

## **LIST OF EXHIBITS**

<b>EXHIBIT NO 1</b>	<b>Release Pursuant Clause Form</b>
<b>EXHIBIT NO 2</b>	<b>*Progress Payment</b>
<b>EXHIBIT NO 3</b>	<b>*Contract Progress Report</b>
<b>EXHIBIT NO 4</b>	<b>Electronic Fund Transfer - SF 3881 ACH Vendor/Miscellaneous Payment Enrollment Form</b>
<b>EXHIBIT NO 5</b>	<b>Disclosure of Lobbying Activities Standard Form LLL (for contracts in excess of \$100,000.00)</b>
<b>EXHIBIT NO 6</b>	<b>Request for Information (RFI) Form and Instructions</b>
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<b>EXHIBIT NO 8</b>	<b>*Transmittal of Shop Drawings, Samples, Test Report, Manufacturer's Data/Certificates</b>
<b>EXHIBIT NO 9</b>	<b>Policy Memorandum No. 00-14, Medical Center Smoking Policy</b>
<b>EXHIBIT NO 10</b>	<b>Policy Memorandum No. 07-04, Employee and Non-Employee Identification</b>
<b>EXHIBIT NO 11</b>	<b>Policy Memorandum No. 07-29, Parking and Motor Vehicle Operation</b>
<b>EXHIBIT NO 12</b>	<b>Designated Parking for Contractors and Contractor's Employees</b>
<b>EXHIBIT NO 13</b>	<b>Policy Memorandum No. 138-10, Fire/Smoke Barrier Permits</b>
<b>EXHIBIT NO 14</b>	<b>Electrical Safety, Policy Memorandum 138-15</b>
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<b>EXHIBIT NO 16</b>	<b>SOP Number 20, Confined Space Entry</b>
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<b>EXHIBIT NO 22</b>	<b>Policy Memorandum No. 07-09, Employee Threat Assessment Team (ETAT) Committee</b>

**EXHIBIT NO 23            SOP Number 30, Control of Hazardous Energy (Lockout/Tagout)**

**EXHIBIT NO 24            SOP Number 12, Construction Project Inspections**

**EXHIBIT NO 25            Safety and Infection Control Handbook**

**EXHIBIT NO 26            SOP Number 32, Dig Permits**

**\*Sample is provided for contractor's information. The use of this format is desired by the Department of Veterans Affairs; however, you may develop your own format, providing that all pertinent information on the sample is incorporated into the form you submit and that the form you use is acceptable to the Contracting Officer.**

**ELECTRONIC ACCESS EXHIBITS ARE IN WORD AND ADOBE READER FORMATS.**

**EXHIBIT 1**

**RELEASE OF CLAIMS  
(Reference FAR 52.232-5 (h)(3))**

**CONTRACT NO.** \_\_\_\_\_

**For and in consideration of the payment of the sum now due by reason of performance of the above contract, the undersigned contractor hereby releases and discharges the United States of America of and from all liabilities, obligations, and claims whatsoever under or arising out of said contract, except for the following:**

- 1. Specific Claims. (List below. If none, state "NONE")**

**All other terms and conditions of the above mentioned contract remain in full force and effect.**

**IN WITNESS WHEREOF, this release has been duly executed this**

\_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month and year)

**CONTRACTOR:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

EXHIBIT 2  
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER  
CHILlicothe, OHIO 45601

PROGRESS PAYMENT  
NUMBER \_\_\_\_\_

PERIOD ENDING \_\_\_\_\_  
OBLIGATION NO. \_\_\_\_\_

TO:

For work performed under Contract Number \_\_\_\_\_, dated, \_\_\_\_\_ for \_\_\_\_\_, located at the Department of Veterans Affairs Medical Center, Chillicothe, Ohio.

ORIGINAL CONTRACT PRICE

Suppl. Agrmts. Previously reported (☐ Add/☐ Deduct)

Suppl. Agrmts. this period (☐ Add/☐ Deduct) \_\_\_\_\_

Net Contract Change (☐ Add/☐ Deduct)

TOTAL CONTRACT PRICE

Value - work in place end last period

Value - work installed this period

Value - unused material previously paid for

Value - unused material this period \_\_\_\_\_

Total Earned to date

WORK UNCOMPLETED

Total Previous Payments \_\_\_\_\_

AMOUNT THIS ESTIMATE

I hereby certify, to the best of my knowledge and belief, that...

- (1) The amounts requested are only for performance in accordance with the specifications terms, and conditions of the Contract;
- (2) Payments to subcontractors and suppliers have been made from pervious payments received under the Contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and
- (3) This request for progress payment does not include any amounts, which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.
- (4) This certification is not to be construed as a final acceptance of a subcontractor's performance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

-----  
I certify that the articles and/or services represented by this estimate have been received and/or rendered in accordance with the Contract.

STEVEN BENSON, P.E., P.S. \_\_\_\_\_ Date: \_\_\_\_\_  
Chief, Engineering Service

-----  
I approve the payment of this estimate in the amount of \$ \_\_\_\_\_, and I certify that the articles and/or services represented hereon have been received and/or rendered in accordance with the terms of the Contract.

\_\_\_\_\_  
Contracting Officer Date: \_\_\_\_\_

INSTRUCTIONS FOR PROGRESS PAYMENT FORM 0301A 93 (Revised 5-22-98)

- (1) Enter Progress Payment Number, i.e., 1, 2, 3, etc.
- (2) Enter Period Ending Date, i.e., month, day and year.
- (3) Enter Obligation Number from Form 1442 Solicitation, Offer, Award item 23.
- (4) Enter Name, Address, City, State and Zip Code to whom payment is to be made ~ Must match "Payment Payable To", from P&D Form 0301B.
- (5) Enter Contract Number from Form 1442 item 4.
- (6) Enter Date of Contract from Form 1442 item 31c.
- (7) Enter Contract Title.
- (8) Enter Original Contract Price from Form 1442 item 22.
- (9) Enter Supplemental Agreements previously reported and note as either ADD or DEDUCT, if applicable.
- (10) Enter Supplemental Agreements for this reporting period and note as either ADD or DEDUCT, along with the SA numbers, i.e., 1, 2, 3, if applicable.
- (11) Enter Total of SA's for this reporting period, if applicable.
- (12) Enter Total of SA's and note as either ADD or DEDUCT, if applicable.
- (13) Enter Summation of SA's and Original Contract Price.
- (14) Enter Work in Place to Date of Last Period, total of column "Value of Work In-Place, End Last Period" of Contract Progress Report, P&D Form 0301B.
- (15) Enter Work Installed This Period, total of column "Value of Work Installed This Period" of Contract Progress Report, P&D Form 0301B.
- (16) Enter Value of Unused Material Previously Paid For. This is material that has been paid for, but not yet installed.
- (17) Enter Value of Unused Material This Period. This is material just stored this period, accompanied with supplier's invoice addressed to Contractor/Subcontractor stating that the material is for this particular project at the VAMC.
- (18) Enter total of (13), (14), (15) and (16). This should equal the total of (21), (22) and (23) of Contract Progress Report Form, P&D Form 0301B.
- (19) Enter difference of Total Earned to Date from Total Contract Price, i.e., (12) - (17).
- (20) Enter Total Previous Payments, i.e., \$0.00 if first payment or summation of payments 1, 2, 3, etc.
- (21) Enter difference of previous payments from Total Earned to Date, i.e., (17) - (19).
- (22) Official's signature.
- (23) Enter date signed.
- (24) Enter Official's name.
- (25) Enter Official's title.

In addition to the information included on this form, the contractor will attach a listing of the total amount of each subcontractor under this contract.

The contractor will also provide a listing of the amounts previously paid to each subcontractor and supplier under the contract.

## CONTRACT PROGRESS REPORT

Name and Address of Contractor (1)		Payment Payable To: (2)			
Defective Invoice, Contact: (3) Name: Phone:		Invoice Number (4)		Period Ending (5)	
Project Title (6)		Project Number (7)		Contract Number (8)	
Item No.	Branch of Work	Total Value	Value of Work In-Place, End Last Period	Value of Work Installed This Period	Material Stored To Date
1.	(9)	(10)	(11)	(12)	(13)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.	ORIGINAL PROJECT TOTAL	(14)	~~~~~	~~~~~	~~~~~
33.	Supplemental Agreements --- Add	(15)	(16)	(17)	(18)
34.	Supplemental Agreements --- Deduct	(19)	~~~~~	~~~~~	~~~~~
35	TOTALS	(20)	(21)	(22)	(23)

- (1) Enter Name, Address, City, State and Zip Code of Contractor.
- (2) Enter Name, Address, City, State and Zip Code to whom payment is to be made.
- (3) Enter Name and Phone Number of person to contact in the event of a defective invoice.
- (4) Enter Invoice Number, i.e., 1, 2, 3, etc.
- (5) Enter Period Ending Date, month, day and year.
- (6) Enter Contract Title from Form 1442.
- (7) Enter Project Number from Form 1442.
- (8) Enter Contract Number from Form 1442 item 4.
- (9) Enter Description of Work, i.e. title of Specification Sections, noting material and labor as separate line items as a minimum.
- (10) Enter Total Value of each Description of Work ~ this value will not change during the life of the contract.
- (11) Enter Value of Work Installed End Last Period, i.e., if first payment will be \$0.00.
- (12) Enter Value of Work installed this period. Do not include stored material not used.
- (13) Enter Value of Total Material Stored to Date ~ to be accompanied with supplier's invoice addressed to contractor/subcontractor stating material is for this particular project. Note: When stored material is installed it is to be added to the Installed This Period column.
- (14) Enter Original Project Total. This is total of each item listed.
- (15) Enter Summation of Supplemental Agreements ADD.
- (16) Enter Summation of Supplemental Agreements ADD In-Place End Last Period.
- (17) Enter Summation of Supplemental Agreements ADD Installed This Period.
- (18) Enter Summation of Supplemental Agreements ADD Materials Stored to Date.
- (19) Enter Summation of Supplemental Agreements DEDUCT.
- (20-23) Enter sum of each column.

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

## PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

## AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

U.S. Department of Veterans Affairs – Financial Services Center

AGENCY IDENTIFIER:

111036183

AGENCY LOCATION CODE (ALC):

36001200

**ACH FORMAT:**

☐ CCD+

☐ CTX

**ADDRESS:**

P.O. Box 149971

Austin, TX 78714-8971

CONTRACT PERSON NAME:

**Customer Support Help Desk – Vendorizing Team**

TELEPHONE NUMBER

1-877-353-9791

### ADDITIONAL INFORMATION

Fax completed form to (512) 460-5221

### PAYEE/COMPANY INFORMATION

NAME \_\_\_\_\_

SSN NO. OR TAXPAYER ID NO.

ADDRESS	DATE	TIME	NAME	REMARKS
100	10/10/19	10:00	John Doe	Arrived at site
101	10/10/19	10:15	John Doe	Started work
102	10/10/19	10:30	John Doe	Completed task
103	10/10/19	10:45	John Doe	Left site

CONTACT PERSON NAME:

TELEPHONE NUMBER:

## FINANCIAL INSTITUTION INFORMATION

NAME:

**ADDRESS:**

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

**NINE-DIGIT ROUTING TRANSIT NUMBER:**

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING

**SAVINGS**

**LOCKBOX**

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Employee Signature)  
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:



**EXHIBIT 4****Standard Form (SF) 3881 Instructions**

**Note:** All information on the SF 3881 is required. Vendorizing Coversheet must be attached at the time of submission. Any submission missing information will be returned to the sender for completion. Forms are processed in the order of receipt.

**Agency Information**

1. Vendor must select the preferred ACH format for direct deposit. Check the corresponding box for either CCD+ or CTX format. If no choice is made, this defaults to CCD+.

**Payee/Company Information**

1. Name
  - A. This must be the legal name for the vendor as on file with IRS.
  - B. If invoice billing or remit to name is different from the legal name, also provide this name as a doing business as (DBA) name.
2. SSN No. or Taxpayer Id No.
  - A. This must be the legal social security number (SSN), federal employer id number (EIN), or federal taxpayer id number (TIN).
3. Address
  - A. This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names.
4. Contact Person Name
  - A. This is the name of the vendor's contact person.
5. Telephone Number
  - A. This is the phone number of the vendor's contact person. Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to the vendor's file with VA.

**Financial Institution Information – VAFSC does not have wire capability. ACH Direct Deposit is used to make payments.**

1. Name
  - A. This is the name of the bank being used for direct deposit.
2. Address
  - A. Address of bank, to include city, state, and zip code. Please do not abbreviate city names.
3. ACH Coordinator Name
  - A. Banks have ACH Coordinators who can answer questions for vendors regarding the process. VAFSC does not use this name. It is for your information only.
4. Telephone Number
  - A. This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.
5. Nine-Digit Routing Transit Number
  - A. This number identifies the bank when direct deposits are made.
  - B. This number should begin with 0, 1, 2, or 3.
  - C. Take this number from a *check*, not a deposit slip.
    - (1) Deposit slip routing numbers are internal numbers for bank use only.
    - (2) If you cannot locate your routing number, contact your bank and ask for the routing number for direct deposit.
6. Depositor Account Title
  - A. This is the name on the account.
7. Depositor Account Number
  - A. This is the account number.
8. Lockbox Number
  - A. Lockbox numbers are treated as checking accounts. Please include the lockbox number if there is one.
9. Type of Account
  - A. Please select the type of account used (checking, savings, lockbox). Again, lockboxes are treated as checking accounts.
10. Signature and Title of Authorized Official
  - A. Signature is required on all SF 3881 submissions. The signature must be the owner of the account in cases of individuals or a company official (with title) in cases of companies.
11. Telephone Number
  - A. This is the phone number of the individual or company official who signed the form.

**Submit forms by fax to (512) 460-5221 or by mail to PO Box 149971 Austin, TX 78714-8971.  
Keep your fax receipt to show the date of fax.**

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

REQUEST FOR INFORMATION DEPARTMENT OF VETERANS AFFAIRS VAMC CHILLICOTHE, OHIO		
Project Title or Description:	Date:	Date Required:
Contractor's Name and Address:	Contract Number: V250C-	Project Number: 538-
	Specification Section:	Drawing Sheet Number:
Category: <input type="checkbox"/> Information Not Shown on Contract Documents (Spec. Dwg. Etc.) <input type="checkbox"/> Coordination Problem <input type="checkbox"/> Other:		
<input type="checkbox"/> Conflict in Contract Requirements <input type="checkbox"/> Clarification		
Remarks:		
RFI ACTION		
Reply:		
_____ COR ~		Date:

## EXHIBIT 7

DAILY LOG - FORMAL CONTRACT			NAME OF CONTRACTOR	
PROJECT TITLE				
WEATHER			CONTRACT NO.	
DATE	DAY		PROJECT NO.	
NAME OF CONTRACTOR OR SUB-CONTRACTOR AND BRANCH OF WORK	WORKER'S NAME	CLASS	HOURS	DESCRIPTION
DELIVERY OF MATERIALS				
REMARKS				
SIGNATURE OF SUPERINTENDENT			DATE	

DEPARTMENT OF VETERANS AFFAIRS – RETURN OF SUBMITTAL VAMC CHILlicothe, OHIO			
Project Title or Description		Date:	Specification Section
Contractor's Name and Address		Contract Number V250C-	Project Number 538- -
		Submittal Date:	Submittal Number:
Form of Submittal:			
<input type="checkbox"/> Letter of Affidavit of Compliance <input type="checkbox"/> Manufacturer's Literature <input type="checkbox"/> Manufacturer's Catalog Cut		<input type="checkbox"/> Shop Drawing <input type="checkbox"/> Brochure <input type="checkbox"/> Test Report	
		<input type="checkbox"/> Data Sheet <input type="checkbox"/> Physical Sample <input type="checkbox"/> Other (Specify)	
Description		Supplier or Manufacture:	VA File Number
<b>VETERANS AFFAIRS SUBMITAL ACTION</b>			
Number of Copies Returned:			
<input type="checkbox"/> <b>APPROVED:</b> Subject to compliance with all contract requirements and to any notations indicated below. <input type="checkbox"/> <b>DISAPPROVED:</b> Resubmit promptly. <input type="checkbox"/> <b>NO ACTION:</b> See remarks.			
REMARKS:			
COR ~			Date:

## MEDICAL CENTER SMOKING AND TOBACCO POLICY

1. PURPOSE: To state medical center policy and procedures for smoking and tobacco use locations and to outline exceptions.

2. POLICY: With the exception of housekeeping quarters, smoking and the use of tobacco products are prohibited inside any government building or vehicle by Veterans, employees, visitors, volunteers, contractors and students.

3. DEFINITIONS:

a. Tobacco products include commercial cigarettes, hand-rolled cigarettes, pipe tobacco, all types of cigars, electronic cigarettes, snuff/dip, chewing tobacco, water pipes containing tobacco and hookahs.

b. Electronic cigarettes (e-cigarettes) are battery-powered nicotine inhalation devices that deliver nicotine to the user through a vaporized propylene glycol solution. There are no Food and Drug Administration (FDA) approved claims that these devices are safe or that they help people quit smoking.

4. RESPONSIBILITY:

a. The Medical Center Director is responsible for ensuring that this policy, which provides a safe environment, is enforced.

b. The Smoking Committee is responsible for ensuring that this policy meets VA Central Office and The Joint Commission requirements and complies with public law. The Committee is also responsible for developing enforcement/compliance programs.

c. Primary and Preventive Care Line, nursing staff in Patient Care Services and Urgent Care area personnel are responsible for informing Veterans, upon admission, of the medical center's smoking and tobacco use regulations.

d. Physicians, physician extenders and nurses are responsible for assessing smoking and tobacco use, advising their patients of the health risks associated with smoking and tobacco products, and assisting with cessation motivation and techniques. Healthcare professionals are responsible for assisting in patient education regarding the risks of smoking and tobacco use.

e. Treatment teams are responsible for monitoring the smoking and tobacco use of assigned patients.

## 2. POLICY MEMORANDUM NO. 00-14

f. Every employee is responsible for complying with this policy and for reporting observed violations to his/her supervisor.

g. The Chief, Learning Resources Service is responsible for including the smoking and tobacco use policy on the agenda for New Employee Orientation.

## 5. PROCEDURES:

a. There is no smoking within 35 feet of any building door. Outdoor smoking shelters are provided for use by Veterans, employees, visitors, volunteers, contractors and students. Current smoking shelters located less than 35 feet from an entrance are not required to be moved. Appendix A shows a map of smoking shelter locations.

b. Police officers conduct rounds throughout the medical center buildings in the course of their workday. Results of the rounds are communicated to the Smoking Committee. Efforts to obtain compliance with the smoking and tobacco use policy are used. Individuals observed carrying a lighted tobacco product within the medical center buildings are asked to extinguish the product and proceed outdoors. Violation notices (courtesy or with fines) may be issued for non-compliance. Employees are subject to appropriate disciplinary actions for non-compliance. Veterans are referred to the treatment team for action.

d. When a Veteran informs nursing personnel that he/she is going off the unit to smoke, staff are cognizant of the Veteran's absence and check on the Veteran if he/she does not return in a reasonable amount of time. Veterans with privileges are not routinely escorted off the unit to smoke.

6. REFERENCES: VHA Directive 2008-052, dated August 26, 2008  
The Joint Commission Comprehensive Accreditation Manual for  
Hospitals, dated June 2011  
Public Law 102-585, Section 526

7. RESCISSION: Policy Memorandum No. 00-14, Medical Center Smoking and tobacco policy, dated June 25, 2010.

8. RESCISSION DATE: March 6, 2014

(137)

//s//

JEFFREY T. GERING, FACHE  
Medical Center Director

Appendix A



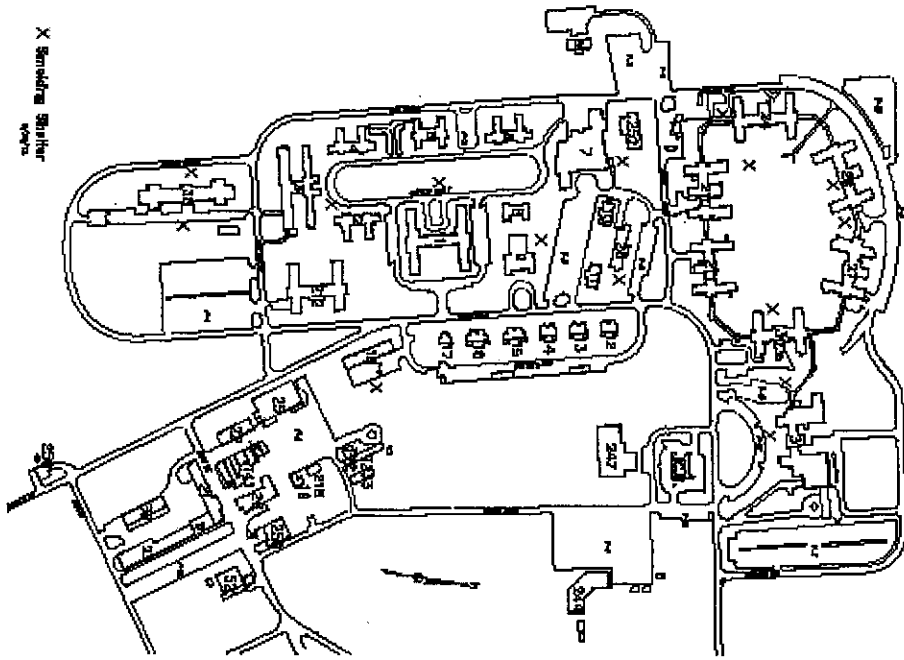
3. POLICY MEMORANDUM NO. 00-14

Distribution: F  
161M3(10)

EXHIBIT 9  
APPENDIX A  
Policy Memorandum No. 00-14

VA Medical Center  
Chillicothe, Ohio  
March 6, 2012

5. POLICY MEMORANDUM NO. 00-14



**SMOKING IN  
DESIGNATED AREAS  
ONLY**

**Violators are subject  
to**

**A \$25 Fine  
(Littering \$50)**

**VA Reg 1.218 (b) 6&1**

### FACILITY NAME BADGE

1. **PURPOSE:** To establish policy and procedures for the issuance and control of identification badges at this medical center.
2. **POLICY:** It is the policy of this medical center that anyone who is employed at, volunteers at, desires to conduct business with or is otherwise a guest of this medical center display an approved form of identification at all times.
3. **DEFINITIONS:** The following definitions apply to this policy:
  - a. **Employees:** Full-time, part-time, temporary and intermittent Department of Veterans Affairs employees or students (paid or not paid) and any other person who is directly paid by this medical center.
  - b. **Non-employees on Official Business:** Contractors, vendors, sales representatives, their employees, Fee-Basis Consultants and others seeking to do business with this medical center for the primary purpose of financial gain.
  - c. **Non-employees on personal business:** Visitors, inpatients, outpatients and others seeking to further their own particular interests.
  - d. **Volunteers:** The unpaid staff of Voluntary Service.
  - e. **Hoptel Guests:** Those persons who are utilizing the services of the Hoptel located in Building 29.
4. **RESPONSIBILITIES:**
  - a. **Department of Veterans Affairs employees:**
    - (1) Are directed, as a part of the new employee orientation, to the Police Operations Center, lower level, Building 18, for issuance of a photo facility name badge and for their initial vehicle registration.
    - (2) If an employee notices a person in need of assistance, he/she approaches and offers help to his/her destination, e.g., patient, visitor and others. Should any unidentified person become confrontational, employees do not pursue further inquiry and immediately call VA Police at extension 7004. Employees advise persons required to wear a badge of the policy and call VA Police if the correction is not amicable.
    - (3) Direct persons who identify themselves as potential contractors, vendors, sales representatives, or others desiring to conduct business with this medical center to the

## 2. POLICY MEMORANDUM NO. 07-04

office of Logistics Service, Building 1, first floor, room 125. Note: No employee of this medical center may conduct business with any person who has not registered with Logistics Service and who does not have the proper identification badge in his/her possession at the time. Questions are referred to the Logistics Service, Contracting Section, at extensions 7011, 7012 or 7014.

(4) Notify Human Resources Management Service (HRMS) of any name change during his/her employment as soon as possible, but no later than thirty days after the change becomes effective. After notifying HRMS, the employee reports to the Police Operations Center for issuance of a new photo facility name badge bearing the new name. Employees changing services/care lines or with significant changes in their appearance also promptly report to the Police Operations Center to update their photo identification badge.

(5) With the exception of VA Police and Fire Fighters in uniform, wearing of the photo facility name badge by on-duty employees is mandatory at all times. Supervisors may authorize the temporary suspension of the requirement on the work site when an employee is working around equipment and machinery that might pose a safety hazard. Employees on station for off-duty purposes are not required to wear the badge, but must give a reasonable explanation for the visit and cooperate fully to identify themselves when asked. VA Police are contacted for uncooperative employees who are ordered to fully identify themselves by responding Officers. VA Police accomplish a Police report of any misconduct, if necessary, and forward it to the affected service chief/care line manger for whatever action is deemed appropriate.

(6) Surrender the photo facility name badge to the Police Operations Center as part of the clearance process. Failure to surrender the badge results in a \$10 charge against the employee's final compensation.

### b. Logistics Service:

(1) Assigns an employee to complete the orientation, then provides, collects and maintains an approved color-coded temporary visitor's badge for contractors, vendors, sales representatives or others who desire to conduct business with this medical center.

(2) Provides training to supervisory staff on issues related to ethics and other conduct with contractors, vendors, sales representatives and others who desire to conduct business with this medical center.

c. Service chiefs, care line managers and supervisors assure that all employees under their supervision are:

(1) In compliance with the requirements for the wearing of photo facility name badges.

### 3. POLICY MEMORANDUM NO. 07-04

(2) Familiar with the current rules and regulations concerning their business relations with contractors, sales representatives, vendors and others. Guidance and/or training in this area are available from the office of Logistics Service.

d. Contractors, Vendors, Sales Representatives or others:

(1) Register at the Logistics Service Office located in Building 1, first floor, room 125 and provide name(s) along with other required information for themselves and any additional personnel who are working at or visiting this medical center.

(2) Upon each visit to this medical center, obtain and display any required form of identification that is provided.

(3) Complete any and all ethics, safety or other required training upon the first visit or employment day.

(4) Designate a Contract Superintendent/Manager on any construction/service project, who is responsible for assuring that his/her employee(s) properly display the required identification badges.

e. Volunteers are directed to Voluntary Service, located in Building 9, room 213, to be properly registered. After being registered, new volunteers are directed to the Police Operations Center in the lower level of Building 18 for the issuance of a photo facility name badge.

f. Protective Services (VA Police):

(1) Issue new employees a photo facility name badge upon their entrance on duty.

(2) Receive and destroy photo facility name badges turned in at the time of an employee's separation.

(3) Provide sequentially numbered and color-coded identification badges and replacement photo facility name badges when required.

(4) Challenge and verify the identity of any person(s) not displaying an approved form of identification badge.

g. Hoptel guests are directed to the Patient Business Service administrative staff (or Administrative Officer of the Day (AOD) during non-administrative hours) in Urgent Care, located in Building 31. The person is registered and issued a room key and an approved temporary badge for the duration of his/her stay.

#### 4. POLICY MEMORANDUM NO. 07-04

h. Visitors must provide proof of identity and purpose of visit. Refusal to provide any requested information is basis for denial of entry into this medical center and is immediately reported to the VA Police Operations Center, at extension 7004.

i. Human Resources Management Service: Processes and issues Personal Identification Verification cards (PIV) required by Homeland Security Presidential Directive 12 (HSPD-12) national standards and Human Resources PIV program standard operating procedure.

#### 5. PROCEDURES:

a. No photo facility name badge or other form of personnel identification issued by this medical center is used for identification purposes other than at this medical center. The official nature of any identification badge does not extend beyond this medical center. Its use for any other purpose is the responsibility of the bearer.

b. All photo facility name badges comply with the Chillicothe VA Medical Center design and standards which are:

(1) Duty titles are authorized on facility name badges.

(2) Licensing, registering or certifying initials are allowed on the badge ONLY if they are required for the position held by the employee. Professional organization membership designations do not appear on the badges unless authorized by the Director or designee.

(3) Former/current military personnel can request to identify on the badge their branch of service.

c. Special Security Access Badges (where utilized):

(1) Are NEVER loaned to anyone for any reason.

(2) If lost, are immediately reported to the VA Police Operations Center, at extension 7004, so access can be deactivated. Loss of a special access badge results in a \$10 replacement charge.

d. Loss of any type of reusable temporary personnel identification badge results in a charge of \$10, which is payable by bill of collection and/or prior to re-issuance of a replacement.

e. Pins, stickers or other items may not obscure photos, names or other important data on any badge, pass or other form of personnel identification. The personnel identification badge must also be worn close to eye level in a manner that the name is legible at all times. Lanyards or retractable devices are authorized with the badge displayed above the waist.

5. POLICY MEMORANDUM NO. 07-04

f. Non-paid medical care interns or students working under the supervision of VA medical center personnel may utilize photo identifications from their medical schools.

g. Inpatients, outpatients and visitors are not required to wear an identification badge and their access is limited to public areas of the medical center unless being escorted by an employee. Inpatients also have access to their assigned area(s) on the units. Any failure to provide proper identification and/or purpose of visit is immediately reported to the VA Police Operations Center, at extension 7004.

h. Identification badges are not required for any person or group that is being escorted by an employee of this medical center.

6. REFERENCES: Policy Memorandum No. 05-4, Disciplinary and Adverse Actions  
Policy Memorandum No. 122-05, Hoptel-Lodging of Veterans and  
Family Members  
MP-5, Part I, Chapter 752, Appendix C (17);  
MP-5, Part I, Chapter 790, Paragraph 11;  
Joint Commission Comprehensive Accreditation Manual for  
Hospitals 2013  
IL-2002-013 Under Secretary for Health Information Letter dated  
August 13, 2002

7. RESCISSION: Policy Memorandum No. 07-04, Employee and Non-Employee Identification, dated April 7, 2011.

8. RESCISSION DATE: September 17, 2015

//s//

Wendy J. Hepker, FACHE  
Medical Center Director

Distribution: F  
161M3 (10)



## PARKING AND MOTOR VEHICLE OPERATION

1. PURPOSE: To establish regulations for operating privately-owned motor vehicles on the medical center grounds.

2. POLICY: It is the policy of this medical center to promote safe vehicle control on the roadways, maximize the utilization and benefit of parking facilities, and provide for consistent enforcement of the regulations governing these areas.

3. PROCEDURES:

a. Vehicle Registration: All employees parking a privately-owned vehicle on medical center property are required to register that vehicle using VA Form 10-6196, Privately-Owned Motor Vehicle Registration. This includes contractors, volunteers, consultants, etc. These forms are completed at the Police Operations Center, Building 18 lower level, during the in-processing procedure. A parking decal is issued for each vehicle and is displayed on the backside of the rear view mirror or attached to an index card placed on the driver's side dashboard of the vehicle. Any changes in vehicle such as color, plate number or new vehicle are reported to the Police Operations Center within five workdays. When a vehicle is traded or sold, the employee is responsible for removal and destruction of the decal. Failure to register and display an identification sticker may result in a citation or restriction from use of parking facilities.

b. Traffic Regulations:

(1) All motor vehicle laws of the State of Ohio are observed while operating a vehicle at this medical center.

(2) Parking is allowed in designated areas only. Cars are parked between the marked lines.

(3) Vehicle ignition keys are removed and the vehicle locked when left unattended in any parking area.

(4) The Department of Veterans Affairs assumes no responsibility for the safety of employees' cars, and any such parking is at the risk of the employee.

(5) In addition to the requirements of the Ohio State Motor Vehicle Code, a PEDESTRIAN HAS THE RIGHT OF WAY when crossing a highway or street from any point within the geographical limits of the medical center grounds. Vehicles stop for pedestrians in a crosswalk.

1. Policy Memorandum No. 07-29

c. Parking Allocations:

(1) Reserved parking areas are designated for handicapped, outpatients, physicians, consultants, volunteers, AFGE Union, and Credit Union (short term). Personnel not designated to use these parking spaces use general parking lots.

(2) The ambulance ramp to Building 31 and the two adjacent spaces are reserved for emergency vehicles loading/unloading at Urgent Care.

d. Enforcement:

(1) Courtesy Violation Notice (CVN): This violation notice is merely a reminder to the offender that s/he is in violation of posted rules and regulations governing VA property and the offense is punishable under the law. The yellow copy of the notice is forwarded to the appropriate service chief/care line manager. Service chiefs/care line managers are responsible for making sure their employees are familiar with and comply with parking and motor vehicle regulations, and for counseling employees upon receipt of the second CVN.

(2) Uniform Violation Notice (UVN): This notice is used by the medical center police officer to notify a violator, in writing, that s/he has violated the statutory authority contained in Title 38, United States Code, Section 218(b), 38 Code of Federal Regulations 1.218 and VA Regulations 1.218(b) for traffic, parking, and petty offenses. Any person receiving a UVN is required to comply with the instructions contained on the ticket at the time of issuance. This notice involves forfeiture of collateral and/or appearance before the District Court Magistrate.

(3) Arrest: The Rule of Court, Southern District of Ohio, dictates the amount of collateral to be posted for a specific offense and those offenses requiring a mandatory appearance before a U.S. Magistrate. However, the Rule of Court does not prohibit the officer from making an arrest and taking the offender directly before a U.S. Magistrate to answer the charge placed against the offender.

(4) Towing: A privately owned vehicle may and will be towed from the medical center grounds when immediate removal is necessary to ensure public safety, or after 96 hours when abandoned. Owners of towed vehicles are liable for charges for towing and storage before the vehicle is released by the towing company.

e. Traffic Accidents: The Chief, Protective Services, or his/her designated Police Officer, investigates and prepares required reports for all motor vehicle accidents on medical center grounds, and may, when authorized, participate in investigations which involve government vehicles off medical center grounds. Neither the Department of Veterans Affairs nor the United States Government assumes responsibility for accidents occurring on the medical center grounds between privately owned motor vehicles. Such

3. Policy Memorandum No. 07-29

accidents are reported to the VA Police as required by law.

4. REFERENCES: DM&S Supplement, MP-1, Part I, Chapter 2, Section B  
VA Regulation 1.218(b)  
U.S. District Court, Southern District Rule No. 5.  
Title 38, U.S. Code, Section 218(b).  
Title 38 Code of Federal Regulations, Section 1.218.  
AFGE Master Agreement.

5. RESCISSION: Policy Memorandum No. 07-29, Parking and Motor Vehicle Operation, dated September 7, 2011.

6. RESCISSION DATE: October 15, 2015

//s//

Wendy J. Hepker, FACHE  
Medical Center Director

Distribution: F

161M3 (10)  
07 (25)  
AFGE

## **EXHIBIT 12**

### **DESIGNATED PARKING FOR CONTRACTORS AND CONTRACTORS'S EMPLOYEES**

- 1. All contractors and/or all contractors' employees performing work at this facility are required to park their vehicles in the designated parking area(s) as shown on the attached drawing.**
- 2. The parking requirements will be strictly adhered to by all contractors and their employees, and will be strictly enforced by the VA Contracting Officer and/or the VA Contracting Officer's Representative.**
- 3. Failure to observe the required parking, may result in actions such as, but not limited to, parking fines, removal from facility, etc.**

CONTRACTING OFFICE  
BUILDING 212

COR OFFICE  
BUILDING 21

CONTRACTOR  
OVERFLOW  
PARKING

CONTRACTOR PARKING

NOTE: OTHER PARKING MAY BE  
AVAILABLE PENDING MEDICAL  
CENTER USAGE. CONTACT YOUR  
COR FOR REQUEST FOR  
APPROVAL.

Ohio State Route 104



VA MEDICAL CENTER  
17273 State Route 104, Columbus, Ohio 43201

DESIGNATED PARKING FOR CONTRACTORS  
AND CONTRACTOR'S EMPLOYEES

VA | U.S. Department  
of Veterans Affairs

LOCATION PLAN

Policy Memorandum  
No. 138-10

VA Medical Center  
Chillicothe, OH  
March 2, 2015

### FIRE/SMOKE BARRIER PERMITS

1. **PURPOSE:** To establish policy and procedures regarding removal of ceiling tile penetrations in ceilings, floors, pipe chases, fire barriers/walls, and smoke barriers/walls for the purpose of maintaining the integrity of the medical center construction as required in National Fire Protection Association (NFPA) 101 to provide for the safety of occupants during fire incidents. Breaches in fire barriers/walls and smoke barriers/walls create the potential for fatal consequences or Veterans, staff, and visitors, should a fire occur.
2. **POLICY:** Removal of ceiling tile, penetrations made in ceilings, floors, fire walls/barriers and smoke walls/barriers for the purpose of the installation/removal of pipe, conduit, cable, or ductwork or other modifications, including incidental damage, or the removal of such items, are replaced/sealed and documented as repaired upon completion of the work. This policy applies to vertical and horizontal penetrations made by medical center staff, the Chief Information Office and contractors. Contracting companies are required to comply with the policies, procedures and regulations that apply whenever work is performed. Contracting Officer's Representatives (COR's) include the requirements of this policy in the specifications and scope of work for all applicable projects. Repairs are made using assemblies with an Underwriter's Laboratory (UL) listing or method pre-approved by Facilities Management Service (FMS), Engineering Section.
3. **DEFINITIONS:**
  - a. Penetrations are any holes, openings or faults created in a fire barrier/wall or smoke barrier/wall that compromises the integrity or fire rating of the penetrated structure. Drawings indicating the location of rated walls and barriers are available in Appendix A, Fire/Smoke Barrier Building Drawings. Change of use or change of occupancy can affect wall rating requirements. If the current site conditions differ from those shown in the drawings, consult with FMS, Engineering Section and/or your COR.
  - b. Fire stopping materials are any UL listed materials used to replace or repair any penetrations. Materials used must meet specifications that ensure the original integrity and rating of the penetrated surface are restored. Repairs are marked with a sticker or label at the site of the repair. A sample label is available in Appendix B, Sample Fire/Smoke Barrier Penetration Label. Minimum information required on the label includes:
    - (1) Date repair/penetration sealed.
    - (2) Name of technician and company, as applicable.

## 2. Policy Memorandum No. 138-10

- (3) Contact information, including phone number of technician, of the contractor completing the work.
  - (4) Project number, if applicable.
  - (5) Purchase order number, if applicable.
  - (6) Type of utility or system installed, modified or repaired.
  - (7) Brand of fire stop material used.
  - (8) Alpha-alpha numeric fire resistant directory number/UL system number of specific fire stop system used for repairs. Numbers are brand-specific.
- c. A fire wall/barrier is a continuous membrane or a membrane with discontinuities created by protected openings with a specified fire protection rating, where such membrane is designed and constructed with a specified fire resistance rating to limit the spread of fire, and also restricts the movement of smoke. Fire walls/barriers are floor ceiling assemblies and walls, including supporting construction. Fire walls/barriers are designed to form fire compartments and are constructed to be continuous from outside wall to outside wall, from one fire wall/barrier to another, or a combination thereof, including continuity through concealed spaces. (NFPA 101)
- d. A smoke wall/barrier is a continuous membrane or a membrane with discontinuities created by protected openings, where such membrane is designed and constructed to restrict the movement of smoke. Smoke walls/barriers are designed to form smoke compartments and are constructed to be continuous from outside wall to outside wall, from one smoke wall/barrier to another, or a combination thereof, including continuity through concealed spaces. (NFPA 101)
- e. A fire compartment is a space within a building that is enclosed by fire walls/barriers on all sides, including the top and bottom. (NFPA 101)
- f. A smoke compartment is a space within a building that is enclosed by smoke walls/barriers on all sides, including the top and bottom. (NFPA 101)

## 4. RESPONSIBILITIES:

- a. It is the responsibility of Engineering Section to ensure that VA Form 10-410, Fire/Smoke Barrier Permit, is issued and a final inspection is completed. Each issued permit will be assigned an inspection work order number created by the Work Order Clerk. The inspection work order will be closed once the final inspection has been completed and any remaining deficiencies corrected by the initiator of the permit.

### 3. Policy Memorandum No. 138-10

- b. Service chiefs/care line managers are aware of the requirements of this policy and are responsible for ensuring compliance with respect to any equipment/cabling installations that are coordinated by their staff within their assigned building spaces. Following completion of work and repair or sealing of penetrations, initiator of the permit is required to make an inspection to verify work has been satisfactorily completed and then contacts Engineering Section for a final inspection.
- c. The Chief, FMS and the Chief Information Officer are responsible for ensuring that their staff or contractors making penetrations into fire walls/barriers or smoke walls/barriers secure penetration permits prior to beginning work, and repair the wall/ceiling/floor in accordance with this policy and the Life Safety Code at completion of the work. Following completion of work and repair or sealing of penetrations, initiator of the permit is required to make an inspection to verify work has been satisfactorily completed and contacts Engineering Section for a final inspection.
- d. COR's are responsible for the following:
  - (1) Reviewing and approving specific fire stop system submittals, documentation and project-specific engineering judgments/designs.
  - (2) Ensuring that contractors adhere to this policy during construction, renovation or demolition activities, including pulling electrical or cable lines.
  - (3) Verifying that holes/penetrations made during construction activities are properly sealed.
- e. The Contracting Officer, VISN10 Contracting - Chillicothe, is responsible for ensuring that this policy memorandum is properly inserted in applicable contracts and discussed with the contractor prior to the initiation of project work.
- f. Contractors are responsible for:
  - (1) Before commencing work, submitting documentation and design submittals for project-specific fire stop systems and materials.
  - (2) Assuring that penetrations made in ceilings, floors, pipe chases, fire walls/barriers, smoke walls/barriers, and other locations are properly sealed and damaged or displaced ceiling tiles are replaced and contacting Engineering Section for a final inspection before leaving the facility, giving as much advance notice as possible, but never less than one full working day.

### 5. PROCEDURES:



#### 4. Policy Memorandum No. 138-10

- a. Routing of wiring, piping or conduit may require drilling through fire walls/barriers or smoke walls/barriers. When a ceiling, floor, wall, or partition employed as a fire wall/barrier or smoke wall/barrier is compromised for the purpose of installation, repair, or other modification, penetrations are resealed with proper smoke or fire materials. Work, including fire stopping, is inspected by the initiator of the permit and all noted deficiencies corrected before Engineering Section is contacted to make a final inspection.
- b. Contracted work, including Chief Information Office projects involving removal of ceiling tile or fire/smoke walls/barriers is approved by Engineering Section prior to installation of equipment, cables, conduit, or ductwork.
- c. A penetration permit is secured from Engineering Section and an inspection work order is generated prior to disturbing the integrity of the fire wall/barrier or smoke wall/barrier. The permit is posted and available for inspection at the subject location.
- d. Upon completion of work, the initiator of the permit ensures that the penetration is repaired (sealed) and ceiling tiles replaced according to accepted practice utilizing materials, including UL listed through-penetration fire stopping materials, that meet the original fire/smoke wall/barrier construction requirements in order to restore the original design specifications for compartmentalization. Penetrations are affixed with a label on or directly adjacent to the repair indicating:
  - (1) Date repair/penetration sealed.
  - (2) Name of technician and company, as applicable.
  - (3) Contact information, including phone number of technician, of the contractor completing the work.
  - (4) Project number, if applicable.
  - (5) Purchase order number, if applicable.
  - (6) Type of utility or system installed, modified or repaired.
  - (7) Brand of fire stop material used.
  - (8) Alpha-alpha numeric fire resistant directory number/UL system number of specific fire stop system used for repairs. Numbers are brand specific. A sample label is available in Appendix B, Sample Fire/Smoke Barrier Penetration Label.
- e. Upon completion of the final inspection by the initiator of the permit, Engineering Section is notified to make a final inspection. A sample inspection checklist is available in Appendix C, Final Fire/Smoke Barrier Inspection Checklist.

5. Policy Memorandum No. 138-10

- f. Penetrations and miscellaneous openings are sealed and protected according to specific manufacturer guidelines applicable to the situation, this policy and NFPA 101.
- g. Contracted work uses VA master guide specification 07270, Fire Stopping Systems.
- h. A final visual inspection for approval of the repairs performed is requested from Engineering Section ONLY after the initiator of the permit has made their own final inspection and corrected any deficiencies. Deficiencies found during final inspection by Engineering Section are referred back to the initiator of the permit for correction and reinspection. Following successful final inspection, the inspection work order is closed with comments, as appropriate. The closed work order serves as official document of record.
- i. Under no circumstances may any wires, conduits, cables, ducts or other items be suspended from, or come into contact with, fire protection sprinkler lines.
- j. Ceiling tiles are replaced immediately upon completion of the work or when workers leave the area.

6. REFERENCES: NFPA 101, Life Safety Code, 2013  
VHA Directive 2011-036, Safety and Health During Construction  
VA Master Guide Specification 07270, Fire Stopping Systems  
ASTM E2174, Standard Practice for On-Site Inspection of Installed Fire Stops

7. RESCISSION: Policy Memorandum No. 138-10, Fire/Smoke Barrier Permits, dated October 20, 2011.

8. COLLABORATED WITH: 138, 138S, 07F, 90, 00L, AFGE

9. RESPONSIBLE OFFICE: 138

10. RESCISSION DATE: March 2, 2018

Wendy J. Hepker, FACHE  
Medical Center Director

ATTACHMENTS:

Appendix A: Fire/Smoke Barrier Building Drawings

Appendix B: Sample Fire/Smoke Barrier Penetration Label

Appendix C: Final Fire/Smoke Barrier Inspection Checklist

## Fire/Smoke Barrier Building Drawings

00 10

2-HOUR FIRE BARRIER

THIS APPLIES TO OCCUPANCY SEPARATION WALLS, HORIZONTAL EXITS, AND STAIRWELLS OF 4 OR MORE STORES.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

DOORS: ALL DOOR PENETRATIONS ARE PROTECTED BY FIRE DAMPERS.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 2-HOUR WALL ASSEMBLIES. PENETRATIONS ARE TO BE FILLED ON BOTH SIDES OF THE WALL.

DOORS: ALL DOORS REQUIRE THE FOLLOWING:

1. LABELED FRAME (NFPA 101 1922.1)
2. LABELED 1 1/2 HOUR DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. COORDINATING DEVICES REQUIRED (NFPA 101 1922.1)
7. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
8. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
9. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
10. SWING IN PRIMARY DIRECTION OF TRAVEL (NFPA 101 1922.1)

00 10

2-HOUR FIRE AND SMOKE BARRIER

THIS APPLIES TO OCCUPANCY SEPARATION WALLS, HORIZONTAL EXITS, AND STAIRWELLS OF 4 OR MORE STORES. THE CONSTRUCTION WALL IS ALSO THE LOCATION OF THE 2-HOUR RATED WALL IS ALSO PART OF THE SAME WALL.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

DOORS: ALL DOOR PENETRATIONS ARE PROTECTED BY COORDINATION FIRE AND SMOKE DAMPERS. SMOKE DAMPERS ARE NOT REQUIRED WHERE ADJACENT SMOKE COMPARTMENTS ARE PROTECTED BY OTHER RESPONSE SPRINKLERS THROUGHOUT EACH COMPARTMENT.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 2-HOUR WALL ASSEMBLIES. PENETRATIONS ARE TO BE FILLED ON BOTH SIDES OF THE WALL.

DOORS: ALL DOORS REQUIRE THE FOLLOWING:

1. LABELED FRAME (NFPA 101 1922.1)
2. LABELED 1 1/2 HOUR DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. COORDINATING DEVICES REQUIRED (NFPA 101 1922.1)
7. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
8. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
9. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
10. SWING IN PRIMARY DIRECTION OF TRAVEL (NFPA 101 1922.1)

00 10

1-HOUR FIRE BARRIER

THIS APPLIES TO HAZARDOUS ENCLOSURES, HAZARDOUS ROOMS AND STAIRWELLS 3 STORES OR LESS.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

DOORS: STEEL DOOR PENETRATIONS NOT REQUIRED TO BE PROTECTED BY FIRE DAMPERS.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 1-HOUR WALL ASSEMBLIES. PENETRATIONS ARE TO BE FILLED ON BOTH SIDES OF THE WALL.

DOORS: ALL DOORS REQUIRE THE FOLLOWING:

1. LABELED FRAME (NFPA 101 1922.1)
2. LABELED 1 HOUR DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. COORDINATING DEVICES REQUIRED (NFPA 101 1922.1)
7. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
8. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
9. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
10. SWING IN PRIMARY DIRECTION OF TRAVEL (NFPA 101 1922.1)

00 10

1-HOUR FIRE AND SMOKE BARRIER

THIS APPLIES TO HAZARDOUS ENCLOSURES, HAZARDOUS ROOMS, AND NEWLY CONSTRUCTED SMOKE WALLS. THE CONSTRUCTION WALL IS ALSO THE LOCATION OF THE 1-HOUR WALL OF A RATED ROOM IS ALSO PART OF THE SAME WALL.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

DOORS: ALL DOOR PENETRATIONS ARE PROTECTED BY SMOKE DAMPERS. SMOKE DAMPERS ARE NOT REQUIRED WHERE ADJACENT SMOKE COMPARTMENTS ARE PROTECTED BY OTHER RESPONSE SPRINKLERS THROUGHOUT EACH COMPARTMENT.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 1-HOUR WALL ASSEMBLIES. PENETRATIONS ARE TO BE FILLED ON BOTH SIDES OF THE WALL.

DOORS: ALL DOORS FOR HAZARDOUS ROOMS REQUIRE THE FOLLOWING:

1. LABELED FRAME (NFPA 101 1922.1)
2. LABELED 1 HOUR DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. COORDINATING DEVICES REQUIRED (NFPA 101 1922.1)
7. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
8. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
9. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
10. SWING IN PRIMARY DIRECTION OF TRAVEL (NFPA 101 1922.1)

00 10

30 MINUTE SMOKE BARRIER

THIS APPLIES TO EXISTING SMOKE BARRIER WALLS.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

DOORS: ALL DOOR PENETRATIONS ARE PROTECTED BY SMOKE DAMPERS. SMOKE DAMPERS ARE NOT REQUIRED WHERE ADJACENT SMOKE COMPARTMENTS ARE PROTECTED BY OTHER RESPONSE SPRINKLERS THROUGHOUT EACH COMPARTMENT.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 1-HOUR ASSEMBLIES.

DOORS: ALL DOORS REQUIRE THE FOLLOWING:

1. NON-LABELED FRAME (NFPA 101 1922.1)
2. LABELED 20 MINUTE DOOR OR SOLID WOOD CORE DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. COORDINATING DEVICES REQUIRED (NFPA 101 1922.1)
7. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
8. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
9. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
10. SWING IN ANY DIRECTION (NFPA 101 1922.1)

00 10

EXISTING HAZARDOUS ROOMS

HAZARDOUS ROOMS: WALLS ONLY NEEDED TO GO UP TO THE DECK ABOVE IF SPRINKLED OR UP TO THE DECK ABOVE IF THERE IS NO CEILING IN THE SPRINKLED ROOM.

DOORS: STEEL DOOR PENETRATIONS ARE NOT REQUIRED TO BE PROTECTED BY FIRE DAMPERS OR SMOKE DAMPERS.

PENETRATIONS: EXISTING HAZARDOUS ROOMS: NO REQUIREMENTS FOR PENETRATIONS ABOUT THE CEILING IF SPRINKLED. IF THE SPACE IS NON-SPRINKLED, THEN THE WALL NEEDS TO GO TO THE DECK ABOVE.

DOORS: EXISTING HAZARDOUS ROOMS:

1. NON-LABELED FRAME (NFPA 101 1922.1)
2. 20 MINUTE OR SOLID WOOD CORE DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
6. MAXIMUM 1/2" GAP (NFPA 101 1922.1)
7. MAXIMUM 1/4" UNDERCUT (NFPA 101 1922.1)
8. MAXIMUM 1/4" PROTECTIVE PLATE (NFPA 101 1922.1)
9. SWING IN ANY DIRECTION

00 10

SUITES

WALL CONSTRUCTION: SUITE OF ROOMS WITH INTERNAL CORRIDORS OR ASSES THAT ARE NOT PART OF THE EXIT ACCESS CORRIDOR SYSTEM. PATIENT SLEEPING ROOMS ON ANY SUITE THAT INCLUDES PATIENT SLEEPING ROOMS OF MORE THAN 100 SQUARE FEET SHALL HAVE NOT LESS THAN 2 EXIT ACCESS DOORS REMOVELY LOCATED FROM EACH OTHER (NFPA 101 1922.1).

DOORS: ANY ROOM OR ANY SUITE OF ROOMS OTHER THAN PATIENT SLEEPING ROOMS, OR MORE THAN 100 SQUARE FEET, SHALL HAVE NOT LESS THAN TWO EXIT ACCESS DOORS REMOVELY LOCATED FROM EACH OTHER (NFPA 101 1922.1).

PENETRATIONS: SUITE OF ROOMS OTHER THAN PATIENT SLEEPING ROOMS: SHALL NOT EXCEED 1000 SQUARE FEET. SUITES OF LESS THAN 1000 SQUARE FEET SHALL BE CONSIDERED AS SUITES OF LESS THAN 1000 SQUARE FEET. NO EXIT SIGNS OR SUITE IDENTIFICATION SHALL BE REQUIRED. EGRESS OR EXIT (NFPA 101 1922.1 AND 1922.2).

DOORS: NO REQUIREMENTS.

PENETRATIONS: NO REQUIREMENTS.

DOORS: DOORS OPENING TO THE CORRIDOR ARE NOT REQUIRED TO BE SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1.4).

PENETRATIONS: DOORS OPENING INTERNAL TO THE SUITE CORRIDORS, PASSAGES AND AISLES ARE NOT REQUIRED TO COMPLY WITH LIFE SAFETY CODE REQUIREMENTS FOR MEANS OF EGRESS CORRIDOR DOORS (NFPA 101 1922.1.1).

NOTE: ALL CODE REFERENCES ARE PER THE 2001 EDITION OF NFPA 101 LIFE SAFETY CODE AND THE OTHER APPLICABLE CODES.

00 10

2-HOUR FIRE BARRIER

THIS APPLIES TO OCCUPANCY SEPARATION WALLS, HORIZONTAL EXITS, AND STAIRWELLS OF 4 OR MORE STORES.

WALL CONSTRUCTION: WALL EXTENDS FROM FLOOR TO DECK ABOVE.

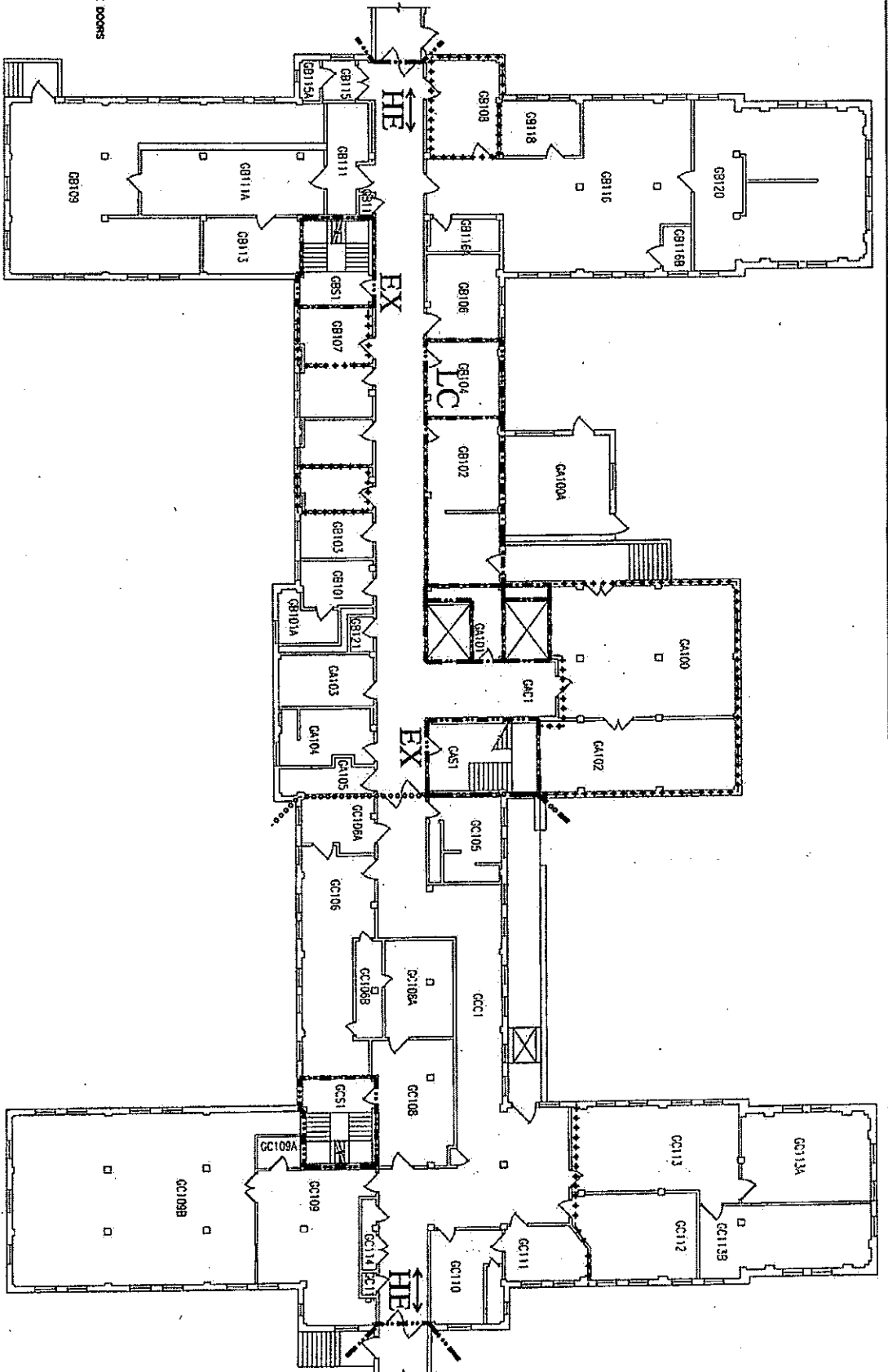
DOORS: ALL DOOR PENETRATIONS ARE PROTECTED BY FIRE DAMPERS.

PENETRATIONS: ALL PENETRATIONS ARE SEALED WITH LISTED FIRESTOP MATERIALS FOR PROTECTING 2-HOUR WALL ASSEMBLIES. PENETRATIONS ARE TO BE FILLED ON BOTH SIDES OF THE WALL.

DOORS: ALL DOORS REQUIRE THE FOLLOWING:

1. LABELED FRAME (NFPA 101 1922.1)
2. LABELED 1 1/2 HOUR DOOR (NFPA 101 1922.1)
3. MAXIMUM 10 SQ. IN. WINDOW (NFPA 101 1922.1)
4. POSITIVE LATCHING (NFPA 101 1922.1)
5. SELF-CLOSING OR AUTOMATIC CLOSING (NFPA 101 1922.1)
- 6





# **SYMBOLS LIST**

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 1 HOUR CORRIDOR FIREWALL-20 MINUTE DOORS
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- URINE CHUTE
- TRASH CHUTE
- TC

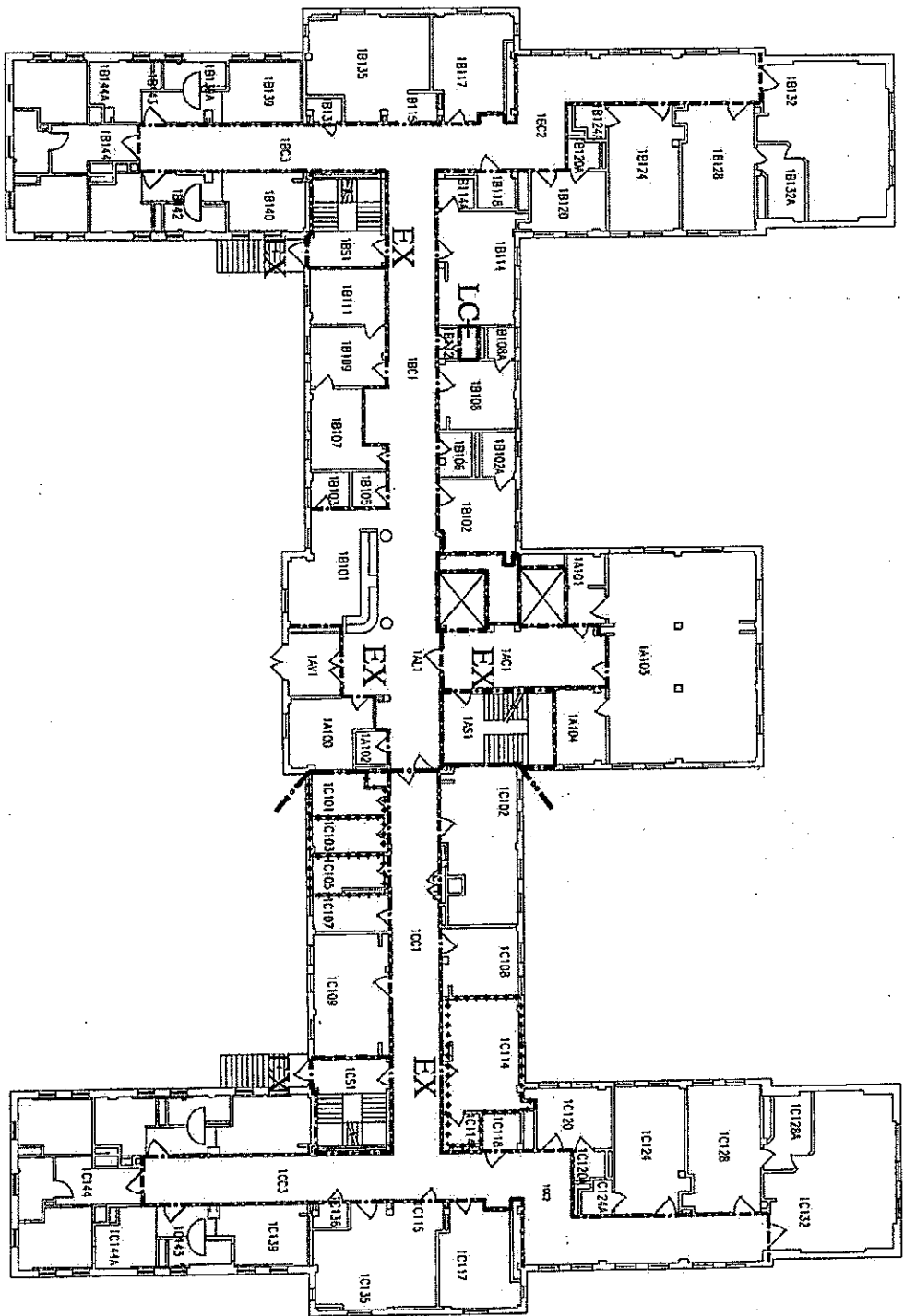
SUITE DESIGNATIONS  
 AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION  
 AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

Revision	Date	1837.01
Project No.	1837.01	
Client	Dept. of Veterans Affairs Medical Center 1723 St. R. 104 Cincinnati, OH 45201	
Contractor	PRAC CONSULTANTS, INC. 1723 St. R. 104 Cincinnati, OH 45201	
Drawing Title	BUILDING 24 BASEMENT	
Sheet No.	1837.01	
Project Name	STATEMENT OF CONDITIONS	
Designed By	VA MEDICAL CENTER CINCINNATI, OH	
Drawn By	1/1/13	
Scale	NO SCALE	
Sheet No.	1837.01	

**BUILDING 24 BASEMENT**  
 FULLY SPRINKLERED  
 BUSINESS OCCUPANCY

## BUILDING 24 FIRST FLOOR

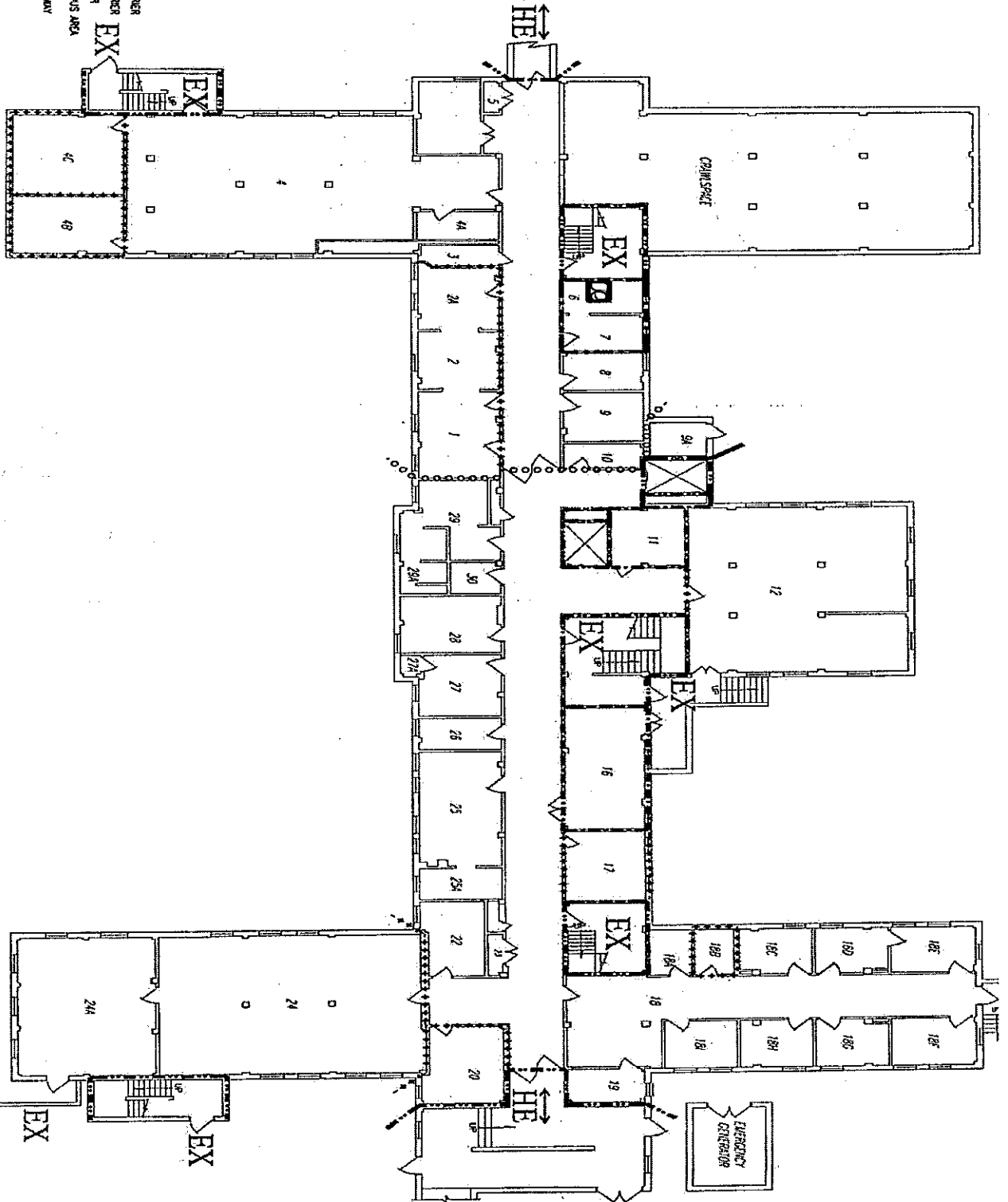
- |                       |   |
|-----------------------|---|
| ===== 2nd round ===== | 2 HOUR FIRE BARBER:                     |
| ===== 3rd round ===== | 2 HOUR FIRE BARBER:                     |
| ===== 4th round ===== | 2 HOUR FIRE/SMOKE BARBER:               |
| ===== 5th round ===== | 1 HOUR FIRE/SMOKE BARBER:               |
| ===== 6th round ===== | 1 HOUR CONCORD FIREWALL-20 MINUTE DOOR: |
| ===== 7th round ===== | 30 MINUTE SMOKE BARBER                  |
| *****                 | SPOKE RESISTIVE HAZARDOUS AREA          |
| *****                 | HORIZONTAL EXT PASSAGEWAY               |
| HE                    | EXT                                     |
| EX                    | EXT PASSAGEWAY                          |
| EP                    | UPPER CHUTE                             |
| LC                    |   |
| TC                    | ROUGH CHUTE                             |



AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION  
AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

**FULLY SPRINKLERED  
DOMICILIARY OCCUPANCY**

Building: _____ Project No.: 1637.01	Date: _____ 
Dept. of Veterans Affairs Office of Medical Services Office of Medical Research and Development Washington, DC 20330	
PRAC CONSULTANTS, INC. 17700 Greenway Suite 100 Greenway Dallas, TX 75244	Building 24 FIRST FLOOR
Contract No. _____ Building No. 24 Section 24-1 Location: _____	Contract No. _____ Building No. 24 Section 24-1 Location: _____
Project Title: <b>STATEMENT          OF CONDITIONS</b>	Project Title: <b>STATEMENT          OF CONDITIONS</b>
Designed by: BAA Checked by: BAA Drawn by: J.W.M. Date: 1/11/75	Designed by: BAA Checked by: BAA Drawn by: J.W.M. Date: 1/11/75
Drawing No.: _____ Sheet: _____ No. of Sheets: 5 of 2	Drawing No.: _____ Sheet: _____ No. of Sheets: 5 of 2



# **SYMBOLS LIST**

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- WATERPROOF, EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- EP
- LC
- TC
- SMOKE RESERVATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

**BUILDING 26 BASEMENT**

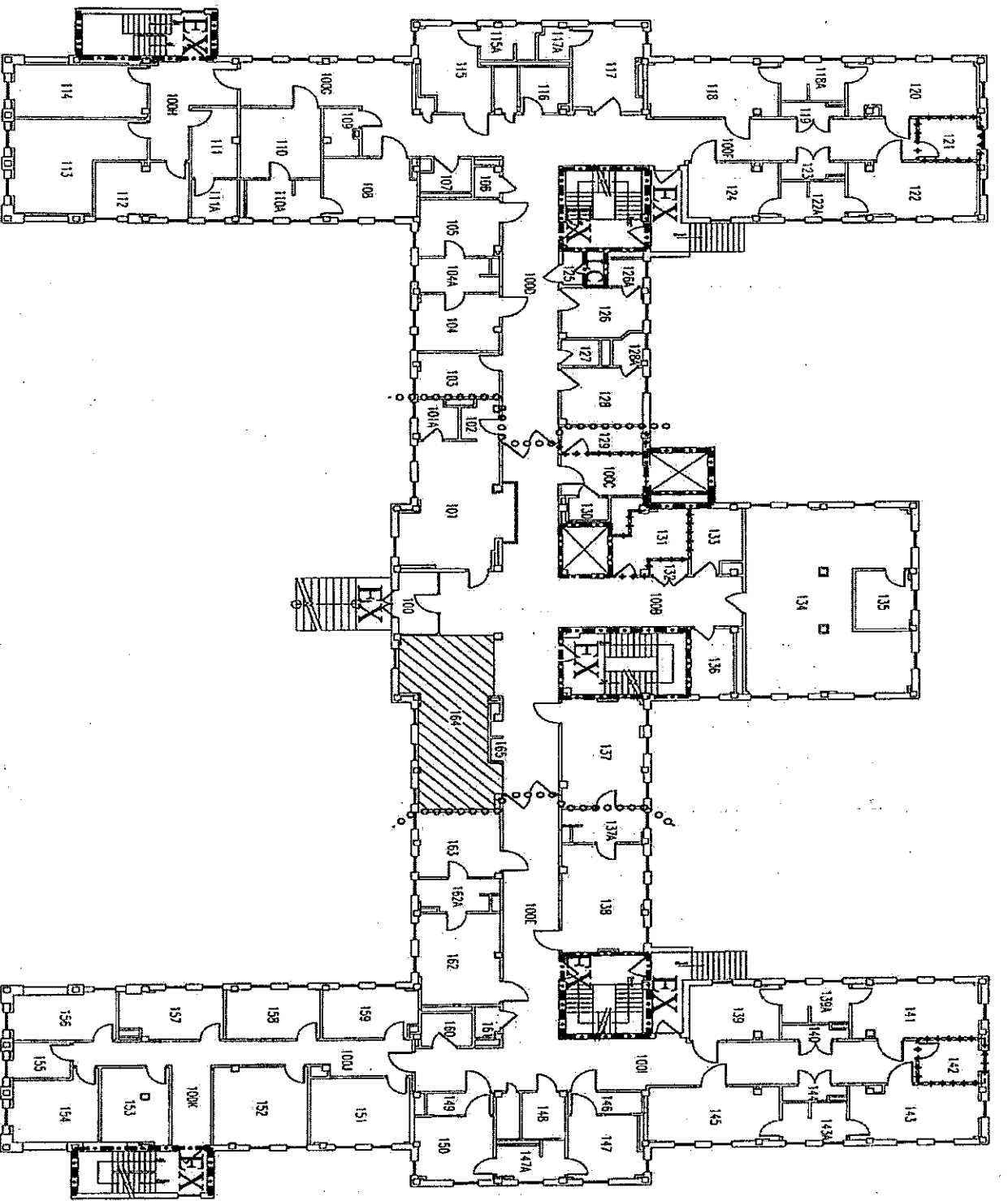
**FULLY SPRINKLERED**

**BUSINESS OCCUPANCY**

Project No.	183701	Date	11/1/13
Client	Dept. of Veterans Affairs Medical Center 1723 St. R. 104 Cincinnati, OH 45201		
Contract No.	CONSULTANTS, INC. FEDERAL CONTRACT NO. 183701		
Building No.	26	Project Title	BUILDING 26 BASEMENT
Contract No.	5000 16-B	Project Title	STATEMENT OF CONDITIONS
Location	VA MEDICAL CENTER CINCINNATI, OHIO	Scale	NO SCALE
Drawing No.	SOC-1		

SUITE DESIGNATIONS  
 AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION  
 AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

- SYMBOLS LIST**
- 2 HOUR FIRE BARRIER
  - 1 HOUR FIRE BARRIER
  - 2 HOUR FIRE/SMOKE BARRIER
  - 1 HOUR FIRE/SMOKE BARRIER
  - 30 MINUTE SMOKE BARRIER
  - SMOKE RESISTIVE HAZARDOUS AREA
  - HORIZONTAL EXIT PASSAGEWAY
  - EXIT
  - EXIT PASSAGEWAY
  - LOBBY CHUTE
  - TRASH CHUTE
  - TC

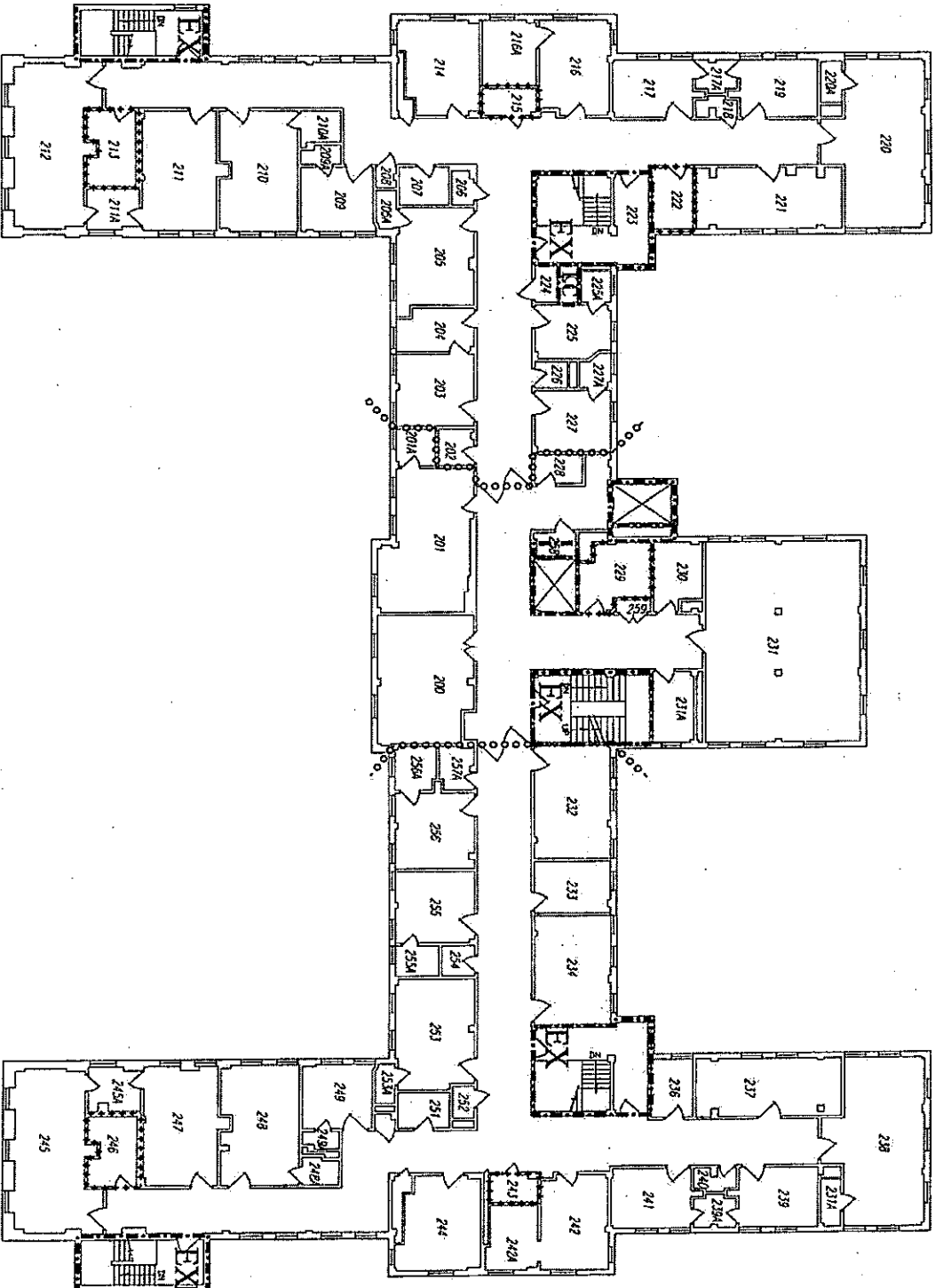


BUILDING 26 FIRST FLOOR  
 FULLY SPRINKLERED  
 HEALTH CARE OCCUPANCY

Date 10/27/01	Drawn By J. J. J.
Project Title BUILDING 26 FIRST FLOOR	Project No. 26
Building No. 26	Contract No. 26002 26-1
Project Title STATEMENT OF CONDITIONS	Project No. 26
Design By BAA	Drawn By J. J. J.
Location VA MEDICAL CENTER CHARLOTTE, NC	Date 10/27/01
Project No. 26	Drawing No. SOC-2



- SYMBOL LIST**
- 2 HOUR FIRE BARRIER
  - 1 HOUR FIRE BARRIER
  - 2 HOUR FIRE/SMOKE BARRIER
  - 1 HOUR FIRE/SMOKE BARRIER
  - 30 MINUTE SMOKE BARRIER
  - SMOKE RESISTIVE HAZARDOUS AREA
  - HORIZONTAL EXIT PASSAGEWAY
  - EXIT
  - EXIT PASSAGEWAY
  - LINE CHUTE
  - TRASH CHUTE
  - SUITE DESIGNATIONS
  - AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
  - AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

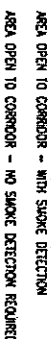


**BUILDING 26 SECOND FLOOR**

**FULLY SPRINKLERED**

**HEALTH CARE OCCUPANCY**

Project No.	1037.01	Date	10/17/01
Client			
Project Name	<b>BUILDING 26 SECOND FLOOR</b>		
Design Firm	<b>FRAC CONSULTANTS, INC.</b> 10000 W. 10th Avenue Suite 100 Denver, CO 80202		
Owner	Dept. of Veterans Affairs Medical Center 1500 St. Paul St. Durham, NC 27705		
Project No.	1037.01	Date	10/17/01
Project Name	<b>BUILDING 26 SECOND FLOOR</b>		
Design Firm	<b>FRAC CONSULTANTS, INC.</b> 10000 W. 10th Avenue Suite 100 Denver, CO 80202		
Owner	Dept. of Veterans Affairs Medical Center 1500 St. Paul St. Durham, NC 27705		
Project No.	1037.01	Date	10/17/01
Project Name	<b>BUILDING 26 SECOND FLOOR</b>		
Design Firm	<b>FRAC CONSULTANTS, INC.</b> 10000 W. 10th Avenue Suite 100 Denver, CO 80202		
Owner	Dept. of Veterans Affairs Medical Center 1500 St. Paul St. Durham, NC 27705		



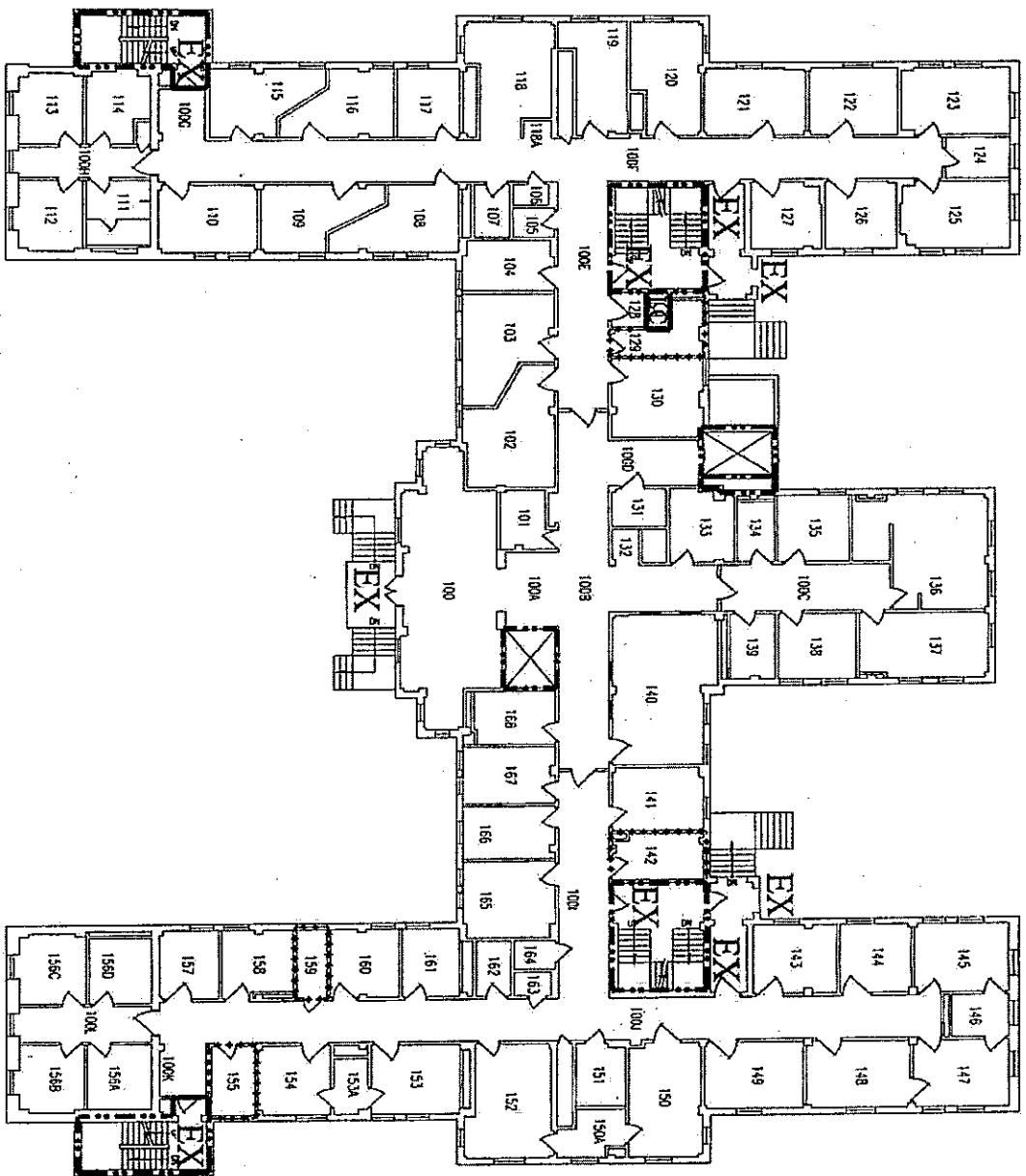
2 HOUR PRE BARBER	2 HOUR PRE BARBER
1 HOUR PRE BARBER	1 HOUR PRE BARBER
1 HOUR PRE/SHOKE BARBER	1 HOUR PRE/SHOKE BARBER
30 MINUTE SHOKE BARBER	30 MINUTE SHOKE BARBER
SHOKE RESISTANCE HAZARDOUS AREA	SHOKE RESISTANCE HAZARDOUS AREA
*****	*****
HE	HORIZONTAL ENT PASSAGEWAY
EX	ENT
EP	ENT PASSAGEWAY
LC	UPPER CHUTE
TC	THROUGH CHUTE

AREA OPEN TO CORRIDOR -- WITH SMOKE DETECTION  
AREA OPEN TO CORRIDOR -- NO SMOKE DETECTION REQUIRED



FULLY SPRINKLERED  
BUSINESS OCCUPANCY

<b>Persons</b>		<b>Date</b>
 Dept. of Veterans Affairs Medical Center 17733 St. St. Rd. Chico, CA 95901		
<b>PAC CONSULTANTS, INC.</b>  10000 S.W. 10TH AVE. SUITE 100 MIRAMAR, FL 33029		
<b>Drawing Title</b>		
<b>BUILDING 27 BASEMENT</b>		
<b>Sheet Project No.</b>	<b>Contract No.</b>	<b>Project Title</b>
Building No. <b>27</b>	MATCHED FOR HOME <b>S0001-27-B</b>	<b>STATEMENT OF CONDITIONS</b>
<b>Designed by</b> BAA	<b>Directed by</b> BAA	<b>Drawn by</b> W/D/N
<b>Location</b> VA MEDICAL CENTER CHILDSONE	<b>Scale</b> NO SCALE	<b>Dated</b> 1/11/73
<b>Issued by</b> SQC-4		
<b>SN. 2 OF 4</b>		



# SYMBOLS LIST

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- LINK CHUTE
- TRASH CHUTE
- SUITE OCCUPATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

Revised	Date	12/27/00
Project No.	12/27/00	
Client	12/27/00	
Project Title	BUILDING 27 FIRST FLOOR	
Client Project No.	12/27/00	
Contract No.	12/27/00	
Project Title	STATEMENT OF CONDITIONS	
Designed By	Checked By	Date
12/27/00	12/27/00	12/27/00
Location	VA MEDICAL CENTER	
Scale	NO SCALE	
Sheet No.	S0C-2	
Sheet No.	S0C-2	

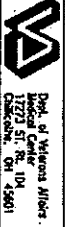


**BUILDING 27 FIRST FLOOR**  
**FULLY SPRINKLERED**  
**BUSINESS OCCUPANCY**

# SYMBOLS LIST

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- LINEAL CHUTE
- TRASH CHUTE
- SUITE DESIGNATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

Revisions  
 Date  
 1837.000



FRAC CONSULTANTS, INC.  
 CONSULTANTS  
 10000 27-2

Building File  
 BUILDING 27  
 SECOND FLOOR

Sheet Project No.  
 27  
 Contact No.  
 2000 27-2

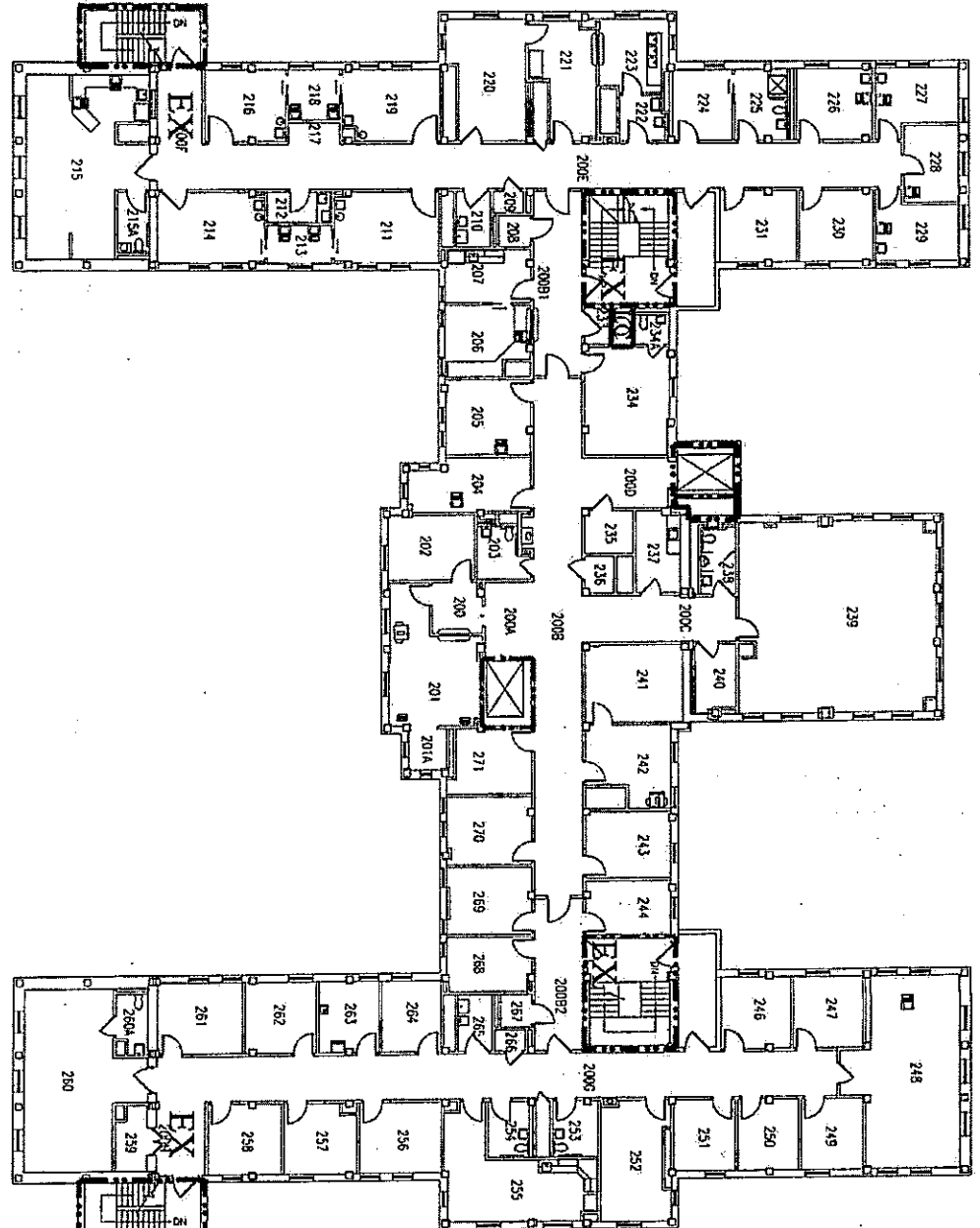
Project Title  
 STATEMENT  
 OF CONDITIONS

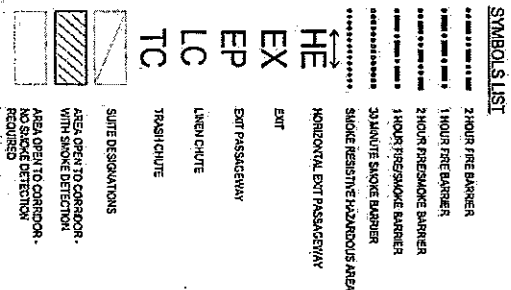
Designed By  
 P.A.  
 Checked By  
 P.A.  
 Date  
 1/11/13  
 Drawing No.  
 SOC-101




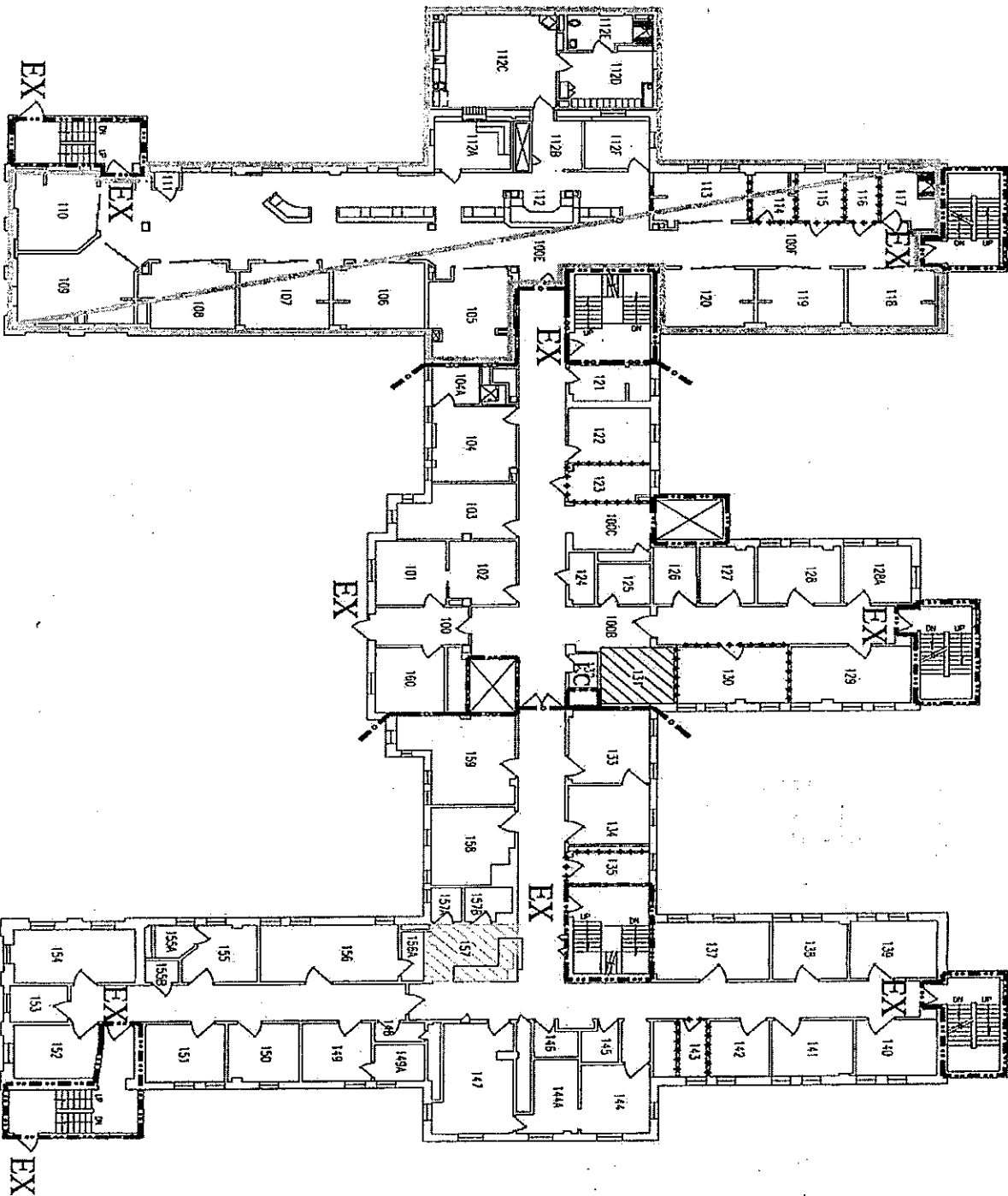
FULLY SPRINKLERED  
 BUSINESS OCCUPANCY

## BUILDING 27 SECOND FLOOR





		Department of Veterans Affairs	
1111 K STREET, N.W. WASHINGTON, D.C. 20503-0001		BUILDING 30 BASEMENT	
30		B30	
STATEMENT OF CONDITIONS		NS	
CHILDCARE OHIO		JAWS	
NO SCALE		NS	
SOC-1		10/25/2014	



# **SYMBOLS LIST**

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTANT HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- UPPER CHUTE
- TRASH CHUTE
- SUITE DESIGNATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

**SPECIAL CARE/TELEMETRY SUITE**  
5,400 sq. ft.

**BUILDING 30 FIRST FLOOR**

**FULLY SPRINKLERED**  
**HEALTH CARE OCCUPANCY**



Project No.	183701	Date	1/11/13
Client			
Project Title	<b>STATEMENT OF CONDITIONS</b>		
Building No.	30	Contract No.	8002 30-1
Project No.	183701	Contract No.	8002 30-1
Location	VA MEDICAL CENTER CHILICOTHE, OHIO		
Scale	NO SCALE		
Sheet No.	SOC-2 SH. 3 OF 4		



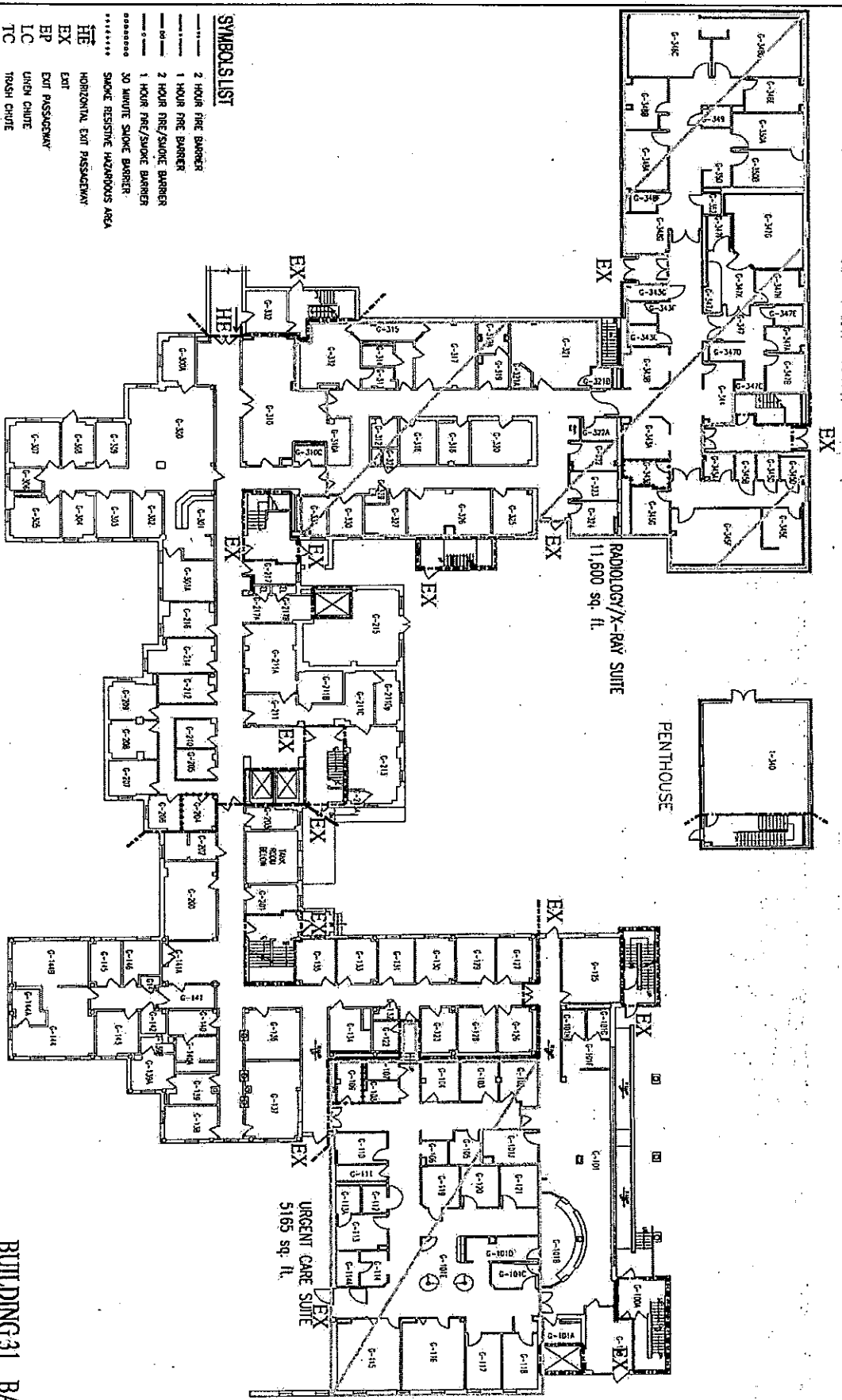


- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION

**FULLY SPRINKLERED  
BUSINESS OCCUPANCY**

Senders Date		
1937.01		
Dept. of Veterans Affairs Medical Center 11723 St. Pl. 104 Chickadee, OK 45601		
FRAC CONSULTANTS, INC. 11111 N. 10th St. Oklahoma City, OK 73101		
Drawing Title <b>BUILDING 31          SUB BASEMENT</b>		Project Title <b>STATEMENT          OF CONDITIONS</b>
Sheet Project No. 31	Scaled No. 5000 31-58	
Building No. 31	Added File Name 5000 31-58	Drawing No. <b>SOC-1</b>
Drawn By BVA	Checked By BVA	
Location VA MEDICAL CENTER OKLAHOMA CITY, OK	Scale NO SCALE	Date 1/11/13
Drawing No. <b>SOC-1</b>		Date 1/11/13





**SYMBOL LIST**

- 2 HOUR FIRE BARRIER
  - 1 HOUR FIRE BARRIER
  - 2 HOUR PRE/SMOKE BARRIER
  - 1 HOUR PRE/SMOKE BARRIER
  - 30 MINUTE SMOKE BARRIER
  - SMOKE RESISTIVE HAZARDOUS AREA
  - HORIZONTAL EXIT PASSAGEWAY
  - EXIT
  - EXIT PASSAGEWAY
  - URIN CHUTE
  - TRASH CHUTE
  - TC
- STATE DESIGNATIONS**
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
  - AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

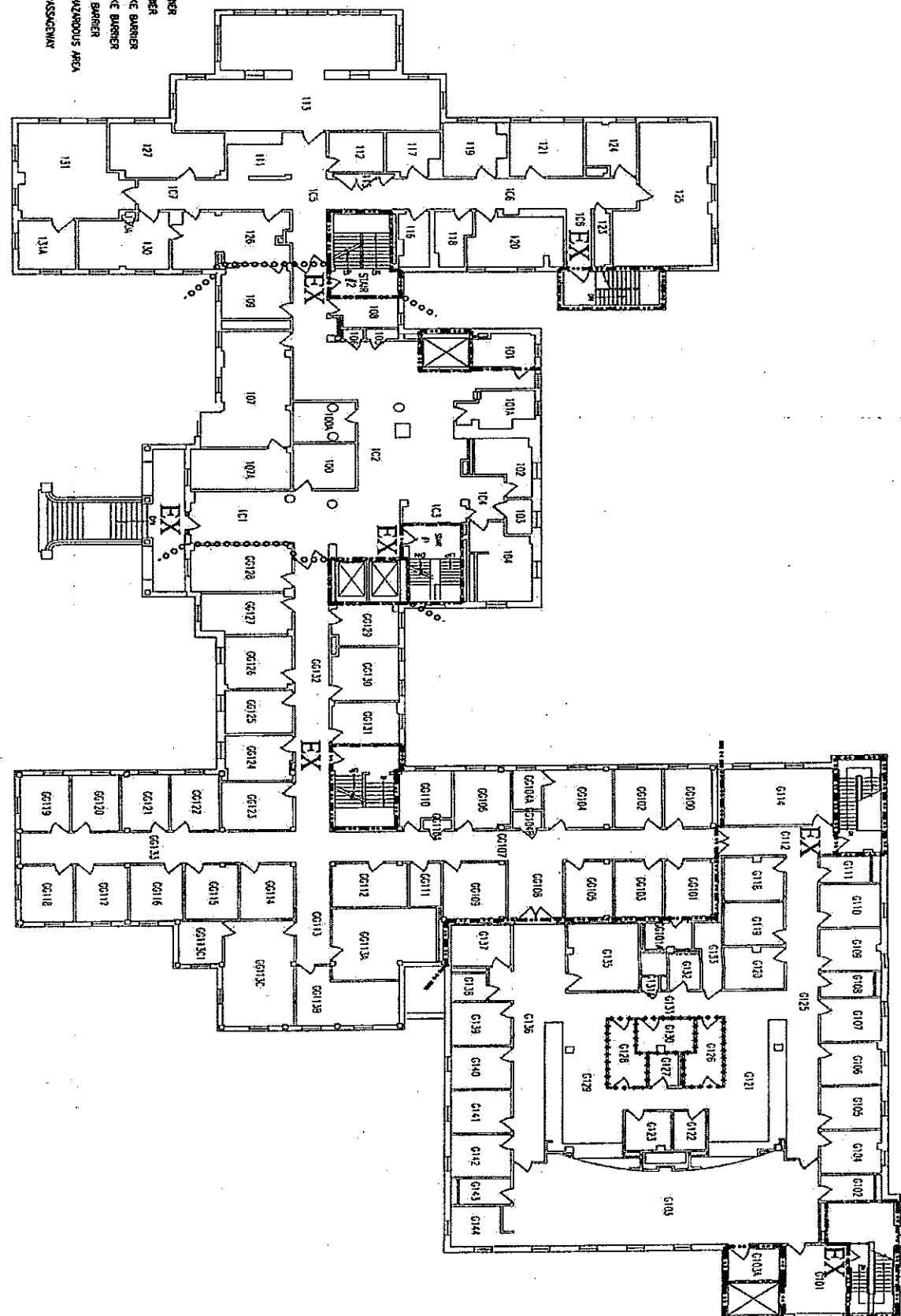
**BUILDING 31 BASEMENT**

*Business*  
FULLY SPRINKLERED  
MIXED OCCUPANCY



Drawn by JAC	Date 10/27/01
JAC CONSULTANTS, INC. 17221 ST. R. 104 CLEVELAND, OH 44130	
Project Title BUILDING 31 BASEMENT	Client Project No. 31
Building No. 31	Contract No. 50022-21-B
Project Title STATEMENT OF CONDITIONS	
Designed by JAC	Checked by JAC
Drawn by JAC	Drawn by JAC
Scale NO SCALE	Sheet No. S0C-2
Building No. 31	

- SYMBOLS LIST**
- 2 HOUR FIRE BARRIER
  - 1 HOUR FIRE BARRIER
  - 2 HOUR FIRE/SMOKE BARRIER
  - 1 HOUR FIRE/SMOKE BARRIER
  - 30 MINUTE SMOKE BARRIER
  - SMOKE RESISTIVE HAZARDOUS AREA
  - HORIZONTAL EXIT PASSAGEWAY
  - EXIT
  - EXIT PASSAGEWAY
  - UNION CHUTE
  - TRASH CHUTE
- SMOKE DESIGNATIONS**
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
  - AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

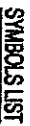


**BUILDING 31 FIRST FLOOR**

**FULLY SPRINKLERED  
BUSINESS OCCUPANCY**

Revision		Date		Project Title		Drawing Title		Sheet No.		Total Sheets	
10/17/01		10/17/01		BUILDING 31		FIRST FLOOR		31		10/17/01	
 Dept. of Veterans Affairs Medical Center 12233 St. Rt. 104 Columbus, OH 43201		 FRC CONSULTANTS, INC. 10000 W. 10th Ave. Suite 100 Denver, CO 80202		Drawing Title <b>BUILDING 31</b> <b>FIRST FLOOR</b>		Sheet No. 31		Total Sheets 10/17/01		Project Title <b>STATEMENT</b> <b>OF CONDITIONS</b>	
Prepared By BAA		Checked By JY/DN		Date 1/11/13		Drawing Title <b>SOC-3</b>		Scale NO SCALE		Sheet No. 1 of 6	





## 2 HOUR FIRE BARRIER

**1 HOUR FREE BAKERY**

## 2 HOUR FIRE/SMOKE BARRIER

## 1 HOUR FIRE/SMOKE BARRIER

30 MINUTE SMOKE BARRIER

SHYNE RESIDUE, HAZARDOUS AREA

## HORIZONTAL EXIT PASSAGEWAY

Exit

EXIT PASSAGEWAY

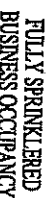
**LINEAR CHUITS**

## STATE OF CALIFORNIA

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AREA OPEN TO CORRIDOR ~ NO SMOKE DETECTION REQUIRED

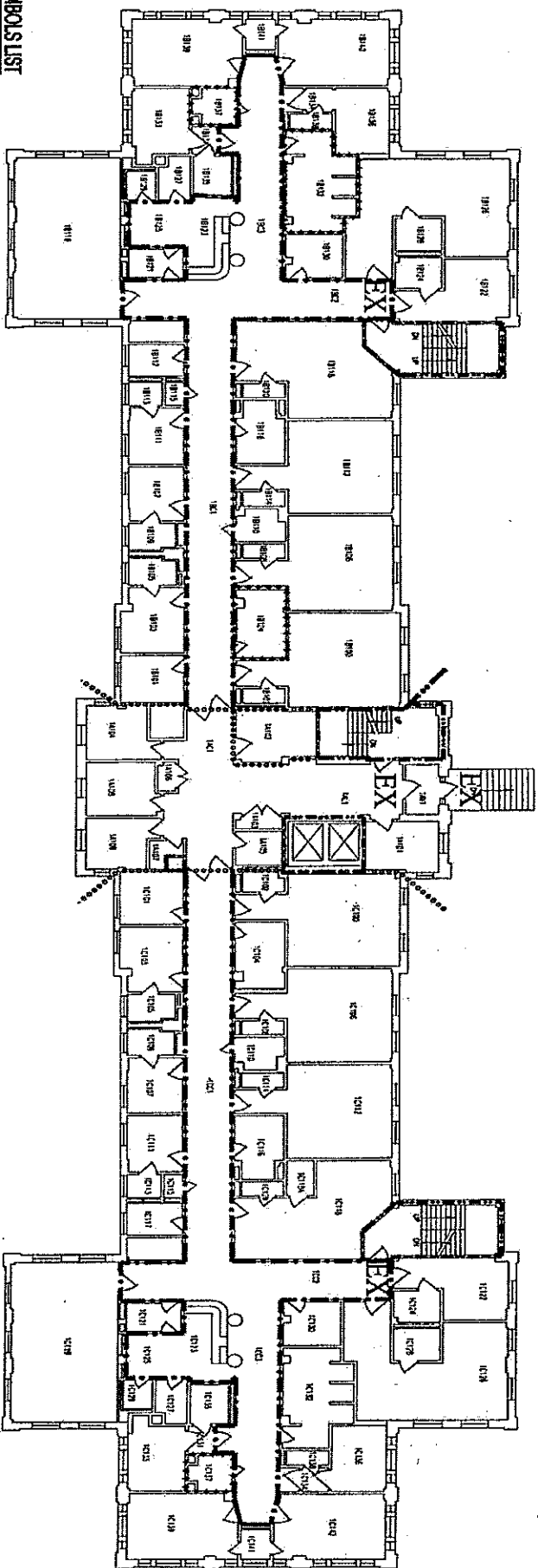
BUILDING 31 THIRD FLOOR



		Dept. of Veterans Affairs Medical Center 12725 St. Rd., 104 Houston, TX 77035	
Reviewers: _____ Date: _____		Drawing Title: <b>BUILDING 31 FUNDING</b>	
Project No.: _____		Contract No.: _____	
Building No.: _____		Location: E-2, Annex	
Drawing No.: _____		Drawing Date: 1/11/73	
Drawing No.: _____		Drawing Date: 1/11/73	

[illegible]





# **SYMBOL LIST**

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 1 HOUR CORRIDOR FIREWALL-20 MINUTE DOORS
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- UNION CHUTE
- TRASH CHUTE
- STATE DESIGNATIONS

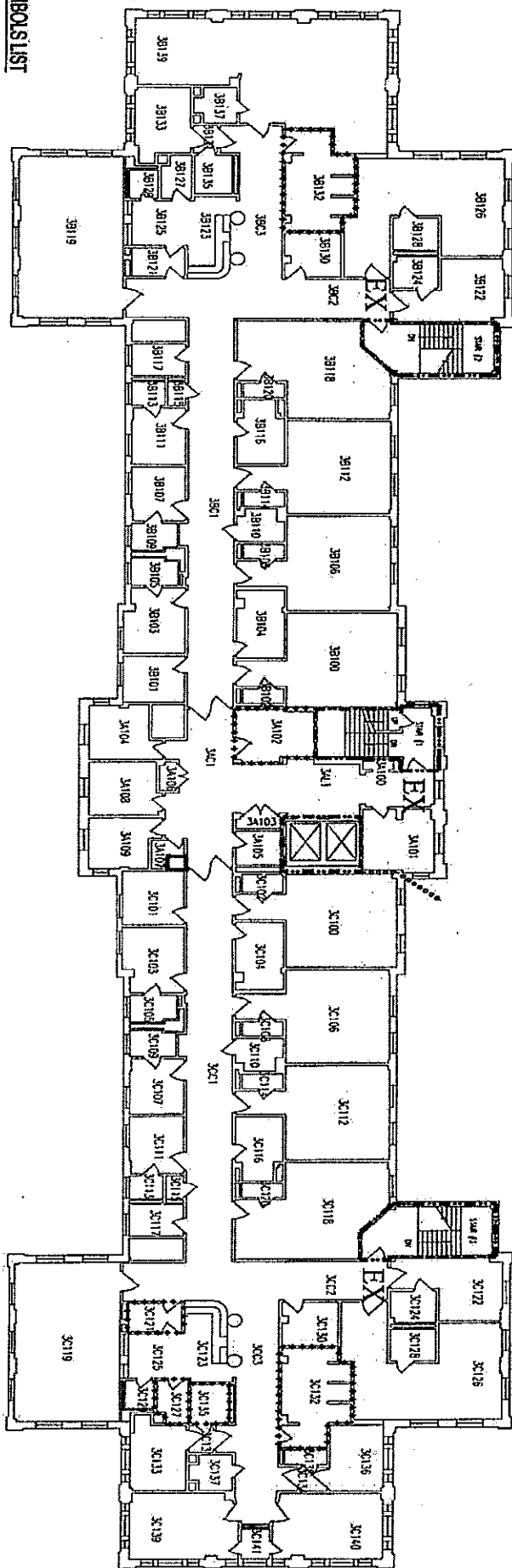
AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION  
 AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

## **BUILDING 35 FIRST FLOOR**

**FULLY SPRINKLERED  
 DOMICILIARY OCCUPANCY**

Revision Date 1/27/01		Drawn By 1/27/01		Checked By 1/27/01		Project Title BUILDING 35 FIRST FLOOR		Project No. 35		Project Title STATEMENT OF CONDITIONS		Designed By BAA		Checked By BAA		Drawn By M/DH		Date 1/11/13		Drawing No. SOC-3	
Title 1/27/01		Drawn By 1/27/01		Checked By 1/27/01		Project Title BUILDING 35 FIRST FLOOR		Project No. 35		Project Title STATEMENT OF CONDITIONS		Designed By BAA		Checked By BAA		Drawn By M/DH		Date 1/11/13		Drawing No. SOC-3	
Title 1/27/01		Drawn By 1/27/01		Checked By 1/27/01		Project Title BUILDING 35 FIRST FLOOR		Project No. 35		Project Title STATEMENT OF CONDITIONS		Designed By BAA		Checked By BAA		Drawn By M/DH		Date 1/11/13		Drawing No. SOC-3	





# SYMBOL LIST

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 1 HOUR CORRIDOR FIREWALL-20 MINUTE DOORS
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- UNION CHUTE
- TRASH CHUTE
- SUITE DESIGNATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

## BUILDING 35 THIRD FLOOR

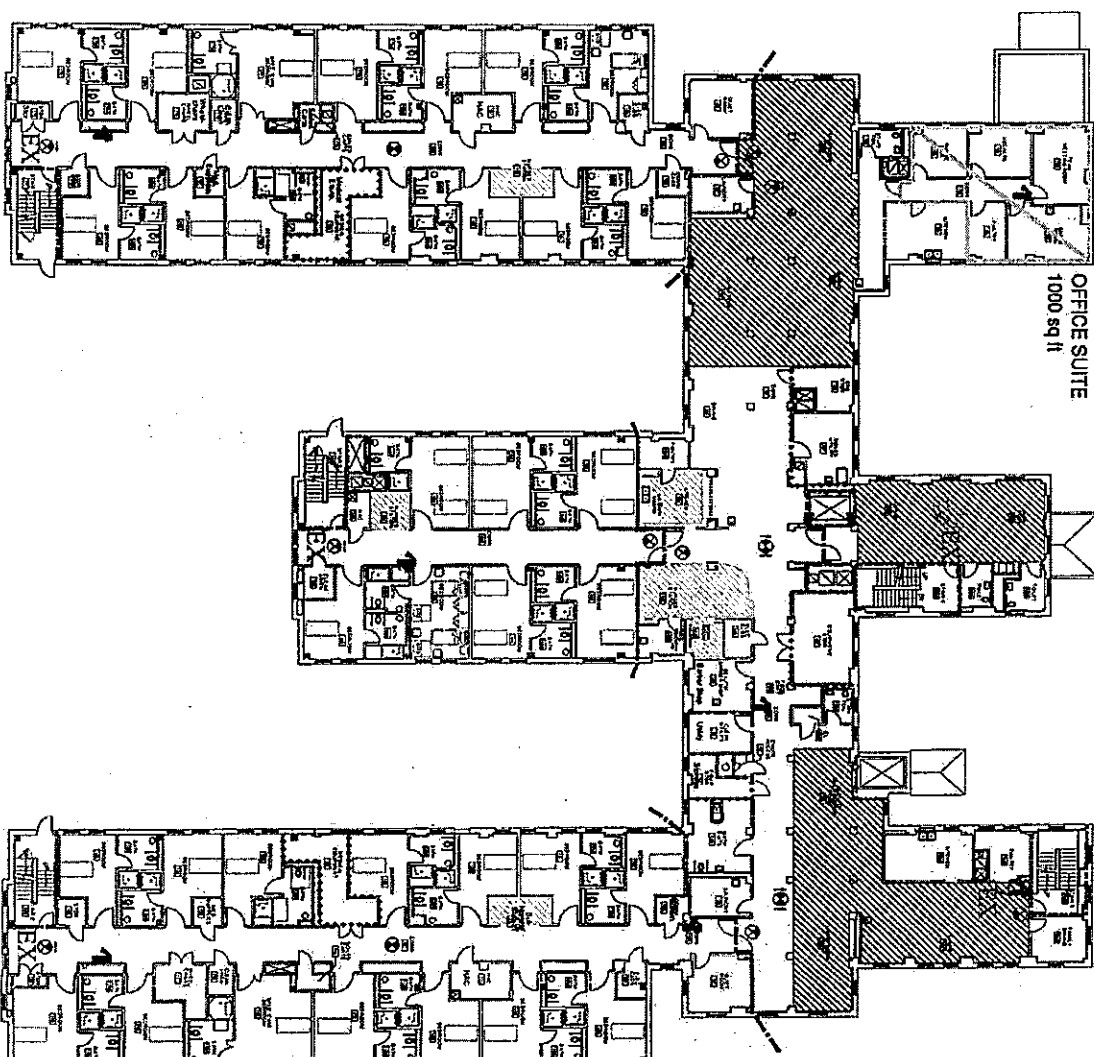
FULLY SPRINKLERED  
BUSINESS OCCUPANCY

Project No.	1037/01	Date	10/11/13
Client	Dept. of Veterans Affairs Medical Center 1722 St. N. 104 Chicago, IL 60607		
Contract No.	1722 St. N. 104 Chicago, IL 60607		
Building No.	35		
Project Name	BUILDING 35 THIRD FLOOR		
Statement of Conditions	STATEMENT OF CONDITIONS		
Designed By	BA	Checked By	BA
Drawn By	BA	Reviewed By	BA
Scale	1/4" = 1'-0"	Date	10/11/13
Project No.	1037/01	Sheet No.	1037/01





SOG-2



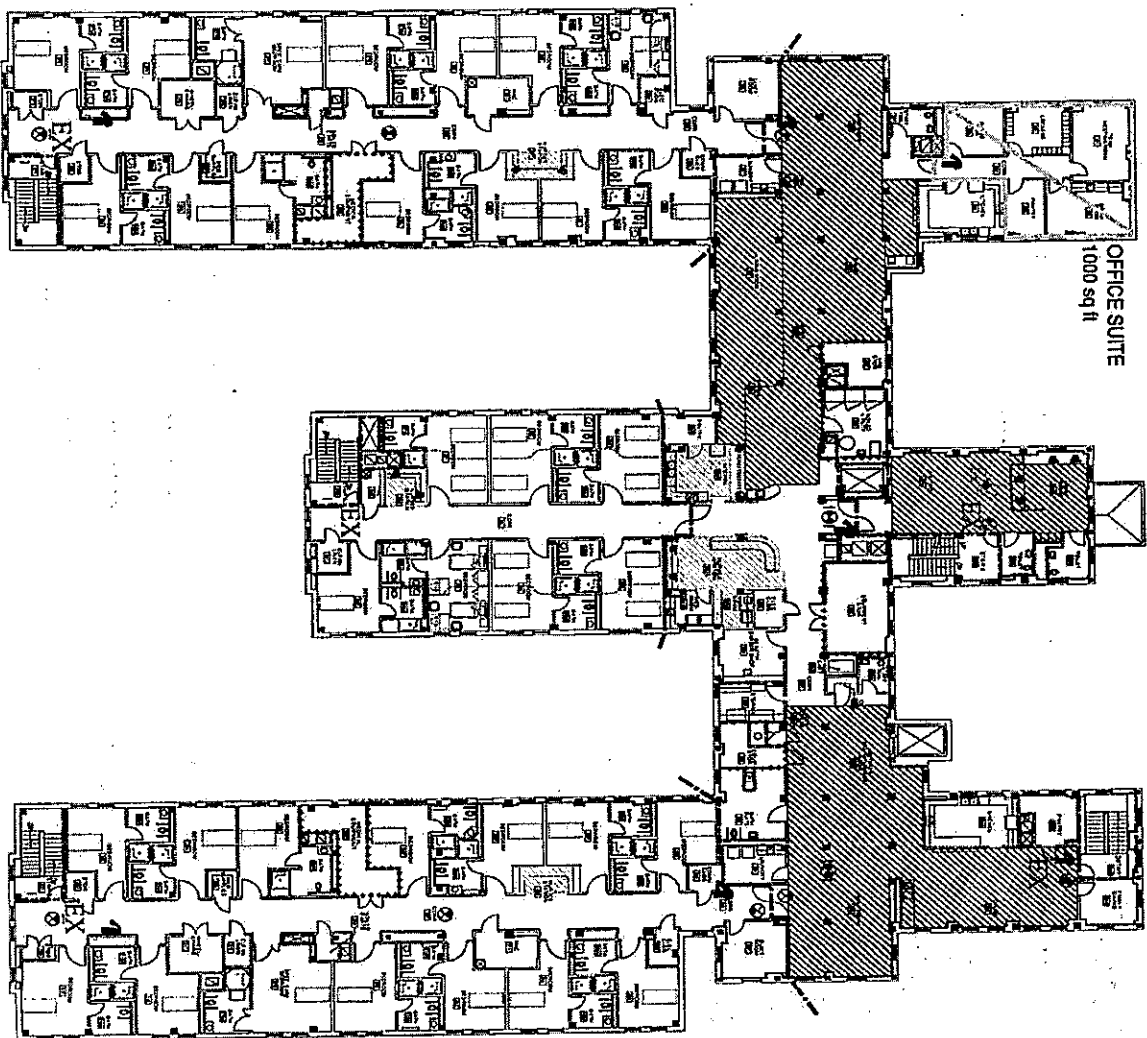
FULLY SPRINKLERED  
HEALTH CARE OCCUPANCY

BUILDING 210 FIRST FLOOR

# SYMBOL LIST

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTIVE HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- URINE CHUTE
- TRASH CHUTE
- SUITE DESIGNATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

Drawn by	Scale	Date	Project No.	Contract No.	Project Size	Reviewed by	Checked by	Drawn by	Date
TRAC Proj.	1:837.01		1837.01		BUILDING 210 FIRST FLOOR	VA MEDICAL CENTER CHILLICOTHE, OHIO	VA MEDICAL CENTER CHILLICOTHE, OHIO	VA MEDICAL CENTER CHILLICOTHE, OHIO	1/11/13
<p>Doc. of Veterans Affairs 17755 Street, 104 Chillcote, OH 45601</p> <p>PRAC CONSULTANTS, INC. 17755 Street, 104 Chillcote, OH 45601</p> <p>Building No. 210</p> <p>Contract No. 2003 210-1</p> <p>Project Size</p> <p>STATEMENT OF CONDITIONS</p> <p>Scale: NO SCALE</p> <p>Sheet 1 of 5</p>									



# **SYMBOL LIST**

- 2 HOUR FIRE BARRIER
- 1 HOUR FIRE BARRIER
- 2 HOUR FIRE/SMOKE BARRIER
- 1 HOUR FIRE/SMOKE BARRIER
- 30 MINUTE SMOKE BARRIER
- SMOKE RESISTING HAZARDOUS AREA
- HORIZONTAL EXIT PASSAGEWAY
- EXIT
- EXIT PASSAGEWAY
- UNION CHUTE
- TRASH CHUTE
- SUITE DESIGNATIONS
- AREA OPEN TO CORRIDOR - WITH SMOKE DETECTION
- AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED

**BUILDING 210 SECOND FLOOR**

**FULLY SPRINKLERED  
HEALTH CARE OCCUPANCY**

Revisions	Date	1837.01
<b>CONSULTANTS, INC.</b> CONSULTANTS, INC. 17233 ST. R. 104 CINCINNATI, OH 45216		
Drawing Title	Client Project No.	Building No.
<b>BUILDING 210 SECOND FLOOR</b>	10000 210-2	210
Project Title	Location	Scale
<b>STATEMENT OF CONDITIONS</b>	VA MEDICAL CENTER CINCINNATI, OHIO	1/11/13 NO SCALE
Designed By	Checked By	Drawn By
BAA	BAA	6/7/04
Location	Scale	Sheet No.
VA MEDICAL CENTER CINCINNATI, OHIO	1/11/13 NO SCALE	<b>SOC-4</b> SHEET 3 OF 5



**BUILDING 211  
BASEMENT**

**SOC-2**













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## SYMBOLS LIST

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|  <p>2-HOUR FIRE BARRIER</p> |  <p>1-HOUR FIRE BARRIER</p> |  <p>3-HOUR FIRE/SMOKE BARRIER</p> |  <p>30-MINUTE SMOKE BARRIER</p> |  <p>SMOKE RESISTIVE HAZARDOUS AREA</p> |  <p>HORIZONTAL EXIT PASSAGEWAY</p> |  <p>EXIT PASSAGEWAY</p> |  <p>LINEN CHUTE</p> |  <p>TRASH CHUTE</p> |  <p>SUITE DESIGNATIONS</p> |
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**Department of  
Veterans Affairs**

# ARCHITECT

BUILDING 211  
FIRST FLOOR

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STATEMENT OF  
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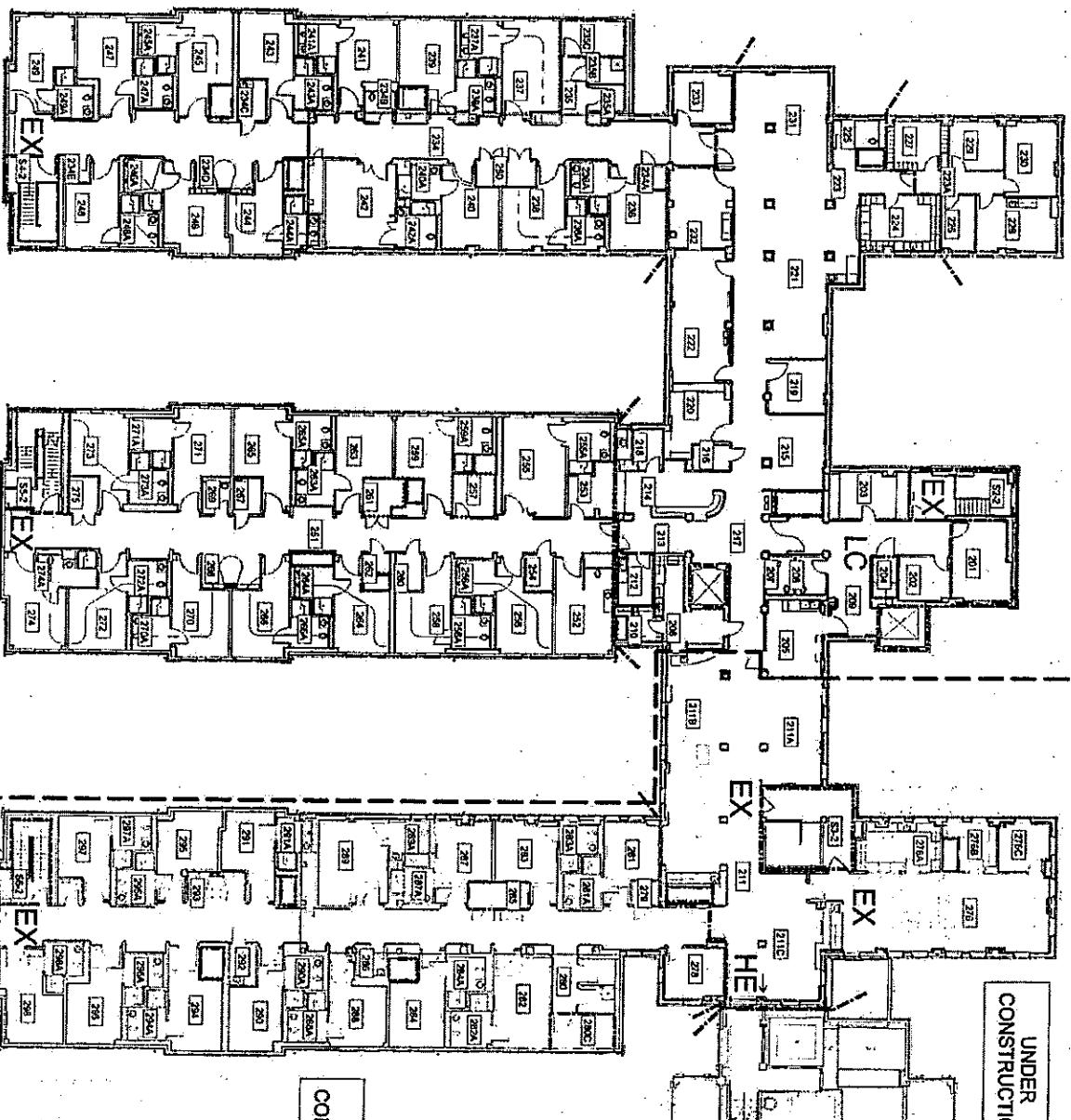
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- SYMBOLS LIST**
- 2 HOUR FIRE BARRIER
  - 1 HOUR FIRE BARRIER
  - 2 HOUR PRESSURE BARRIER
  - 1 HOUR PRESSURE BARRIER
  - 30 MINUTE SMOKE BARRIER
  - SMOKE RESISTIVE HAZARDOUS AREA
  - HORIZONTAL EXIT PASSAGEWAY
  - EXIT
  - EXIT PASSAGEWAY
  - LINEY CHUTE
  - TRASH CHUTE
  - SITE DESIGNATIONS
  - AREA OPEN TO CORRIDOR WITH SMOKE DETECTION
  - AREA OPEN TO CORRIDOR - NO SMOKE DETECTION REQUIRED
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Department of Veterans Affairs

ACQUISITION

BUILDING 211 SECOND FLOOR

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EX 11

STATEMENT OF CONDITIONS

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NO SCALE

SOC-4



FULLY SPRINKLERED  
HEALTH CARE OCCUPANCY

BUILDING 211

UNDER  
CONSTRUCTION

UNDER  
CONSTRUCTION

**Sample Fire/Smoke Barrier Penetration Label**

<b>Fire Stop Fire Rated Assembly</b>	
Fire Stop Material/Brand:	UL System #:
Location/Utility System:	
Project #:	Purchase Order #:
<b>Installation Information</b>	
Company:	Technician:
Installation Date:	Contact #:
Repenetrated By	Date
1.)	1.)
2.)	2.)
3.)	3.)

Penetrations are affixed with a label on or directly adjacent to the repair indicating:

- (1) Date repair/penetration sealed.
- (2) Name of technician and company, as applicable.
- (3) Contact information, including phone number of technician, of the contractor completing the work.
- (4) Project number, if applicable.
- (5) Purchase order number, if applicable.
- (6) Type of utility or system installed, modified or repaired.
- (7) Brand of fire stop material used.
- (8) Alpha-alpha numeric fire resistant directory number/UL system number of specific fire stop system used for repairs. Numbers are brand specific.

## Policy Memorandum No. 138-10

## Final Fire/Smoke Barrier Inspection Checklist

[illegible]



## ELECTRICAL SAFETY

1. PURPOSE: To set forth requirements for employees dealing with specific hazards requiring special means of protection to prevent serious injury, impairment, or jeopardy to themselves and patients in the use of electricity and electrical devices.

2. POLICY: It is the policy of this medical center to provide the safest possible environment. Electrical equipment, appliances, and wiring systems are installed, maintained, and used in accordance with the National Electrical Code, VA directives, and other known electrical safety guides.

3. RESPONSIBILITY:

a. Facilities Management Service, Engineering Section, is responsible for the installation and testing of electrical equipment.

b. Each employee is responsible for adherence to regulations contained in this memorandum regarding use of electrical devices and for ensuring that patients under their direct care are properly supervised when using such devices. Employees are responsible for:

- (1) Using equipment for the intended purpose only.
- (2) Checking equipment before each use.
- (3) Removing unsafe or defective equipment from use.
- (4) Identifying defective equipment with a Do Not Use tag.
- (5) Reporting defective equipment to the supervisor.

4. PROCEDURES:

a. Areas of patient susceptibility to electricity are:

(1) Non-Patient Areas: Administrative areas and areas where patients have little or no direct contact with electrical and electronic equipment.

(2) Patient Areas: Areas where patients have or may have direct contact with non-invasive therapy and/or electrical or electronic monitoring equipment.

## 2. POLICY MEMORANDUM NO. 138-15

(3) Electrically Susceptible Patient Care Areas (ESPCAs): Areas such as operating rooms and special care units that have patients who are or may be subjected to invasive monitoring or therapy using direct pathways to the cardiac musculature.

b. The electrical distribution system is checked annually for deficiencies, such as worn equipment, worn relays, leakage, frayed cables, and loose connections. Receptacles in the Laboratory are tested for correct polarity, retention force, and Ground Fault Circuit Interrupter (GFCI) function, if provided. Only qualified Engineering Section personnel perform tests, repairs and/or modifications to any electrical equipment or devices.

c. Electrical distribution equipment is cleaned, inspected, tested, and adjusted every three years by a qualified company.

### d. Equipment Guidelines:

(1) Prior to the local purchase of any equipment, the requisition is reviewed by Engineering Section to ensure that items such as allowable leakage current and ground lead resistance limits are incorporated into the technical requirements on the requisition.

(2) Upon receipt at the medical center, electrical equipment is inspected by Engineering Section for compliance with manufacturers' specifications and leakage current limits before delivery to the using area. If there are limitations as to use, this is noted on the equipment (restrictions from ESPCAs, anesthetizing location, etc.) before delivery. Information technology equipment is inspected by the Chief Information Office computer technicians for compliance with specifications before delivery to the users.

### e. Equipment Testing Program:

(1) Equipment is entered in the VISTA equipment inventory and categorized by Logistics Service.

(2) Engineering Section assesses equipment categories to determine frequency of preventive maintenance and inspections.

(3) Results of the testing program are maintained in Engineering Section.

(4) If equipment is found to be defective, it is tagged and removed from service. Deficiencies and any actions taken are reported to the person responsible for the operation of the unit inspected.

(5) Personnel in ESPCAs inspect equipment before each use for such hazards as broken or damaged plugs, frayed line cords, abnormal operation, obvious chassis damage, overheating, or tingling sensations. If a hazard is suspected, that equipment is

### 3. POLICY MEMORANDUM NO. 138-15

not used unless it is life support equipment, in which case, it is tagged by the using personnel and closely monitored until repaired or replaced.

(6) Electronic equipment that is loaned to or rented by the medical center for medical care or for evaluation purposes is inspected for compliance with VA standards as well as leakage current and grounding resistance limits prior to its use and, thereafter, at a frequency determined by the area of usage. Engineering Section maintains inspection records.

#### f. Equipment Restrictions:

(1) Extension cords are not used unless authorized and made available by Engineering Section. A ground fault circuit interrupter protects extension cords used outside, in construction, maintenance, or in wet locations. Engineering Section accomplishes any modifications of the electrical distribution system.

(2) Three-to-two wire adapters are not used. Electrical plugs that do not match outlets are referred to Engineering Section for correction.

(3) Patient-owned, electrical line-operated devices are strictly prohibited from ESPCAs. In other areas of the medical center, written permission in the form of an inspection report signed by the Assistant Chief, Engineering Section, or designee, is obtained prior to their use. When permitted, they are inspected prior to use. Personal equipment resulting in nuisance breaker trips is removed by the owner.

(4) Electrical line-operated equipment used in the patient care vicinity is provided with a three-wire power cord and three-pin grounding hospital-grade plug.

(a) Double insulated appliances are permitted to have two conductor cords and plugs. Line-operated devices with two conductor cords and plugs are not used in psychiatric bedrooms. Receptacles in these areas are the safety type requiring grounding plug for operation.

(b) Electrical line-operated items donated or purchased are inspected by Engineering Section prior to use. The using service/care line personnel visually inspect these items for deficiencies, such as damaged cords, cracked housings, and the presence of an attached electrical safety inspection sticker prior to each use. If discrepancies are discovered, the item is removed from service until repairs are made.

(c) Engineering Section inspects non-Nutrition and Food Services coffee makers and microwave ovens and their location to determine the adequacy of electric circuitry and the safety of the coffee makers or microwave ovens prior to use. A request is submitted to Engineering Section for an inspection of newly procured coffee makers or microwave ovens. Once inspected, personal equipment that is authorized for use is

#### 4. POLICY MEMORANDUM NO. 138-15

labeled with an inspection sticker. Personal electrical equipment is not utilized without an attached electrical safety inspection sticker.

(5) The use of personally owned devices is discouraged. Personally owned devices used by medical center employees are inspected for electrical safety prior to use by contacting extension 6172. Personal equipment resulting in nuisance breaker trips is removed by the owner immediately. Once inspected, personal equipment that is authorized for use is labeled with an electrical safety inspection sticker.

(6) Line-operated devices such as televisions, radios, and electrical razors are prohibited in ESPCAs without written permission of the Assistant Chief, Engineering Section, or designee. This permission is requested by memorandum by the physician in charge of that area. If the physician has authorized such a device, it is mounted at such a distance that it cannot be reached by the patient or by an individual at the patient's bedside. Battery-operated radios are permitted at the patient's bedside with physician's authorization.

(7) Electric beds are prohibited from ESPCAs unless specifically suited for such areas. Electric beds placed in ESPCAs are approved for such use by the Assistant Chief, Engineering Section, or designee.

(8) Bedside lamps in ESPCAs are grounded and permanently affixed in the patient's bedside area.

(9) Line-operated devices used in close proximity to a sink or tub are protected with a ground fault circuit interrupter (GFCI).

(10) Portable space heating devices are prohibited in patient treatment and sleeping areas. Portable space heaters with enclosed elements that limit maximum surface temperatures to 212 degrees Fahrenheit are permitted in non-sleeping, employee-only areas, with the exception of nursing stations. A request for inspection is made by contacting extension 6172 prior to equipment use. Once inspected, personal equipment that is authorized for use is labeled with an electrical safety inspection sticker. Appliances with open heating elements, including toasters and toaster ovens, are prohibited in any building.

(11) Patient-owned, electrical line-operated medical/therapeutic devices are strictly prohibited from being used within the medical center without prior permission from the Supervisory Biomedical Engineer, or designee. When permitted, devices are inspected by Biomedical Engineering prior to use and a safety inspection label is attached to the device. Routine maintenance is the responsibility of the device owner. The Supervisory Biomedical Engineer, or designee, has the right to revoke permission to use the device at any time if there is a safety concern. If permission to use the device is revoked or denied, it is the responsibility of the device owner to remove it from the medical center.

## 5. POLICY MEMORANDUM NO. 138-15

Exception: In the event that a patient brings in a continuous positive airway pressure device (CPAP) or bilevel positive airway pressure device (BiPAP) (two-wire/two-pin device only) outside of Biomedical Engineering's normal operating hours, the Nursing Supervisor may authorize its use by having Respiratory Therapy complete a visual safety inspection of the device. If use of the device is authorized by the Nursing Supervisor, it is the Nursing Supervisor's responsibility to ensure that Biomedical Engineering is notified the next business day so that Biomedical Engineering can complete an inspection of the device and attach an inspection label.

(12) Leased or loaned electrical line-operated medical/therapeutic devices are required to be approved prior to use by the Supervisory Biomedical Engineer, or designee. If approved for use, devices are inspected by Biomedical Engineering prior to use and a safety inspection label is attached to the device. Exceptions to this requirement must be requested and approved in writing by the Supervisory Biomedical Engineer for specific vendors and devices.

### g. Employee Education:

(1) For informational purposes, a copy of High Voltage Systems - Methods, Products, and Code Rules is on file in Building T228 for employees working with this system.

(2) Annual training is conducted for medical center employees in equipment and utility use and safety. Training is documented in the Talent Management System (TMS).

(3) Personnel in ESPCAs receive instructions in electrical safety as applicable to their situation. This may include the grounding system, isolated power system, and dangers of high frequency current. Instruction is accomplished by scheduling safety training classes through TMS.

## 5. REFERENCES: NFPA 70-1996

NFPA 99-1996, Chapter 3

DM&S Supplemental, MP-3, Chapter 2.22

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2013

6. RESCISSION: Policy Memorandum No. 138-15, Electrical Safety, dated September 11, 2012.

7. RESCISSION DATE: July 30, 2015

**6. POLICY MEMORANDUM NO. 138-15**

**//s//**

**WENDY J. HEPKER, FACHE**  
**Medical Center Director**

**Distribution: F**  
**161M3 (10)**

Engineering Section  
Standard Operating Procedure  
Number 11

VA Medical Center  
Chillicothe, Ohio  
May 29, 2012

## FALL PROTECTION

1. PURPOSE: To establish procedures for minimizing hazards due to falls.
2. POLICY: Fall hazards are minimized through compliance with Occupational Safety and Health Administration (OSHA) requirements.
3. RESPONSIBILITY:
  - a. The Chief, Facilities Management Service (FMS), is responsible for ensuring that proper safeguards and personal protective equipment (PPE) are provided for fall protection.
  - b. Supervisors are responsible for ensuring employees are trained on the proper use of PPE and ensuring employees utilize safe work procedures.
  - c. Individual employees are responsible for adhering to fall protection procedures and properly utilizing appropriate PPE in accordance with safety requirements.
4. PROCEDURES:
  - a. Stairway floor openings are guarded by a standard railing on all exposed sides except at the entrance to the stairway. For infrequently used stairways where traffic across the opening prevents the use of a fixed standard railing, the guard consists of a hinged floor opening cover and removable standard railing on all exposed sides, except at the entrance to the stairway.
  - b. Ladder-way floor openings or platforms are guarded by a standard railing with a standard toe board on all exposed sides, except at the entrance to the opening, with the passage through the railing either provided with a swinging gate, or so offset that a person cannot walk directly into the opening.
  - c. Skylight floor openings and holes are guarded by a standard skylight screen or a fixed standard railing on all exposed sides.
  - d. Pit and trapdoor floor openings are guarded by a floor-opening cover. While the cover is not in place, the pit or trap opening is constantly attended/monitored or is protected on all exposed sides by a removable standard railing.

## 2. Engineering Section SOP No. 11

e. Manhole floor openings are guarded by a standard manhole cover that need not be hinged in place. While the cover is not in place, the manhole opening is constantly attended/monitored or is protected by removable standard railings.

f. Temporary floor openings have standard railings or are constantly attended/monitored.

g. Wall openings from which there is a drop of more than 4 feet are guarded by a standard railing or equivalent barrier. Where there is exposure below to falling materials, a removable toe board or the equivalent is also provided. When the opening is not in use for handling materials, the guard is kept in place.

(1) Wall openings at a stairway landing, floor, platform, or balcony from which there is a drop of more than 4 feet, and where the bottom of the opening is less than 3 feet above the platform or landing, are protected with a standard railing or a wall opening screen capable of withstanding a load of at least 200 pounds applied horizontally at any point on the near side of the screen, with openings not more than 8 inches long or slat work with openings not more than 4 inches wide. Where the window opening is below the landing or platform, a standard toe board is provided.

(2) Temporary wall openings have adequate guards.

h. Open-sided floor or platforms 4 feet or more above adjacent floor or ground level are guarded by a standard railing or equivalent on all open sides, except where there is an entrance to a ramp, stairway, or fixed ladder. A toe board is provided to protect people, equipment, and moving machinery traveling beneath the open-sided floor where falling materials could create a hazard.

(1) Regardless of height, open-sided floors, walkways, platforms, or runways above or adjacent to dangerous equipment is guarded with a standard railing and toe board.

### i. Stairway Railings and Guards:

(1) Flights of stairs having four or more risers are equipped with standard stair railings or standard handrails. If the stair is 44 or more inches wide but less than 88 inches wide, one handrail on each enclosed side and one stair railing on each open side is required. Stair width is to be measured clear of all obstructions except handrails.

(2) Winding stairs are equipped with a handrail offset to prevent walking on all portions of the treads having widths less than 6 inches.

(3) Fixed industrial stairs are provided for access from one structure level to another where operations necessitate regular travel between levels and for access to operating platforms at any equipment that requires attention routinely during operations. Fixed stairs are provided where access to elevations is daily or at each shift for such purposes as gauging, inspections, regular maintenance, where such work may expose employees



### 3. Engineering Section SOP No. 11

to harmful substances, or for purposes that require the carrying of tools or equipment by hand. Fixed stairs are installed at angles to the horizontal of between 30 degrees and 50 degrees. Any uniform combination of rise/tread dimensions may be used that will result in a stairway at an angle to the horizontal with permissible ranges.

(4) Stair treads are reasonably slip-resistant and the nosing is of non-slip finish. Riser height and tread run is uniform throughout any flights of stairs.

(5) Stairway platforms are no less than the width of a stairway and a minimum of 30 inches in length measured in the direction of travel.

(6) Standard railings are provided on the open sides of exposed stairways and stair platforms. Handrails are provided on at least one side of closed stairways, preferably of the right side descending.

(7) Vertical clearance above any stair tread to an overhead obstruction is at least 7 feet measured from the leading edge of the tread.

(8) Alternating tread-type stairs are designed, installed, used, and maintained in accordance with manufacturer recommendations and in accordance with the following requirements:

(a) The stair is installed at a 70-degree angle or less.

(b) The stair is capable of withstanding a minimum uniform load of 100 pounds per square foot with a design factor of 1.7 and the treads are capable of carrying a minimum concentrated load of 300 pounds at the center of any tread span with a design factor of 1.7. If intended for greater loading, construction must allow for that loading.

(c) The stair is equipped with a handrail on each side.

j. Ladders are maintained in a safe condition and are inspected regularly, with the intervals between inspections being determined by use and exposure.

(1) The distance between rungs, cleats, and steps does not exceed 12 inches and is uniform throughout the length of the ladder.

(2) The minimum clear length of rungs or cleats is 16 inches.

(3) Rungs, cleats, and steps are free of splinters, sharp edges, burrs, or projections that may be a hazard.

(4) Rungs are designed so that the foot may not slide off the end.

(5) If side rails are used, the rails are afford adequate gripping surface without sharp edges, splinters, or burrs.

#### 4. Engineering Section SOP No. 11

##### (6) Clearances:

(a) The perpendicular distance from the centerline of the rungs to the nearest permanent object on the climbing side of the ladder is 36 inches for a pitch of 76 degrees and 30 inches for a pitch of 90 degrees.

(b) For ladders without cages or wells, a clear width of at least 15 inches is provided each way from the centerline of the ladder in the climbing space.

(c) The distance from the centerline of rungs, cleats, or steps to the nearest permanent object in back of the ladder is not less than 7 inches.

(d) The step-across distance from the nearest edge of ladder to the nearest edge of equipment or structure is not more than 12 inches, or less than 2-1/2 inches.

(e) Counterweighted hatch covers open a minimum of 60 degrees from the horizontal. The distance from the centerline of the rungs or cleats to the edge of the hatch opening on the climbing side is not less than 24 inches for offset wells or 30 inches for straight wells. There are no protruding potential hazards within 24 inches of the centerline of rungs or cleats. Any such hazard within 30 inches of the centerline of the rungs or cleats is fitted with deflector plates placed at an angle of 60 degrees from the horizontal.

(7) Cages or wells are provided on ladders of more than 20 feet to a maximum unbroken length of 30 feet.

(a) Cages extend a minimum of 42 inches above the top landing unless other acceptable protection is provided.

(b) Cages extend down the ladder to a point not less than 7 feet or more than 8 feet above the base of the ladder, with the bottom flared not less than 4 inches, or a portion of the cage opposite the ladder is carried to the base.

(c) Cages do not extend less than 27 inches nor more than 28 inches from the centerline of the rungs of the ladder. The cage is not less than 27 inches in width. Ladder wells have a clear width of at least 15 inches measured each way from the centerline of the ladder. Smooth-walled wells are a minimum of 27 inches from the centerline of the rungs to the well wall on the climbing side of the ladder.

(8) When ladders are used to ascend to heights exceeding 20 feet, landing platforms are provided for each 30 feet of height or fraction thereof. Where no cage, well, or ladder safety device is provided, landing platforms are provided for each 20 feet of height or fraction thereof.

(9) Ladder safety devices are used on tower, water tank, and chimney ladders over 20 feet in unbroken length in lieu of cage protection. No landing platform is required in

## 5. Engineering Section SOP No. 11

these cases. Ladder safety devices meet the design requirements of the ladders that they serve.

(10) The preferred pitch of fixed ladders is in the range of 75 degrees and 90 degrees with the horizontal. Substandard pitch is considered within the range of 60 and 75 degrees with the horizontal. Substandard pitch ladders are permitted only where it is found necessary to meet conditions of installation. Ladders having a pitch in excess of 90 degrees with the horizontal are prohibited.

k. Scaffolds are constructed, used, and maintained as required by 29 CFR 1910.28 and 1926.450-454; are operated only by individuals who are trained in their use; are included in a comprehensive maintenance and inspection program; and are inspected by a designated competent person before every installation or use, with periodic inspections of scaffolds made while in use. Records of inspections are maintained.

(1) Unstable objects such as barrels, boxes, loose brick, or concrete blocks are not used to support scaffolds or planks.

(2) Any scaffold damaged or weakened from any cause is immediately repaired and is not used until repairs have been completed.

(3) Scaffolds are not loaded in excess of their intended working load.

(4) Planking is scaffold-grade.

(5) Planking or platforms are overlapped (minimum 12 inches) or secured from movement. An access ladder or equivalent safe access is provided.

(6) Scaffold planks extend over their end supports, not less than 6 inches or more than 18 inches.

(7) The poles, legs, and uprights of scaffold are plumb and securely and rigidly braced to prevent swaying and displacement.

(8) Materials being hoisted onto a scaffold have a tag line.

(9) Overhead protection is provided for employees on a scaffold exposed to overhead hazards.

(10) Scaffolds are provided with a screen between the toe board and the guardrail, extending along the entire opening, consisting of Number 18 gauge US Standard Wire one-half inch mesh or the equivalent, where persons are required to work or pass under the scaffolds.

(11) Employees are not permitted to work on scaffolds during storms or high winds.

## 6. Engineering Section SOP No. 11

(12) Employees are not permitted to work on scaffolds that are covered with ice or snow unless all ice or snow is removed and planking sanded to prevent slipping.

(13) Tools, materials, and debris is not permitted to accumulate in quantities to cause a hazard.

(14) Only treated or protected fiber rope is used for or near any work involving the use of corrosive substances or chemicals.

(15) When acid solutions are used for cleaning buildings over 50 feet in height, wire rope-supported scaffold is used.

(16) The use of shore scaffolds or lean-to scaffolds is prohibited.

(17) Scaffolds are secured to permanent structures through use of anchor bolts, reveal bolts, or equivalent means. Window-cleaning anchor bolts are not used.

(18) Guardrails are not less than 2 by 4 inches or the equivalent, and not less than 36 inches or more than 42 inches high, with a midrail of 1 by 4 lumber or equivalent. Toe boards are installed at all open sides on scaffolds more than 10 feet above the ground or floor. Toe boards are a minimum of 4 inches in height.

(19) On two-point suspension scaffolds (swinging scaffolds), employees are protected by a safety harness attached to a life line. The life line is securely attached to substantial members of the structure (not to the scaffold) or to securely rigged lines that safely suspend the employee in case of a fall.

### I. Roofs

#### (1) Low-Pitched Roofs (pitch less than 4 in 12)

(a) Low-pitched roofs with a ground to eave height greater than 6 feet are equipped with rails, warning lines, or other suitable markers located not less than 6 feet from the edge of the roof or employees engaged in activities on the roof are protected with a motion-stopping safety system.

#### (b) Warning lines are erected as follows:

(1) The warning line consists of a rope, wire, or chain and supporting stanchions. The rope, wire, or chain is rigged and supported so that its lowest point (including sag) is no less than 34 inches from the walking/working surface and its highest point is no more than 39 inches from the walking/working surface.

(2) The barrier is capable of resisting a force of at least 16 pounds applied horizontally against the stanchion, 30 inches above the roof surface, perpendicular to

7. Engineering Section SOP No. 11

the warning line, without tipping over. The line has a minimum tensile strength of 500 pounds.


(3) The line is attached at each stanchion so that pulling on one section of the line between stanchions will not result in slack being taken up in adjacent sections before the stanchion tips over.

(4) Workers engaged in activities between the warning line and the edge of the roof are provided with appropriate fall protection equipment. Life lines are secured above the point of operation to an anchorage or structural member capable of supporting a minimum dead weight of 5,400 pounds. Life belts are used only as positioning devices.

(2) Roofs Having a Pitch of 4 in 12 or Greater (steep roofs): Employees working on pitched roofs with a pitch of 4 in 12 or greater and more than 6 feet above ground, are protected from falling by guardrail systems with toe boards, safety net systems, or personal fall arrest systems.

5. REFERENCES: 29 CFR 1910.23  
29 CFR 1910.24 (e)  
29 CFR 1910.27 (c)(4)  
29 CFR 1910.28  
29 CFR 1926.104  
29 CFR 1926.450-454, Safety Belts, Life Lines, and Lanyards  
29 CFR 1926.105, Safety Nets

6. RESCISSIONS: None



STEVEN BENSON, PE, PS  
Chief, Facilities Management Service

Dist: Engineering Supervisors

Engineering Section  
Standard Operating Procedure  
Number 20

VA Medical Center  
Chillicothe, Ohio  
September 13, 2013

### **CONFINED SPACE ENTRY**

1. **PURPOSE:** To establish guidelines and procedures for working in confined spaces.
2. **POLICY:** To provide maximum safety protection for employees and contractors who are performing work in confined spaces.
3. **RESPONSIBILITIES:**
  - a. The Chief, Facilities Management Service (FMS), is responsible for ensuring projects, maintenance and repairs in confined spaces utilize only authorized entrants under properly executed Confined Space Entry Permits, Attachment A, and ensures permit spaces are identified.
  - b. The Safety and Occupational Health (OSH) Manager, Industrial Hygienist, or designee, provides technical guidance to affected employees for entry into a confined space. Additional responsibilities include:
    - (1) Inspecting the confined space prior to entry for compliance to this policy.
    - (2) Performing atmospheric testing and completing the Confined Space Pre-Entry Checklist, Attachment B.
    - (3) Providing confined space entry training.
  - c. The Fire Department provides rescue services and emergency rescue personnel to be utilized as entry attendants for confined spaces that can present special hazards. Emergency rescue personnel are responsible for completing annual confined space rescue training.
  - d. The entry supervisor is knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure. Additional responsibilities include:
    - (1) Determining when responsibility for a permit space entry operation is transferred and, at intervals dictated by the hazards and operations performed within the space, that entry operations remain consistent with terms of the entry permit and that acceptable entry conditions are maintained.
    - (2) Ensuring that equipment needed for safe entry into any permit required space is available and in proper working order.
    - (3) Verifying that rescue services are available and that the means for summoning rescue services are operable.

## 2. Engineering Section SOP No. 20

(4) Removing unauthorized individuals who enter or attempt to enter the permit space during entry operations.

(5) Verifying, by checking that appropriate entries are made on the permit, that tests specified by the permit are conducted and that procedures and equipment specified by the permit are in place prior to signing and approving the permit and allowing entry to begin.

(6) Terminating the entry and cancelling the permit following task completion.

e. Entry attendants are knowledgeable of permit space hazards, prohibited conditions, the role to remain outside and in communication with entrants, prevention of unauthorized entry, procedures to request rescue and emergency services, and performance of non-entry rescue. The entry attendants' primary duty is to monitor and protect authorized entrants. Entry attendants are trained on the procedures contained in this policy and are knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure.

f. Authorized entrants are trained on the procedures contained in this policy and are knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure. Additional responsibilities include:

(1) Maintaining proficiency in dealing with the hazards of permit required spaces, proper equipment use, communications systems, acceptable entry and prohibited conditions, immediate evacuation conditions, and safe work task performance.

(2) Alerting the attendant when a prohibited condition is detected or when any warning sign or symptom of exposure to a dangerous situation is recognized.

(3) Exiting the permit space as quickly as possible when:

(a) A prohibited condition is detected.

(b) An order to evacuate is given by the attendant or the entry supervisor.

(c) An evacuation alarm is activated.

(d) Any warning sign or symptom of exposure to a dangerous situation is recognized.

g. Contractors performing work in a confined space at this facility are required to adhere to the requirements of this SOP.

## 4. DEFINITIONS:

a. Confined Space: An enclosed space that is large enough and so configured that an employee can bodily enter and perform assigned work, has limited or restricted means for entry or exit, and is not designed for continuous employee occupancy. Examples of confined spaces are listed in Attachment C, Confined Spaces, and include storage pits,

### 3. Engineering Section SOP No. 20

vats, tanks, boilers, ventilation/exhaust ducts, sewers, tunnels, manholes, underground utility vaults or pipelines, and excavations.

#### b. Permit Required Confined Space:

- (1) Contains or has a known potential to contain a hazardous atmosphere.
- (2) Contains material with the potential for engulfing of an entrant.
- (3) Has internal configurations that could trap or asphyxiate an entrant.
- (4) Contains any other recognized serious safety or health hazards.

c. Hazardous Environment/Atmosphere: An atmosphere presenting a potential for death, disablement, injury, or acute illness from one (1) or more of the following causes:

- (1) Less than 19.5 percent or more than 23.5 percent oxygen.
- (2) A flammable gas or vapor in excess of 10 percent of its lower explosive limit (LEL).
- (3) An airborne combustible dust at a concentration that obscures vision at a distance of five (5) feet or less.
- (4) An atmospheric concentration that exceeds the listed numerical value of any toxic, corrosive, or asphyxiant substance listed in the Threshold Limit Value (TLV) book by the American Conference of Governmental Industrial Hygienists (ACGIH) or the permissible exposure limit (PEL) that is reasonably expected to be present.
- (5) A biological or radiological hazard or one that is otherwise known to present a safety or acute health hazard.
- (6) Any condition immediately dangerous to life or health.

d. Entrapment: An area that contains material with the potential to engulf the entrance.

e. Lower Explosive Limit (LEL): The lowest concentration of gas or vapor (percent by volume in air) that will burn or explode if an ignition source is present.

f. Isolation: A process to remove a confined space from service and to completely protect against the inadvertent release of material by the following:

(1) Blanking: The absolute closure of a pipe, line or duct by fastening a solid plate or cap across the pipe, line or duct capable of withstanding the maximum upstream pressure.

(2) Double Block and Bleed: Isolating a confined space from a line, duct or pipe by locking and tagging two (2) closed in-line valves, and locking and tagging open a drain or bleed in the line between the two (2) closed valves to the outside atmosphere.



#### 4. Engineering Section SOP No. 20

(3) Lockout: The placement of a locking device on an energy-isolating device, in accordance with an established procedure, to ensure that the energy-isolating device and the machine or equipment being controlled cannot be operated until the locking device is removed. Lockout devices require a tagging device to be used in conjunction with the locking device unless specifically not required by a documented lockout/tagout procedure. Refer to Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout).

(4) Mechanical Isolation: Isolation achieved by disconnecting linkages or removing drive belts or chains of moving parts. Equipment with moving mechanical parts is also blocked in such a manner that there can be no accidental rotation.

g. Permissible exposure limit (PEL): Regulatory limits on the amount or concentration of a substance in the air, as established by the Occupational Safety and Health Administration (OSHA).

h. Purging and Ventilation Purging: The method by which gases, vapors or other airborne impurities are displaced from a confined space to adjust the atmosphere to acceptable standards. This is accomplished by using fluids or vapors (gas, water steam and/or cleaning solutions) or by forced air ventilation.

i. Ventilation: The movement or circulation of fresh air to keep hazards away after purging. Ventilation is used after entry is made into a space to:

- (1) Supply continuous fresh air for entrants inside to breathe.
- (2) Remove potentially hazardous conditions before they become hazardous.
- (3) Supply cool air for comfort.

#### 5. PROCEDURES:

a. When entry to a confined space is necessary, the following procedures are followed on a daily basis:

(1) The area is inspected by the work supervisor and the OSH Manager or Industrial Hygienist to determine potential hazards, isolation requirements, types of equipment to be used, number of employees required to enter the space and standby personnel required.

(2) The equipment or area is isolated and allowed to ventilate. Confined entry points are posted with "Danger, Do Not Enter" signage until such time as requirements have been met.

(3) The Assistant Chief, Engineering Section, or designee, issues the Confined Space Entry Permit, Attachment A. The OSH Manager and Fire Department are notified of the proposed entry permit. Emergency standby equipment is available at the location of the confined space.

(4) The OSH Manager or Industrial Hygienist conduct atmospheric testing and inspect the job site for general safety, isolation, and standby equipment. Prior to entry, the OSH

## 5. Engineering Section SOP No. 20

Manager or Industrial Hygienist completes and signs the Confined Space Pre-Entry Checklist, Attachment B, and documents test results.

- (5) Each point of entry must have a completed and signed entry permit posted.
  - (6) At the conclusion of the workday, the entry permit is removed and "Danger, Do Not Enter" signage is posted.
  - (7) Entry to a confined space is not permitted until it has been properly prepared, hazards have been identified, standby equipment has been placed on site, and an entry permit has been completed and posted.
  - (8) The entry permit details the requirements for entry into the confined space.
  - (9) Prior to entering the confined space, each employee reviews the entry permit for specific requirements, reviews emergency procedures, and inspects the confined space for location of entry and exit points.
  - (10) Retesting of the atmospheric conditions is completed at lunch break or at four-hour intervals.
  - (11) Every confined space is considered immediately dangerous to life and health until it is tested and proven otherwise.
  - (12) No compressed gas cylinders are permitted inside of the confined space.
  - (13) Portable electrical tools, equipment, and lighting are powered through a ground fault circuit interrupter.
- b. Entry attendants assigned to remain outside of the confined space are equipped with radios, harness, and lifeline. Entry attendants:
- (1) Maintain visual or verbal contact with those in the confined space at all times.
  - (2) Maintain safety lines, if in use.
  - (3) Summon rescue personnel, if necessary.
  - (4) Summon a supervisor if entry is made in violation of this policy.
  - (5) Review the conditions for entry into the space as indicated on the Confined Space Entry Permit, Attachment A.
  - (6) Do not enter or leave the confined space at any time, unless relieved of standby duties.
  - (7) Continuously maintain an accurate count of authorized entrants in the permit space.

## 6. Engineering Section SOP No. 20

(8) During an emergency situation, make rescue attempts using lifelines from outside the confined space while awaiting the arrival of rescue personnel.

(9) Remain aware of possible behavioral effects of hazard exposure in authorized entrants.

c. Fire Department personnel accomplish rescue of persons from a confined space. Emergency rescue personnel are trained in rescue techniques, self-contained breathing apparatus (SCBA) use, use of rescue equipment, and the procedures contained in this policy. Emergency rescue personnel are utilized as entry attendants for confined spaces that can present special hazards, as determined by the supervisor and/or safety representative. Rescue equipment may include:

(1) Harness.

(2) Life line.

(3) SCBA.

(4) Stokes litter.

(5) Tripod retrieval system.

(6) Standard firefighter clothing and personnel protective equipment.

e. Isolating equipment for entry is accomplished by blinding or air gapping lines to and from the equipment. Small screwed lines are disconnected and plugged. Isolation is made as close in proximity as possible to the equipment to be entered.

(1) Double blocks and bleeders are not permitted as a substitute for blinding, except when approved by the OSH Manager or Industrial Hygienist.

(2) Where several pieces of equipment are isolated as a unit, each piece of interconnected equipment is open to the atmosphere and made safe for entry.

(3) Equipment entered is electrically isolated in accordance with Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout). Tagging without locking out equipment is not sufficient for confined space entry.

(4) A record is maintained of blinds, plugs and/or other types of isolation for each entry. Records are used to validate the removal of any type of isolation device. Removing one point of isolation voids the entry permit.

h. Authorized entrants communicate with the attendant, as necessary, to enable the attendant to monitor entrant status and to alert entrants should the need to evacuate the space arise.

6. REFERENCES: Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout)

7. Engineering Section SOP No. 20

7. RESCISSION: Engineering Section SOP No. 20, Confined Space Entry, dated February 29, 2012.

RYAN JETER, PE, PS  
Acting Chief, Facilities Management Service

Attachments: 3

Dist: Engineering Section Supervisors (138)  
Safety and Occupational Health Manager (001S)  
Industrial Hygienist (001S)  
Fire Department (07F)

Engineering Section SOP No. 20  
Attachment A  
September 13, 2013

### CONFINED SPACE ENTRY PERMIT

**RESCUE/FIRE:** Ext. 444

**SAFETY:** Ext. 7952/7153

**PERMIT VALIDATION PERIOD:** Date \_\_\_\_\_ Time From \_\_\_\_\_ To \_\_\_\_\_

**LOCATION OF WORK** \_\_\_\_\_

**DESCRIPTION OF WORK** \_\_\_\_\_

**REQUIREMENT CHECK LIST:**

ITEM	YES	NO	CONDITION MET
ISOLATION/BLINDING			
ELECTRICAL LOCK/TAGOUT			
VENTILATION MECHANICAL			
RESCUE EQUIPMENT			
HOT WORK PERMIT			
CONTINUOUS MONITORING			
SPECIAL CLOTHING			
RESPIRATORS			
CLEANING/SLUDGE REMOVAL			
MECHANICAL ISOLATION			
OTHER			
LIFELINES			
FULL BODY HARNESS			
RETRIEVAL DEVICE			
FIRE EXTINGUISHER			
COMMUNICATION			
SPECIAL LIGHTING			

**RECORDKEEPING:**

**EMPLOYEES ENTERING AREA:**

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**SUPERVISOR IN CHARGE:**

- a. \_\_\_\_\_

**STANDBY PERSON:**

- a. \_\_\_\_\_

**HAZARDOUS CONTAMINATES FOUND:**

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**COMMUNICATION PROCEDURES  
(to be used by attendants and entrants):**

\_\_\_\_\_  
\_\_\_\_\_

**INITIAL EACH TEST COMPLETED AND INDICATE TIME OF TEST (After initial entry, retest is required after lunch or at 4-hour intervals):**

TEST	PEL	COMPLETION TIME	INITIALS	RETEST TIME	INITIALS
OXYGEN DEFICIENCY (O <sub>2</sub> )	19.5% - 23%				
FLAMMABLE VAPORS (LEL)	Any % < 10				
CARBON MONOXIDE (CO)	35 PPM				
HYDROGEN SULFIDE (H <sub>2</sub> S)	10 PPM				
OTHER TOXINS (specify)					
LOCKOUT/TAGOUT					
BLINDING/ISOLATION					
OTHER					

**NOTE: STANDBY EQUIPMENT IS REQUIRED AT ALL CONFINED SPACE ENTRIES. STANDBY PERSON IS REQUIRED AT ALL CONFINED SPACE ENTRIES. RESCUE HARNESS MUST BE WORN BY ALL PERSONS ENTERING A CONFINED SPACE.**

**SIGNATURES:**

CHIEF, FACILITIES MANAGEMENT SERVICE (verbal contact after hours) \_\_\_\_\_

SUPERVISOR (or designee) IN CHARGE \_\_\_\_\_

TESTING OPERATOR \_\_\_\_\_

**ENTRY CANNOT BE MADE UNTIL ALL CONDITIONS ARE MET AND ALL SIGNATURES OBTAINED.**

Engineering SOP No. 20  
Attachment B  
September 13, 2013

### Confined Space Pre-Entry Checklist

A confined space is either entered through an opening other than a door (such as manhole or side port) or requires the use of a ladder or rungs to reach the working level. Test results must be satisfactory. This checklist must be completed whenever the job site meets this criteria. See Engineering Section SOP No. 20, Attachment C, Confined Space Listing.

	Yes	No
1. Did your survey of the surrounding area show it to be free of hazards such as drifting vapors from tanks, piping, or sewers?	( )	( )
2. Does your knowledge of industrial or other discharges indicate this area is likely to remain free of dangerous air contaminants while occupied?	( )	( )
3. Are you certified in operation of the gas monitor to be used?	( )	( )
4. Has a gas monitor functional test (Bump Test) been performed this shift on the gas monitor to be used?	( )	( )
5. Did you test the atmosphere of the confined space prior to entry?	( )	( )
6. Did the atmosphere check as acceptable (no alarms given)?	( )	( )
7. Will the atmosphere be continuously monitored while the space is occupied?	( )	( )

Contact the Fire Department (ext. 444) in the event of an emergency.

**NOTE:** If any of the above questions are answered "no," DO NOT ENTER and contact your immediate supervisor.

Job Location: \_\_\_\_\_

Signature \_\_\_\_\_  
Industrial Hygienist or Designee

Date \_\_\_\_\_

EXHIBIT 16

Engineering Section SOP No. 20  
Attachment C  
July 23, 2014

**CONFINED SPACES LISTING**

1. Manholes:

<b>ELECTRICAL DISTRIBUTION SYSTEM MANHOLES</b>				
1A	8A	20	30	41
1B	8B	21	31	42
1C	9	22	32	43
2A	10	23	33	44
2B	11	24	34	45
2C	12	24A	34A	46
3	13	25	35	47
4	14	26	36	48
5	15	27	37	49
6	16	27A	37A	
6A	17	28	38	
7	18	29	39	
8	19	29A	40	

<b>SIGNAL DISTRIBUTION SYSTEM MANHOLES</b>			
1	11	24	35A
2	12	25	36
2B	13	26	37
2C	14	27	38
3	15	27A	39
4	16	29	40
5	17	29A	
6	18	30	
7	19	31	
7A	20	32	
8	21	33	
9	22	34	
10	23	35	

<b>STEAM DISTRIBUTION SYSTEM MANHOLES</b>					
1	1H	PT17	PT81	5A	11
1A	1I	PT18	2	6	13
1B	1J	PT41	3	6A	13A
1C	1K	PT42	3A	7	13B
1D	PT9	PT43	3B	8	13C
1E	PT12	PT44	4	8A	15
1F	PT13	PT45	4D	9	15A
1G	PT16	PT46	5	10	D

2. Engineering SOP 20  
Appendix C

STORM MANHOLES					
1	19	37	53	71	89
2	20	38	54	72	90
3	21	39	55	73	91
4	22	39A	56	74	92
5	23	40	57	75	
6	24	41	58	76	
7	25	42	59	77	
8	26	43	60	78	
9	27	43A	61	79	
10	28	44	62	80	
11	29	45	63	81	
12	30	46	64	82	
13	31	47	65	83	
14	32	48	66	84	
15	33	49	67	85	
16	34	50	68	86	
17	35	51	69	87	
18	36	52	70	88	

SANITARY SEWER MANHOLES					
1	17	33	49	63B	78
2	18	34	50	63C	79
3	19	35	51	64	80
4	20	36	52	65	81
5	21	37	53	66	82
6	22	38	54	67	83
7	23	39	55	68	
8	24	40	56	69	
9	25	41	57	70	
10	26	42	58	71	
11	27	43	59	72	
12	28	44	60	73	
13	29	45	61	74	
14	30	46	62	75	
15	31	47	63	76	
16	32	48	63A	77	



3. Engineering SOP 20  
Appendix C

2. Miscellaneous Confined Spaces:

- a. Four (4) boilers in Building 261, two chambers in each. Boilers and condensate receiver and deaerator, DA tank, wood chip bins, and feed water tank at Building 261.
- b. Crawl space under Building 21.
- c. Dust collector outside Building 22.
- d. Two (2) water storage tanks on top of the hill.
- e. Building 27 tunnel crawl space.
- f. Elevator hoistways.
- g. Two (2) well access vaults located at the well site.

3. Biomass Boiler Plant Confined Space Inventory:

- a. Condensate outside pit – Outside east side, conventional side.
- b. DA tank – East side, conventional side.
- c. Treated water tank – East side, conventional side.
- d. Boiler #1 – Conventional side, front and back.
- e. Boiler #2 – Conventional side, front and back.
- f. Boiler #3 – Conventional side, front and back.
- g. Small brine tank – West wall, conventional side.
- h. Large outside brine tank – Outside west side, conventional side.
- i. Water softener #A – West wall, conventional side.
- j. Water softener #B – West wall, conventional side.
- k. Biomass furnace doors – Biomass side.
- l. Under grate ash doors – Biomass side.
- m. Under grate ash doors – Biomass side.
- n. Biomass boiler economizer door – Biomass side.
- o. Biomass boiler cyclone #1 door – Biomass side.

4. Engineering SOP 20  
Appendix C

- p. Biomass boiler cyclone #2 door – Biomass side.
- q. East fuel bunker – Biomass bunker room.
- r. West fuel bunker – Biomass bunker room.
- s. Vibrating conveyor doors – Biomass side.
- t. Ash dumpster – Outside east biomass side.
- u. ESP north ash conveyor – Outside east biomass side.
- v. ESP south ash conveyor – Outside east biomass side.
- w. Fuel oil tank #1 – Outside east biomass side.
- x. Fuel oil tank #2 – Outside east biomass side.

4. Elevator Pits

<u>Building</u>	<u>Number</u>
1	P1
1	P2
7	F1
7	F2
9	P1
23	F1
24	P1
24	P2
26	P1
26	P2
27	P1
27	P2
30	P1
30	P2
31	P1
31	P2
31	P3
31	P4
210	P1
210	P2
211	P1
211	P2
212	P1
35	P1
35	P2
28	P1

Engineering Section  
Standard Operating Procedure  
Number 31

VA Medical Center  
Chillicothe, Ohio  
February 25, 2015

## HOT WORK OPERATIONS

1. PURPOSE: To establish procedures for hot work operations under the responsibility of Facilities Management Service (FMS), Engineering Section.

2. POLICY: Engineering employees and contractors perform hot work operations in compliance with the hot work permit system. Hot work operations include cutting, welding, Thermite welding, brazing, soldering, thermal spraying, thawing pipe or any similar operation. Minor repairs, such as soldering electronic equipment, are exempt from the scope of this procedure.

### 3. RESPONSIBILITIES:

a. The Chief, Facilities Management Service (FMS) is responsible for assuring that hot work procedures are followed and employees are trained in the use of this procedure.

b. The Fire Chief or Crew Chief is responsible for conducting weekly safety rounds of construction sites. Additionally, the Fire Chief is responsible for maintaining a fire response crew to mitigate risk from hot work operations during construction and maintenance activities. When requested, the Fire Chief is responsible for examining the precautions taken prior to hot work commencing and making recommendations for improvement, if required.

c. For hot work conducted by Engineering employees:

(1) Engineering employees conducting the hot work are responsible for:

(a) Filling out the hot work permit, signing the permit as the competent person conducting the work, obtaining the Engineering supervisor's signature for approval of the permit, and meeting the requirements of the permit, this Standard Operating Procedure, and National Fire Protection Association (NFPA) 51B.

(b) Turning a copy of the permit in to the Engineering office in Building 21.

(c) Prior to work commencing:

1. Posting the hot work permit on the wall in a visible location near the work site so that personnel passing by know that a permit has been approved. Do not post the permit in a location that would cause a fire hazard. Do not post the permit in a manner

## 2. Engineering Section SOP No. 31

that would damage finishes. If the permit cannot be posted, ensure that the fire watch has a copy of it available.

2. Ensuring precautions are in place for hot work, as required by NFPA 51B.

3. Making sure appropriate fire extinguisher(s) are readily available.

4. Ensuring a fire watch is appointed and in place.

(d) Stopping hot work at the end of the work shift in the appropriate time frame for final inspection:

1. For torch applied roofing, two (2) hours prior to the end of the shift, according to NFPA 241.

2. For all other hot work, 30 minutes prior to the end of the shift.

(e) Removing the posted permit once the work is completed.

(2) Engineering Supervisors of employees conducting the hot work are responsible for:

(a) Discussing the work plan with the employee, including the precautions the employee has put in place for hot work operations.

(b) Appointing a fire watch for the employee.

(c) Ensuring the fire watch appointed is trained to understand the inherent hazards of the work site and of the hot work.

(d) Ensuring hot work permits are only issued to employees who are competent in hot work operations.

(e) Signing the hot work permit, giving approval to the employee to commence hot work operations.

(3) The Engineering office is responsible for filing a copy of the approved hot work permit in an organized systematic manner.

d. For hot work conducted by Contractors:

(1) The General Contractor's Superintendent or Competent Person is responsible for:

### 3. Engineering Section SOP No. 31

(a) Ensuring hot work permits are filled out, ensuring the person conducting the hot work is a competent person as defined by OSHA, having the person conducting the work sign the permit, designating a fire watch person on the permit, signing the permit, discussing the hot work operations plan and precautions with the Contracting Officer's Representative (COR), obtaining the COR's signature on the hot work permit prior to commencing hot work operations, and meeting the requirements of the permit, this Standard Operating Procedure, and NFPA 51B.

(b) Ensuring the fire watch appointed is trained to understand the inherent hazards of the work site and of the hot work.

(c) Prior to work commencing:

1. Posting the hot work permit on the wall in a visible location near the work site so that personnel passing by know that a permit has been approved. Do not post the permit in a location that would cause a fire hazard. Do not post the permit in a manner that would damage finishes. If the permit cannot be posted, ensure that the fire watch has a copy of it available.

2. Ensuring precautions are in place for hot work, as required by NFPA 51B.

3. Making sure appropriate fire extinguisher(s) are readily available.

4. Ensuring a fire watch is appointed and in place.

(d) Stopping hot work at the end of the work shift in the appropriate time frame for final inspection:

1. For torch applied roofing, two (2) hours prior to the end of the shift, according to NFPA 241.

2. For all other hot work, 30 minutes prior to the end of the shift.

(e) Removing the posted permit once the work is completed.

(2) Contracting Officer's Representatives (CORs) are responsible for:

(a) Discussing the work plan with the Contractor's Superintendent or Competent Person, to include discussing the precautions the Contractor has put in place for hot work operations. This discussion is for the situational awareness of the COR to understand the precautions the contractor has put in place for hot work operations.

(b) Signing the hot work permit, giving approval to the contractor to commence hot work operations. This signature in no way removes responsibility from the Contractor as the responsible person for all hot work operations on their project.

#### 4. Engineering Section SOP No. 31

(c) Obtaining a copy of the signed hot work permit to file with the project documents, either in paper or electronic format.

#### 4. PROCEDURES:

a. The Assistant Chief, Engineering Section and Maintenance and Operations (M&O) Supervisor assure that annual training on the use of this procedure is provided to employees involved with hot work.

b. CORs assure contractors are provided a copy of this procedure.

c. There are separate hot work permits approved for each day hot work operations are performed. Each hot work permit is specific to the hot work task being performed. For example, construction work with hot work operations being performed by different trades and/or different locations have a hot work permit for each individual activity. Hot work operations may be planned and scheduled up to a week in advance. For example, up to one (1) weeks' worth of hot work operations daily permits may be approved at one time. Hot work permits approved in advance must be reapplied for if conditions change prior to the hot work commencing. The ability to apply for hot work permits in advance may be revoked at any time by CORs or Engineering Supervisors. The intent of allowing hot work permits to be applied for up to one (1) week in advance is to allow for thoughtful, safe, well-planned hot work operations.

d. CORs may approve hot work permits for other CORs' projects. For example, if a COR is on vacation or works a shift that does not align with the contractor's shift, another COR may approve the hot work permits for that project. In doing so, the COR who approves the hot work permit for the COR that is unavailable makes a copy of the hot work permit for the COR responsible for the project. CORs responsible for a project may revoke this privilege at their discretion.

e. For Engineering employees conducting hot work operations after normal duty hours, the senior Engineering mechanic on duty acts as the supervisor and signs and approves the permit.

f. Engineering employees and contractors performing hot work operations are responsible for following the following procedures:

- (1) Performing hot work operations only when conditions are safe.
- (2) Obtaining a daily hot work permit.
- (3) Continuing work only so long as conditions remain unchanged.

## 5. Engineering Section SOP No. 31

(4) Assuring that combustible materials are located at least 35 feet from the hot work site or covered to prevent the passage of sparks.

(5) Securing or covering cracks or openings in walls, floors, doors and windows within 35 feet from the hot work site to prevent the passage of sparks.

(6) Assuring that fire resistant guards are provided for floors, walls, and partitions of combustible construction.

(7) Assuring that hot work is not conducted on pipes or other metal in contact with combustible material if it is close enough to cause ignition by conduction.

(8) Assuring that fully-charged, operational fire extinguisher(s) are in the immediate work area.

(9) Assuring that sprinkler heads are covered with wet rags.

(10) Assuring that personnel are protected against heat and sparks.

(11) Assuring the fire watch designee is posted as fire watch.

(12) Assuring pipes or other enclosures are isolated, open to the atmosphere, and for verifying that combustible vapors/materials are not present in internal spaces.

(13) Assuring that hot work is not conducted on any piece of equipment under pressure.

g. Engineering employees and contractors performing fire watch for hot work operations:

(1) Ensure that safe conditions are maintained during hot work operations

(2) Have fire extinguisher(s) readily available and are trained in its use.

(3) Are familiar with facilities and procedures for sounding alarms.

(4) Watch for hot fires during the hot work and for 30 minutes thereafter, or 2 hours after for torch applied roofing.

(5) Have the authority to stop the hot work operations if unsafe conditions develop.

(6) Watch for fire in all exposed areas and try to extinguish them only when the fires are obviously within the capacity of the equipment available. If the fire watch determines that the fire is not within the capacity of the equipment, the fire watch will sound the alarm immediately.

6. Engineering Section SOP No. 31

(7) Are permitted to perform additional tasks, but those tasks must not distract him or her from the fire watch responsibilities.

i. Hot work permits include the front and back page when submitted for approval, preferably printed double sided, but may be stapled.

j. Engineering supervisors may implement task specific safety precautions.

5. REFERENCES: NFPA 241 and 51B

VA Office of Facilities Information Letter, IL 08-89-01

6. RESCISSION: Engineering Section SOP Number 31, Hot Work Operations, dated September 15, 2014.

*es/Steven Benson*

Steven Benson, PE, PS, CHFM, CHESP  
Chief, Facilities Management Service

Attachment

Dist: Engineering Section Supervisors  
Fire Department (07F)  
Safety and Occupational Health Manager (138S)



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## ENGINEERING EMPLOYEE HOT WORK PERMIT

*Seek an alternative/safer method if possible!*

Before initiating hot work, ensure precautions are in place as required by NFPA 51B and Engineering Section Standard Operation Procedure (SOP) 31

Make sure an appropriate fire extinguisher is readily available.

This Hot Work Permit is required for any operation involving open flame or producing heat and/or sparks. This work includes, but is not limited to, welding, brazing, cutting, grinding, soldering, thawing pipe, torch-applied roofing, or chemical welding.

**FOR EMERGENCIES, CALL CHILICOTHE VAMC FIRE DEPARTMENT AT 740-773-1141 EXT. 444  
OR CALL 444 FROM ANY VA PHONE LINE.**

**FOR NON-EMERGENCIES, CHILICOTHE VAMC FIRE DEPARTMENT CAN BE REACHED AT EXT. 7161**

---

Date: \_\_\_\_\_ Building/Floor: \_\_\_\_\_

Service: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time to be completed: \_\_\_\_\_

Work Required: \_\_\_\_\_

*See back page for additional requirements*

Name (print) of person designated to perform Fire Watch: \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission is requested to proceed with the work.

Name (print) and signature of competent person doing hot work: \_\_\_\_\_

The work plan and precautions have been discussed. Permission is granted for this work:

Name (print) and signature of Engineering or M&O Supervisor or \_\_\_\_\_

FOR AFTER HOURS WORK OR IF THE ENGINEERING SUPERVISOR OR M&O SUPERVISOR IS UNAVAILABLE, IN LIEU OF THEIR SIGNATURE, THE FOLLOWING WILL SIGN WITH SUPERVISORY AUTHORITY TO GRANT PERMISSION FOR THIS WORK.

The work plan and precautions have been discussed. Permission is granted for this work:

Name (print) and signature of senior Engineering Mechanic on duty: \_\_\_\_\_

---

### FINAL INSPECTION TO BE CONDUCTED BY THE ENGINEERING EMPLOYEE DOING HOT WORK AND THE DESIGNATED FIRE WATCH

Fire watch and monitoring of the hot work area and areas adjacent to which sparks and heat may have spread, including floors above and below and opposite sides of walls, are inspected 30 minutes after the completion of work and found to be fire safe. For torch-applied roofing, this is required for 2 hours after the completion of work.

---

THIS PERMIT IS GOOD FOR ONE DAY ONLY

PERMIT MUST BE POSTED IN A SAFE LOCATION OR ON THE FIRE WATCH'S PERSON  
AND SHOWN TO ENGINEERING EMPLOYEES UPON REQUEST

---

**ATTENTION:** Prior to requesting any hot work permit, the Engineering employee and designated fire watch inspects the work area and confirms that precautions are taken to prevent fire in accordance with NFPA 51B.

---

**PRECAUTIONS:**

- Hot work equipment is in good working condition in accordance with manufacturer's specifications.
  - Extinguishers are in service and operable.
  - Sprinklers are in service. If not, special permission of the VAMC Fire Department is required.
- 

**Requirements within 35 feet (11m) of hot work:**

- Flammable liquid, dust, lint, and oily deposits are removed.
  - Explosive atmosphere in area is eliminated.
  - Floors are swept clean and trash is removed.
  - Combustible floors are wet down or covered with damp sand or fire-resistive/noncombustible materials or equivalent.
  - Personnel are protected from electrical shock when floors are wet.
  - Other combustible storage materials are removed or covered with listed or approved materials (welding pads, blankets, or curtains, or fire-resistive tarpaulins), metal shields, or noncombustible materials.
  - All wall and floor openings are covered.
  - Ducts and conveyors that might carry sparks to distant combustible material are covered, protected or shut down.
- 

**Requirements for hot work on walls, ceilings, or roofs:**

- Construction is noncombustible and without combustible coverings or insulation.
  - Combustible material on other side of walls, ceilings, or roofs is moved away.
- 

**Requirements for hot work on enclosed equipment:**

- Enclosed equipment is cleaned of all combustibles.
  - Containers are purged of flammable liquid/vapor.
  - Pressurized vessels, piping, and equipment is removed from service, isolated, and vented.
- 

**Requirements for hot work fire watch and fire monitoring:**

- Fire watch is provided during, and for a minimum of, 30 minutes after hot work, including any break activity, or 2 hours for torch-applied roofing.
  - Fire watch is provided with suitable extinguishers and, where practical, a charged small hose.
  - Fire watch is trained in the use of equipment and in sounding alarms.
  - Fire watch is required in adjoining areas, above and below.
- 

**END OF VA EMPLOYEE HOT WORK PERMIT**

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## CONTRACTOR HOT WORK PERMIT

*Seek an alternative/safer method if possible!*

Before initiating hot work, ensure precautions are in place as required by NFPA 51B and Engineering Section Standard Operation Procedure (SOP) 31

Make sure an appropriate fire extinguisher is readily available.

This Hot Work Permit is required for any operation involving open flame or producing heat and/or sparks. This work includes, but is not limited to, welding, brazing, cutting, grinding, soldering, thawing pipe, torch-applied roofing, or chemical welding.

**FOR EMERGENCIES, CALL CHILICOTHE VAMC FIRE DEPARTMENT AT 740-773-1141 EXT. 444  
OR CALL 444 FROM ANY VA PHONE LINE.**

**FOR NON-EMERGENCIES, CHILICOTHE VAMC FIRE DEPARTMENT CAN BE REACHED AT EXT. 7161**

---

Date: \_\_\_\_\_ Building/Floor: \_\_\_\_\_

Contractor: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time to be completed: \_\_\_\_\_

Work Required: \_\_\_\_\_

---

*See back page for additional requirements*

Name (print) of person designated to perform Fire Watch: \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission is requested to proceed with the work.

Name (print) and signature of competent person doing hot work: \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission is requested to proceed with the work.

Name (print) and signature of General Contractor's  
Superintendent or Competent Person: \_\_\_\_\_

The work plan and precautions have been discussed. Permission is granted for this work: \_\_\_\_\_

Name (print) and signature of Contracting Officer  
Representative (COR): \_\_\_\_\_

### FINAL INSPECTION

**TO BE CONDUCTED BY THE CONTRACTOR'S SUPERINTENDENT OR COMPETENT PERSON AND THE  
DESIGNATED FIRE WATCH**

Fire watch and monitoring of the hot work area and areas adjacent to which sparks and heat may have spread, including floors above and below and opposite sides of walls, are inspected 30 minutes after the completion of work and found to be fire safe. For torch-applied roofing, this is required for 2 hours after the completion of work.

---

**THIS PERMIT IS GOOD FOR ONE DAY ONLY**

**PERMIT MUST BE POSTED IN A SAFE LOCATION OR ON THE FIRE WATCH'S PERSON  
AND SHOWN TO ENGINEERING EMPLOYEES UPON REQUEST**

---

**ATTENTION:** Prior to requesting any hot work permit, the Contractor's Superintendent or Competent Person inspects the work area and confirms that precautions are taken to prevent fire in accordance with NFPA 51B.

---

**PRECAUTIONS:**

- Hot work equipment is in good working condition in accordance with manufacturer's specifications.
  - Extinguishers are in service and operable.
  - Sprinklers are in service. If not, special permission of the VAMC Fire Department required.
- 

**Requirements within 35 feet (11m) of hot work:**

- Flammable liquid, dust, lint, and oily deposits are removed.
  - Explosive atmosphere in area is eliminated.
  - Floors are swept clean and trash is removed.
  - Combustible floors are wet down or covered with damp sand or fire-resistive/noncombustible materials or equivalent.
  - Personnel are protected from electrical shock when floors are wet.
  - Other combustible storage materials are removed or covered with listed or approved materials (welding pads, blankets, or curtains, or fire-resistive tarpaulins), metal shields, or noncombustible materials.
  - All wall and floor openings are covered.
  - Ducts and conveyors that might carry sparks to distant combustible material are covered, protected or shut down.
- 

**Requirements for hot work on walls, ceilings, or roofs:**

- Construction is noncombustible and without combustible coverings or insulation.
  - Combustible material on other side of walls, ceilings, or roofs is moved away.
- 

**Requirements for hot work on enclosed equipment**

- Enclosed equipment is cleaned of all combustibles.
  - Containers are purged of flammable liquid/vapor.
  - Pressurized vessels, piping, and equipment is removed from service, isolated, and vented.
- 

**Requirements for hot work fire watch and fire monitoring**

- Fire watch is provided during and for a minimum of 30 minutes after hot work, including any break activity. 2 hours for torch-applied roofing.
  - Fire watch is provided with suitable extinguishers and, where practical, a charged small hose.
  - Fire watch is trained in the use of equipment and in sounding alarms.
  - Fire watch is required in adjoining areas, above and below.
- 

**END OF CONTRACTOR HOT WORK PERMIT**

---

## CONTRACTOR HOT WORK PERMIT

*Seek an alternative/safer method if possible!*

Before initiating hot work, ensure precautions are in place as required by NFPA 51B and Engineering Section Standard Operation Procedure (SOP) 31

Make sure an appropriate fire extinguisher is readily available.

This Hot Work Permit is required for any operation involving open flame or producing heat and/or sparks. This work includes, but is not limited to, welding, brazing, cutting, grinding, soldering, thawing pipe, torch-applied roofing, or chemical welding.

**FOR EMERGENCIES, CALL CHILICOTHE VAMC FIRE DEPARTMENT AT 740-773-1141 EXT. 444 OR CALL 444 FROM ANY VA PHONE LINE.**

**FOR NON-EMERGENCIES, CHILICOTHE VAMC FIRE DEPARTMENT CAN BE REACHED AT EXT. 7161**

---

Date: \_\_\_\_\_ Building/Floor: \_\_\_\_\_

Contractor: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time to be completed: \_\_\_\_\_

Work Required: \_\_\_\_\_

---

*See back page for additional requirements*

Name (print) of person designated to perform Fire Watch: \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission is requested to proceed with the work.

Name (print) and signature of competent person doing hot work: \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission is requested to proceed with the work.

Name (print) and signature of General Contractor's Superintendent or Competent Person: \_\_\_\_\_

The work plan and precautions have been discussed. Permission is granted for this work:

Name (print) and signature of Contracting Officer Representative (COR): \_\_\_\_\_

### FINAL INSPECTION

**TO BE CONDUCTED BY THE CONTRACTOR'S SUPERINTENDENT OR COMPETENT PERSON AND THE DESIGNATED FIRE WATCH**

Fire watch and monitoring of the hot work area and areas adjacent to which sparks and heat may have spread, including floors above and below and opposite sides of walls, are inspected 30 minutes after the completion of work and found to be fire safe. For torch-applied roofing, this is required for 2 hours after the completion of work.

---

**THIS PERMIT IS GOOD FOR ONE DAY ONLY**

**PERMIT MUST BE POSTED IN A SAFE LOCATION OR ON THE FIRE WATCH'S PERSON AND SHOWN TO ENGINEERING EMPLOYEES UPON REQUEST**

---

**ATTENTION:** Prior to requesting any hot work permit, the Contractor's Superintendent or Competent Person inspects the work area and confirms that precautions are taken to prevent fire in accordance with NFPA 51B.

---

**PRECAUTIONS:**

- Hot work equipment is in good working condition in accordance with manufacturer's specifications.
  - Extinguishers are in service and operable.
  - Sprinklers are in service. If not, special permission of the VAMC Fire Department required.
- 

**Requirements within 35 feet (11m) of hot work:**

- Flammable liquid, dust, lint, and oily deposits are removed.
  - Explosive atmosphere in area is eliminated.
  - Floors are swept clean and trash is removed.
  - Combustible floors are wet down or covered with damp sand or fire-resistive/noncombustible materials or equivalent.
  - Personnel are protected from electrical shock when floors are wet.
  - Other combustible storage materials are removed or covered with listed or approved materials (welding pads, blankets, or curtains, or fire-resistive tarpaulins), metal shields, or noncombustible materials.
  - All wall and floor openings are covered.
  - Ducts and conveyors that might carry sparks to distant combustible material are covered, protected or shut down.
- 

**Requirements for hot work on walls, ceilings, or roofs:**

- Construction is noncombustible and without combustible coverings or insulation.
  - Combustible material on other side of walls, ceilings, or roofs is moved away.
- 

**Requirements for hot work on enclosed equipment**

- Enclosed equipment is cleaned of all combustibles.
  - Containers are purged of flammable liquid/vapor.
  - Pressurized vessels, piping, and equipment is removed from service, isolated, and vented.
- 

**Requirements for hot work fire watch and fire monitoring**

- Fire watch is provided during and for a minimum of 30 minutes after hot work, including any break activity. 2 hours for torch-applied roofing.
  - Fire watch is provided with suitable extinguishers and, where practical, a charged small hose.
  - Fire watch is trained in the use of equipment and in sounding alarms.
  - Fire watch is required in adjoining areas, above and below.
- 

**END OF CONTRACTOR HOT WORK PERMIT**

Engineering Section  
Standard Operating Procedure  
Number 44

VA Medical Center  
Chillicothe, Ohio  
May 30, 2012

### LADDER SAFETY PRACTICES

1. PURPOSE: To outline procedures and practices for the safe use of ladders.
2. POLICY: Ladders are used and maintained in a safe condition at all times.
3. RESPONSIBILITIES:
  - a. Supervisors are responsible for ensuring employees are trained on the safe use of ladders and for inspecting ladders at least quarterly in accordance with Appendix A, Ladder Inspection Checklist.
  - b. Employees are responsible for the completion of training and for checking the general condition of ladders prior to each use.
4. PROCEDURES:
  - a. Inspections for each ladder are documented on the Ladder Inspection Checklist. A preventive maintenance work order is completed for each inspection.
  - b. Ladders are marked with a serial number and the shop name for tracking purposes.
  - c. Always face the ladder and have both hands free when climbing or descending. Do not overreach when on a ladder, and never slide down a ladder. The center of your body should not be beyond the center of the side rail.
  - d. Tools or other materials carried in pockets or pouches must be secured. Use hand line to raise or lower heavy, bulky, sharp pointed or otherwise dangerous objects.
  - e. Keep soles of shoes free from oil, water or other material which could cause slipping.
  - f. Do not use ladders as scaffolds. Do not splice ladders together. Do not use a combination of ladders and planking for staging.
  - g. Straight or extension ladders must be held at bottom by another person until they are securely tied off at the top.
  - h. Do not stand on any rung or step higher than the third from the top. Do not put body weight on pail rest.

i. Inspect ladders for damage before each use. Do not use a defective ladder. Do not make field repairs. Scrape off accumulated paint before inspecting.

j. Never leave a ladder set up and unattended. Remove ladder to a safe location when not in use. Store ladders in designated areas.

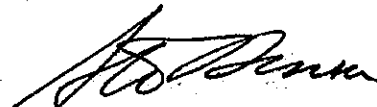
k. Never place a ladder in front of a door or passageway unless the door of entrance is secured or guarded. Never place a ladder against a window. Always place ladder on ground or solid floor. Set all feet on firm, level surface. Do not place on unstable, loose or slippery surfaces.

l. Place foot of ladder away from the structure against which it is leaning a distance equal to one-fourth the length of the ladder. To access a roof or other walking surface, extend ladder three feet above the landing surface.

m. Do not use metal ladders near electrical lines or equipment.

5. REFERENCES: OSHA 1910.24 through 27  
OSHA 1926.1053.

6. RESCISSIONS: Engineering Service SOP No. 44, Ladder Safety Practices, dated November 21, 2006.

  
STEVEN BENSON, PE, PS, CHFM  
Chief, Facilities Management Service

Dist: Engineering Supervisors



### Ladder Inspection Checklist

SHOP \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

CHECK ✓ IF COMPLETE	INSPECTION ITEM
	FREE OF PAINT, MUD, OIL, GREASE, ETC.?
	FASTENERS TIGHT?
	FEET AND PADS IN GOOD CONDITION?
	RAILS FREE OF CRACKS, SPLITS, OR OTHER DAMAGE?
	RUNGS IN PLACE AND FREE OF CRACKS, SPLITS OR OTHER DAMAGE?
	LOCKING DEVICES AND HALYARDS IN GOOD CONDITION?

INSPECTION DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

Engineering Section  
Standard Operating Procedure  
Number 45

VA Medical Center  
Chillicothe, Ohio  
September 15, 2014

## EXCAVATION/TRENCHING

1. **PURPOSE:** To establish minimum requirements for trenching and excavations to ensure the safety of all Veterans, employees, structures and utility systems.

2. **POLICY:** This policy is applicable to all open excavations made in the earth's surface, including trenching. Any exceptions are certified in writing by a registered professional engineer (PE). Excavations for which adequate safe guards cannot be provided, as outlined in this policy and applicable Occupational Safety and Health Administration (OSHA) standards, is not performed by facility personnel.

### 3. DEFINITIONS:

a. Competent Person: Person(s) capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees and has the authorization to take prompt corrective measures to eliminate such conditions. The competent person(s) is authorized to stop work.

b. Soil Classification: Soil at trenching/excavation sites is classified as class C, as outlined in OSHA standard CFR 1926.650.

c. Excavation: Any man-made cut, cavity, trench, or depression in the earth's surface, formed by earth removal.

d. Protective system: A method of protecting employees from cave-ins, collapse of adjacent structures, or from material that could fall or roll from an excavation face or into an excavation.

e. Trench: An excavation less than 15 feet wide. For the purpose of this SOP, a trench is classified under the general heading of an excavation.

### 4. PROCEDURES:

a. A competent person inspects each excavation worksite before work begins and determines the need for a protective system. A protective system is required at depths of five (5) feet or at depths less than five (5) feet if hazardous conditions exist.

b. Personal protective equipment (PPE) for employees working at an excavation worksite includes a hard hat, safety glasses, steel toe safety shoes, gloves and other equipment deemed necessary for the protection of the employee.

c. The competent person from Engineering Section completes daily inspections to determine if situations exist that may endanger employees. Additional inspections are made after rainfall or other condition change that may affect the site.

## 2. Engineering Section SOP No. 45

- d. Electrical equipment used at the worksite is protected by a ground fault circuit interrupter.
- e. Excavation worksites are evaluated to determine if it is a permit-required confined space. If the atmosphere contains less than 19.5 percent oxygen or a hazardous atmosphere exists or could reasonably be expected to exist, such as in excavations in landfill areas or in areas where hazardous substances are stored nearby, the atmosphere in the excavation is tested before employees are allowed to enter.
- f. Employees are prohibited from working in excavations that contain an accumulation of water unless adequate precautions have been taken.
- g. Underground utilities (electric, water, gas, sewer, steam, telephone) are identified, located and marked prior to the commencement of work. As the excavation operation approaches the location of the utility, caution and detection equipment is used to protect the safety of employees. If the exact location of the utility cannot be determined, that utility is shut off and secured under the provisions of the OSHA standards for lockout/tagout, or only hand-digging with insulated tools is permitted.
- h. In open excavations, underground utilities are protected and supported at all times.
- i. Overhead utility lines are turned off prior to the commencement of work. When boomed equipment is used in excavation work, there is a minimum clearance of ten (10) feet from the boom to overhead lines.
- j. No employee are permitted to work in an excavation underneath, or in close proximity to, any powered equipment operating over or near an excavation/trench.
- k. Warning systems for mobile equipment are provided.
- l. Fall protection is provided to protect employees, patients and visitors. This includes the use of guardrails, bridges, barriers, fencing, covers, or other fall protection system.
- m. A stairway, ladder, ramp, or other safe means of egress is located in excavations that are four (4) feet or more in depth so as to require no more than 25 feet of lateral travel to exit.
- n. Protection of employees from excavated soil/materials and equipment is provided by placing and keeping such materials at least two (2) feet from the edge of any excavation.
- o. Employees exposed to vehicular traffic operating in the area of an excavation are provided with and instructed to wear a warning vest marked with a reflective or highly visible material.
- p. Vibration caused by vehicular traffic, movement/operation of equipment or the positioning of heavy equipment can cause excavation failure. Equipment is kept far enough from the edge of the excavation to avoid imposing strain from vibration or overloading on

### 3. Engineering Section SOP No. 45

trench walls. Additional bracing/shoring may be required. Barricading may be required to prevent movement of the equipment/vehicle toward the excavation. These conditions are addressed and adequate precautions are taken.

q. Protective systems for excavations are designed for class C soil. This includes sloping of the excavation wall at a rate of 1 ½-foot out for each one (1) foot of depth (benching is not permitted), use of hydraulic speed shore used in compliance with manufacturer's instructions, and use of a certified trench box, timber trench shoring or other designed system developed and approved by a registered professional engineer. Design systems or other protective systems meet OSHA standard CFR 1926.650/651/652/653 requirements.

r. Any area of an excavation that requires a protective system that is unprotected, is marked in such a manner as to not allow an employee to enter the area. Employees are kept back from the unprotected area at least one (1) linear foot for each foot of depth from the end of the protective system.

s. Sidewalks and pavements are not undermined unless a support system is used to protect against collapse.

t. Excavations below the level of the base or footing of any foundation or retaining wall are not permitted, except when:

(1) An approved support system, such as underpinning, is used.


(2) A registered professional engineer approves the determination that the excavation is far enough away that it does not affect the foundation.

(3) A registered professional engineer approves the determination that such excavation work does not endanger employees.

u. An employee identified as a "competent person" is trained initially, and every two (2) years thereafter, in accordance with OSHA standards.

5. REFERENCES: CFR 1926.650/651/652/653

6. RESCISSION: Engineering Section SOP, Excavation/Trenching, dated March 6, 2012.

  
STEVEN BENSON, PE, PS, CHFM, CHESP  
Chief, Facilities Management Service

Dist: Engineering Section Supervisors (138C/D)  
Safety and Occupational Health Manager (138S)

Engineering Section  
Standard Operating Procedure  
Number 57

VA Medical Center  
Chillicothe, Ohio  
November 26, 2012

## COORDINATING UTILITY OUTAGES

1. **PURPOSE:** To provide a uniform and effective procedure to coordinate utility outages.
2. **POLICY:** It is the policy of Engineering Section to continually provide all the utilities that are essential to properly operate a modern medical center. When it becomes necessary to temporarily interrupt these essential services, Engineering Section informs concerned parties and coordinates such interruptions within the limits of exigency that exists on a situation by situation basis.
3. **RESPONSIBILITY:** It is the responsibility of the Chief, Facilities Management Service (FMS) to ensure proper coordination of outages. It is the responsibility of all Engineering Section employees to promptly inform the Chief, FMS through the appropriate chain of command when a utility outage is required or when, in the event of an emergency, the outage has been implemented.
4. **PROCEDURES:**
  - a. The Chief, FMS grants approval before any utility outage is implemented except in an emergency situation wherein life, limb, or property may be seriously impaired, seriously damaged, or destroyed by failure to take immediate action to shut down a utility. In the event of such a catastrophic emergency, the Chief, FMS is informed as soon as possible of the outage and other pertinent details that necessitated the outage.
  - b. Outages, with the exception of emergency outages, are planned, approved, and coordinated with the appropriate personnel as far in advance as is practical.
  - c. Concerned services/care lines are contacted by telephone in an effort to coordinate the outage. Appendix A, Utility Outage Form is used when the telephone contacts are made. When the telephone contacts are completed and if all services contacted have no objection to any aspect of the planned outage, the outage is scheduled. If appropriate due to the scope of the outage, the secretary sends a station-wide e-mail message informing all employees.
  - d. Before Appendix A, Utility Outage Form is submitted for approval, the requestor completes all appropriate spaces. The requestor fills in the titles, dates and all spaces above the signature line. In addition, an X is placed in the appropriate spaces indicating which offices or services/care lines are to be contacted. Some offices and services/care lines are permanently marked and are contacted for each utility outage scheduled.
  - e. The Work Order Clerk makes contacts the services/care lines and areas indicated on the Utility Outage Form to provide details of the scheduled outage. The name of the person receiving the call is noted on the Utility Outage Form. An electronic message is also sent as a secondary means of communicating the outage details.

2. Engineering Section SOP No. 57, Coordinating Utility Outages

5. REFERENCES: None.

6. RESCISSION: Standard Operating Procedure Number 57, Coordinating Utility Outages, dated September 6, 2007.

STEVEN BENSON, PE, PS, CHFM  
Chief, Facilities Management Service

Dist: Engineering Supervisors (138)  
Engineering Work Order Clerk (138D)

Today's Date: \_\_\_\_\_ Title of Outage: \_\_\_\_\_

**Type of Outage:**

<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> ELEVATORS	<input type="checkbox"/> STREET LIGHTS	<input type="checkbox"/> EMERGENCY GENERATOR	<input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> HEAT	<input type="checkbox"/> STEAM	<input type="checkbox"/> WATER	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> SEWAGE
<input type="checkbox"/> MEDICAL AIR / VACUUM / OXYGEN			<input type="checkbox"/> OTHER _____	

Affected Areas/Buildings: \_\_\_\_\_

Date(s) of Outage: \_\_\_\_\_

Time/Duration of Outage: From \_\_\_\_\_ ☐ a.m. ☐ p.m.  
To \_\_\_\_\_ ☐ a.m. ☐ p.m.

Outage coordinated with: \_\_\_\_\_  
(Name of Service Chief/Care Line Manager)

Reason for Outage:

\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature \_\_\_\_\_ 138

E-Mail Notification Sent: \_\_\_\_\_ (Initials/Date)

SERVICE OR CARE LINE	"X" TO CONTACT	BUILDING	EXT.	NAME OF CONTACT	CALLER INITIALS
Medical Center Director		1	7002		
Associate Director	Email	1	7001	CC: Associate Director, Donda Hockett	
Chief of Staff	Email	1	7254	CC: Heather Murphy	
AD for Patient Care (Nursing)	Email	1	7365	CC: VHACLL Nursing Key Staff VHACLL SPS Patient Care	
Nursing		Various	Email	CC: VHACLL Nurse Managers	
Human Resources		1	7538		
Fiscal		1	7527		
Logistics		1	7581		
Medical Supply (All med/gas outages)		1	Email	CC: VHACLL Medical Supply	
Quality Improvement		1	7258		
Learning Resources		1	7267		
Geriatrics/Extended Care Line		1	7612		
Vocational Rehabilitation		3	7342		
Nutrition & Food Service		7	7512		
Call Center		8	6468		
Fee Basis		8	6282		
Voluntary Service		9	7420		
Quarters		12 – 17	7166		
Protective Services	X	18	7004		

SERVICE OR CARE LINE	"X" TO CONTACT	BUILDING	EXT.	NAME OF CONTACT	CALLER INITIALS
Chief Information Officer		18	7189		
Emergency Management		18	6390		
Infection Control Nurse		18	7368	CC: Teresa Davis, Yvonne Jones, Beth Gallagher	
Warehouse		23	7400		
SPS (All steam outages)		24	6118		
Domiciliary		24	6095/6094		
SATP		24	7604		
Prosthetics		24	7280		
Environmental Management	X	25	6383	CC: VHACLL EMS Supervisors	
Vocational Rehabilitation		25	7355		
Safety Office		26	7699		
Recreation Therapy		26	7412		
Unit 26AB		26	7309		
Unit 26CD – Freedom Harbor		26	6127		
Patient Business Service		27	7468		
Biomedical Engineering		27	Email	CC: VHACLL Biomed	
Medical/Surgical Care Line		27	7717		
Specialty Clinic		27	7901		
Cardiopulmonary Clinic (All med/gas outages)		27	7730	CC: VHACLL Cardiopulmonary	
GI Clinic		27	7919/7987	CC: Judy Abbott, Angel Osborne, Cathy Hathaway	
EEG Clinic		27	7633		
Canteen		28	7573		
Social Work		28	6603/7451		
MHICM		28	7984		
Residential Care		28	7455		
Surgery		30	7761		
Unit 30 (MICU)		30	7712		
Nurse Manager (Special Care)		30	7513		
SCU (30A)		30	7708		
Telemetry		30	6124		
Unit 30CD		30	7680/7681		
Respiratory Therapy		30	7695		
PCT Clinic		30	7899		
Administrative Officers (AODs)	X	31	Email	CC: VHACLL AOD	
Dennis Hawk (Outages in Radiology / Dental)		31	6022		
Radiology		31	7739		
Dental		31	7807		



SERVICE OR CARE LINE	"X" TO CONTACT	BUILDING	EXT.	NAME OF CONTACT	CALLER INITIALS
Audiology		31	7864		
Pharmacy		31	7794		
Laboratory		31	7837	CC: VHACLL Laboratory	
Mental Health Clinic		31	7872		
Primary Care (Teams)		31	7859		
Urgent Care (Admissions)		31	7771		
Urgent Care (Nursing)		31	7777		
PBS Section Supervisors		35	Email	CC: VHACLL PBS Section Supervisors	
CPAC		35	7073		
Unit 35A		35	7298		
Unit 35B – HBPC		35	7566		
Unit 35B – PR RTP		35	Email	CC: VHACLL PR RTP	
Mental Health Care Line		35	7895		
Tool Room		36	7407/7408		
210 AB Nurse Manager		210	7636	Dee Copas	
210 CD Nurse Manager		210	6106	Kelly Stonerock	
Sherman Terrace		210	7660/7661		
Veterans Homeland		210	6112		
211 Nurse Manager		211	7289	Lisa Cooley	
Hopewell House		211	7287		
Rehabilitative Care Line		211	7638		
Library Section		211	7622		
Employee Health		212	7861		
Support Services (Mail Room)		212	7590		
Release of Info (B212)		212	7709	CC: VHACLL ROI-SCANNING	
AFGE		212	7436		
Contracting		212	7011/7012		
Home Telehealth		212	7362/6222		
Chaplain Service		252	7202		
Fire Department	X	259	7161		
Chillicothe Paints		STADIUM 244	773-7117		
Chivaho Federal Credit Union		317	775-3381		
<b>ENGINEERING SECTIONS</b>					
Interior Design		21	7570/6419		
Engineering Supervisors	X	21	6172	CC: VHACLL Engineering Supervisors	
Boiler Plant	X	261	6189	CC: VHACLL Engineering Boiler Plant	
Dispatchers (Office Personnel)	X	21	6172	CC: T. Hill, J. Skaggs, T. Reynolds, D. Nibert	

POLICY MEMORANDUM  
NO. 00-16

VA MEDICAL CENTER  
Chillicothe, Ohio  
December 14, 2012

## PREVENTION OF WORKPLACE HARASSMENT

1. **PURPOSE:** To advise all employees of their responsibility regarding the prevention of harassment in the workplace, to define and establish procedures for monitoring and evaluation, and to enforce the laws relative to harassment.
2. **POLICY:** It is the policy of this medical center that no employee is subjected to harassment, a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA). All employees are entitled to a work environment in which they feel free to raise concerns and are confident that those concerns will be addressed. Unwelcome harassing conduct is not tolerated and immediate, appropriate action is taken when management becomes aware of allegations.
3. **DEFINITIONS:**
  - a. Harassment is unwelcome conduct that is based on race, color, sex (including sexual orientation), religion, national origin, disability, and/or age. Harassment becomes unlawful when:
    - (1) Enduring the offensive conduct becomes a condition of continued employment; or
    - (2) Employment decisions are based on whether the employee accepts or rejects such conduct; or
    - (3) The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Antidiscrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit under these laws; or opposing employment practices that they reasonably believe discriminate against individuals, in violation of these laws.
  - b. Petty slights, annoyances, and isolated incidents (unless extremely serious) do not rise to the level of illegality. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to reasonable people.

## 2. Policy Memorandum No.

c. Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance.

d. Harassment can occur in a variety of circumstances, including, but not limited to, the following:

(1) The harasser can be the victim's supervisor, a supervisor in another area, an agent of the employer, a co-worker, or a non-employee.

(2) The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.

(3) Unlawful harassment may occur without economic injury to, or discharge of, the victim.

## 4. RESPONSIBILITIES:

a. Employees are encouraged to inform the harasser directly that the conduct is unwelcome and must stop. Employees also report harassment to management at an early stage to prevent its escalation.

b. The VA recognizes that the question of whether a particular action or incident is a purely personal, social relationship without a discriminatory employment effect requires a factual determination based on all facts in each case. When investigating allegations of harassment, management looks at the entire record, including the nature of the conduct, and the context in which the alleged incidents occurred. A determination of whether harassment is severe or pervasive enough to be illegal is made on a case-by-case basis.

## 5. PROCEDURES:

Persons believing they have been subjected to harassment discuss concerns with their immediate supervisor, service chief/care line manager, the Equal Employment Opportunity(EEO) Program Manager, an Office of Resolution Management(ORM) EEO counselor, or their union representative. All information disclosed during the discussion is held in the strictest confidence and is only disclosed on a need-to-know basis in order to investigate and resolve the matter. Retaliation against one who engages in protected activity is not tolerated, and this medical center supports the rights of all employees to exercise their rights under the civil rights statutes. Complaints of harassment may also be brought to the attention of an EEO Counselor within 45 calendar days of the date of occurrence of the event or alleged acts. Procedures for initiating and processing individual complaints of harassment may be discussed with an ORM EEO Counselor or the EEO Program Manager.

5. REFERENCES. Section 703 of Title VII of the Civil Rights Act of 1964; 29 CFR, Chapter XIV; VA Handbook 5977.

6. RESCISSION: Policy no. 00-44, Sexual Harassment, 1/6/2010

7. RESCISSION DATE: December 14, 2014

(00E)

//s//

Wendy J. Hepker, FACHE  
Medical Center Director

Distribution: F

161M3(10)

POLICY MEMORANDUM  
NO. 07-09

VA Medical Center  
Chillicothe, Ohio  
August 19, 2013

EMPLOYEE THREAT ASSESSMENT TEAM (ETAT)  
COMMITTEE

1. **PURPOSE:** To establish a proactive policy for the prevention of workplace violence involving employees, visitors, volunteers and contractors at this medical center.

2. **POLICY:**

a. It is the policy of this medical center to promote a safe environment for employees, patients, visitors, and volunteers. The medical center is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. While this kind of conduct is not pervasive at this medical center, no medical center is immune. Every medical center is affected by disruptive behavior at one time or another.

b. Violence, threats, harassment, intimidation, and other disruptive behavior in the workplace are not tolerated. Reports of incidents are taken seriously and are dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

3. **DEFINITIONS:** As used in this policy, violence is defined as unwanted or hostile physical contact, threats, coercion, or harassment.

a. Physical attack is unwanted or hostile physical contact, such as hitting, fighting, pushing, shoving or the throwing of objects.

b. Threat is the expression of a present or future intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating it has the present ability to do harm, and without regard to whether the expression is contingent, conditional, or future.

c. Harassment is behavior or communication designed or intended to intimidate, menace or frighten another person.

d. Property damage is behavior or acts that contribute to the destruction or damage of private or government property.

e. Employee Threat Assessment Team (ETAT) is a medical center-level interdisciplinary team whose primary charge is using evidence-based and data-driven practices for addressing the risk of violence posed by generated behavior(s) that are disruptive or that undermine a culture of safety.

## 2. POLICY MEMORANDUM NO. 07-09

f. Employee-generated disruptive behaviors which undermine(s) a culture of safety, can be committed by VHA employees, contractors, volunteers, academic affiliates, locum tenens and any other personnel whose responsibilities bring them into a VHA facility.

### 4. RESPONSIBILITIES:

a. The Medical Center Director is responsible for:

(1) Providing and maintaining policy and procedures to assure that employees, patients, visitors, volunteers and all other categories of personnel are provided a safe and healthful work environment.

(2) Implementing a system to notify law enforcement agencies when violations of the policy are committed.

(3) Ensuring that employee-generated disruptive behavior(s) is addressed through administrative processes.

(4) Ensuring that high-risk areas within the medical center are designated based upon the Workplace Behavioral Risk Assessment (WBRA) conducted by medical center staff.

b. The Environment of Care Committee is responsible for:

(1) Providing assistance and support for the medical center ETAT Program and serving as the focal point for medical center-wide violent behavior prevention initiatives.

(2) Identifying trends and developing strategies to reduce or eliminate risks associated with violent behavior at the medical center and reporting conclusions to the Medical Center Director.

(3) Ensuring that appropriate physical security precautions and equipment are implemented, used and tested.

c. The Employee Threat Assessment Team (ETAT) is composed of designated representatives from AFGE, the Occupational Safety and Health Manager, Protective Services, Human Resources Management Service, Equal Employment Opportunity (EEO), Rehabilitation Medicine and Services Care Line, Psychologist and the Code Orange Team Coordinator. The ETAT Committee is responsible for:

(1) Acting in an advisory capacity to supervisors in assessing a reported workplace violence incident on request.

(2) Activating the ETAT Committee when any of the members become aware of any

### 3. POLICY MEMORANDUM NO. 07-09

incident of violence. An email group is organized and maintained by the chairperson under VHACLL ETAT.

(3) Identifying trends, developing strategies, and performing workplace analyses as defined by the Occupational Safety and Health Administration (OSHA) in order to review and eliminate risks associated with violent behavior at the medical center.

(4) Reviewing the policy for appropriate revisions and making an annual report by June 30 each year on the status of the ETAT Program to the appropriate supervisory personnel regarding incidents referred.

(5) Performing risk assessments and making recommendations to supervisory personnel in reference to referred incidents.

#### d. Supervisory responsibilities:

(1) Enforce VA safety rules, regulations, and standards, including those concerning violent behavior.

(2) Investigate injuries or illnesses that occur to employees under their supervision, and preclude recurrence of similar injuries. If a patient(s) is/are involved, an electronic Patient Event Report (ePER) the incident is completed. The ePER is available on the Chillicothe VAMC home page. If a visitor or volunteer is involved, notify the Occupational Safety and Health Manager.

(3) Assure that employees or volunteers who are verbally or physically assaulted, who witness violent behavior in the workplace, or who have demonstrated warning signs associated with potential violent behavior are offered employee assistance, counseling and professional support, as appropriate.

(4) Initiate disciplinary actions, as appropriate, against employees or volunteers who assault patients, volunteers, visitors or other employees.

#### e. Employee and Volunteer responsibilities:

(1) Follow safe work practices (those that minimize the potential for violent behavior).

(2) Immediately report work-related injuries as a result of workplace violence to supervisory personnel.

(3) Complete the Workplace Incident Form, VAF 10-84 (538), available at the Police Operations Center, lower level, Building 18, or electronically through the VA Chillicothe Intranet website. Provide one copy to the appropriate level of supervision, one copy to the VA Police and one copy to the Chairperson, or designee of the ETAT Committee,

#### 4. POLICY MEMORANDUM NO. 07-09

immediately after an incident of workplace violence occurs.

(4) Attend mandatory training related to violent behavior prevention.

f. Human Resources Management Service responsibilities:

(1) Assist, when appropriate, investigations of claims of violence raised by employees and others.

(2) Advise managers on how to address and resolve concerns in their areas.

(3) Refer reported potential workplace violence situations to VA Police, appropriate level of supervision, and the Chairperson of the ETAT Committee.

g. The Chief Protective Services is responsible for:

(1) Assisting with educational efforts to ensure that a procedure is in place to provide training to employees and volunteers on violent behavior prevention. The training includes customer service training that addresses methods to recognize potential violent behavior, appropriate responses, methods to obtain assistance, and procedures to summon VA Police. Warning signs, response procedures, prevention techniques and defensive techniques are addressed in this training.

(2) Reviewing the medical center's ETAT Program annually to assure that the program is current and addresses the medical center's need. Conducts quarterly meetings, as needed, and forwards the meeting minutes to the Environment of Care Committee.

(3) Reviewing incident investigation reports, conducting incident investigations, if deemed appropriate, and identifying corrective actions to preclude incidents of violence at the medical center.

(4) Assuring that reported incidents of violence involving patients, employees, volunteers, or visitors (either as the victim or perpetrator) are appropriately referred.

(5) Developing recommendations and assuring implementation of corrective action(s) intended to preclude recurrence of violent behavior incidents involving employees (in coordination with the requirements of this program).

(6) Identifying trends and developing strategies to reduce or eliminate risks associated with violent behavior at this medical center. This includes developing a standardized database for gathering and reporting data of violent incidents.

(7) Providing training on workplace violence prevention matters for supervisors and employees, when requested.



## 5. POLICY MEMORANDUM NO. 07-09

h. The Crisis Intervention/Code Orange Response Team: This clinical team responds to emergency requests for help and provides employees with assistance in managing violent behavior. The team provides verbal and physical intervention, as needed, to ensure the safety of persons (patients, volunteers, visitors and employees). Community Based Outpatient Clinic (CBOC) staff contact appropriate community law enforcement agencies for emergency response. CBOC staffs also inform medical center staff of this contact with a written summary report.

i. Police: The Chief, Protective Services ensures a Prevention of Violence in the Workplace briefing is provided to new employees. A yearly briefing to incumbent employees is recommended when requested by medical center service chiefs/care line managers and documented as continuing in-service training.

## 5. PROCEDURES:

a. Acts of violence perpetrated by inpatients are referred to the attending physician, treatment team and VA Police for evaluation and appropriate action. While the patients may or may not be reported to law enforcement authorities, clinical personnel determine the reason(s) for the assault and implement corrective action.

b. Requests for review by the ETAT Committee can be initiated by a multitude of sources.

c. Any employee who has concerns regarding personal situations that may affect his or her workplace safety (e.g., restraining orders, domestic violence, or stalking) may consult with the VA Police Operations Officer and/or the ETAT Chairperson.

d. Any supervisor or manager who receives a complaint of violence, threats or harassment, or who has reason to suspect that these acts or behaviors are occurring, involving employees, volunteers, and/or patients, investigates the complaint and contacts the treatment team and/or VA Police, and the ETAT Committee for assistance.

e. Training and education are provided so staff members are aware of potential security hazards and how to protect themselves and co-workers through established policies and procedures. Employees receive general awareness training annually. Awareness training is a mandatory segment of new employee orientation.

6. REFERENCES: Policy Memorandum No. 00-02, Patient Safety Improvement Program  
VHA directive 2012-026, "Sexual Assaults and other Defined Public Safety Incidents in Veterans Health Administration (VHA) Facilities, dated September, 27, 2012.

7. RESCISSION: Policy Memorandum No. 07-9, Workplace Violence Prevention, dated May 1, 2012.

6. POLICY MEMORANDUM NO. 07-09

8. RESCISSION DATE: August 19, 2015

//s//

Wendy J. Hepker, FACHE  
Medical Center Director

Distribution: F  
161M3 (10)

Facilities Management Service  
Standard Operating Procedure  
Number 30

VA Medical Center  
Chillicothe, Ohio  
April 20, 2011

### **CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)**

1. **PURPOSE:** To establish minimum energy isolation requirements and procedures for an effective program for the safe management and control of hazardous energy.
2. **POLICY:** It is the policy of Facilities Management Service to comply with the requirements as listed in the Occupational Safety and Health Administration (OSHA) Policy 29 CFR 1910.147, Control of Hazardous Energy.
3. **SCOPE:** This policy applies to employees who service or maintain machines or equipment; operate or use a machine or equipment on which servicing or maintenance is being performed under lockout/tagout; and those whose job requires work in an area in which servicing or maintenance is being performed.

Contractors comply with the lockout/tagout procedures in accordance with this policy and other applicable regulations.

This policy does not apply to work on cord and plug-connected electric equipment if the hazards of unexpected energization or start up of the equipment is controlled by unplugging the equipment and the plug is under the exclusive control of the employee performing the service or maintenance.

#### **4. DEFINITIONS:**

- a. **Affected employee:** An employee whose job requires the operation or use of machines or equipment or to work in the same area in which servicing or maintenance is being performed under lockout/tagout.
- b. **Authorized employee:** A properly trained employee who implements the lockout/tagout procedures on a machine or piece of equipment to perform service or maintenance.
- c. **Other employee:** An employee, other than an affected or authorized employee, who may work near or pass through areas where energy control procedures may be used.
- d. **Energy isolating device:** A mechanical device that physically prevents the release of energy; for example, a manually operated electrical circuit breaker, a disconnect switch, a line valve, or any similar device used to block or isolate energy. It does not include push buttons, selector switches or other circuit type devices.

## 2. Engineering Section SOP No. 30

e. **Energy source:** The origin of any type of energy to include electrical, mechanical, hydraulic, pneumatic, chemical, and thermal.

f. **Hazardous energy:** Any energy source associated with a machine or piece of equipment whose unexpected energization or startup could cause injury to employees or identified chemical, physical or biological hazard. Examples include, but are not limited to, the following:

- (1) Electrical sources greater than 50 volts AC or DC.
- (2) Licensed radiation sources.
- (3) Heated liquids or surfaces exceeding 114 degrees Fahrenheit, excluding potable, fire suppression and irrigation water systems.
- (4) Any stored mechanical energy.
- (5) Pneumatic energy exceeding 30 PSI pressure or vacuum.
- (6) Ignitable liquids or gases.
- (7) Corrosive liquids with pH outside the range of 6-8.
- (8) Cold liquids or surface less than 32 degrees Fahrenheit.
- (9) Hydraulic pressure exceeding 30 PSI, excluding potable, fire suppression and irrigation water systems operating at less than 150 PSI.
- (10) Materials (solid, liquid, or gas) which, if released, could cause injury or concentrations in the immediate area of the release exceeding exposure limits established by OSHA.

g. **Lockout:** The placement of a lockout device on an energy-isolating device, in accordance with an established procedure, to ensure that the energy-isolating device and the machine or equipment being controlled cannot be operated until the lockout device is removed. Lockout devices require a tagout device to be used in conjunction with the lock unless specifically not required by a documented lockout tagout procedure.

h. **Lockout device:** A uniquely identifiable device that utilizes a positive means such as a lock operated by a key to hold an energy-isolating device in a safe position and to prevent the energizing of a machine or piece of equipment. The lockout device is capable of withstanding the environment to which it will be exposed. Lockout devices used at this facility are padlocks painted safety red. No lockout device is installed at this

### 3. Engineering Section SOP No. 30

facility without an accompanying tagout device, except where expressly permitted by this procedure.

i. Normal production operations: Utilization of a machine or equipment to perform its intended production function.

j. Service and/or maintenance: Workplace activities on a machine or equipment where an employee may be exposed to the unexpected energization of startup of the equipment or machine or may be exposed to the release of hazardous energy. These activities include lubrication, cleaning, un-jamming of machines, utilization, making adjustments, and performing tool changes.

k. Tagout: The placement of a tagout device on an energy-isolation device, in accordance with an established procedure, to indicate that the energy-isolating device and the machine or equipment being controlled may not be operated until the tagout device is removed. Tags will not deteriorate in the environment in which they are placed and are printed such that environmental conditions will not cause the tag or message on the tag to become illegible. When a tagout device is permissible for use without an accompanying lockout device, the tagout device is attached to prevent inadvertent or accidental removal. When used alone, the tag is affixed with a non-reusable and self locking device equivalent to a one piece all-environment- tolerant nylon cable tie. The tagout device warns against hazardous conditions if the machine or equipment is energized and includes a legend such as the following: DO NOT START, DO NOT OPEN, DO NOT CLOSE, DO NOT ENERGIZE, DO NOT OPERATE, or other appropriate message. To be complete, a tagout device includes the name of the authorized person who placed the tag and the time and date the tag was placed.

l. Tagout device: A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy-isolating device to indicate that machine or equipment being controlled may not be operated until the tagout device is removed.

m. Capacitor: A storage unit that holds a charge of electricity to be totally released at a specific point during an operation. Capacitors represent a potential source of lethal energy and are rendered safe during lockout/tagout situations by waiting for a specified amount of time to pass.

n. Unsafe to Operate Lock: Indicates that the energy isolating device and the equipment being controlled by it may not be operated until the unsafe to operate lock is removed. The unsafe to operate lock is always accompanied by an unsafe to operate tag. Unsafe to operate tags are used ONLY when a piece of equipment has been determined to be unsafe to operate but no authorized employees are currently servicing or maintaining the equipment. Unsafe to operate locks are identifiable by their gold color and accompanying tag. Unsafe to operate locks are NOT lockout devices and

#### 4. Engineering Section SOP No. 30

prior to servicing or maintaining the equipment, an individual lockout device is placed in accordance with this policy.

o. **Unsafe to Operate Tag:** Accompanies an unsafe to operate lock and indicates the equipment it is attached to may not be operated until the unsafe to operate tag and lock are removed. Unsafe to operate tags are yellow and have the words "Unsafe to Operate" printed on them with space for the name of the person placing the tag, along with the date and reason the equipment is unsafe to operate.. An unsafe to operate tag is NOT a tagout device.

#### 5. RESPONSIBILITIES:

a. Engineering Section shop supervisors are responsible for ensuring their employees implement procedures in accordance with this policy for isolating energy sources for machines or equipment prior to any service or maintenance and ensure that contractors under their control comply with procedures for lockout/tagout. Additional responsibilities include:

(1) Developing written standard operating procedures (SOPs) for isolating energy sources for machines or equipment on which employees may be working or performing service or maintenance. Specific procedures need not be documented in writing if the machine or piece of equipment meets the following:

(a) The machine or equipment has no potential for stored or residual energy or re-accumulation of stored energy after shutdown which could endanger employees.

(b) The machine or equipment has a single energy source which can be readily identified and isolated.

(c) The isolation and locking out of the energy source will completely de-energize and deactivate the machine or equipment.

(d) The machine or equipment is isolated from the energy source and locked out during service or maintenance.

(e) A single lockout device will achieve a locked out condition.

(f) The lockout device is under the exclusive control of the authorized employee performing the service or maintenance.

(g) The servicing or maintenance does not create hazards for other employees

(h) In addition to items (a) through (g) above, the facility has had no accidents involving the unexpected activation or re-energization of the equipment or machine

## 5. Engineering Section SOP No. 30

during servicing or maintenance per Section 1910.147 (c)(4)(i) of the OSHA Lockout/Tagout Standard. Authorized employees on lockout/tagout procedures or requirements contact their immediate supervisor. Unresolved questions or questions from affected or other employees are directed to the Safety Office at extension 7153.

(2) Identifying authorized employees to perform servicing or maintenance on machines or equipment when lockout or tagout is required.

(3) Providing training as outlined in this policy to authorized employees. Training is documented and maintained to include date of training and employee names. Supervisors work with other services and the Safety Office to assure that affected employees are included in this training.

(4) Ensuring that the annual review is conducted in accordance with this policy for the procedure for each machine or piece of equipment in the lockout/tagout program. Documentation is maintained with each supervisor. Supervisors work with other services and the Safety Office to assure that affected employees are included in the annual review.

b. Authorized employees are responsible for implementing the procedures in accordance with this policy for isolating energy sources for machines or equipment prior to any service or maintenance.

c. Contracting Officer Technical representatives (COTR's) are responsible for informing contractors of this hazardous energy control procedure and obtaining a copy of the contractor's internal policy.

(1) The contractor's internal policy must be equal to, or more stringent than, the procedures contained herein.

(2) The COTR provides a copy of the contractor's policy to shop supervisors if concurrent work in contractor occupied spaces is required.

d. The Assistant Chief, Engineering Section is responsible for:

(1) Ensuring that supervisors and COTR's have received instructions sufficient to allow them to carry out their duties and responsibilities under the lockout/tagout program.

(2) Working with the shop supervisors to develop and maintain an inventory of sources of hazardous energy by type and magnitude.

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6. EMPLOYEE TRAINING:

a. Authorized employees receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy known to be present in the workplace, and the procedures necessary for energy isolation and control. Authorized employees are not permitted to implement lockout/tagout procedures until training is completed.

b. Affected employees whose job requires the operation or use of a machine or equipment on which servicing or maintenance may be performed under lockout or tagout are instructed in the purpose and use of the energy control procedures.

c. Other employees whose work operations are or may be in the area where energy control procedures may be used are instructed about the applicable procedures and prohibited attempts to restart or reenergize machines or equipment that are locked out or tagged out.

d. Employees receive instructions regarding the limitations of tags. Tag limitations include:

(1) Tags do not provide physical restraint on devices.

(2) Tags are only to be removed by the authorized person who installed them.

(3) Tags are legible and understandable.

(4) Tags and the means of attaching tags are appropriate for conditions in the workplace.

(5) Tags are one part of the overall tagout program.

(6) Tags are securely attached.

e. Retraining is provided to authorized and affected employees whenever there is a change in job assignment; a change in machines, equipment, or presses that present a new hazard; or whenever a supervisor has reason to believe that there are inadequacies in the employee's knowledge or use of the energy control procedures.

f. Training is documented to include the date of training and employee names.

7. PROCEDURES:

a. Only trained authorized employees may lockout/tagout utilizing the following procedures:



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(1) Identify energy-isolating devices requiring lockout/tagout to ensure effective control of hazardous energy. More than one energy source may be involved. In the event multiple energy sources are present, consult equipment specific procedures. If no equipment specific procedure is documented for equipment or machinery with multiple energy sources or you do not fully understand the equipment specific procedures, stop work and notify your direct supervisor.

(2) Determine the type and magnitude of the energy that the machine or equipment utilizes.

(3) If the machine or equipment is operating, shut it down by the normal operating procedures.

(4) Notify affected employees that a lockout/tagout system is being utilized and the purpose for utilizing the system.

(5) Operate the energy-isolating devices, such as a switch or valve, so that the machine or equipment is isolated from its energy sources and follow the documented process if one has been developed for the subject equipment. Always stand to the side of electric panels when opening the main disconnect switches as panels can explode when disconnected under a load.

(6) Stored energy such as springs, elevated members, rotating flywheels, hydraulic systems, and air, gas, steam, capacitors, or water pressure is dissipated or restrained by repositioning, blocking, or bleeding down as specified.

(7) Affix lockout and tagout devices to energy-isolating devices. If lockout is not physically possible, affix tagout devices. Lockout is always the preferred method.

(8) After ensuring employees are not exposed, operate the push button or other normal operating control to make sure that equipment will not operate. Return operating controls to the neutral or off position. Check electrical circuit with a meter or similar device to verify that power is off. If working on conductors, test for no voltage on phase-to-phase and phase-to-ground before beginning any work.

(9) After the servicing or maintenance is complete, prepare the machine or equipment for normal operations. Replace guards and safety devices and remove personnel, tools, blocking and equipment.

(10) Notify affected employees that lockout and/or tagout devices will be removed.

(11) Remove lockout/tagout devices.

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(12) Operate the energy isolating devices to restore energy to the machine or equipment.

(13) Notify affected employees that servicing or maintenance has been completed and the machine or equipment is back on line.

b. If more than one authorized employee is involved in the servicing or maintenance of a machine or equipment, the following group lockout/tagout procedures are used:

(1) Utilizing the procedures as described above, each authorized employee places his/her own personal lockout or tagout devices on the energy-isolating devices. When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device is used.

(2) A single lock is used to lockout the machine or equipment with the key placed in a lockout box or cabinet that allows multiple locks to secure it. Each authorized employee uses his/her own lock to secure the box or cabinet. As each authorized employee no longer needs to maintain his/her lockout protection, that employee removes his/her lock from the box or cabinet.

(3) For work involving multiple authorized employees, multiple shop disciplines, multiple shifts or complex, long duration projects, and as deemed necessary by involved shop supervisors, the supervisor(s) of authorized employees affix locks as described above in addition to locks being placed by the authorized employees. The supervisor lock is the primary means of securing hazardous energy in these situations. Each authorized employee independently verifies the equipment or machinery has been properly isolated and affixes his/her own lock and tag before starting work. When authorized employees finish a portion of the work or leave the job site for an extended period of time, s/he removes their lock and tag. Only the supervisor who placed the primary lockout/tagout device may remove the final lock and tag and reenergize the equipment or machinery.

c. Contractors comply with the lockout/tagout procedures as established by this procedure. Engineering employees will not violate contractor's lockout/tagout.

d. Emergency lock removal:

(1) Under normal conditions only the authorized employee who placed the lockout/tagout device may remove the device. When it is necessary for a lockout or tagout device to be removed by someone other than the authorized employee who placed the tag, it is removed by the authorized employee's supervisor under the following conditions:

9. Engineering Section SOP No. 30

(a) The authorized employee and supervisor have determined that the equipment or machinery is safe to reenergize but the keys to the lockout device have been lost.

(b) The supervisor has determined that the equipment or machinery is safe to reenergize but the authorized employee who placed the lockout or tagout device is unavailable and cannot return to the work site within a reasonable timeframe. Prior to removal, the supervisor makes an attempt to contact the authorized employee using the standard call-in procedures. Upon return work, the supervisor who removed the authorized employee's lockout and/or tagout device immediately notifies the affected employee that the device was removed and the conditions under which the device was removed.

e. Unsafe to Operate Locks:

(1) Unsafe to operate locks are identified by the gold color. The shop supervisor maintains control of the unsafe to operate locks and keys. Unsafe to operate locks meet all of the physical requirements of a lockout lock. Unsafe to operate locks are not used for any other purpose than securing unsafe equipment that is currently not being serviced or maintained. They are NEVER substituted for a lockout device.

(2) Unsafe to operate tags are yellow and constructed of the same types of materials as tagout devices to allow for use of a grease pencil to document the name of the person who placed the tag and the date and reason for placing the tag. Unsafe to operate tags are NEVER substituted for a tagout device.

f. Exceptions:

(1) Lockout/tagout is not required for routine maintenance of domestic, fire suppression or irrigation water systems.

(2) Minor tool changes that take less than 20 minutes and where the disconnecting means is clearly visible from the machine are locked out but a tagout device is not required.

(3) Troubleshooting, work that cannot be done while the equipment or machinery is locked or tagged out, and work where isolating energy sources is more hazardous than performing the required work does not require lockout or tagout.

(4) Recharging or evacuating refrigerant from HVAC units, refrigerators, freezers and similar equipment does not require lockout or tagout.

g. A review of the energy-control procedures for machines or equipment in the lockout/tagout program is conducted annually.

10. Engineering Section SOP No. 30

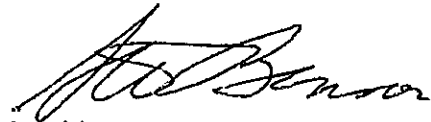
(1) The review is conducted by the respective Engineering Section shop supervisor or a designated authorized employee other than the employee whose energy-control procedures are being reviewed.

(2) The reviewer and each authorized employee analyze the employee's responsibilities under the energy-control procedures being reviewed.

(3) If tagout is used for energy control, the review also includes the limitations of tags.

8. REFERENCES: OSHA Standard 29 CFR 1910.147  
OSHA Standard 29 CFR 1910.331-.335

9. RESCISSION: Engineering SOP Number 30, Control of Hazardous Energy (Lockout/Tagout), dated November 7, 2006.



STEVEN BENSON, PE, PS  
Chief, Facilities Management Service

Dist: Engineering Section Supervisors (138C/D)  
Safety Manager (001S)

Engineering Section  
Standard Operating Procedure  
Number 12

VA Medical Center  
Chillicothe, Ohio  
August 29, 2014

## CONSTRUCTION PROJECT INSPECTIONS

1. PURPOSE: To designate procedures for the inspection of active construction projects.

2. POLICY:

a. It is the policy of this facility to conduct inspections of active projects during construction, renovation, demolition, or repair and to involve appropriate staff in the inspection process.

b. Construction is defined as activities that disturb the environment and includes: demolition of existing ceilings or walls; exposure of ceiling spaces by removal of all or part of ceiling; breaching of walls, ceilings, or floors; removal of debris from construction areas; and major disturbance of soil in which dust or dirt becomes airborne.

3. RESPONSIBILITIES:

a. The Chief, Facilities Management Service, is responsible for ensuring that the need and methods utilized for the completion of active project inspections are communicated to Project Engineers, Engineering supervisors, Contracting Officers, Contracting Officer Representatives (CORs), and contractors, as applicable.

b. The Fire Chief, Protective Services, or designee, is responsible for completing inspections on active construction projects and uploading documentation on completed project inspections to the Construction Safety SharePoint site at <https://vaww.v10.r03.portal.va.gov/sites/Chillicothe/projectsafety/default.aspx>.

c. The Project Engineer/Contracting Officer Representative (COR) is responsible for:

(1) Ensuring regular updates to the Project Inspection tracking grid located on the Construction Safety SharePoint site at <https://vaww.v10.r03.portal.va.gov/sites/Chillicothe/projectsafety/default.aspx> are made.

(2) Following up on completed inspections and ensuring corrective actions are documented to address deficiencies.

4. PROCEDURES:

a. Project Engineers/CORs:

## 2. SOP 12, Construction Project Inspections

(1) Access the Project Inspection tracking grid located in the Project Inspection folder on the Construction Safety SharePoint site at <https://vaww.v10.r03.portal.va.gov/sites/Chillicothe/projectsafety/default.aspx> and modify column J (Active) and column K (Inspection Needed) to indicate if construction is active and an inspection is required. Updates are made on or before each Thursday for the following week's inspections. Information is included in column I (Comments) on the anticipated work area for projects that involve multiple work sites and any special considerations the inspector needs to be aware of for the upcoming inspection. Dates are included with any comments. The Project Inspection tracking grid is opened in edit mode and changes are saved without changing the name of the file.

(2) Add new projects to the Project Inspection tracking grid as they become active and remove completed projects, when appropriate.

(3) Access and review the Physical Site Inspection forms from the previous week's inspections for assigned projects and add information to column I (Comments) on the Project Inspection tracking grid to indicate how documented issues were addressed and/or resolved. Dates are included with any comments. The Project Inspection tracking grid is opened in edit mode and changes are saved without changing the name of the file.

b. Projects that have been suspended for extended periods of time and have no contract workers or materials on site do not require an inspection and are evaluated on a case-by-case basis.

c. The Fire Chief, or designee:

(1) Accesses and prints the Project Inspection tracking grid on or about Friday of each week prior to conducting weekly inspections of active projects.

(2) Upon completion of the weekly inspections, uploads a completed Physical Site Inspection form for each active project on the Project Inspection tracking grid. Completed Physical Site Inspection forms are saved on the Construction Safety SharePoint site in the Project Inspection folder and the Year/Month subfolder.

d. Deficiencies are documented and addressed as follows:

(1) Issues that do not require immediate attention are documented on the Physical Site Inspection form. Issues that do not require immediate attention are those that are contained within the immediate construction area and issues other than immediate life safety, site security and infection control challenges.

(2) Issues requiring immediate attention, such as storage in stair towers or obstructions of exits, are documented on the Physical Site Inspection form and are communicated to the Project Engineer/COR via phone or, in the event the Project

### 3. SOP 12, Construction Project Inspections

Engineer/COR is unavailable, to the Project Engineer/CORs supervisor.

(3) Issues involving immediate threat to life are documented on the Physical Site Inspection form and are communicated to the Project Engineer/COR via phone or, in the event the Project Engineer/COR is unavailable, to the Project Engineer/CORs supervisor. Construction workers/foremen are immediately notified of the threat and the Safety Office is notified via phone. The Project Engineer/COR immediately notifies the Contracting Officer via phone and electronic mail.

e. Resolutions to deficiencies are documented in the Construction Safety Committee meeting minutes.

f. Procedures followed for project inspections are summarized in Appendix A, Summary of Project Inspection Procedures.

g. The Contracting Officer and the Safety Officer are authorized to suspend work for issues involving an immediate threat to life or when deemed necessary. Levels of offense are listed in Appendix B, Contractor Safety Disciplinary Actions.

5. REFERENCES: SOP 12, Construction Project Inspections, dated January 8, 2013.

6. RESCISSION: None.

es/Steve Benson

STEVEN BENSON, PE, PS  
Chief, Facilities Management Service

Distribution: Fire Department (07F)  
Engineering Section, Planning and Design (138B)  
Contracting Officers (90C)  
Construction Safety Committee Members

## **SUMMARY OF PROJECT INSPECTION PROCEDURES**

### **Step 1: Project Engineer/COR**

- Access and review Physical Site Inspection forms from the previous week. Follow up on required corrective actions.
- Access the Project Inspection tracking grid and modify column I (Comments) with the current date and information indicating how prior inspection deficiencies were addressed/resolved.
- Complete updates to the Project Inspection tracking grid on or before Thursday of each week for the following week's inspections by modifying columns J (Active) and K (Inspection Needed) for assigned projects modifying column I (Comments) to include the anticipated work areas for projects that involve multiple work sites or any special considerations the inspector needs to be aware of for the upcoming inspection.
- Add new projects at the bottom of the Project Inspection tracking grid.
- Remove completed projects from the Project Inspection tracking grid.
- Save changes to the Project Inspection tracking grid without changing the name of the file.

### **Step 2: Fire Chief, or Designee**

- Access and print the Project Inspection tracking grid on Friday of each week.
- Conduct inspections and complete a Physical Site Inspection form for each active project indicated on the Project Inspection tracking grid.
- Post completed Physical Site Inspection forms for each active project to the appropriate folder.
- Document deficiencies as noted above.



### **Contractor Safety Disciplinary Actions**

All contractor and subcontractor employees are expected to comply with jobsite rules and OSHA regulations, and to follow established operating procedures set forth by the Chillicothe VAMC. Violations/repeated violations will not be tolerated and the superintendent/foreman is held accountable for the conduct of contractor and sub-contractor employees.

Superintendents and foremen are required to take action when a violation is observed or brought to their attention. Immediate action to control or eliminate a hazard is required.

In the event a violation/repeat violation is observed, the following procedures have been established to place an employee and the contractor on notice.

#### Notice

#### Action

First Offense	A written warning from the Contracting Officer (CO) to the contractor with a copy to the Contracting Officer Representative (COR) to address the violation of the employee and the contractor. A copy is provided to the superintendent and one placed in the contract file and the Planning & Design file, referencing the violation and warning, including date and time.
Repeated Offense	A written letter of reprimand from the Contracting Officer addressed to the contractor with reference to the violation. A request for replacement of project superintendent. A copy of this letter is given to the Contractor's main office, the Planning & Design office and a copy is forwarded to the Network Contracting Office (NCO). A warning from the CO to the contractor (copy to COR) that a 3 <sup>rd</sup> offense will result in a "Suspension of Work" at no-cost to the government until a safety stand-down is completed by the contractor.
Final Offense	A "Suspension of Work" at no-cost to the government takes place immediately and is not removed until a safety stand-down (SSD) is completed by the contractor and its employees, and monitored by the COR. Requirement for immediate replacement of superintendent. Documentation of the offense and completion of SSD is filed at the Planning & Design office and a copy is forwarded to the NCO.

This procedure has been prepared so that there is no question about how violations of rules, regulations, and procedures are handled by the Chillicothe VAMC and so that contractors, subcontractors and their employees know what to expect if they do not comply with the established rules, regulations, and procedures. Management knowledge of unsafe behavior and lack of appropriate documented discipline may be a violation of federal, state laws and regulations.

2. Appendix B, SOP 12

**Contractor Disciplinary Action Form**  
**VA Medical Center**  
**Chillicothe, OH**

Project: \_\_\_\_\_ Contractor: \_\_\_\_\_

Sub-Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Day: \_\_\_\_\_

Employee (s): \_\_\_\_\_ Time: \_\_\_\_\_

***1st Violation***

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***2nd Violation (Repeated Violation: Y/N)***

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Final Violation (Repeated Violation: Y/N)***

Description: \_\_\_\_\_

\_\_\_\_\_

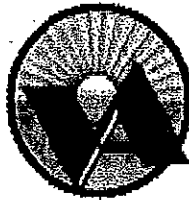
\_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Safety and Infection Control Handbook**

for

## **Contractors**



**Project:** \_\_\_\_\_

**COTR:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**FOR MEDICAL EMERGENCIES: 911**

**In case of fire, call 444, (740) 772-7161 (outside line) or activate the nearest pull station.**

## **The Role of the Contractor**

Contract workers are an important part of our Medical Center. Contractors provide services in virtually all areas of the Medical Center from time to time. Some contractors work in direct contact with patients; others work in office areas or mechanical spaces without direct patient contact. Regardless of where contractors work, their activities support the health care and environment of our patients.

It is critically important, therefore, that you, the contract worker, know about the Medical Center, its patients, its rules and regulations, and ways in which your safety and that of our valuable patients and employees can be ensured.

The management, patients, and employees of this health care system appreciate your efforts to help us improve our facility and service to our veterans; however, safety must be stressed at all times.

Please take a moment to review this handbook with all of your employees and make sure everyone is familiar with the safety and infection control requirements. If you have any questions, please feel free to contact the VA COTR that is overseeing your project.

*Thank you.*

## **Topics Covered in this Guide**

- Security and Identification
- Working in a Hospital Environment
- Basic Safety
- Fire Safety
- Confined Spaces
- Trench Excavation Safety
- Infection Prevention and Control
- Environmental Compliance and Green Environmental Management Systems
- Emergency Management
- Summary of Contacts
- Notes from Preconstruction Conference

## **Security and Identification**

Security is a cooperative effort. VA Police enforce federal and local regulations to protect patients, contract workers, volunteers, staff, and visitors. They also protect government and private property and preserve a peaceful and secure environment at the Medical Center 24 hours a day.

All contract workers are required to obey traffic, parking, and security regulations. It is also necessary for everyone to use common sense, cooperate with the police and, of course, keep personal possessions in a safe and secure place.

If you see a suspicious person or any act that may be suspicious and/or criminal, **notify the Police by calling 222 or (740) 773-1141 extension 7004** and/or report your suspicion to a VA employee or your supervisor.

All contractors are required to obtain and wear an identification badge. The contractor/vendor identification badge must be visibly displayed on a shirt or jacket at all times while working at this Medical Center.

The Medical Center and its surrounding grounds are Federal property.

The following items are forbidden in the Medical Center buildings or on the grounds:

**Alcoholic Beverages**

**Firearms**

***Knives with blades over three (3) inches\****

**Fireworks**

***\* excludes any tools of the trade***

### Working in a Hospital Environment

Information concerning patients and their records is **CONFIDENTIAL**.

Speak softly while on the wards, in the library, in the hospital corridors, and in any other areas where people are working or patients are resting.

If patients ask you for help or advice, refer them to a VA employee for assistance.

If you are required to enter an occupied patient room, you must knock, announce your presence and state your business before entering.

Do not sit on any patient beds or handle any medical or patient equipment unless you are specifically assigned to do so as a contract worker. Do not use the nursing counters.

Work behind closed and locked doors whenever possible.

Do not leave any tools or electrical cords unattended at any time.

Contract workers should **NEVER** enter a room that is posted with any type of "ISOLATION" or "NO VISITORS" signs, the Special Care Unit, or the Life Support Area on B31 in the Urgent Care area, unless asked to do so by your supervisor. If your supervisor has asked you to enter, confer with the nurse manager in charge of the floor or area before entering. She/he will give you instructions to protect yourself and our patients.

For all "CODES" or emergencies, remove all of your equipment from the hallway and stand clear of the hallways so that emergency personnel and equipment can move freely.

Do not move or touch a patient. Inform the nursing staff of all patient requests.

Wash hands frequently.

Cell phone use is prohibited in ALL patient care buildings and in ALL locations where medical equipment is in use.

### Basic Safety

Contractor must have copy of the project Infection Control Risk Assessment (ICRA), Pre Construction Risk Assessment (PCRA), hot work permit, confined space permit and any other applicable permit on hand and immediately available at each job site at all times while their work is ongoing. Interim Life Safety Measures (ILSM's) must remain posted and viewable at all times through the life of the contract.

Contact the VA COTR with questions about the ICRA or PCRA. Contact the VA Fire Department with questions about ILSM's.

Be careful and observe your surroundings while walking and working.

Do not leave any tools or equipment unattended at any time.

If you see a "Wet Floor" sign, do not walk in the area until the sign is removed.

If you see any safety hazards, report them to the VA COTR overseeing your project.

Be aware of patient and wheelchair traffic. Use caution and pull carts, as opposed to pushing carts, around a blind corner.

Do not open any window without approval from the VA COTR.

All supplies and other deliveries must be stored in a predetermined location, not left on the floor, and never left unattended.

If you spill something, clean it up immediately. Caution others to stay clear of the area until it is cleaned up. Notify the VA COTR.

If you see a spill and you do not know what it is, notify your supervisor, VA COTR and any VA employee nearby. Do not clean it up yourself. Call 911 for emergency spill response.

Contractors working on maintenance or construction projects must have a "competent" person appointed and present at all times. Contractors are required to comply with 29CFR 1910, 29CFR 1926 and other applicable laws, codes and standards.

Work involving hazardous energy sources must be performed in accordance with applicable sections of 29CFR 1910 and VA policy. Contractor must obtain and comply with the VA hazardous energy control policy. Contractor must provide a copy of their policy to VA COTR so affected VA staff comply with contractor policy.

Use only grounded UL-listed extension/flexible cords. Do not allow extension cords to cross a walkway or corridor, creating a trip hazard. Cords shall not be run through walls, ceilings, or floors, through doorways, or concealed behind doors, ceilings, floors, etc. Cords should be used in continuous lengths without splicing or tape and be visually checked prior to each use.

All cord and plug connect equipment such as sump pumps, hand-held motor operated tools, and appliances used outside that operate on greater than or equal to 120 volts, or likely to be used in a wet environment, shall be grounded and equipped with a Ground



Fault Interrupter (GFI). Listed or labeled portable tools and appliances, protected by an approved UL system of double insulation or its equivalent, do not need to be grounded; however, GFI protection must still be used.

All energized parts of more than 50 volts must be guarded against accidental exposure. These may be guarded by a locked room accessible only to qualified persons, elevation to a height of over 10 feet above the floor, or by guards/cabinets that are inaccessible to unqualified workers, staff, patients, or other potentially affected persons.

Scaffolding shall be erected in accordance with applicable sections of 29CFR 1926. Contract Workers who erect, disassemble, move, operate, repair, maintain or inspect a scaffold shall be trained by a competent person. Each contract worker who performs work on a scaffold shall be trained by a person qualified to recognize the hazards associated with the type of scaffold used and to understand the procedures to control or minimize these hazards.

Fall protection must be provided and utilized as required by 29CFR 1926.

If any contractor or contract worker encounters what is believed to be Asbestos Containing Materials, they are to stop and notify their supervisor and the VA COTR for the project.

If working in a known asbestos area, all applicable OSHA regulations shall be followed. Contact the VA COTR and the VA Industrial Hygienist to establish a work plan.

### **Fire Safety**

The Chillicothe VA Medical Center has its own fire department. If you happen to be where a fire breaks out, pull the nearest fire alarm box. The fire alarm is located near the exits. You may also call 444 from a station phone or (740) 772-7161 on an outside line or cell phone.

Make sure you look for and become familiar with the locations of the area where you are working and always maintain a clear exit path. Ensure all contract workers are aware of egress paths from work site.

If the fire alarm system sounds in the area you are working in, stay calm and evacuate the building, closing all doors behind you. Contract Supervisors should account for all their employees during a fire emergency. If anyone is not accounted for, notify the fire department.

Adhere to all safe welding, cutting and burning precautions. Notify Engineering Service and obtain a Hot Work Permit prior to welding, burning, grinding, or utilizing a metal

chop saw.

In order to maintain a safe and healthy environment, smoking is prohibited in all buildings, building entrances/exits, stairwells, attics, closets, offices, etc. Should you choose to smoke, you may smoke outside of the buildings, adhering to a minimum distance of 35 feet from any exit of the any building.

Contract workers must know where exits and extinguishers are located.

The fire department and construction safety committee will conduct a periodic walkthrough of the construction area.

**IN EVENT OF A FIRE:**

**R – Rescue all people from immediate danger**  
**A – Alarm, Pull alarm box or call fire department**  
**C – Confine the fire; close all doors**  
**E – Extinguish/Evacuate**

**FIRE EXTINGUISHER USE:**

**P – Pull the pin on the extinguisher**  
**A – Aim nozzle at the base of the fire**  
**S – Squeeze handle**  
**S – Sweep nozzle from side to side across base of fire**

Contractors must report all discharges of fire extinguishers to the COTR.

**Confined Space Entry**

The Medical Center has in place a confined space entry and safety program that is in effect for contractors as well as employees of this facility. This includes, but is not limited to entry permits, required training, personal protective equipment, and other safety requirements. All activities involving confined space must be in compliance with applicable sections of 29CFR 1910 and 29CFR 1926.

The confined space permit of this Medical Center shall be used unless the contractor has a confined space permit system in place, and the Safety Officer of this Medical Center approves it. The VA COTR will arrange a meeting with the Safety Officer as needed.

This facility contains numerous identified permit-required spaces including, but not limited to, tunnels, manholes, boilers, and some crawl spaces.

All entrants, attendants, and supervisors must have documented training, meeting OSHA regulations, for each position. When applicable, provide copies of training certificates to VA COTR.

Prior to entry into any permit-required space, and upon completion of the entry, the VA COTR shall be notified.

The contractor is responsible for meeting all requirements of the applicable OSHA regulations and any other requirements as set forth by this Medical Center.

Attendant duties shall be the responsibility of the contractor. There shall always be a trained contractor representative outside of the space to monitor the status and safety of the entrants.

The contractor is responsible for making arrangements for on-site rescue services.

The contractor shall advise the VA COTR and Safety Office of any hazards that will be created or confronted by the contractor during the entry.

Medical Center employees and contractors entering the same space are required to coordinate with each other so as not to endanger the other during the entry.

### **Trench and Excavation Safety Requirements**

**All trenches, excavation and shoring must comply with applicable sections of 29CFR 1910 and 1926.**

The walls and faces of trenches five (5) feet or more deep, and all excavations in which employees are exposed to changes from moving ground or cave-in, shall be guarded by a shoring system or sloping of the ground.

The portable trench shields may be used for the protection of personnel in lieu of shoring system or sloping.

The portable trench shield should be designed for the conditions expected to be encountered and be maintained in a manner which will provide protection equal to or greater than the sheeting or shoring required for the trench.

Trenches four (4) feet or more deep shall have an adequate means of exit such as ladders, steps, or ramps located so as to require no more than 25 feet of lateral travel. Ladders must be secured and must extend 36 inches above the landing.

In excavations which contract workers may be required to enter, excavated or other material shall be effectively stored and retained at least two (2) feet or more from the edge of the excavations.

Contract workers shall be protected with appropriate personal protective equipment.

Unattended excavations or trenches will be effectively guarded against unauthorized entry by fences, warning lights, signs, and any other means necessary.

Prior to opening an excavation, steps will be taken to determine whether underground utilities such as sewer, telephone, water, fuel, electrical line, or others, will be

encountered.

Prior to entry, the contractor's competent person must inspect the excavation or trench to determine if it is safe and in compliance with 29CFR 1926. If the possibility of cave-in, slides, or any other safety problem is evident, all work will stop until the unsafe conditions are abated.

### **Infection Prevention and Control**

The Infection Control Risk Assessment (ICRA) developed for your project will define the class of your project. Specific requirements are placed on the contractor and contract workers under each class of project. Many basic infection control practices are required for ALL projects, regardless of their class.

The VA Infection Control Practitioner in conjunction with the VA COTR and Contract Officer reserve the right to increase the class of the project or make other changes to the general infection control requirements from time to time if the conditions of the project change, the project scope changes or other unforeseen conditions arise. Unforeseen conditions could include unplanned utility outages, patient influx, discovery of potentially hazardous materials, other undefined and unexpected occurrences, or contractor nonperformance on basic infection control requirements.

Infection control measures may also be adjusted from time to time to maintain operations of the medical facility.

Basic infection control procedures applicable to all construction projects include, but are not limited to the following:

1. Infection Control and Safety, with input from VA COTR will determine the class level of the project prior to start of work. Refer to General Requirement (GR) specification section of the contract documents.
2. The ICRA, PCRA and all other applicable permits must be maintained and immediately accessible at all times at the site until completion of the project.
3. Only authorized personnel may enter the construction area.
4. No food or beverages are taken into the construction area.
5. Doorways and walkways must be kept free of debris.
6. Walk-off mats must be placed at any entry/exit, checked at least twice daily and must be changed frequently to prevent tracking of dust/debris into clean areas.
7. Maintain manpower and equipment including dust mops, wet mops, brooms, buckets, and clean wiping rags for cleaning fine dust from floors and surfaces within the project area and in adjacent occupied areas. Do not create dust during cleanup operations.

8. Contractors are responsible for keeping the construction entrance/exit zones clean. This may include wet mopping and/or vacuuming with HEPA filtered vacuum as needed and at the end of each work day.
9. Clean up dust tracked outside of construction area immediately. Temporary construction barriers and closures above ceiling must be dust tight.
10. Contain work areas outside of construction barriers, including spaces above ceilings, with full height fire rated polyethylene sheet barrier, tightly taped.
11. Removal of debris must be in tightly covered containers. Construction personnel will use a route of travel and exit path away from the project that has been designated by the VA COTR, Infection Control Practitioner, or proposed by the contractor and accepted by aforementioned VA staff.
12. It may be necessary to isolate the HVAC system in the project area prevent contamination of the duct systems. All return air vents and ducts within the project area must be covered or tightly sealed during the duration of the project.
13. During demolition and at other times, as required, dust will be vented to the outside of the building or personnel must use a HEPA-equipped air filtration unit 24 hours/day.
14. Appropriate personal protective equipment (PPE), such as goggles for eye protection, face mask or shield, shoe covers, and clean gown or TyVek™ suit, will be worn upon entering the site.
15. All PPE must be removed at the site of exit from the project to prevent carrying dust to other areas within the facility. Clothes and shoes should be free of loose dirt, dust or debris once PPE has been removed. Soiled clothing must be removed prior to exiting the site and placed in tightly closed bags before being removed from the site.
16. The Infection Control Practitioner will make periodic unannounced compliance rounds. Issues needing attention will be discussed with the COTR and corrected as soon as possible.
17. Appropriate barrier systems for dust control must be in place before any construction starts.
18. It may be necessary to isolate the HVAC system in the area where work is being done to prevent contamination of the duct systems.
19. Once the project has been completed, the VA COTR and Infection Control must be contacted to perform a walk-thru inspection to ensure cleanliness in the area and before work can be released for payment or area open for occupancy. Always notify the VA COTR if infection control has been contacted.
20. An Infection Control Practitioner is available Monday-Friday (except holidays), 8:00 AM to 4:00 PM for consultation at 740-773-1141 x7368/6019.

The requirements of each class of ICRA is listed below as a way of providing examples of the types of infection control requirements you may expect to encounter for these types of construction projects. Infection control requirements are not limited only to those listed. Consult the ICRA developed specifically for your project and the GR specification for your project for more specific infection control requirements.

#### **Class 1:**

Class 1 projects include inspection and non-invasive activities or small-scale, short duration activities including but not limited to; painting, wall covering, electrical trim work, minor plumbing, ceiling tiles limited to 1 tile per 50 sq. feet

- Execute work to minimize dust.
- Ceiling tiles removed for visual inspection are immediately replaced.

#### **Class 2:**

Class 2 projects include small scale, short duration activities that create minimal dust. Examples of these projects include but are not limited to installation of telephone or computer cables, sanding of walls for painting or drywall covering or access to chase spaces.

- Water mist work surfaces to control dust while cutting.
- Seal unused doors with duct tape.
- Block off and seal air vents.
- Wipe surfaces with disinfectant.
- Contain construction waste before and during transport in tightly covered containers.
- Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
- Place dust mat at entrance and exit of work area as needed.
- Remove or isolate HVAC system in areas where work is being performed.

#### **Class 3:**

Class 3 projects include any work which generates a moderate to high level of dust or requires demolition or removal of any fixed components or assemblies. Examples of these projects include but are not limited to removal of floor coverings, multiple ceiling tiles or casework, cutting of walls or ceiling, new wall construction, minor ductwork or electrical work above ceilings, major cabling activities, including those completed by IT, the activity cannot be completed within a single work shift and removal and replacement of roofs in various buildings.

- Obtain infection control permit before construction begins. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.

- Complete all critical barriers before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Contain construction waste before and during transport in tightly covered containers.
- Seal holes, pipes, conduits, etc. appropriately.
- Place dust mat at entrance and exit of work area. Replace as needed.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

*After work is completed:*

- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system.

#### **Class 4:**

Class 4 projects include major demolition, renovation and new construction projects, removal of complete ceiling systems.

- Obtain approval of contractor developed infection control plan by VA Infection Control Practitioner before construction begins.
- Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- Complete all critical barriers or implement control cube method before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Seal holes, pipes, conduits, and punctures appropriately.
- Construct an anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. Detailed information would be included in the infection control plan.
- All personnel entering work site are required to wear shoe covers
- Contain construction waste before and during transport in tightly covered containers. Cover transport receptacles or carts. Tape covering on cart.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

*After work is completed:*

- Vacuum work area with HEPA filtered vacuums.

- Wet mop with disinfectant. Coordinate cleaning with VA COTR, Safety and Infection Control.
- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system

#### **Environmental Rules and Regulations / Green Environmental Management Systems (GEMS)**

The VA is required to comply with all federal and state environmental regulations. As such, all contractors working on VA property are required to comply with all applicable environmental regulations. These include, but are not limited to:

National Environmental Protection Act (NEPA)

Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

Endangered Species Act (ESA)

Resource Conservation and Recovery Act (RCRA)

Toxic Substances Control Act (TSCA)

Clean Water Act (CWA)

Pollution Prevention Act

Federal Facilities Compliance Act

Contractors must abide by all applicable environmental permit requirements.

Dispose of all debris on a regular basis in accordance with all applicable laws and regulations including Ohio Environmental Protection Agency (OEPA)

Contractor shall use all reasonable means to divert construction and demolition waste from landfills and incinerators and facilitate their recycling.

Contractor shall be responsible for implementation of any special programs involving rebates or similar incentives related to recycling and any revenues or savings obtained from salvage or recycling shall accrue to the Contractor.

Contractor shall ensure that facilities used for recycling, reuse and disposal shall be permitted for the intended use to the extent required by federal, state and local regulations.

Contractor must provide necessary containers, bins and storage areas to facilitate effective waste management and clearly identify them so that recyclable materials are



separated from trash and can be transported to respective recycling facility for processing.

Contractor shall be responsible for transporting and disposing of materials that cannot be delivered to a source-separated or mixed materials recycling facility to a transfer station or disposal facility that can accept the materials in accordance with state law.

Building or demolition materials with no practical use or that cannot be recycled shall be disposed of at a landfill or incinerator.

With each application for progress payment, the contractor shall submit a summary of construction and demolition debris diversion and disposal, quantifying all materials generated at the work site and disposed of or diverted from disposal through recycling to the VA COTR who will forward to the GEMS Coordinator.

All environmental incidents must be reported immediately to the VA COTR who will notify the GEMS Coordinator.

Questions regarding environmental issues are to be directed to the VA COTR. The GEMS Coordinator will make periodic unannounced compliance rounds.

All contractors are encouraged to read the EPA Myer's Guide prior to start of construction. This guide can be found at:

<http://www.epa.gov/compliance/resources/publications/assistance/sectors/constructmyer/myerguide.pdf>

### Emergency Management

Depending on the situation, staff will receive notification of an emergency through activation of the facility siren, overhead announcement on the public address (PA) system, through internal communications when police "silent response" is required or a combination thereof. If you have questions, contact Emergency Management at x6390.

The following are the various plans that may be activated while you are working in and around the medical center. Follow instructions provided by law enforcement, fire department, or other VA COTR.

PLAN	EVENT	PLAN	EVENT
Bravo	Bomb Threat	Papa	Pandemic Influenza
Delta	Civil Disorder	Sierra	Missing Patient/Employee
Echo	External Community Disaster	Tango	Tornado
Elmer	Evacuation	Tempest	Weather Alert
Helen	Hostage Contingency	Tommie	Terrorist Act
India	Station Emergency	Uniform	Utility Interruption
November	Nuclear Disaster	Vista	Computer Down

SUMMARY PAGE OR EMERGENCY CONTACT

FOR CHILlicothe VAMC

NAMES AND NUMBERS

COTR: \_\_\_\_\_

Cell# \_\_\_\_\_

After hours call 6172

CONTRACTING OFFICER: \_\_\_\_\_

VA POLICE DEPARTMENT: \_\_\_\_\_

VA FIRE DEPARTMENT \_\_\_\_\_

INFECTION CONTROL \_\_\_\_\_

SAFETY/INDUSTRIAL HYGIENE \_\_\_\_\_

ASSISTANT CHIEF ENGINEER \_\_\_\_\_

CHIEF, FACILITIES MANGEMENT \_\_\_\_\_

EMERGENCY MANAGEMENT \_\_\_\_\_

NOTES:

Engineering Section  
Standard Operating Procedure  
Number 32

VA Medical Center  
Chillicothe, OH  
April 6, 2015

## DIG PERMITS

1. **PURPOSE:** Most medical center utilities/telecommunications distribution systems are underground. Any trenching, excavation, or digging operation in an area with buried pipes, cables, or other utilities poses a potential hazard to safety and property. The purpose of this procedure is to minimize any such hazards.

2. **POLICY:** It is the policy of Engineering Section that Appendix A, Dig Permit, is obtained anytime the ground is penetrated, irrespective of the breadth or depth of the penetration. "Dig" refers to any form of ground penetration. This dig permit policy is in addition to the requirements of Ohio Utilities Protection Service and does not preclude or replace any of their requirements. This policy does not include surface preparation of fields for row crops.

### 3. DEFINITIONS:

a. **Trenching Operation:** The removal of earth to a predetermined depth, width and length in order that a continuous conductor, such as piping, electrical conductors or other channels, be emplaced and covered by the removed earth.

b. **Excavation Operation:** The removal of earth to a predetermined depth, width, and length.

c. **Digging Operation:** The moving of earth for any reason. This would include driving sign and other posts into the ground.

d. **Drilling Operation:** Boring a vertical in the earth regardless of whether the drill must first pass through concrete or asphalt, or other man-made material.

e. **Horizontal Drilling:** Any drilling operation where the borehole is not perpendicular to the surface from where the drilling commenced.

f. **Duty Hours:** The time of day work under this permit process is authorized. For the purposes of this program 7:30 a.m. to 4 p.m. will be considered normal duty hours.

4. **RESPONSIBILITIES:** The person, contractor, agency or organization that is performing the trenching, excavation, drilling or digging activity is referred to as the applicant. The applicant is responsible for requesting and obtaining permission to perform such activity from Facilities Management Service, Engineering Section in Building 21. This dig permit does not replace the requirement for the contractor to hire utility location services. The utility location service conducts their line locations in addition to the applicant fulfilling the requirements of this standard operating procedure.

## 2. Engineering Section, SOP 32

No operations authorized by this permit are permitted outside of normal duty hours without the approval of an Engineering Section representative.

### 5. PROCEDURES:

a. The applicant obtains a dig permit from Engineering Section, Building 21. The applicant attaches a sketch or drawing to the completed permit application showing the location where the proposed work is to be performed. Additional information, such as the dimensions of an excavation or the depth of a borehole, is included.

b. The applicant fills out the top portion of Appendix A, Dig Permit, indicating the applicant's organization, telephone number, address, name and title of contact person. The type, location, and dates of work to be done are included.

c. The applicant signs and dates the permit application, acknowledging responsibility for adhering to all applicable trenching safety operations. The applicant, routes the permit application for signatures and returns the completed permit to Engineering Section, Building 21.

d. After Engineering Section receives an completed application, representatives from Engineering Section and the Chief Information Office mark the controlled utilities. Engineering Section then notifies the applicant that the marking has been completed.

e. A representative of Engineering Section signs and dates the dig permit, indicating that the applicant has been made aware of all underground utilities known to exist in the vicinity of the proposed work and authorizes the work to be completed.

f. In addition to coordinating with Engineering Section and the Chief Information Office, the applicant contacts the Ohio Utilities Protection Service at 8-1-1 or 1-800-362-2764 to coordinate locating utilities not under control of the medical center.

g. No work activity covered by the dig permit takes place until the applicant delivers the completed application to Engineering Section.

h. The permit is available for inspection at the work site for the duration of the proposed work.

i. If the work extends beyond the permit expiration date, the original dig site, or the utility locates are no longer visible, the applicant requests an extension or remarking from Engineering Section.

j. If at any time the holder of the permit discovers underground utilities or drainage tile that are not marked or represented where expected, the Maintenance and Operations Supervisor is notified immediately.

k. Efforts to locate communications and utilities infrastructure is indicated by flag or paint. Any depth indications are not relevant. No verbal, documented, implied, or

3. Engineering Section, SOP 32

electronic depth indications are meaningful. Assuming any depth for any utility or communications infrastructure is at the applicant's risk. If crossing utilities is necessary, hand tools only are used within 18" on either side of markings.

A handwritten signature in black ink, appearing to read 'Steven Benson', is positioned above the printed name.

Steven Benson, PE, PS, CHFM, CHESP  
Chief, Facilities Management Service

Dist: Engineering Supervisors

SOP 32, Dig Permit  
Appendix A, Dig Permit

VA Medical Center  
Chillicothe, OH  
April 6, 2015

**Dig Permit**

**FOR EMERGENCIES, CONTACT THE VAMC FIRE DEPARTMENT AT (740) 773-1141, EXT. 444  
OR CALL 444 FROM ANY VA PHONE LINE.**

Date of Request: \_\_\_\_\_

Clearance is requested to proceed with work at \_\_\_\_\_ on Work  
Order No. \_\_\_\_\_, Contract No. \_\_\_\_\_, involving excavation or  
utility disturbance per attached sketch. This area ☐has ☐has not been staked or clearly marked.

**TYPE OF FACILITY/WORK INVOLVED:**

<input type="checkbox"/> Pavements	<input type="checkbox"/> Fire Detection & Protection Systems	<input type="checkbox"/> Vehicular Traffic Flow
<input type="checkbox"/> Utility: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<input type="checkbox"/> Drainage Systems	<input type="checkbox"/> Security
<input type="checkbox"/> Communication: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<input type="checkbox"/> Other	

Project Start Date		
Signature of Applicant	Telephone No.	Organization

Organization	Remarks (Use reverse for additional)	Reviewer's Name and Initials
A. Steam Distribution (Building 261, Ext. 6189)		
B. Electrical Distribution (Building T228, Ext. 6193)		
C. Water/Sewer Distribution (Building T41, Ext. 6184)		
D. Fuel Distribution (Building 20, Ext. 6174)		
E. Fire Protection (Building 259, Ext. 7161)		
F. GEMS (Building 26, Ext. 6961)		
G. Safety Office (Building 26, Ext. 7699)		
H. Police Service (Building 18, Ext. 7004)		
I. Chief Information Office (Building 18, Ext. 7189)		
J. Commercial Utility Company <input type="checkbox"/> Telephone <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Ohio Utilities Protection Service at 8-1-1 or 1-800-362-2764	
Other (Specify)		
Requested Clearance <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Typed Name and Signature of Approver (Chief, Engineering or M&O Supervisor)		Date Signed

## 2. Appendix A, Dig Permit

### Instructions:

This dig permit is used to coordinate the required work with key activities and keep customer inconvenience to a minimum. It is also used to identify potentially hazardous work conditions in an attempt to prevent accidents. The dig permit is processed just prior to the start of work. If delays are encountered and the conditions at the job site change (or may have changed) this dig permit must be reprocessed.

**Remarks:** (This section must describe specific precautionary measures to be taken before and during work accomplishment. Specific comments concerning the approved method of excavation, hand or powered equipment, should be included.)