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

| | |
|-----------------------------------|------------------------------|
| COR (or Point of Contact) Name | Sam Powell |
| COR (or POC) Extension | 4175 |
| Project Title | Renovate Traction Elevators |
| Work Location | Building 500 |
| Project Number | 613 15 106 11-134 |
| Contractor (or TBD) | TBD |
| Contractor Supervisor (CO if TBD) | TBD |
| Contractor Contact Number | TBD |
| Est. Project Start Date | 10/1/2015 |
| Est. Project Duration | 12 months |

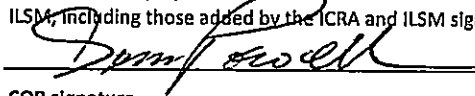
| |
|---|
| Project Description |
| This project renovates the seven (7) traction elevators located in building 500: two patient elevators (P-2, P-3) and five service elevators (S-1, S-4, S-5, S-6, S-7). |

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

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

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

I acknowledge that it is my responsibility to submit signed safety documents to Contracting prior to solicitation.
I certify that all project information is correct and complete to the best of my knowledge. I will ensure the precautions listed in the ICRA and ILSM, including those added by the ICRA and ILSM signers and/or their alternates, will be upheld.


COR signature

7/8/15
Date

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

| | | | | | |
|------------------------|-----------------------------|------------------|--------------------|-----------------------|-----------|
| Project Title: | Renovate Traction Elevators | | | Project Start Date: | 10/01/15 |
| Project Number: | 613 | 11 25 | 134 100 | Estimated Duration: | 12 months |
| Location of Work: | Building 500 | | | COR Extension: | 4175 |
| VA COR: | Sam Powell | | | Contractor Telephone: | TBD |
| Contractor: | TBD | | | | |
| Contractor Supervisor: | TBD | | | | |

Please mark Construction Types and Risk

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

Groups with X's.
Precaution Classes will populate automatically based on this matrix.

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

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

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

Continued on next page

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

ADDITIONAL CONCERNS

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

ADDITIONS AND/OR MODIFICATIONS TO CLASS II PRECAUTIONS

| | | | |
|---|--------------------|-------|------------------------|
| <i>Elevator access on each floor should be sealed with plastic & taped to prevent exposure of dust contaminants into pt areas. - Amend Plastic/Tape to hard</i> | | | |
| Infection Control | <i>S. Self</i> | Date: | <i>7/4/15</i> wall |
| Safety Program | <i>[Signature]</i> | Date: | <i>7/15/15</i> barrier |
| Project Section Supervisor | <i>[Signature]</i> | Date: | <i>7/15/15</i> |

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| Facilities Management Services | | Page | 1 of 2 |
| Martinsburg VA Medical Center | | Effective Date | 8/19/2013 |
| Interim Life Safety Measure Permit | | Replaces | New |
| Doc Number: FORM FMS0004 | Version: 1 | Doc. Control | |

| | | | |
|-------------------|-----------------------------|---------------------|----------------|
| Project Title: | Renovate Traction Elevators | | |
| Work Location: | Building 500 | 11 | 134 |
| Project Number: | 613 | 45 | 106 |
| Point of Contact: | Sam Powell | Extension: | 4175 |
| Deficiency: | | | |
| Start Date: | 10/01/15 | Estimated Duration: | 12 months |

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

A. EXITS

| | | | |
|---|--|---|--|
| Does the project/deficiency have the potential of affecting an exit or other components of the means of egress? | <input checked="" type="checkbox"/> YES | NO <input checked="" type="checkbox"/> | N/A |
| Will affected exit be used by other than contractor personnel? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
| Will alternate exit route be sufficiently marked and lit? | <input checked="" type="checkbox"/> YES | NO <input checked="" type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

B. EMERGENCY ACCESS

| | | | |
|--|--|---|-----|
| Does the project/deficiency have the potential of obstructing access to emergency departments, services or vehicles? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
| Does the project/deficiency have the potential of obstructing access of emergency responders to the construction area? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |

C. FIRE PROTECTION

| | | | |
|---|--|---|--|
| Does the project/deficiency have the potential of impairing existing fire alarm, fire detection, or fire suppression systems? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
| Will temporary fire protection systems be required as part of the project/deficiency? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

D. TEMPORARY PARTITIONS

| | | | |
|--|--|---|-----|
| Will construction involve the use of temporary partitions? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
|--|--|---|-----|

E. ADDITIONAL FIRE FIGHTING EQUIPMENT and TRAINING

| | | | |
|---|--|---|-----|
| Does the area affected by the project/deficiency warrant placement of additional fire protection equipment? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
| Will additional fire safety training be required of affected personnel? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |

F. COMBUSTIBLE FUEL LOAD LEVELS

| | | | |
|---|--|---|-----|
| Does the project/deficiency involve the storage of flammable or combustible materials? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
| Does the project/deficiency have the potential of creating flammable or combustible debris? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |

G. FIRE DRILLS

| | | | |
|---|--|---|-----|
| Does the project/deficiency warrant additional fire drills? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A |
|---|--|---|-----|

H. HAZARD SURVEILLANCE

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

I. ADDITIONAL PERSONNEL TRAINING

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

J. FACILITY-WIDE TRAINING

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

K. FIRE/SMOKE BARRIERS

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

L. GENERAL SAFETY

| | | | |
|---|-----|---------|-----|
| Will the project produce significant noise levels outside the construction site? | YES | NO x | N/A |
| Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors? | YES | NO x | N/A |
| Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers? | YES | NO x | N/A |

M. ACCESSIBILITY

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

N. UTILITIES


| | | | |
|--|-----|---------|-----|
| Will the project involve an operational shutdown or modified operation of utilities? | YES | NO x | N/A |
|--|-----|---------|-----|

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

Work will be conducted in the elevator shafts. Fall protection training will be required.

Elevator doors will be replaced and access to any open shafts will have to be adequately protected by locked hard barriers.

BEFORE TO START OF PROJECT WANT TO REVISIT THIS ILSM FOR CHANGES DG



Construction Safety Committee Chair - ILSM Evaluator

7/13/15
Date

Safety Program

Fire Chief

7-14-15
Date


Police Service Representative

7-14-15
Date

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| Facilities Management Services | | Page | 1 of 1 |
| Project Re-Evaluation And Review | | Effective Date | 8/19/2013 |
| | | Replaces | New |
| Doc Number: FORM FMS0005 | Version: 1 | Doc. Control | |

Project: Renovate Traction Elevators

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

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

| Yes | No |
|-----|----|
| | |
| | |
| | |

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

COR Signature

Date

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

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

Initial and Date Below

Infection Control

Industrial Hygiene

Project Section Supervisor

Safety Program

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

| Yes | No |
|-----|----|
| | |
| | |
| | |

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

COR Signature

Date

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

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

Initial and Date Below

Infection Control

Industrial Hygiene

Project Section Supervisor

Safety Program

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| Facilities Management Services | | Page | 1 of 1 |
| Pre-Construction Checklist | | Effective Date | 8/19/2013 |
| Doc Number: FORM FMS0006 | | Version: 1 | Replaces: New |
| | | Doc. Control | |

Project Title: Renovate Traction Elevators Start Date: 10/1/2015 Est. Duration: 12 months
 Project Location: Building 500
 Point Of Contact: Sam Powell P.O.C. Phone Ext.: 4175 After-Hours Contact #:

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

| Infection Control (Construction Barriers - Containment - Ventilation) | | Yes | N/A |
|---|--|-----|-----|
| 1 | Is the Infection Control Risk Assessment (ICRA) visibly posted on-site? | | |
| 2 | Is the ICRA complete and up-to-date? | | |
| 3 | Are the project conditions/scope the same as indicated on the signed ICRA? | | |
| 4 | Have all conditions/controls indicated in the ICRA been satisfied for work to start? | | |
| 5 | Have all infectious materials been removed? | | |
| 6 | Have all hand-sanitizer dispensers been removed? | | |
| 7 | Are sticky walk-off mats provided for access to Medical Center areas? | | |
| 8 | Have provisions been made to immediately protect the ventilation/adjacent systems? | | |

| Fire Detection and Prevention; Hazard Surveillance/ Life Safety | | Yes | N/A |
|---|--|-----|-----|
| 1 | Is the Interim Life Safety Measures evaluation (ILSM) visibly posted on-site? | | |
| 2 | Is the ILSM form complete and up-to-date? | | |
| 3 | Are construction barriers made of fire-rated or fire-resistant materials on both sides of metal steel studs? If so, check below as applicable: <input type="checkbox"/> Smoke tight <input type="checkbox"/> 1-hour rated <input type="checkbox"/> 2-hour rated | | |
| 4 | If the existing ceiling of the room is significantly breached then has the temporary construction barrier been extended to the deck above? | | |
| 5 | Are means of egress clear and free of obstruction in construction and adjacent areas? | | |
| 6 | Is access for fire department and emergency services clear and free of obstruction? | | |
| 7 | Are all signage, exit routes, and directional chevrons appropriately in place? | | |
| 8 | Are fire extinguishers readily available in construction area? | | |
| 9 | Are flammables and combustibles in proper containers? | | |
| 10 | Is fire sprinkler system active? | | |
| 11 | Is fire alarm system active? | | |
| 12 | Are smoke detectors active and uncovered? | | |
| 13 | If items 9, 10 or 11 are "no", what temporary measures or fire watch will be instituted for duration of project? | | |

| General Safety and Security | | Yes | N/A |
|-----------------------------|--|-----|-----|
| 1 | Has all appropriate VA-owned property been removed from the area? | | |
| 2 | Has all patient-sensitive information been removed from the area? | | |
| 3 | Is there proper signage in place at the entrance to the construction site denoting appropriate PPE required for entry? | | |
| 4 | Is construction site entrance door metal framed, properly rated, and self-closing? | | |
| 5 | Are all construction site access points closed and equipped with key access locks? | | |
| 6 | Has a worksite Safety Health Officer been assigned? | | |

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

| | | |
|---|--|------------|
| Infection Control Representative _____ Alternate Safety Program Representative _____ | (Print name and sign) Phone extensions: x3626, x4875, x4582 | Date _____ |
| Fire Chief/Fire Dept. Representative _____ | (Print name and sign) Phone extensions: x4314; x4611; x4612 | Date _____ |
| Safety Program Representative _____ | (Print name and sign) Phone extensions: x4582; x4715 | Date _____ |
| COR Representative _____ | (Print name and sign) Phone extension: | Date _____ |

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