEW AND ACTION

☐ Substitution reviewed - Make submittals in accordance with Specification Section 013300 - Submittal Procedures.

☐ Substitution reviewed with comments - Make submittals in accordance with Specification Section 013300 - Submittal Procedures.

☐ Substitution rejected - Use specified products.

☐ Substitution Request received too late - Use specified products.

Reviewed by: _____ Date: _____

Additional Comments:

☐ Contractor

☐ Architect

☐ _____
