



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 W. Gudex
 COR (or POC) Extension: 2356
 Project Title: AC-20 Replacement
 Work Location: Bldg 500 Penthouse
 Project Number: 613 15 300
 Contractor (or TBD): TBD
 Contractor Supervisor (CO if TBD): Kathryn Leatherman
 Contractor Contact Number: TBD
 Est. Project Start Date: 12/31/2014
 Est. Project Duration: 12/31/15 (Design Only)

Project Description

This project includes the following items:

- Replace AC-20.
- Extend the stainless steel piping from existing 15 psig steam-to-steam chemical free humidification steam to new humidifier for AC-20, replace direct steam humidifier in AC-18, and stub out to humidifier for AC-19.
- Install new maintenance platform at the hot water heat exchangers C-3 and C-4 to allow for access to all valving and support components.
- Replace all supply mains to the Penthouse from main Building 500 supply of 100 psi steam, condensate return, and chill water in the Basement interstitial; distribution mains of perimeter hot water heating mains from Penthouse to 1st floor lobby terminal units; and utility mains for all medical gases throughout the entirety of Building 500.
- Replace electrical support equipment for operation of VFD.
- Replace make-up water connections and back-flow for chilled water and heating hot water systems.

Asbestos Abatement

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.

Sam W. Gudex

 COR signature

10/31/14

 Date

Printed: 10/31/2014

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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:	AC-20 Replacement			Project Start Date:	12/31/14
Project Number:	613	15	300	Estimated Duration:	12/31/15 (Design Only)
Location of Work:	Bldg 500 Penthouse			COR Extension:	2356
VA COR:	Sam W. Gudex			Contractor Telephone:	TBD
Contractor:	TBD			Contractor Telephone:	TBD
Contractor Supervisor:	Kathryn Leatherman				

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

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

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

Class of Precaution

Type of Construction			
Type A	Inspection and Non-Invasive Activities		
	Small scale removal of ceiling tiles for visual inspection or minor installation (limited to 1 tile per 50 sq. ft.) Painting (but not sanding)		
	Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.		
Type B	Small scale, short duration activities that create minimal dust.		
	Installation of telephone and computer cabling.		
	Access to chase spaces. Cutting of walls or ceiling where dust migration can be controlled.		
Type C	WORK that generates a moderate to high level of dust or requires demolition or removal of any fixed building components, assemblies, or new construction.		
	Sanding of walls for painting or wall covering.		
	Removal of floor coverings, ceiling tiles, and casework		
	New wall construction.		
	Uncontained duct, HVAC, or electrical work above ceilings.		
	Major cabling activities, major plumbing activities (including items that expose sewage, such as work on a major stoppage.)		
	Any other project where high levels of dust are generated.		
	Any activity that cannot be completed within a single work shift/ activities that require consecutive work shifts Activities that require heavy demolition or removal of a complete cabling system New construction		
Patient Risk Groups			
Low Risk	Vacant Floor	Administrative Offices	Lobbies
	Public Corridors	Elevators	Day Rooms
	Canteen Retail Store	Outdoors	Non-Patient Care Space
Medium Risk	Cardiology	Outpatient Clinics	Endoscopy
	Food Service/ Dietary Care	Nuclear Medicine	Laboratory (non-specimen)
	Physical Therapy	Pharmacy	Radiology/MRI
	Primary Care and Urgent Care	Respiratory Therapy	Interim Care/ Medical Units
High Risk	CCU/Emergency Room	Areas w/ immuno-compromised patients	Negative Pressure Isolation Rooms
	Central Sterile Supply	Labor & Delivery	Protective Care 6A
	Laboratories (Specimen)	Oncology	Newborn Nursery/Pediatrics
	Interventional Radiology	Outpatient Surgery	Pharmacy I.V. Room
	Surgical Units	Operating Rooms	Medical Units
	SPD Storage/Sterilization	Post Anesthesia Care Unit	Intensive Care Units
	Bronch Suite	Endocardiology	

Continued on next page

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

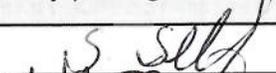
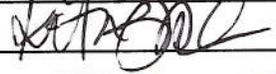
ADDITIONAL CONCERNS

Will the project produce any fumes or vapors, or otherwise affect air quality?	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
Fill out Supplemental Form A	X	
Form A		
Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found? PROVIDE DETAILS	YES X	NO
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 X	NO
Does the project involve any removal or disturbance to the HVAC filters in the above locations?	YES X	NO

Based upon the local TB risk assessment, this project is considered to potentially pose a TB exposure hazard to contracted workers. Pre-project PPD testing is required by (and is the responsibility of) the contracted company or other sub-contractors, for all contracted employees on this job. Validation of negative PPD testing, or if PPD positive, validation of follow-up and determination to be free of active TB disease, within 90 days preceding assignment to the work site, is required. This information must be provided in writing to the Contracting Officer before notice to proceed.

ADDITIONS AND/OR MODIFICATIONS TO CLASS II PRECAUTIONS

This work will affect the AHU supplying these areas and the exhaust fan purging these areas. The tie-in schedule of the new equipment and removal of the old units will be coordinated to be well outside of the incubation period of any pathogens involved in recent isolation room usages. *Follow asbestos abatement protocols during work.*

Infection Control		Date:	11/10/14
Safety Program		Date:	11/13/14
Project Section Supervisor		Date:	11/4/14



Facilities Management Services Martinsburg VA Medical Center Interim Life Safety Measure Permit		Page	1 of 2
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Doc Number: FORM FMS0004 Version: 1		Replaces	New
		Doc. Control	

Project Title: AC-20 Replacement
 Work Location: Bldg 500 Penthouse
 Project Number: 613 15 300
 Point of Contact: Sam W. Gudex Extension: 2356
 Deficiency:
 Start Date: 12/31/14 Estimated Duration: 12/31/15 (Design Only)

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

A. EXITS

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

B. EMERGENCY ACCESS

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

C. FIRE PROTECTION

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

D. TEMPORARY PARTITIONS

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

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

F. COMBUSTIBLE FUEL LOAD LEVELS

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

G. FIRE DRILLS

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

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

I. ADDITIONAL PERSONNEL TRAINING

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

J. FACILITY-WIDE TRAINING

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

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

L. GENERAL SAFETY

Will the project produce significant noise levels outside the construction site? <p style="text-align: center;">Fill out Supplemental Form B Form B</p>	YES X	NO	N/A
Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors?	YES	NO X	N/A
Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers?	YES	NO X	N/A

M. ACCESSIBILITY

Will signage be required to limit access to work area?	YES 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? <p style="text-align: center;">Fill out Supplemental Form C Form C</p>	YES X	NO	N/A
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PART II: INTERIM LIFE SAFETY MEASURES: Provide a description of all items indicated as applicable in Part I. Explain Interim Life Safety measures or procedures which will then be incorporated into the project.

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

Will Reevaluate TLSM AT START OF PROJECT DG

Construction Safety Committee Chair - ILSM Evaluator

11/4/14
Date

Safety Program

11/13/14
Date

Fire Chief

4/22/14
Date

Police Service Representative

11/4/14
Date



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Project Re-Evaluation And Review		Effective Date	8/19/2013
		Replaces	New
Doc Number: FORM FMS0005	Version: 1	Doc. Control	

Project: AC-20 Replacement

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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Pre-Construction Checklist		Effective Date	8/19/2013
		Replaces	New
Doc Number: FORM FMS0006	Version: 1	Doc. Control	

12/31/15 (Design)

Project Title: AC-20 Replacement **Start Date:** 12/31/2014 **Est. Duration:** Only

Project Location: Bldg 500 Penthouse

Point Of Contact: Sam W. Gudex **P.O.C. Phone Ext.:** 2356 **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 (Print name and sign) Phone extensions: x3626, x4875, x4582 Date

Alternate Safety Program Representative

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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Vibration Assessment

(Check all that apply)

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

Noise Assessment

(Check all that apply)

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

Utility Assessment

(Check all that apply)

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