



Facilities Management Services		Page	1 of 1
Project Data At-A-Glance		Effective Date	8/19/2013
		Replaces	New
Doc Number: FORM FMS0002	Version: 1	Doc. Control	

COR (or Point of Contact) Name	Ronald St Laurent
COR (or POC) Extension	1889
Project Title	SPS/SPD Modifications Phase 1
Work Location	Martinsburg
Project Number	613 14 106
Contractor (or TBD)	TBD
Contractor Supervisor (CO if TBD)	Kathryn Leatherman
Contractor Contact Number	304-263-0811 x2083
Est. Project Start Date	12/1/2014
Est. Project Duration	6 months

Project Description
This project will repair mechanical systems in the SPD/SPS area, repair damaged flooring and reconfigure the layout to improve operational efficiency. The will be modification also on the offices located within the SPS and SPD.

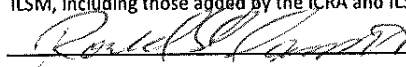
ICRA Signers		
Title	Signer/Alternate	Extension
Project Section	Anthony Petredis	4400
	Brad Lawton	2126
Safety Program	Vanessa Cuthbert	4582
	Krista Bowen	4715
Infection Control	Shari Self	3626
	Shawntae Lewis	4574
	Allyson Welling	4875
Industrial Hygiene	Krista Bowen*	4715

ILSM Signers		
Title	Signer/Alternate	Extension
Project Section	Anthony Petredis	4400
	Brad Lawton	2126
Safety Program	Vanessa Cuthbert	4582
	Krista Bowen	4715
Police Department	John Shade	4100
	Benjamin Price	4100
Fire Department	Donnie Grubb	4314
	Edwin Aponte-Rivera	4611 / 4612
	Eric Gray	4611 / 4612
	Chris Gorman	4611/4612

*Note: Krista Bowen can also sign on behalf of Safety Office for the Pre-Construction Checklist

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.


COR signature

10/23/2014
Date

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Martinsburg VA Infection Control Risk Assessment		Effective Date	8/19/2013
Doc Number: FORM FMS0003		Version: 1	Replaces
		Doc. Control	New

Project Title:	SPS/SPD Modifications Phase 1			Project Start Date:	12/01/14
Project Number:	613	14	106	Estimated Duration:	6 months
Location of Work:	Martinsburg			COR Extension:	1889
VA COR:	Ronald St Laurent			Contractor Telephone:	304-263-0811 x2083
Contractor:	TBD				
Contractor Supervisor:	Kathryn Leatherman				

TYPE OF CONSTRUCTION	PATIENT RISK GROUP	CLASS OF PRECAUTIONS	Type of Construction			Class of Precaution
			A	B	C	
TYPE A	GROUP 1: Low Risk	CLASS I	I	II	II	} Class of Precaution
TYPE B	GROUP 2: Medium Risk	CLASS II	I	II	III	
TYPE C	GROUP 3: High Risk	CLASS III	II	III	III	

Please mark Construction Types and Risk Groups with X's.
Precaution Classes will populate automatically based on this matrix.

Type of Construction	
Type A	Inspection and Non-Invasive Activities
	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	Vacant Floor	Administrative Offices	Lobbies
	Public Corridors	Elevators	Day Rooms
	Canteen Retail Store	Outdoors	Non-Patient Care Space
Medium Risk	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
High Risk	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	Endocardiology	

Continued on next page

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?	Contact ext. 4599	YES X	NO
Will the project create vibrations that could loosen dust or other particulates, impair construction barriers, or otherwise affect areas outside of the work area?		YES	NO X
Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found?		YES	NO X
Does the project involve work in any of the following locations: 4A-107, 4A-132, 4C-124, 4C-125, OR 2C-136 or any GI Suite Rooms?		YES	NO X
Does the project involve any modifications or removal of the duct work or supply/exhaust in the above locations?		YES	NO X
Does the project involve any removal or disturbance to the HVAC filters in the above locations?		YES	NO X

ADDITIONS AND/OR MODIFICATIONS TO

PRECAUTIONS

Infection Control	<i>S. Sell</i>	Date:	<i>10/23/14</i>
Safety Program	<i>Vanessa Duthbert</i>	Date:	<i>10/23/14</i>
Project Section Supervisor	<i>[Signature]</i>	Date:	<i>10/23/14</i>

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Martinsburg VA Medical Center		Effective Date	8/19/2013
Interim Life Safety Measure Permit		Replaces	New
Doc Number: FORM FMS0004	Version: 1	Doc. Control	

Project Title:	SPS/SPD Modifications Phase 1		
Work Location:	Martinsburg		
Project Number:	613	14	106
Point of Contact:	Ronald St Laurent	Extension:	1889
Deficiency:			
Start Date:	12/01/14	Estimated Duration:	6 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	NO X	N/A
Will alternate exit route be sufficiently marked and lit?	YES	NO X	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	NO X	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	NO X	N/A
Contractor or COR 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	NO X	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	NO X	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 X	NO	N/A
Will these temporary UL-Listed material adequately compensate for the penetrations made in the fire/smoke barriers?	YES X	NO	N/A

L. GENERAL SAFETY

Will the project produce significant noise levels outside the construction site?	YES X	NO	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	NO X	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

N. UTILITIES

Will the project involve an operational shutdown or modified operation of utilities?	YES X	NO	N/A
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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.

Use this space to describe parts of the project that could impact Life Safety, as well as temporary Interim Life Safety measures or procedures (fire watches, staff training, new exit routes posted, etc.)

Construction Safety Committee Chair - ILSM Evaluator

Safety Program

Fire Chief

Police Service Representative

10/23/14
Date

10/23/14
Date

23 OCT 14
Date

10/23/14
Date

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Noise Assessment

(Check all that apply)

Type	Duration	Interventions Required
<input checked="" type="checkbox"/> Drilling <input type="checkbox"/> Blasting <input checked="" type="checkbox"/> Pounding <input type="checkbox"/> Heavy Equipment <input checked="" type="checkbox"/> Motors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Brief <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Prolonged <input type="checkbox"/> Continuous	<input type="checkbox"/> No special interventions required <input checked="" type="checkbox"/> Notify work areas prior to noise producing activity <input type="checkbox"/> Relocate patients/staff to another area of the facility for duration of activity <input type="checkbox"/> Schedule activity during non-working hours or when department is closed <input type="checkbox"/> Provide hearing protective equipment <input type="checkbox"/> Other: Please explain below

Utility Assessment

(Check all that apply)

Type	Impact	Duration	Interventions Required
<input checked="" type="checkbox"/> HVAC <input checked="" type="checkbox"/> Medical Gas <input checked="" type="checkbox"/> Power <input type="checkbox"/> Water <input type="checkbox"/> Suction <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Modified Operational <input type="checkbox"/> Shut Down <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Short <input type="checkbox"/> Brief <input type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Prolonged <input type="checkbox"/> Continuous	<input checked="" type="checkbox"/> No special interventions required <input type="checkbox"/> See specific procedures for utility shut down <input type="checkbox"/> Notify work areas prior to activity <input type="checkbox"/> Relocate patients/staff to another area of the facility for duration of activity <input type="checkbox"/> Schedule activity during non-working hours or when department is closed <input type="checkbox"/> Other; Please explain below