

**SAFETY & HEALTH DURING CONSTRUCTION ACTIVITIES**

- 1. PURPOSE:** To establish policy for maintaining a safe and healthy worksite for staff, volunteers, visitors, contractors, and the general public during construction and renovation-related activities. This policy applies to all construction and renovation-related activities at the James A. Haley Veterans' Hospital and Clinics (JAHVH), and leased spaces.
- 2. POLICY:** It is the policy of the JAHVH that construction and renovation activities on VHA-owned property and VHA-leased property be conducted in such a way as to protect the health and safety of VHA and contractor staff, patients, and the public.
- 3. DELGATION OF AUTHORITY AND RESPONSIBILITY:**
  - A. The Construction Safety Committee is responsible for establishing and monitoring an effective facility construction safety program. The committee is chaired by the Associate Director and is composed of representatives from the following program areas:
    - (1) Infection Control
    - (2) Patient Safety
    - (3) Safety
    - (4) VA Police
    - (5) Facilities Management
    - (6) Facilities Management (Projects Management)
    - (7) Green Environmental Management System (GEMS)
    - (8) Emergency Management
    - (9) Occupational Health
    - (10) Contracting
    - (11) Construction Safety
    - (12) Local Union Representatives
  - B. The Chief Facilities Management Service is responsible for:
    - (1) Working with contractor and VHA facility staff to coordinate and monitor an effective Construction Safety Program for projects under their direction.
    - (2) Supporting the periodic inspections of construction sites.
    - (3) Serving on the Construction Safety Committee to ensure contracts meet the committee's requirements.
    - (4) Supporting the Construction Safety Officer (CSO), Safety Office, Contracting Officer, and engineering staff in implementing the Construction Safety Program.
  - C. Projects Section Supervisor is responsible for:
    - (1) Working through safety and health staff, CORs, maintenance staff, contractors, and the Construction Safety Committee to plan, coordinate, and monitor the Construction Safety Program for all projects at the facility.
    - (2) Completing OSHA's 30-hour Construction Safety Training and subsequently complete 10 hours of Construction Safety Training at least every 2 years.
    - (3) Participating in periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the program.
    - (4) Serving on the Construction Safety Committee to ensure contract requirements meet the committee's approval.
    - (5) Supporting the Competent Person (CP), Safety Officer, Infection Control Practitioner, Contracting Officer, and Facilities Management staff in implementation of the Construction Safety Program.

- (6) Working with contracting staff to ensure competent staff is assigned as CORs to oversee work.
- D. Maintenance & Operations Section Supervisor is responsible for:
- (1) Completing OSHA's 30-hour Construction Safety Training and subsequently complete 10 hours of Construction Safety Training at least every 2 years.
  - (2) Participates in periodic inspections of in-house construction sites to ensure compliance with safety elements of the construction contract and performance of the program.
  - (3) Ensuring that in-house work forces have necessary training and competency for tasks being performed.
  - (4) Serving as a member of the Construction Safety Committee.
- E. Biomedical Engineering Section Supervisor: Ensures all construction accomplished in support of major equipment installations (as a part of the equipment purchase) are in compliance with this policy and these procedures.
- F. Contracting Officer (CO) and Contracting Officer's Representative (COR) is responsible for:
- (1) Completing at least 10 hours of Construction Safety Training (applies to CO) and completing OSHA's 30-Hour Construction Safety training (applies to COR). Subsequently, complete at least 10 hours of construction safety training every 2 years.
  - (2) Ensuring that all solicitations and contracts include the Federal Acquisition Regulation (FAR) clause found in FAR 52.236-13, Accident Prevention, and Veterans Affairs Acquisition Regulation (VAAR) clause found in VAAR 836.236-87.
  - (3) Designating, in writing, the CSO for VHA contracts (applies to CO):
    - (a) Adding paragraph (f) found in FAR 52.236-13 to the basic clause if the contract award is greater than \$150,000, or will involve work of a long duration or hazardous nature, or performance on a government facility that, on the advice of CSO/COTR, involves hazardous materials or operations that might endanger the safety of the public or government personnel or property.
    - (b) Ensuring that all solicitations and contracts specify that on-site general and sub-contractor's construction workers have completed at least 10 hours of Construction Safety training or the OSHA 30-hour Construction Safety training, and other relevant competency training, as determined by the CSO with input from the Construction Safety Committee. The determination for other relevant competency training is based on the project hazards and complexity, Federal, and State regulations, and VA requirements.
    - (c) Ensuring that all projects require contractor certification verifying completion of required training. The Notice to Proceed will not be issued without the required certification.
    - (d) Ensuring submittals for contract construction or renovation work to include the names, qualifications, and training dates for the contractor Competent Person (CP) designated to administer the site-specific safety program, as well as the CP for other activities as required by OSHA regulation (such as scaffolds, cranes, excavations, etc.).
    - (e) Evaluating and considering past safety records of prospective contractors in awarding contracts. At a minimum, ensuring that all solicitations and contracts specify that contractors must not have more than three serious, or one repeat, or one willful OSHA violation(s) in the past 3 years or any significant environmental penalties. Additionally, ensuring that all solicitations and contracts specify that contractors must have an Experience Modification Rate (EMR) of equal to or less than 1.0 (EMR of 1.0 indicates that a contractor had an average insurance claim's rate for worker injuries) Note: For OSHA compliance history go to the following web site <http://www.osha.gov/pls/imis/establishment.html>. Enter contractor's name into search engine, review search list for contractor verifying contractor's name and address as the one reviewing, and review inspection history for violations.
    - (f) Serving on the Construction Safety Committee to ensure contracts meet the Committee's requirements (CO Representative only).

- (g) Supporting the CSO, Safety Office, and appropriate staff in implementing the construction safety program and enforcement of the contracts.
  - (h) Ensuring that if contracted construction worker(s) have been determined to be at risk for transmission of tuberculosis (TB) based upon the TB preconstruction risk assessment, the contractor must provide written certification that all contract employees assigned to the work site have had a pre-placement tuberculin screening within 90 days prior to assignment to the worksite and been found to be with negative screening reactions. This can be the CDC two-step skin testing or a Food and Drug Administration (FDA)-approved blood test. Contract employees manifesting positive screening reactions to the tuberculin must be examined according to current CDC guidelines prior to working on VHA property. Subsequently, if the contract employee is found without evidence of active (infectious) pulmonary TB, a statement documenting examination by a physician must be on file with the employer (construction contractor), noting that the contract employee with a positive tuberculin screening test is without evidence of active (infectious) pulmonary TB. If the contract employee is found with evidence of active (infectious) pulmonary TB, the employee would require treatment and documentation of treatment by the physician before being allowed to return to work on VHA property.
  - (i) Ensuring that during a severe weather threat the contractor secures the construction site for any items that have the potential to become flying or fallen debris.
  - (j) Initiating the evaluation of construction and renovation-related projects using the Preconstruction Risk Assessment Form. All Class III and IV projects will require Infection Control signed approval.
- G. Construction Safety Officer (CSO) is responsible for:
- (1) Submitting project reviews of all construction projects.
  - (2) Providing oversight of contract construction safety.
  - (3) Being knowledgeable in the general inspection of typical work sites during construction and renovation performed by contract staff, and in the review of contractor safety program submittals. Note: CSO(s) do not take the place of the contractor's CP nor act on their behalf. The CSO(s) determines if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance. When these standards and contract requirements are not being met, the CO, and CSO must take immediate action to prevent injury, exposure, noncompliance, and/or property damage.
  - (4) Completing OSHA's 30-hour Construction Safety Training subsequently complete 10 hours of Construction Safety Training at least every 2 years.
  - (5) Ensuring that the specific safety requirements for construction operations are implemented during facility projects.
  - (6) The CSO will serve as a member of the Construction Safety Committee.
  - (7) Conducting periodic inspections of VHA construction sites to ensure compliance with safety elements of the established program(s); at minimum, weekly inspections are required. These inspections will be scheduled through the AMES/MERS work order system, and documented on the Committee approved Construction Safety Inspection form.
  - (8) Monitoring and inspecting construction and renovation work sites periodically to ensure compliance with these policies.
  - (9) Submit monthly construction site safety inspection dates, and general results in the Project Tracking Report located in the VHA Support Service Center database for each construction project.
  - (10) Maintaining competence in the general inspection of work sites during construction, renovation, and maintenance, falls under the purview of this policy.
  - (11) Approving corrective actions.
  - (12) Stopping unsafe work or activities that are non-compliant with the contract or OSHA and notifying the CO immediately.
  - (13) Maintaining communication with the contractor CP on questions of safety.

- H. Supervisory Safety Engineer is responsible for:
- (1) Ensuring that Safety Staff complete the OSHA's 30-hour Construction Safety Training and subsequently complete at least 10 hours of Construction Safety Training at least every 2 years.
  - (2) Ensuring that VHA policy for the Construction Safety Program is implemented within the facility.
  - (3) Serving as a member of the Construction Safety Committee.
  - (4) Ensuring that necessary and relevant interim life safety measures (ILSM) are established and implemented. Conducts required additional training for compliance with identified ILSMs.
  - (5) Rendering technical advice and assistance as required in connection with life safety and fire protection issues during construction, project design, and development.
  - (6) Overseeing compliance with OSHA and other relevant construction safety regulations.
  - (7) Confirming that facility staff receives training required by this memorandum.
  - (8) Ensuring that the Construction Safety Program includes appropriate periodic construction site hazard surveillance.
- I. Infection Control is responsible for:
- (1) Advising and/or providing recommendations on exposure mitigation and the prevention of facility associated infections in patients, staff, contractors, and visitors congruent with HPM 138-24 "Infection Control Risk Assessment".
  - (2) Advising or providing recommendations on protective practices to be employed during construction, renovation, and activities that reduce the risk of infections.
  - (3) Coordinating with the manager of each construction project (in-house and contract) to conduct an Infection Control Risk Assessment (ICRA) during the planning and/or design stage of the work. ICRA's must be documented in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities.
  - (4) Infection Control will routinely participate in the interdisciplinary team construction safety visits whenever they are scheduled.
  - (5) As a Construction Safety Committee member, the representative for Infection Control shall verify documentation of Infection Control findings, and tracking of corrective actions in the Construction Safety Committee minutes.
  - (6) Assign a representative to serve as a member of the Construction Safety Committee. This representative will complete the VHA or OSHA 10-hour Construction Safety Training subsequently complete at least 10 hours of Construction Safety Training at least every 2 years.
  - (7) Participating in all phases of construction work from planning through completion. This includes review and approval of construction plans, contract specifications, and contract submittals related to construction safety and health and participating in preconstruction meetings.
  - (8) Notifies COR immediately if project needs to be suspended if discrepancies are found and safety of the patients, staff, or visitors is compromised. (The COR must respond in writing within 24 hours to the Hospital Epidemiologist or the Infection Control Coordinator describing all actions taken to correct the discrepancies).
- J. GEMS Coordinator is responsible for:
- (1) Providing guidance on EPA regulations and environmental issues, as those regulations and issues that directly and immediately relate to the impacts that the project may have on the environment during the design or construction stage of the project.
  - (2) Completing the VHA or OSHA 10-hour Construction Safety Course and subsequently complete 10 hours of Construction Safety Training at least every 2 years.
  - (3) Serving as a member of the Construction Safety Committee.
- K. Emergency Manager is responsible for:
- (1) Providing guidance on OSHA regulations as they apply to emergency planning, response, and operations in construction (i.e. 29 CFR 1926.35, and 29 CFR 1926.65).

- (2) Completing the VHA or OSHA 10-hour Construction Safety Training subsequently complete at least 10 hours of Construction Safety Training at least every 2 years.
- (3) Serving as a member of the Construction Safety Committee.
- L. VA Police Service is responsible for:
  - (1) Ensuring that all contractors entering facility property comply with the Security Management Program. At a minimum, contractors must notify and obtain permission of the VA Police, be identified by project and employer, and be restricted from unauthorized access.
  - (2) Conducting periodic surveillance of site security and the integrity of barriers to the construction site.
  - (3) Assign a representative to serve as a member of the Construction Safety Committee. This representative will complete the VHA or OSHA 10-hour Construction Safety Training and subsequently complete at least 10 hours of Construction Safety Training at least every 2 years.
- M. Occupational Health is responsible for: Assign a representative to serve as a member of the Construction Safety Committee. This representative will complete the VHA or OSHA 10-hour Construction Safety Training subsequently complete at least 10 hours of Construction Safety Training at least every 2 years.

**4. PROCEDURES:**

- A. Determining the scope and depth of safety, infection control, emergency management, and security interventions appropriate for all construction work.
- B. Ensuring that Competent Persons (CPs) who have the necessary training, experience, and authority to carry out their responsibilities with respect to safety and health during construction activities are designated for the project.
- C. Ensuring that preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services are completed using the Committee approved Pre-Construction Risk Assessment form.
- D. Ensuring that a preconstruction risk assessment for the transmission of Mycobacterium tuberculosis (TB) to the contracted construction workers based upon the construction site location, patient population, hospital layout, and the Center for Disease Control (CDC) defined risk as outlined in the “CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Setting, 2005” is completed using the Committee approved Pre-Construction Risk Assessment form.
- E. Ensuring Interim Life Safety Measures (ILSM) and Infection Control Risk Assessment (ICRA) are assessed and implemented on all construction and renovation work in accordance with TJC Standards and Hospital Policy Memorandum (HPM) 138-15, “Interim Life Safety Measures” and 138-24, “Infection Control during Construction and Renovation”, respectively.
- F. Participating in all phases of construction work (in house and by contract) from planning (prior to bidding, purchasing, or starting work) through completion. This includes review and approval of construction plans, contract specifications, and contract submittals related to construction safety and health and participating in preconstruction meetings.
- G. Conducting and documenting periodic construction safety inspections and tracking correction of hazards to completion using the Committee approved Construction Safety Inspection form.
- H. Ensuring all contractors entering VHA properties comply with the security management program. As a minimum, contractors must notify and obtain permission from the VA Police, be identified by project and employer, and be restricted from unauthorized access.
- I. Meeting at minimum monthly and reporting semi-annually on the activities of the Committee to the Environment of Care Committee.
- J. Evaluating the effectiveness of the Construction Safety Program in an annual report to the Environment of Care Committee.
- K. INTERVENTION AND ENFORCEMENT: All of the individuals with defined actions in this Memorandum will intervene, whenever conditions, as a result of construction activities,

immediately threaten life or health or threaten to damage equipment or buildings. Intervention and enforcement of this Memorandum and the associated regulatory requirements are as follows:

- (1) Staff: All staff will identify hazardous conditions in need of intervention and further develop a culture of safety. Competent Persons (CPs) and all facility management will take prompt corrective measures to include immediate abatement of hazards, stopping of work, hazard awareness training, administrative controls, etc.
- (2) Contractors: The Construction Safety Officer or Contracting Officer (CO) shall notify the contractor orally, with written confirmation, and request immediate initiation of corrective action of hazards identified. After receiving the notice, the Contractor shall immediately take corrective action. If the Contractor fails or refuses to promptly take corrective action, the CO may issue an order stopping all or part of the work until satisfactory corrective action has been taken (FAR 52.236-13). Upon a repeat offense of the same or substantially similar hazard, the Construction Safety Officer or CO should inform OSHA or other authorities (i.e., federal, state, or local officials) of the instances where the contractor has been notified to take immediate action to correct serious or imminent dangers (FAR 36.513). The Construction Safety Officer, with assistance from the Construction Safety Committee, is responsible for making the Contractor and CO formally aware of hazards in need of correction. The CO is responsible for enforcement of the contract.

**5. REFERENCES:**

- A. VHA Construction Safety Guidebook, 2012, Center for Engineering and Occupational Safety and Health available electronically at: [Http://vaww.ceosh.med.va.gov](http://vaww.ceosh.med.va.gov).
- B. National Fire Protection Association (NFPA) Standards. Note: Current NFPA Standards are available in Safety and Project Section Offices.
- C. OSHA Regulations for Construction Safety, 29 CFR 1926, available at: <http://www.osha.gov>
- D. The Joint Commission Comprehensive Accreditation Manual for Hospitals
- E. VHA Directive 7701, Occupational Safety and Health
- F. VHA Handbook 7701.1, Occupational Safety and Health Program Procedures
- G. VA Directive 7700, Occupational Safety and Health
- H. VHA Directive 2011-036, Safety and Health During Construction Activities
- I. Hospital Policy Memorandum 132-04, "Security Management Program"
- J. Hospital Policy Memorandum 138-15, "Interim Life Safety Measures"
- K. Hospital Policy Memorandum 138-24, "Infection Control Risk Assessment"

**6. FOLLOW-UP RESPONSIBILITY:** Supervisory Safety Engineer, under Facilities Management Service (138) is responsible for updating this hospital policy memorandum.

**7. RECISSION:** Hospital Policy Memorandum No. 138-03, dated, July 2007.

//s//

Kathleen R. Fogarty  
Director

DISTRIBUTION: Electronic Distribution to All Employees

**OUTSIDE VA/CONTRACTOR CERTIFICATION**

WE CERTIFY THAT (OUTSIDE/CONTRACTOR)  
AND (SHOP/DEPARTMENT SUPERVISOR) HAVE  
INFORMED EACH OTHER OF OUR RESPECTIVE LOCKOUT OR TAGOUT PROCEDURES.

NAME (PRINTED) of COTR:

SIGNATURE:

DATE:

OUTSIDE/CONTRACTOR (PRINTED):

SIGNATURE:

DATE:

SHOP/DEPARTMENT SUPERVISOR (PRINTED):

SIGNATURE:

DATE:

### **SPACE KEY CONTROL**

- 1. PURPOSE:** To establish a policy and outline procedures for the control and issuance of keys and the changing of locks within James A. Haley Veterans' Hospital and Clinics (JAHVH). To ensure the integrity of the Space Key system, employees must return assigned keys prior to departing the facility.
- 2. POLICY:** It is the policy of the JAHVH that all keys to space doors and barriers within JAHVH shall be controlled and a record of accountability maintained. All Service Chiefs will be allowed to control access to their assigned space. Service Chiefs will be kept informed of all personnel who have access to their areas. This policy outlines the procedures for centralized key reproduction and record keeping in Facilities Management Service (FMS).
- 3. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. The Chief of Facilities Management Service (FMS) has overall responsibility for this policy.
  - b. The FMS Hospital Key Issuing Representative(s) are responsible for the issuance and accountability of all Space Keys issued and returned.
- 4. DEFINITIONS:**
  - a. Space Keys: Keys to space doors and barriers (includes hard keys and electronic access cards).
  - b. Personal Property/Equipment Keys: Keys to desks, cabinets, lockers, key-locked equipment, nurse server, fire extinguisher box, fire alarm, elevator, etc.
  - c. Special Keys: A key which can only open a door lock in a specially protected area which cannot be opened by a great grand master, grand master, master, or any individual key. Special keys that have been designated high security due to the threat of safety or potential theft based on the type of items kept in the area. Examples of such areas are listed in paragraph 5.f. (1) of this policy. Special key cores will be unlocked only with the specific key series assigned and no master key will be able to open the areas.
  - d. Great Grand Master (GGM) Keys: GGM keys will open any space door in JAHVH with the exception of those areas listed in paragraph 5.f. (1) of this policy or other areas approved by the Director. VA Handbook 0730 states that no more than five GGM keys will be issued (Director, Associate Director, Chief of Staff, Chief of Facilities Management Service, Chief of Police Service). However, per "Great Grand Master Key" Memorandum dated July 2, 2013, the Director approved an exception to this regulation, and approved a sixth Great Grand Master key, to include the Deputy Director.
  - e. Master Keys: Master keys will open any space door within the designated Service. A master key for each Service will be kept in the police lockbox.
  - f. Sub-Master Keys: Sub-Master keys will open specific sets of doors within the designated Service.
- 5. PROCEDURES:**
  - a. Service Chiefs:
    - (1) Shall initiate and approve all key requests on VA Form 2237 "Request, Turn-in, and Receipt for Property or Services" for keys accessing his/her assigned areas. (This form is available on the DMC SharePoint, Forms, Facilities Management Service). The form must specify what areas the employee needs access to, and a separate request must be submitted for each employee. The request must be electronically submitted in Microsoft Outlook to the "VHATAM Key Request" mail group.
    - (2) May designate up to two authorized key requestors to request keys on his/her behalf. To designate the Authorized Key Requestors, a memorandum signed by the Service Chief, specifying the designation, must be sent to "VHATAM Key Request."
    - (3) Shall initiate and approve all core changes on an electronic VISTA Work Order (electronic work request or VA Form 10-3213b, Request and Engineering Work Order). If the core change affects more than one Service, the request must be submitted as a Space Request to be reviewed



- by the Capital Asset Committee (CAC) and approved by the Director. After approval, the Service Chief must initiate an electronic VISTA Work Order and the Chief FMS must notify the lock shop that the change has been approved.
- (4) Shall review each VA Form 1217 Report of Survey (available on the DMC SharePoint, Forms, Facilities Management) initiated by employees who have lost/stolen key(s) with access to the affected Service Chief's assigned space. Service Chiefs must make a determination as to whether or not the employee should be held responsible for the lost/stolen key(s) based on specific circumstances, type of key, trustworthiness of employee, and details regarding loss/theft. The Service Chief must indicate his/her determination on the "circumstances" portion of the form, and sign and date below. The signed VA Form 1217 must be returned to the Hospital Key Issuing Representative in Building 42 Room 205 for record keeping purposes.
  - (5) Shall follow and enforce the Clearance Procedures in accordance with HPM No. 04-08 "Clearance Procedures for Separating Employees." Employees must use VA Form 3248 (located in the Document Management Center, Forms, Fiscal) which requires each departing employee to return issued keys to the Hospital Key Issuing Representative(s), x7055, between the hours of 8:00 AM - 4:00 PM in Building 42 Room 205 prior to obtaining FMS clearance approval.
  - (6) Shall ensure that keys are issued to VA employees only, except:
    - (A) Keys may be issued to contractors, through the Project Manager /Contracting Officer Representative (COR).
    - (B) Keys may be issued to contracted security companies for security of off-site clinics, only if the security contractor has completed guidelines in accordance with the Homeland Security Presidential Directive 12 (HSPD-12) Program (VA Directive 0735) and has obtained a PIV card for physical access.
    - (C) Keys may be issued to residents, work study students, and volunteers at the discretion and approval of the Service Chief responsible. Keys may be issued to other non-VA employees (e.g. VISN 8, Paralyzed Veterans Association (PVA), Veterans Benefit Administration (VBA), Regional Counsel) at the approval of the Chief, FMS. These individuals must also follow proper clearance procedures in accordance with HPM No. 04-08 and return all issued keys to FMS or an "SF 1114, Bill for Collection" shall be initiated by FMS to the individual for the amount due based on quantity of keys not returned.
  - (7) Shall ensure that the loss or theft of a key is immediately reported to Police Service to launch an investigation.
  - (8) Shall ensure that employees who transfer from one Service to another Service turn in all keys no longer needed to the Hospital Key Issuing Representative in Building 42 Room 205 (x7055). No new keys will be issued until all keys accessing the employees previous Service have been turned in.
  - (9) Shall complete a periodic key audit of all personnel in their Service, when notified by FMS, within 45 days of notification.
- b. Individual Employees:
- (1) Shall maintain assigned keys safe from loss, theft, and/or reproduction.
  - (2) Shall immediately report any loss, theft, or reproduction of a Space Key to his/her Service Chief, Police Service, and the Hospital Key Issuing Representative, extension 7055. This includes initiating a VA Form 1217 Report of Survey to present to Service Chief for a decision (see section 5.a. (4) of this HPM).
  - (3) Shall lock any door under the control of a key issued to him/her when security is required.
  - (4) Shall keep, in his/her possession, any key issued to them that is required in the performance of their duties.
  - (5) Shall return keys to the Hospital Key Issuing Representative(s) in Building 42, Room 205, extension 7055 between the hours of 8:00 AM - 4:00 PM, when such keys are no longer required in the performance of their duties or the employee leaves his/her Service.
  - (6) Shall return any found keys to the Hospital Key Issuing Representative in Building 42, Room

- 205, Police Service, or Voluntary Service.
- (7) Call his/her Service Chief or Police Service for entrance to spaces into which he/she is authorized to enter. The locksmiths will not open any space door except in emergencies.
- c. Facilities Management Service:
- (1) Shall appoint a Hospital Key Issuing Representative(s) and shall be responsible for the issuance and accountability of all Space Keys issued and returned.
  - (2) Shall be responsible for the security of the core system control key, key cutting machine, combination records, and all biting combinations. These items shall be secured within Facilities Management Service in a reinforced, locked cabinet.
  - (3) Shall accept only those requests for key reproduction which are electronically submitted through Microsoft Outlook on a VA Form 2237 by an Authorized Key Requestor or appropriate Service Chief.
  - (4) Shall accept only those requests for lock core changes that are initiated on an electronic VISTA Work Order (electronic work request or VA Form 10-3213b, Request and Engineering Work Order). If the change involves only one service, the affected Service Chief must initiate/approve the request.
  - (5) If the core change involves more than one service, the request must be submitted as a Space Request to be reviewed by the Capital Asset Committee (CAC) and approved by the Director. After approval, the Service Chief must initiate an electronic VISTA Work Order and the Chief FMS must notify the lock shop that the change has been approved.
  - (6) Shall issue keys, requested by Services, only to the employee who will retain possession of the key(s). Service Chiefs or his/her designee may be issued keys for employees temporarily assigned to their Service for 90 days or less.
  - (7) Shall carry out the functions of lock core combinations, key reproduction, and record maintenance in accordance with established policies and procedures. All lock work shall be performed by a qualified locksmith or other tradesperson appropriately trained.
  - (8) Shall conduct an annual inventory of keys assigned to VA Police and Special Keys secured in Director's office and Police lockbox.
  - (9) Shall conduct a periodic audit of keys issued to all JAHVH and non-JAHVH personnel.
  - (10) Shall install electronic cipher locks with key card readers at each construction area through an electronic VISTA Work Order request by the COR.
  - (11) When the contract is completed, it shall be the responsibility of the Project Manager to return all issued keys or complete proper steps outlined in 5.h. of this policy.
- d. The Hospital Key Issuing Representative(s), extension 7055:
- (1) Shall ensure Space Key accountability by obtaining employee's signature on key issuing form.
  - (2) Shall perform a periodic inventory and maintain a balance between keys in his/her possession, and keys issued. Returned keys will be given to the locksmiths to be destroyed.
  - (3) Shall serve as the FMS Clearance Official by collecting keys from departing employees, verifying that all keys issued have been returned, and signing Clearance Forms.
- e. Police Service:
- (1) Shall, upon receiving reports from employees regarding lost or stolen keys, promptly investigate the loss or theft. Pertinent information shall be requested such as, a brief account of the loss or theft, approximate date of loss or theft, key number, etc. If the investigation fails to result in recovery, a written recommendation shall be made to the Chief, FMS regarding the partial or entire re-keying of the affected area, after consultation with the appropriate Service Chief(s).
  - (2) Shall promptly provide Facilities Management Service with a copy of the report number of the VA Form 10-1393, "Uniform Offense Report" for all lost or stolen key reports.
  - (3) Persons found in unauthorized possession of Space Keys, or reproductions thereof, shall be cited in accordance with the Rules and Regulations governing Security, Law Enforcement, and Standards of Conduct on Veterans Affairs Property VA Regulation Title 38 CFR 1.218(b)(41).
  - (4) Secure and assure proper utilization of all sealed duplicate Special Keys in their possession.
  - (5) Shall only sign-out keys to persons who present written authorization specifying the access

- needed. Contractors must provide a letter from FMS, authorizing them to access a specific area.
- f. Special Keys:
- (1) Special keys will access locks to the Agent Cashier, Pharmacy, Canteen Retail Store and storage area, Supply Service Warehouse, Credit Union, Lock Shop, Nuclear Medicine Hot Lab, and OI&T. Great Grand Master keys will not access these areas. A duplicate Special Key to all of the previously mentioned areas shall be maintained in a lock-box located in the Director's Office Safe and the Police Office. Duplicate keys shall be kept in a separate sealed envelope or "electronic secure key management container" in such manner that will preclude their opening without subsequent detection or will have total electronic tracking when key is removed from container. Only specifically designated personnel will have access to these duplicate keys.
  - (2) In the event of an emergency, if access is required to any of the above mentioned Special Key areas, the official responsible for the area and the Chief of Staff, Associate Director, Assistant Director, Associate Director for Patient Care/Nursing, Deputy Director, or Director shall be advised immediately. A written report by the employee using the Special Key shall be forwarded to the responsible official on the next business day.
  - (3) An annual inventory of the Special Keys will be conducted by the Lock Shop for keys in the Director's Safe and Police Lockbox.
  - (4) Other areas requested to be cored to Special Keys must be fully justified and submitted, by memorandum, with the required electronic VISTA Work Order request and approved by the Chief, Facilities Management Service, the Corporate Planning Office, and the affected Service Chief.
- g. Personal Property/Equipment Keys: Shall be duplicated by FMS and shall be requested through the VISTA Work Order System. Desk locks and other locking mechanisms that are defective shall be opened by FMS through an electronic VISTA Work Order request.
- h. Lost Keys: Lost Space Keys shall result in a cost of \$30.00 per hard key and \$5.00 per electronic access cards to the person in which the key is issued. The proper procedure for reporting a lost key are as follows:
- (1) Loss of a key by an employee still on the payroll:
    - (A) The employee shall immediately report the loss to his/her Service Chief, Police Service, and the Hospital Key Issuing Representative, extension 7055.
    - (B) The employee shall file a police report with the VA Police, and provide the Police Report Number to the Hospital Key Issuing Representative(s) x7055.
    - (C) Employee shall initiate a VA Form 1217 Report of Survey and present it to his/her Service Chief to notify him/her of loss, and obtain a determination as to financial responsibility of keys. The VA Form 1217 Report of Survey must be returned to the Key Issuing Representative x7055 with Service Chief's determination and signature.
    - (D) If the Service Chief determines that the employee is financially responsible, the employee shall pay \$30.00 per lost key/\$5.00 per card key at the Agent Cashier. The employee must provide a copy of the receipt of payment to the Hospital Key Issuing Representative(s) x7055.
    - (E) Replacement keys must be requested by the responsible Service Chief/Authorized Key Requestor on a VA Form 2237 electronically submitted in Microsoft Outlook to "VHATAM Key Request." Replacement keys will not be issued until proper documentation has been provided as specified above.
  - (2) Loss of a key by a departing employee:
    - (A) During the Clearance Process, if an employee does not return all of his/her assigned keys, the employee must complete steps 5. h.(1) a, b, and c as stated above in order to receive Facilities Management Clearance on his/her Clearance Form (VA Form 3248).
    - (B) If the employee does not follow proper clearance procedures and fails to turn in assigned keys, an "SF 1114, Bill for Collection" shall be initiated by the Hospital Key Issuing Representative(s), approved by the Chief, FMS, and forwarded to the Fiscal Service for processing.

- i. Restrictions: Keys shall not be issued directly to non-VA employees, with the exception of:
  - (1) Contracted security companies for the security of satellite clinics that are in accordance with the Homeland Security Presidential Directive 12 (HSPD-12) Program (VA Directive 0735) and has obtained a PIV card for physical access.
  - (2) Residents, Work Study Students, and Volunteers at the discretion and approval of the Service Chief responsible. Keys may be issued to other non-VA employees (ex: VISN 8, PVA, VBA, Regional Counsel) at the approval of the Chief, FMS.

**6. REFERENCES:**

- a. VA Handbook 0730, Appendix B, Page 9
- b. Space Key Control, page B-13
- c. Homeland Security Presidential Directive 12 (HSPD-12) Program (VA Directive 0735)
- d. HPM 04-08 "Clearance Procedures for Separating Employees"
- e. Memorandum approved by Director: "Great Grand Master Keys" dated July 2, 2013
- f. Rules and Regulations governing Security, Law Enforcement, and Standards of Conduct on Veterans Affairs Property VA Regulation 1.218(b)(41)

**7. FOLLOW-UP RESPONSIBILITY:** Chief, Facilities Management Service (138) is responsible for updating this hospital policy memorandum

**8. RESCISSION:** Hospital Policy Memorandum No. 138-05, dated, September 2010.

//s//

Kathleen R. Fogarty  
Director

DISTRIBUTION: Electronic Distribution to All Employees

**ASBESTOS OPERATIONS AND MAINTENANCE PROGRAM**

- 1. PURPOSE:** To establish policy governing identification, control, maintenance, removal, and disposal of all Asbestos Containing Material (ACM), located throughout the Hospital, and its Outpatient locations.
- 2. POLICY:** It is the policy of the James A. Haley Veterans' Hospital to establish an effective Asbestos Operations and Maintenance Program (O&M) to minimize exposure to building occupants by controlling activities that affect all known ACM. This is accomplished by informing employees and contractors where ACM is located, designating controlled areas and materials, implementing safe work practices and procedures, providing staff with appropriate training and equipment, and conducting periodic and systematic surveillance of the ACM.
- 3. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. The Chief, Facilities Management Service is responsible for:
    - (1) Implementing and monitoring the Asbestos O&M Program to ensure all phases of asbestos control and management are accomplished in accordance with OSHA, EPA, VA, State and Local rules and regulations.
    - (2) Taking prompt and appropriate action to alleviate any identifiable exposure hazards at the facility.
    - (3) Developing specifications and monitoring all outside contractors performing services at the hospital to assure compliance with the requirements of OSHA, EPA, VA, State and Local Municipality, as they pertain to the safety of the patients, employees, and volunteers.
    - (4) Ensuring that Facilities Management Service maintains the facility master file for all asbestos-related records and documentation, except employee health records, which shall be filed in Occupational Health.
    - (5) Notifying, in writing, the Union Representative prior to the start of any asbestos removal operation.
  - b. The Safety Office is responsible for:
    - (1) Providing overall direction and review of all asbestos-related activities such as identification, control, maintenance, and disposal.
    - (2) Coordinating annual training for Hospital personnel as delineated in the policy.
    - (3) Conducting and/or coordinating personal and area monitoring in accordance with VA Directive 7700 and OSHA requirements (29 CFR 1910 and 1926).
    - (4) Identifying those employees who are required under the OSHA regulations to participate in the Asbestos Medical Surveillance Program.
  - c. The Chief, Acquisition and Materiel Management Service (A&MMS) is responsible for:
    - (1) Ensuring that this hospital does not procure materials containing asbestos in excess of one percent (1%). Any exceptions to this policy shall be approved on a case-by-case basis by the Designated Agency Safety and Health Official (DASHO) in accordance with VA Directive 7700.
    - (2) Ensuring that affected contractors notify, in writing, the local EPC Air Management Division at least 10 days prior to the start of any demolition and/or asbestos removal operation in excess of 160 SF or 260 LF at this hospital or its affiliated facilities.
    - (3) Assuring that for all spaces leased by the hospital, the lessor provide a current (within the past 12 months) NESHAP (National Emissions Standards for Hazardous Air Pollutants) asbestos survey performed in order to determine the presence and condition of the ACM.
  - d. The Occupational Health Physician is responsible for:
    - (1) Scheduling and providing physical examinations for personnel as established in HPM 11-84, Medical Surveillance Program.

- (2) Providing clinical opinions to the Safety Office on the advisability/ability of personnel to wear respiratory protection equipment in accordance with HPM 138-12, Respiratory Protection Program.
- e. Facilities Management Service Supervisors are responsible for:
  - (1) Implementing applicable asbestos control procedures as outlined in this policy.
  - (2) Ensuring that employees covered under the Medical Surveillance Program are entered into the program before performing asbestos-related activities.
  - (3) Ensuring that protective equipment and supplies are available, in proper operating condition, and are properly utilized.
  - (4) Ensuring that affected employees attend the appropriate asbestos training initially and annually thereafter.
  - (5) Ensuring that employees, patients, volunteers, and visitors who will be affected during the period of time that the work will be in progress have been notified.
  - (6) Reporting asbestos exposure hazards or asbestos deterioration to the Safety Office in a timely manner.
- f. Facilities Management Service Employees are responsible for:
  - (1) Verification of asbestos containing work areas (using available Asbestos Survey data in the Safety Office) prior to initiating work and following all applicable asbestos control procedures as outlined in this policy.
  - (2) Reporting any apparent asbestos exposure hazard. Employees should note deterioration of any asbestos materials when working throughout the hospital and should report deteriorated conditions immediately upon discovery to their supervisors.
  - (3) Immediately reporting to their supervisor all incidents involving a possible exposure to airborne asbestos fibers so immediate corrective action can be taken.
  - (4) Properly utilizing all required protective equipment and supplies.

#### **4. PROCEDURES:**

- a. The Asbestos Containing Material (ACM) in this hospital is generally in good condition and located in areas that are not readily accessible to hospital staff.
- b. All individuals who may come in contact with ACM shall be informed of its location to prevent inadvertent disturbance and exposure. These individuals include Maintenance personnel, Housekeeping, and Maintenance/Construction Contractors.
- c. When maintenance, renovation, or alteration activity will result in intended or likely disturbance of ACM, the work practices indicated in Attachment A will be followed.
- d. Identification of ACM shall be accomplished through an Asbestos Assessment, which is updated quarterly. Current "as built" drawings will indicate areas containing ACM. Areas will be labeled as containing ACM in accordance with current OSHA Regulations.
- e. Air monitoring measurements shall be taken in all areas containing asbestos materials in accordance with (Attachment A). Employee representatives will be given a reasonable opportunity to observe air monitoring required by OSHA, EPA, this policy memorandum, or any applicable regulation. Copies of all industrial hygiene and environmental records related to such monitoring will be made available to exposed employees within 15 calendar days of receipt of laboratory results.
- f. Environmental air monitoring shall be conducted at least semi-annually. Environmental sampling may be reduced to once annually, in isolated areas that normally have minimal personnel activity. Monitoring is also conducted prior to, during and after removal of asbestos materials.
- g. The Safety Office or designee will collect personal air samples periodically to determine compliance with the applicable OSHA Standard activities. Personal samples will be collected during all removals and as specified in Attachment A. VA Form 10-0018, VA Air Sampling Data Sheets, will be used to document air samples requiring laboratory analysis. All air monitoring records will be retained by the Facilities Management Service. All air samples must be analyzed by an American Industrial Hygiene Association (AIHA) accredited laboratory or an individual accredited through the Asbestos Analyst Registry (AAR) Program.

- h. The Safety Office or designee will conduct bulk sampling of any material suspected of containing asbestos. All bulk samples must be analyzed by a Laboratory accredited by EPA's National Voluntary Laboratory Analysis Program (NVLAP).
- i. All affected employees shall be placed under the Medical Surveillance Program as established in HPM 11-84.
- j. All employees required to wear respiratory protection as outlined in (Attachment A) shall be enrolled in the Respiratory Protection Program as referenced in Hospital Policy Memorandum 138-12.
- k. All asbestos fiber releases will be investigated by the Safety Office.
- l. All asbestos training will be coordinated by the Safety Office in accordance with (Attachment A).
- m. In those rare instances, where laundering of asbestos contaminated clothing is necessary, this shall be done by a knowledgeable contractor. Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and be labeled in accordance with labeling requirements indicated within this policy.
- n. The two most likely fiber release episodes involving disturbance of ACM include: A water leak in the roof or pipe above the suspended ceiling, and the appearance of debris in an occupied space or common area due to unauthorized entry therein. In the event of asbestos fiber release, the Safety Office shall be notified immediately to isolate contaminated areas and to minimize the spread of asbestos fibers. During non-administrative hours the Central Energy Plant Operator shall be contacted at extension 7080. The Central Energy Plant Operator shall immediately notify Safety Office personnel of the incident.

**5. REFERENCES:**

- a. 29 CFR 1910.1020, 1910.135, 1910.1001, and 1926.1101
- b. ANSI Z88.2 and Z88.6
- c. EPA Publication 560/5-85-024 and 20T-2003
- d. VA Directive 7700
- e. 40 CFR 61 and 76
- f. HPM 138-12 (Respiratory Protection Program)
- g. HPM 11-84 (Medical Surveillance Program)

**6. FOLLOW-UP-RESPONSIBILITY:** Supervisory Safety Engineer, under Facilities Management Service (138) is responsible for updating this hospital policy memorandum.

**7. RESCISSION:** Hospital Policy Memorandum No. 138-14, dated, July 2007.

Kathleen R. Fogarty  
Director

Attachments:

- (A) Table of Contents
- (B) Work Practices for Maintenance, Removal, and Disposal of Asbestos Containing Material (ACM)
- (C) Notification of Asbestos O&M Work Forms and Asbestos O&M Checklist (Procedures 1-5)
- (D) Fiber Release Episode Report

DISTRIBUTION: Electronic Distribution to All Employees

**TABLE OF CONTENTS**

1. Work Practices for Maintenance, Removal and Disposal of ACM.....B-1

2. General Procedures for Classes I, II, and III.....B-3

3. Danger Contains Asbestos Fibers avoid Creating Dust Cancer & Lung Disease Hazard.....B-6

4. Danger Asbestos Cancer & Lung Disease Hazard Authorized Personnel Only Respirator and Protection Clothing are Required in the Area.....B-8

5. Notification of Asbestos O&M Work Forms and Asbestos O&M Checklist.....C-1

6. Notification of Asbestos O&M Work (Procedures 1- 3).....C-1

    a. Investigate Equipment Failure/Repair above Ceiling/Pulling Wire above Ceiling.....C-2

    b. Replace Ceiling Tiles..... C-3

    c. Asbestos Floor Tile & Mastic Removal.....C-4

7. Asbestos Floor Tile & Mastic Removal Standard Operating Procedure..... C-5

8. Notification of Asbestos O&M Work (Procedures 3 – 5).....C-6

    a. Wall Penetration (18” or less from the floor and larger than normal wall outlet in size).....C-6

    b. Wall Penetration Standard Operating Procedure.....C-7

    c. Removal of Surfacing or Thermal System Insulation.....C-8

9. Asbestos O&M Checklist.....C-9

10. Fiber Release Episode Report.....D-1

11. Description of Clean-Up Procedures.....D-2



**WORK PRACTICES FOR MAINTENANCE, REMOVAL AND DISPOSAL  
OF ASBESTOS CONTAINING MATERIAL (ACM)**

- 1. INTRODUCTION:** This attachment is a set of maintenance and operation procedures designed to minimize asbestos exposure to patients, visitors, staff, maintenance personnel and other workers at the James A. Haley Veterans' Hospital. The work practices are divided into four classes: Class I, II, III, and IV. All work assignments involving ACM will be reviewed by the Safety Office prior to the commencement of work.
- 2. CLASSIFICATIONS:**
  - a. Class I Asbestos Work: Activities involving the removal of Thermal System Insulation (TSI) and surfacing Asbestos Containing Material (ACM) and Presumed Asbestos Containing Material (PACM).
  - b. Class II Asbestos Work: Activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to, the removal of asbestos containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.
  - c. Class III Asbestos Work: Repair and maintenance operations, where "ACM" including thermal system insulation, and surfacing material, is likely to be disturbed.
  - d. Class IV Asbestos Work: Maintenance and custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM. This includes, but is not limited to stripping and buffing of vinyl asbestos floor tiles.
- 3. DEFINITIONS:**
  - a. Access: Access to regulated areas shall be limited to authorized persons.
  - b. AHERA: Asbestos Hazard Emergency Response Act.
  - c. Amended water: Water to which surfactant (wetting agent) has been added to increase the ability of the liquid to penetrate ACM.
  - d. Asbestos: Asbestos includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos, and any of these minerals that has been chemically treated and/or altered. For purposes of this policy, "asbestos" includes PACM, as defined below.
  - e. Asbestos Box: A prefabricated mobile enclosure system designed to isolate work area for a single employee. Negative pressure is maintained in the box with a HEPA vacuum.
  - f. Asbestos-containing material (ACM): Any material containing more than one percent asbestos.
  - g. Competent Person: One who is capable of identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them. In addition, for Class I, II and III work who is specially trained in a training course which meets the criteria of EPA's Model Accreditation Plan (40 CFR 763) for supervisor.
  - h. Demarcation: The regulated area shall be demarcated in any manner that minimizes the number of persons within the area and protects persons outside the area from exposure to airborne concentrations of asbestos. Where critical barriers or negative pressure enclosures are used, they may demarcate the regulated area. Signs shall be provided and displayed pursuant to the requirements of this section.
  - i. Demolition: The wrecking or taking out of any load-supporting structural member and any related razing, removing, or stripping of asbestos products.
  - j. Disturbance: A disturbance is contact which releases fibers from ACM or PACM or debris containing ACM or PACM. This term includes activities that disrupt the matrix of ACM or PACM, render ACM or PACM friable, or generate visible debris. Disturbance includes cutting

away small amounts of ACM and PACM, no greater than the amount which can be contained in one standard sized glove bag or waste bag in order to access a building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or waste bag which shall not exceed 60 inches in length and width.

- k. Employee exposure: Exposure to airborne asbestos that would occur if the employee were not using respiratory protective equipment.
- l. Equipment room (change room): A contaminated room located within the decontamination area that is supplied with impermeable bags or containers for the disposal of contaminated protective clothing and equipment.
- m. Excursion limit: The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes as determined by using recognized analytical techniques.
- n. Fiber: A particulate form of asbestos, 5 micrometers or longer, with a length-to-diameter ratio of at least 3 to 1.
- o. Glove bag: An impervious plastic bag-like enclosure affixed around an asbestos-containing material, with glove-like appendages through which material and tools may be handled.
- p. High-efficiency particulate air (HEPA) filter: A filter capable of trapping and retaining at least 99.97 percent of all mono-dispersed particles of 0.3 micrometers in diameter.
- q. Intact: Intact ACM is material that has not crumbled, been pulverized, or otherwise deteriorated so that it is no longer likely to be bound with its matrix.
- r. Mini Enclosure: One or more layers of plastic sealed over all openings into a work area or any other similarly placed physical barrier sufficient to prevent airborne asbestos in a work area from migrating to an adjacent area. Negative pressure is maintained inside by a HEPA vacuum or negative air machine.
- s. Modification: A changed or altered procedure, material or component of a control system, which replaces a procedure, material or component of a required system. Omitting a procedure or component, or reducing or diminishing the stringency or strength of a material or component of the control system is not a "modification."
- t. Negative Initial Exposure Assessment: A demonstration by the employer, which complies that employee exposure during an operation is expected to be consistently below the PEL.
- u. Permissible exposure limits (PELS): The employer shall ensure that no employees is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an eight (8) hour time-weighted average (TWA) as determined by using recognized analytical techniques.
- v. Presumed Asbestos Containing Material (PACM): Thermal system insulation and surfacing material found in buildings constructed no later than 1980.
- w. Prohibited activities: The employer shall ensure that employees do not eat, drink, smoke, chew tobacco or gum, or apply cosmetics in the regulated area.
- x. Regulated area: An area established by the employer to demarcate areas where Class I, II, and III asbestos work is conducted, and any adjoining area where debris and waste from such asbestos work accumulate; and work area within which airborne concentrations of asbestos, exceed or there is a reasonable possibility they may exceed the permissible exposure limit.
- y. Removal: All operations where ACM and/or PACM is taken out or stripped from structures or substrates, and includes demolition operations.
- z. Renovation: A renovation is the modifying of any existing structure, or portion thereof.
- aa. Repair: A repair is overhauling, rebuilding, reconstructing, or reconditioning of structures or substrates, including encapsulation or other repair of ACM or PACM attached to structures or substrates.
- bb. Surfacing ACM: Material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, and other purposes) which contains more than 1% asbestos.

cc. Thermal system insulation (TSI): ACM applied to pipes, fittings, boilers, breeching, tanks, ducts or other structural components to prevent heat loss or gain.

**4. GENERAL PROCEDURES FOR CLASSES I, II, and III:**

a. Air Monitoring:

(1) Daily Monitoring: Daily monitoring shall be conducted that is representative of the exposure of each employee who is assigned to work within a regulated area. Until exposure monitoring documents that employees on that job will not be exposed in excess of the PELs, or otherwise a negative exposure assessment is made, it shall be presumed that employees are exposed in excess of the TWA and excursion limit.

(2) Negative Exposure Assessment: A negative exposure assessment can be demonstrated for any one specific asbestos job which will be performed by employees who have been trained in compliance with this policy and by employee exposures below the PELs indicated by data which conform to the following criteria:

(A) Objective data demonstrating that the product or material containing asbestos minerals, or the activity involving such product or material cannot release airborne fibers. In concentrations exceeding the TWA and excursion limit under those work conditions having the greatest potential for releasing asbestos.

(B) Where monitoring of prior asbestos jobs for the PEL and the excursion limit within twelve (12) months of the current or projected job the monitoring and analysis were performed in compliance with the asbestos standard in effect; and the data were obtained during work operations conducted under workplace conditions “closely resembling” the processes, type of material, control methods, work practices, and environmental conditions used and prevailing in the Hospital’s current operations, the operations were conducted by employees whose training and experience are no more extensive than that of employees performing the current job, and these data show that under the conditions prevailing and which will prevail in the current workplace there is a high degree of certainty that employee exposures will not exceed the TWA and excursion limit.

(C) The results of initial exposure monitoring of the current job made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee covering operations which are most likely during the performance of the entire asbestos job to result in exposure over the PELs.

(3) Periodic Monitoring: When daily monitoring is not required due to negative exposure data periodic monitoring will be conducted at the discretion of the Safety Office. If the PEL is exceeded during periodic monitoring, daily monitoring shall be reinitiated. Periodic monitoring of all work shall be performed where exposures may exceed a PEL, at intervals sufficient to document the validity of the exposure prediction.

b. Isolation Procedures:

(1) HVAC systems shall be isolated in the regulated area by sealing with a double layer of 6 mil plastic or the equivalent.

(2) Impermeable drop cloths shall be placed on surfaces beneath all removal activity.

(3) All objects within the regulated area shall be covered with impermeable drop cloths or plastic sheeting which is secured by duct tape or an equivalent.

c. Engineering Controls:

(1) Vacuum cleaners equipped with HEPA filters to collect all debris and dust containing ACM and PACM.

(2) Wet methods, or wetting agents, to control employee exposures during asbestos handling, mixing, removal, cutting, application, and cleanup, except where it can be demonstrated that the use of wet methods is infeasible due to for example, the creation of electrical hazards or equipment malfunction, and, in roofing, slipping hazards.

(3) Prompt clean-up and disposal of wastes and debris contaminated with asbestos in leak-tight containers.

- (4) Local exhaust ventilation equipped with HEPA filter dust collection systems.
- (5) Enclosure or isolation of processes producing asbestos dust.
- d. Prohibitions: The following work practices and engineering controls shall not be used for asbestos related work which disturbs ACM or PACM, regardless of measured levels of asbestos-exposure or the results of initial exposure assessment:
  - (1) High-speed abrasive disc saws that are not equipped with point of cut ventilator or enclosures with HEPA filtered exhaust air.
  - (2) Compressed air used to remove asbestos, or materials containing asbestos, unless the compressed air is used in conjunction with an enclosed ventilation system designed to capture the dust cloud created by the compressed air.
  - (3) Dry sweeping, shoveling or other dry clean-up of dust and debris containing ACM and PACM.
  - (4) Employee rotation as a means of reducing employee exposure to asbestos.
- e. Personal Protective Equipment:
  - (1) Protective Clothing: Employees shall be provided and required to use protective clothing, such as coveralls or similar whole-body clothing, head coverings, gloves, and foot coverings. Protective clothing must be cleaned with a HEPA vacuum before it is removed and disposed of as asbestos waste material.
  - (2) Respirator Selection: The Safety Office shall select and provide, at no cost to the employee, the appropriate respirator, and the Supervisor shall ensure that the employee uses the respirator provided.
  - (3) Inspection of protective clothing: The Supervisor shall examine work suits worn by employees at least once per work shift for rips or tears that may occur during performance of work. When rips or tears are detected while an employee is working, rips and tears shall be immediately mended, or the work suit shall be immediately replaced.
- f. Labels:
  - (1) Labels shall be affixed to all products containing asbestos and to all containers containing such products, including waste containers. Where feasible, installed asbestos products shall contain a visible label.
  - (2) Labels shall be used in accordance with the requirements of 29 CFR 1910.1200(f) of OSHA's Hazard Communication Standard, and shall contain the following information:

**DANGER  
CONTAINS ASBESTOS FIBERS  
AVOID CREATING DUST  
CANCER AND LUNG DISEASE HAZARD**

- (3) Exposed, such as at the entrance to mechanical room/areas. Signs required may be posted in lieu of labels so long as they contain information required for labeling.
- g. Waste Disposal: Asbestos waste, scrap, debris, bags, containers, equipment, and contaminated clothing consigned for disposal shall be wetted and double-bagged in properly labeled and approved 6-mil polyethylene bags. Sharp objects shall be wrapped in burlap prior to being placed in the polyethylene bags. The waste shall be stored in an asbestos cage area located in the pipe basement of Building 1, until the accumulation justifies sending it to the landfill for burial.
- h. Supervision: All Class I, II, and III work shall be supervised by a competent person (see Definitions).
- i. Notification: The Safety Office shall be notified of any planned asbestos work procedures. The Safety Office shall review work procedures and/or specifications of outside contractors and for work performed by in-house personnel. Before beginning any CLASS I, II, or III work procedure. The supervisor shall complete a Notification of Asbestos O&M Work form signed by a Safety staff member. In addition, the Asbestos O&M Checklist must be completed and signed by the supervisor and a safety staff member when the work is actually performed. Verbal notification on

the next business day is permissible for emergent after-hours cases.

**5. CLASS I WORK PROCEDURES:**

- a. Class I asbestos work activities involving the removal of greater than 25 linear or 10 square feet of TSI and Surfacing ACM and PACM will be performed by a certified contractor. This includes but is not limited to any spot removals of TSI for hangers, duct work, etc., or hole drilling.
- b. For all Class I Jobs involving the removal of less than 25 linear or 10 square feet of thermal system insulation or surfacing material; one of the following isolation methods shall be used to ensure that airborne asbestos does not migrate from the regulated area:
  - (1) Spot removal of PACM and/or ACM for installation of hangers, ductwork, etc., or hole drilling shall use the following work practices:
    - (A) Full PPE must be worn by employees performing this operation.
    - (B) An asbestos removal system employing a scraping tool in conjunction with HEPA vacuum/and wet removal methods shall be utilized.
    - (C) PCM air clearance shall be performed before the area is re-occupied.
  - (2) Glove bag systems shall be used to remove PACM and/or ACM from straight runs of piping with the following specifications and work practices:
    - (A) Glove bags shall be made of 6 mil thick plastic and shall be seamless at the bottom.
    - (B) Each glove bag shall be installed so that it completely covers the circumference of pipe or other structure where the work is to be done.
    - (C) Glove bags shall be smoke-tested for leaks and any leaks sealed prior to use.
    - (D) Glove bags may be used only once and may not be moved.
    - (E) Glove bags shall not be used on surfaces whose temperature exceeds 150° F.
    - (F) Prior to disposal, glove bags shall be collapsed by removing air within them using a HEPA vacuum.
    - (G) Before beginning the operation, loose and friable material adjacent to the glove bag/box operation shall be wrapped and sealed in two layers of six mil plastic or otherwise rendered intact.
    - (H) At least two persons shall perform the glove bag removals.
  - (3) Mini Enclosure System.
    - (A) Asbestos box which accommodates no more than one person may be used if the disturbance or removal can be completely contained by the enclosure.
    - (B) The fabricated or job-made enclosure shall be constructed of 6 mil plastic or equivalent when larger enclosure is required.
    - (C) The enclosure shall be placed under negative pressure by means of a HEPA filtered vacuum or similar ventilation unit.
    - (D) Before use, the mini enclosure shall be inspected for leaks and smoke tested to detect breaches, and breaches sealed.
    - (E) During use air movement shall be directed away from the employee's breathing zone within the mini enclosure.
    - (F) Equipment room or area that is adjacent to the regulated area shall be established for the decontamination of employees and their equipment which is contaminated with asbestos which shall consist of an area covered by an impermeable drop cloth on the floor or horizontal working surface.
      - i. The area must be of sufficient size as to accommodate cleaning of equipment and removing personal protective equipment without spreading contamination beyond the area (as determined by visible accumulations).
      - ii. Work clothing must be cleaned with a HEPA vacuum before it is removed.
      - iii. All equipment and surfaces of containers filled with ACM must be cleaned prior to removing them from the equipment room or area.
      - iv. The equipment room will be supplied with impermeable, labeled bags and containers for the containment and disposal of contaminated protective equipment.

- v. The Supervisors shall ensure that employees enter and exit the regulated area only through the equipment room or area.
- (G) Before reuse of the asbestos box, the interior shall be HEPA vacuumed and completely wiped with amended water.
- (H) Before disassembling the enclosure all inside walls and floor coverings are HEPA vacuum and disposed of as ACM.
- c. Warning signs that demarcate the regulated area shall be provided and displayed at each location where a regulated area is required to be established. Signs shall be posted at such a distance from such a location that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. The warning signs required by this policy shall bear the following information:

**DANGER  
ASBESTOS  
CANCER AND LUNG DISEASE HAZARD  
AUTHORIZED PERSONNEL ONLY  
RESPIRATOR AND PROTECTION  
CLOTHING ARE REQUIRED IN THIS  
AREA**

**6. CLASS II WORK PROCEDURES:**

- a. Class II asbestos work shall also be performed by complying with the work practices and controls designated for each type of asbestos work to be performed. Where more than one control method may be used for a type of asbestos work, the competent person may choose one or a combination of designated control methods. Class II work also may be performed using methods allowed for Class I work, if the method fully encloses the Class II material to be removed.
- b. For removing **vinyl** and **asphalt flooring materials which** contain ACM, the Supervisor shall ensure that employees comply with the following work practices and, that employees are trained in these practices:
  - (1) Flooring or its backing shall not be sanded.
  - (2) Vacuums equipped with HEPA filter, disposable dust bag, and metal floor tool (no brush) shall be used to clean floors.
  - (3) Resilient sheeting shall be removed by cutting with wetting of the snip point and wetting during decontamination. Rip-up of resilient sheet floor material is prohibited.
  - (4) All scraping of residual adhesive and/or backing shall be performed using wet methods.
  - (5) Dry sweeping is prohibited.
  - (6) Mechanical chipping is prohibited unless performed in a negative pressure enclosure which meets the requirements of this policy.
  - (7) Tiles shall be removed intact, unless it can be demonstrated that intact removal is not possible.
  - (8) When tiles are heated and can be removed intact, wetting may be omitted.
  - (9) Resilient flooring material including associated mastic and backing shall be assumed to be asbestos containing unless it has been determined asbestos free using recognized analytical techniques.
- c. When removing gaskets containing ACM, the Supervisor shall ensure that the following work practices are followed:
  - (1) If a gasket is visibly deteriorated and unlikely to be removed intact, removal shall be undertaken within a glove-bag as described in this policy.
  - (2) The gasket shall be thoroughly wetted with amended water prior to its removal.
  - (3) The wet gasket shall be immediately placed in a disposal container.
  - (4) Any scraping to remove residue must be performed wet.
- d. When performing any other Class II removal of asbestos containing material for which specific controls have not been listed in this section, the Supervisor shall ensure that the following work

practices are complied with.

- (1) The material shall be thoroughly wetted with amended water prior and during its removal.
  - (2) The material shall be removed in an intact state unless it can be demonstrated that intact removal is not possible.
  - (3) Cutting, abrading or breaking the material shall be prohibited unless it can be demonstrated that methods less likely to result in asbestos fiber release are not feasible.
- e. For all indoor Class II jobs where negative exposure assessment has not been produced or where during the job changed conditions indicate there may be exposure above the PEL or when ACM is not removed in a substantially intact state, Class I isolation procedures will be used to ensure that airborne asbestos does not migrate from the regulated area.
- f. Prohibitions: The following work practices and engineering controls shall not be used for work related to asbestos or for work which disturbs ACM or PACM, regardless of measured levels of asbestos exposure or the results of initial exposure assessments:
- (1) High speed abrasive disc saws that are not equipped with point of cut ventilator or enclosures with HEPA filtered exhaust air.
  - (2) Compressed air used to remove asbestos, or materials containing asbestos, unless the compressed air is used in conjunction with an enclosed ventilation system designed to capture the dust cloud created by the compressed air.
  - (3) Dry sweeping, shoveling or other dry clean up of dust and debris containing ACM or PACM.
  - (4) Employee rotation as a means of reducing employee exposure to asbestos.

#### **7. CLASS III WORK PROCEDURES:**

- a. Class III asbestos work means repair and maintenance operations, where “ACM”, including thermal system insulation and surfacing material, is likely to be disturbed. This includes but, is not limited to, pulling cables, inspection above the ceiling areas where ACM or PACM is present, any other work above the ceiling tiles where ACM is present. The area shall be contained using impermeable drop cloths and plastic barriers or mini enclosures (asbestos box) equivalent.
- b. Visual inspections above the ceiling will require that ceiling tile is HEPA vacuumed. This will include gently lifting on one ceiling tile and slipping it to the side followed by vacuuming of top of tiles. HEPA cartridge respirators shall be worn.
- c. Requirements for Class III asbestos work operations where exposures exceed a PEL or where negative exposure assessment have not been produced before the operation will be performed as Class I work.
- d. Doors Containing Asbestos Insulation. (Installed prior to 1992)
  - (1) Unidentified doors shall be assumed to contain hazardous material until proven otherwise. All employees shall take the following precautions before accomplishing work which would penetrate the core of an unidentified door:
    - (A) Wet the area to be worked by spraying with an approved wetting agent (surfactant).
    - (B) Don a respirator and ensure a proper fit.
    - (C) Gently loosen the knob and visually inspect for any white loose material.
    - (D) If there is no insulation, complete the job and identify the door with a white dot.
    - (E) If white material is found:
      - i. Replace the knob
      - ii. Wet down any loose material and HEPA vacuum the area
      - iii. Notify the Safety Office
  - (2) The Safety office shall obtain a sample of the insulation and submit the sample to a laboratory for analysis to determine if the insulation is ACM.
  - (3) If the door contains ACM, the door shall be replaced and shall be treated, handled and disposed of in the same manner as asbestos waste.

#### **8. CLASS IV WORK PROCEDURES:**

- a. Class IV asbestos work means custodial care of vinyl asbestos floor tiles.
- b. Work Practices.
  - (1) Sanding of asbestos containing flooring material is prohibited.

- (2) Stripping of finishes must be conducted by using low-abrasion pads at speeds lower than 300 rpm and by using the wet method.
- (3) Burnishing or dry buffing may be performed only on flooring covered with sufficient finish, so that the burnish pads don't come in contact with asbestos-containing material.

**9. ASBESTOS TRAINING:**

- a. **Awareness training** shall be included during the Annual Fire/Safety/Hazardous Material Management Training. The objectives of the training include:
  - (1) Information regarding asbestos and its various uses and forms.
  - (2) Information on the health effects associated with asbestos exposure.
  - (3) Location of ACM in the hospital.
  - (4) How to recognize damaged ACM and what to do.
- b. Annual Asbestos Training shall be given to all affected employees who work with ACM. The type of training is dependent on the classification of work performed.
- c. Training For Class I Asbestos Work.
  - (1) Initial Training: AHERA Model 4 Day Worker Training with a minimum of 14 hours of hands on training and examination. Course content:
    - (A) Physical characteristics of asbestos
    - (B) Potential health effects related to asbestos exposure
    - (C) Employee personal protective equipment
    - (D) State-of-the-art work practices
    - (E) Personal hygiene
    - (F) Additional safety hazards
    - (G) Medical monitoring
    - (H) Air monitoring
    - (I) Relevant Federal, State, and Local Regulatory Requirement, Procedures, and Standards
    - (J) Establishment of Respiratory Protection Program
    - (K) Course review
  - (2) Subsequent annual training: AHERA Model 1 Day Worker Refresher Training, Course content:
    - (A) Physical characteristics of asbestos
    - (B) Potential health effects related to asbestos exposure
    - (C) Employee personal protective equipment
    - (D) State-of-the-art work practices
    - (E) Personal hygiene
    - (F) Additional safety hazards
    - (G) Air monitoring
    - (H) Relevant Federal, State, and Local Regulatory Requirements, Procedures, and Standards
    - (I) Course review
- d. Training for Class II Asbestos Work: Same requirements as for Class I Asbestos Work with the exception of Class II Asbestos O&M activities that, generates only one glove bag of asbestos waste. Training requirement for this is same as for Class III Asbestos Work (O&M activity).
- e. Training For Class III Asbestos Work.
  - (1) Initial Training: 16 hour of EPA Operation and Maintenance (O & M) Training or equivalent with hands on training. Course content:
    - (A) Physical characteristics of asbestos
    - (B) Potential health effects related to asbestos exposure
    - (C) Employee personal protective equipment
    - (D) State-of-the-art work practices
    - (E) Personal hygiene
    - (F) Additional safety hazards



- (G) Medical monitoring
- (H) Respiratory program
- (I) Glove bag removal procedures
- (2) Subsequent annual training: An 8 hour refresher training of the course contents given during the initial training.
- f. Training for Class IV Asbestos Work, Initial Training: 2 hours of EPA Awareness Training or equivalent with annual update. Course contents:
  - (1) Location of ACM, PCM, and asbestos containing flooring materials.
  - (2) Instruction in recognition of damage, deterioration, and determination of ACM.
  - (3) Potential health effects related to asbestos exposure

**NOTIFICATION OF ASBESTOS O&M WORK FORMS  
AND ASBESTOS O&M CHECKLIST  
PROCEDURES 1-5**

Procedure #1 - Investigate Equipment Failure/Repair above Ceiling/Pulling Wire above Ceiling

Procedure #2 - Replace Ceiling Tiles

Procedure #3 - Asbestos Floor Tile and Mastic Removal

Asbestos Floor Tile and Mastic Removal Standard Operating Procedure

Procedure #4 - Wall Penetrations (18" or less from the floor and larger than a normal wall outlet in size)

Wall Penetrations Operating Procedure

Procedure #5 - Removal of Surfacing or Thermal System Insulation

Asbestos O&M Checklist

**Procedure #1**

**NOTIFICATION OF ASBESTOS (O&M WORK)**

DATE OF WORK:

STARTING TIME:

LOCATION:

ESTIMATED LENGTH OF TIME TO COMPLETE WORK:

WORK TO BE DONE: (Investigate Equipment Failure/Repair above Ceiling/Pulling Wire above Ceiling)

NAME OF EMPLOYEE(S) CONDUCTING WORK:

SUPERVISOR'S NAME:

DATE:

SIGNATURE:

-----  
MONITORING:        YES            NO

PROCEDURES:

1. Construct enclosure using 6-mil poly or use mini-enclosure and check integrity before and after use.
2. Wear HEPA respirator and protective clothing (suite and gloves).
3. HEPA Vacuum ceiling tiles prior to removal.
4. After work is completed, HEPA Vacuum poly enclosures and clothing.
5. Dispose of clothing and poly as asbestos waste.

SAFETY STAFF MEMBER:

DATE:

SIGNATURE:

**Procedure #2**

**NOTIFICATION OF ASBESTOS (O&M WORK)**

DATE OF WORK:

STARTING TIME:

LOCATION:

ESTIMATED LENGTH OF TIME TO COMPLETE WORK:

WORK TO BE DONE: (Replace Ceiling Tiles)

NAME OF EMPLOYEE(S) CONDUCTING WORK:

SUPERVISOR'S NAME:

DATE:

SIGNATURE:

-----  
MONITORING:

YES

NO

PROCEDURES:

1. Construct enclosure using 6-mil poly or use mini-enclosure and check integrity before and after use.
2. Wear HEPA respirator and protective clothing (suite and gloves).
3. HEPA vacuum dry ceiling tiles, spray with encapsulant, and dispose of as non-asbestos waste.
4. After work is completed, HEPA vacuum poly enclosures and clothing.
5. Dispose of clothing and poly as asbestos waste.

SAFETY STAFF MEMBER:

DATE:

SIGNATURE:

**Procedure #3**

**NOTIFICATION OF ASBESTOS (O&M WORK)**

DATE OF WORK: STARTING TIME:  
LOCATION:  
ESTIMATED LENGTH OF TIME TO COMPLETE WORK:  
WORK TO BE DONE: (Asbestos Floor Tile and Mastic Removal)

NAME OF EMPLOYEE(S) CONDUCTING WORK:

SUPERVISOR'S NAME: DATE:  
SIGNATURE:

-----  
MONITORING: YES NO  
PROCEDURES: (SEE ATTACHED)  
SAFETY STAFF MEMBER: DATE:  
SIGNATURE:

Attachment to Asbestos O&M Procedure # 3

**ASBESTOS FLOOR TILE & MASTIC REMOVAL STANDARD OPERATING PROCEDURE**

1. Normal Procedure:
  - a. Bring emergency containment supplies (poly, duct tape, etc.).
  - b. Remove floor tiles by using heat machine or wet methods. Remove mastic using low odor solvent product. Remove carefully without force to prevent crushing or crumbling.
  - c. Dispose of floor tile and mastic as asbestos waste.
2. If the floor tile is crushed or crumbles during removal:
  - a. **Stop work IMMEDIATELY.**
  - b. Immediately contain area as securely as possible. If removing tile in office, close door to office. If removing in hallway or large open area, enclose as much of crumpled floor tile as possible.
  - c. **LEAVE CONTAMINATED AREA**
  - d. Restrict traffic to area.
  - e. Notify Supervisors
  - f. Notify Safety Office at extensions 7598, 7597, 6771, 5789, or 7292; or after hours contact the Central Energy Plant at extension 7080.
  - g. To complete removal of the crushed floor tile, follow the recommendations of the Safety Office.

**Procedure #4**

**NOTIFICATION OF ASBESTOS (O&M WORK)**

DATE OF WORK:

STARTING TIME:

LOCATION:

ESTIMATED LENGTH OF TIME TO COMPLETE WORK:

WORK TO BE DONE: (Wall Penetrations 18" or less from the floor and larger than a normal wall outlet in size)

NAME OF EMPLOYEE(S) CONDUCTING WORK:

SUPERVISOR'S NAME:

DATE:

SIGNATURE:

-----  
MONITORING:        YES                    NO

PROCEDURES: (SEE ATTACHED)

SAFETY STAFF MEMBER:

DATE:

SIGNATURE:

Attachment to Asbestos O&M Work Procedure #4

**WALL PENETRATION STANDARD OPERATING PROCEDURE**

FOR WALL PENETRATIONS THAT ARE 18" OR LESS FROM THE FLOOR AND ARE LARGER THAN A NORMAL WALL OUTLET IN SIZE.

1. Restrict traffic to area.
2. Wear HEPA respirator and protective clothing.
3. Place work tools in glove bag and affix bag to wall with duct tape.
4. Slit glove bag and insert HEPA vacuum hose. Duct tape around the opening once the hose is properly positioned.
5. Use a razor knife or drywall saw to cut a 12" X 14" rough opening between the studs.
6. Remove all material within wall cavity using the HEPA vacuum.
7. Remove the hose from the glove bag and dispose of the glove bag as asbestos waste. Wet wipe the vacuum hose and tools.
8. Reuse of the glove bag is prohibited.
9. Dispose of protective clothing as asbestos waste.

**Procedure #5**

**NOTIFICATION OF ASBESTOS (O&M WORK)**

DATE OF WORK:

STARTING TIME:

LOCATION:

ESTIMATED LENGTH OF TIME TO COMPLETE WORK:

WORK TO BE DONE:

NAME OF EMPLOYEE(S) CONDUCTING WORK:

SUPERVISOR'S NAME:

DATE:

SIGNATURE:

-----  
MONITORING:      YES              NO

PROCEDURES: (To be approved by Safety Office)

SAFETY STAFF MEMBER:

DATE:

SIGNATURE:

**ASBESTOS O&M CHECKLIST**

ACTUAL DATE OF WORK:

LOCATION:

*Items that must be checked by the supervisor will be indicated by the Safety Office to the left of each applicable item. Supervisor's must complete the checklist, sign for verification, and return the completed form to the Safety Office by COB the next business day.*

**Required By  
Safety Office  
"Check"**

**Verification By  
Supervisor's  
"Check"**

**Before:**

---

1. Employees notified
2. Warning signs posted
3. Area isolated properly
4. HVAC grilles sealed
5. Enclosures intact
6. Clean/Dirty room constructed

**During:**

---

1. Protective clothing intact
2. Respirator being used
3. Enclosure intact
4. Work procedures not generating airborne asbestos
5. Asbestos waste double-bagged, wetted down, and labeled
6. Personal air monitoring
7. Area monitoring

**After:**

---

1. HEPA Vac clothing/enclosure area
2. Warning signs removed
3. Waste stored in waste cage
4. Respirators cleaned and stored properly

Date:

Date:

Safety Office Signature:

Supervisor's Signature:



**FIBER RELEASE EPISODE REPORT**

BUILDING NO:

AREA:

EPISODE REPORTED BY (NAME, TITLE, AND PHONE No.):

DATE:

DATE OF EPISODE:

TYPE OF MATERIAL:

SURFACING:

MISCELLANEOUS:

THERMAL SYSTEM INSULATION:

APPROXIMATE QUANTITY OF MATERIAL DISTURBED:

TYPE OF ACM:

CAUSE OF RELEASE:

DETERIORATION

DELAMINATION

WATER DAMAGE

PHYSICAL DAMAGE

VANDALISM

MAINTENANCE ACTIVITY

WAS THE AREA SEALED OFF FROM NONESSENTIAL PERSONNEL?

YES

NO

HOW WAS AIR HANDLING SYSTEM SHUT DOWN OR MODIFIED?

SHUT DOWN

MODIFIED

DESCRIPTION OF CLEAN-UP PROCEDURES:

RESPONSE TEAM LEADER:

CLEAN- UP CONDUCTED BY:

OUTSIDE CONTRACTOR

IN-HOUSE

NAME OF CONTRACTOR:

ADDRESS:

EQUIPMENT USED:

HEPA VACUUM

WET WIPING

RESPIRATORS

PROTECTIVE CLOTHING

OTHER

WAS VISN OFFICE CONTACTED REGARDING RELEASE?      YES      NO

PERSON CONTACTED:

TITLE:

WAS FOLLOW-UP LETTER/INFORMATION SENT?

SAFETY STAFF MEMBER:

DATE:

SIGNATURE:

### **INTERIM LIFE SAFETY MEASURES**

- 1. PURPOSE:** To establish a policy and procedures that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction.
- 2. POLICY:** It is the policy of the James A. Haley Veterans' Hospital (JAHVH) to implement, enforce and document appropriate Interim Life Safety Measures (ILSM) whenever Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. Interim Life Safety Measures are activities to protect occupants during periods when life safety is comprised.
- 3. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. The Safety Office is responsible for:
    - (1) Evaluation of construction/renovation projects to determine the need for and extent of ILSM.
    - (2) Identifying administrative actions to be taken when building life safety code deficiencies are identified and cannot be immediately corrected.
    - (3) Providing education and training to affected staff if alternative exits must be designated and/or structural or compartmentation features or fire safety is compromised.
    - (4) Conducting additional fire drills as specified within (Attachment B), "Interim Life Safety Measures (ILSM) Assignment" or (Attachment D), "Interim Life Safety Measures (ILSM) for Building Life Safety Code Deficiencies".
    - (5) Performing periodic inspections of construction sites after coordination with and approval by the Contracting Officer or the COR.
    - (6) Notifying appropriate authorities if impairments of the fire alarm detection and suppression systems are necessary as specified within this policy.
  - b. Chief, Facilities Management Service, is responsible for ensuring Facilities Management employees follow the provisions of this program during construction, alterations, demolition, maintenance and repair operations.
  - c. Contracting Officer's Representative (COR) is responsible for ensuring that the Contractor follows the procedures outlined in this policy through daily inspections.
  - d. Contracting Officer is responsible for ensuring that the provisions of this policy are included in all construction contracts.
  - e. All Employees and Staff will adhere to access controls and assist in guiding and advising patients, visitors and members of the public with whom they work regarding access controls.
  - f. Service Chiefs and Supervisors will supervise and control access by their employees and staff, vendors, volunteers, visitors, consultants, residents, students, etc., in accordance with policy and procedures listed in this memorandum.
- 4. PROCEDURES:**
  - a. The Safety Office in conjunction with the appropriate Facilities Management Project Manager or COR, will evaluate each construction/renovation project using Attachment A, "ILSM Project Evaluation Checklist." If according to Attachment A, ILSM are not required then this initial evaluation will be filed in the project file. If according to Attachment A, ILSM are required then Attachment B & E, "Interim Life Safety Measures (ILSM) Evaluation Tool" will be utilized to determine which ILSM will be implemented for the project.
  - b. The Contracting Officer Representative (COR) / Project Manager will perform inspections of the work site during regular working hours and weekends and holidays if the contractor is scheduled to work. These inspections will be documented in the "Construction Site Inspection Form" approved by the Construction Safety Committee.
  - c. The Chief, Facilities Management Service, will ensure that fire alarm, detection and suppression systems are in good working order. Temporary, but equivalent systems shall be provided when

any system is impaired according to the schedule in Attachment C. Employees in affected areas will be notified by the Safety Office that temporary fire alarm, detection and/or suppression systems are in place. Personnel should be on heightened alert for potential for fire.

- d. Safety Office Staff will provide all necessary training regarding ILSM implementation to employees in affected areas (and adjacent areas if their safety is compromised) and publish Hospital Bulletins, as necessary, to inform employees of these hazards. The Safety Office Staff will inform employees at routine fire/safety classes of any hazards associated with construction projects in ILSM.
  - e. The Safety Office Staff will be responsible for notifying the local Fire Department of implementation of appropriate ILSM, including any temporary blocking of exits, alternate routes, and temporary fire area detection and suppression systems as necessary. The Safety Office will document this contact.
  - f. The Safety Office will identify the Interim Life Safety Measures required when building life safety code deficiencies are identified and cannot be immediately corrected. Attachment D, "Interim Life Safety Measures (ILSM) for Building Life Safety Code Deficiencies," and (Attachment E), "Interim Life Safety Measures (ILSM) Evaluation Tool" will be utilized to determine which measures are needed.
5. **REFERENCES:** NFPA 101, Life Safety Code (current edition); Joint Commission Life Safety Standards; HPM 00-21, "Hospital Emergency Operation Plan"; and HPM 138-03, "Safety & Health during Construction Activities"
  6. **FOLLOW-UP RESPONSIBILITY:** Supervisory Safety Engineer, Facilities Management Service (138) is responsible for updating this hospital policy memorandum.
  7. **RESCISSION:** Hospital Policy Memorandum No. 138-15, dated, September 2007.

//s//

Kathleen R. Fogarty  
Director

Attachments:

- (A) ILSM Project Evaluation Checklist
- (B) Interim Life Safety Measures (ILSM) Assignment
- (C) Implementation Schedule for Temporary Fire Alarm Detection and Suppression Systems
- (D) Interim Life Safety Measures (ILSM) for Building Life Safety Code Deficiencies
- (E) Interim Life Safety Measures (ILSM) Evaluation Tool

DISTRIBUTION: Electronic Distribution to All Employees

**INTERIM LIFE SAFETY MEASURES (ILSM) PROJECT EVALUATION CHECKLIST**

Project:

Building/Location:

Floor:

Start Date:

Finish Date:

Duration:

<b>QUESTIONS</b>	<b>Yes</b>	<b>No</b>
1) Will existing exits be impaired or blocked?		
2) Will existing corridor width be reduced?		
3) Will alternative exits be required?		
4) Will construction area exit routes be needed?		
5) Will patient access to emergency services be impaired?		
6) Will police, fire, or EMS access to emergency services be impaired?		
7) Will fire alarm system be impaired?		
8) Will sprinkler system be impaired?		
9) Will temporary or equivalent systems be needed?		
10) Will temporary smoke-tight construction partitions be needed?		
11) Will additional handheld fire-fighting equipment be needed?		
12) Will personnel training in the use of handheld fire extinguishers be needed?		
13) Will reinforcement of the smoking policy be needed?		
14) Will a reduction in the flammable or combustible fire load be needed?		
15) Will housekeeping or debris removal practices be needed?		
16) Will additional fire drills or fire response training be needed?		
17) Will increased hazard surveillance of building, grounds, or equipment be needed?		
18) Will special attention to excavations, construction storage, or work areas be needed?		
19) Will training to compensate for structural or compartmentation deficiencies be needed?		
20) Will organization training in LSC deficiencies, construction hazards, or ILSM be needed?		

*Evaluation is to be completed by Safety Office together with COR/Project Manager before the start of any construction/renovation work ensuring that appropriate ILSMs are implemented. The ILSM Assignment form, Attachment B, will be completed if a yes answer is given to any of the above questions.*

Comments:

Safety Office:

Date:

COTR/Project Manager:

Date:

**INTERIM LIFE SAFETY MEASURES (ILSM) ASSIGNMENT**

Project:

Building/Location:

Floor:

Start Date:

Finish Date:

Duration:

<b>MEASURES</b>	<b>YES</b>	<b>NO</b>
1) Notifies the fire department and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building.		
2) Posts signage indentifying the location of alternative exits to everyone affected.		
3) Inspects exits in affected areas on a daily basis.		
4) Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired.		
5) Provides additional firefighting equipment.		
6) Use temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire.		
7) Increase surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices.		
8) Enforces storage, housekeeping, and debris removal practices that reduce the buildings flammable and combustible fire load to the lowest feasible level.		
9) Provides additional training to those who work in the assignment on the use of firefighting equipment.		
10) Conducts one additional fire drill per shift per quarter.		
11) Inspects and tests temporary systems monthly. The completion date of the tests is documented.		
12) Conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety.		
13) Trains those who work in the organization to compensate for impaired structural or compartmental fire safety features.		

Comments:

Safety Office:

Date:

COTR/Project Manager:

Date:

**IMPLEMENTATION SCHEDULE FOR TEMPORARY FIRE ALARM  
DETECTION AND SUPPRESSION SYSTEMS**

**Duration of Impairment**

**Temporary System**

More than 4 hours in a 24 hour period  
in an occupied building

Fire Watch or building evacuation\*.  
Notify Central Energy Plant, VISN 8  
Network OSH Manager\*\* and Local Fire  
Department.

24 hrs to 7 days

Notify Central Energy Plant, VISN 8 Network  
OSH Manager \*\* and Local Fire Department.

Issue Shutdown Notice and post in affected areas.

8 or more days

Notify Central Energy Plant, VISN 8 Network  
OSH Manager \*\* and Local Fire Department.

Issue Shutdown Notice and post in affected areas.

Conduct area specific fire drills within 30 days  
and monthly thereafter.

\* In accordance with HPM 00-21, "Hospital Emergency Operation Plan", determination of fire watch or building evacuation action will be made by the Safety Office in conjunction with the Emergency Manager.

\*\* VISN 8 Network OSH Manager 727-575-8066 or 727-452-7803.

**INTERIM LIFE SAFETY MEASURES (ILSM) FOR BUILDING  
LIFE SAFETY CODE DEFICIENCIES**

Project:

Building:

Floor:

Room:

Description of building life safety code deficiency:

PFI ID (if applicable):

Corrective Action to be taken:

<b>MEASURES</b>	<b>YES</b>	<b>NO</b>
1) Notifies the fire department and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building.		
2) Posts signage indentifying the location of alternative exits to everyone affected.		
3) Inspects exits in affected areas on a daily basis.		
4) Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired.		
5) Provides additional firefighting equipment.		
6) Use temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire.		
7) Increase surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices.		
8) Enforces storage, housekeeping, and debris removal practices that reduce the buildings flammable and combustible fire load to the lowest feasible level.		
9) Provides additional training to those who work in the assignment on the use of firefighting equipment.		
10) Conducts one additional fire drill per shift per quarter.		
11) Inspects and tests temporary systems monthly. The completion date of the tests is documented.		
12) Conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety.		
13) Trains those who work in the organization to compensate for impaired structural or compartmental fire safety features.		
14) Additional Measures are not required.		

Signature of Safety Office Staff Member:

Date:



<b>Life Safety Code Deficiency</b>	<b>ILSM Administrative Action</b>												
<b>Code Deficiencies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
1. Lacking code required smoke barrier or fire wall							X	X				X	
2. Major penetrations in smoke barrier or fire wall							X	X				X	
3. Hazardous area not properly protected							X	X				X	
4. Excessive travel distance to an approved exit							X	X		X		X	
5. Lack of a required exit		X					X	X		X		X	
<b>Construction Related Deficiencies</b>													
1. Blocking an approved exit path		X	X			X	X	X		X		X	X
2. A large section of the fire alarm system is out of service	X			X	X	X	X	X		X	X	X	X
3. A large section of a sprinkler system is out of service	X			X	X	X	X	X		X	X	X	X
4. Major renovation of an occupied floor			X		X	X	X	X					X
5. Significantly modifying smoke barriers or fire walls					X	X	X	X					
6. Adding an addition to an existing and occupied building		X	X		X	X	X	X		X			X
7. Rerouting internal patient/staff/visitor traffic flows		X	X			X	X						X
<b>Maintenance or Repairs</b>													
1. Fire alarm system out of service > 4 hours	X											X	
2. Sprinkler system out of service > 4 hours	X											X	

*\*Numbers correspond to ILSM Administrative Action found in Attachment B & D.*

## INFECTION CONTROL DURING CONSTRUCTION AND RENOVATION

1. **PURPOSE:** To establish a policy and procedures to ensure that patients, visitors and staff are protected from unnecessary exposure to infectious agents that are spread by activities associated with construction demolition and renovation.
2. **POLICY:** It is the policy of the James A. Haley Veterans' Hospital and Clinics (JAHVH) that when planning demolition, construction, or renovation activities, a proactive risk assessment will be conducted using risk criteria to identify hazards that could potentially compromise patient care in occupied areas of the facility. The scope and nature of the activities will determine the extent of the risk assessment required. The risk criteria will address the impact that demolition, renovation, or new construction activities will have on air quality requirements, noise, vibration, and emergency procedures. As required, proper controls will be selected and implemented to reduce risk and to minimize the impact of the activities.
3. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:** A multi-disciplinary team consisting of Infection Control, Contracting Office Representative (COR) or Construction Crew Supervisor, and the Safety Office shall be used to conduct a risk assessment of the project to determine potential hazards to susceptible patients and staff, and to coordinate the various stages of construction activities during construction, renovation, repair and demolition projects.
  - a. The Chief, Facilities Management Service is responsible for ensuring that construction and renovation activities performed is in compliance with this policy.
  - b. The Contracting Officer is responsible for incorporating site-specific infection control recommendations into construction bid documents. The Contracting Officer will ensure that contractors are aware of the infection control requirements during pre-bid and pre-construction meetings. Upon notification by the COR, Safety Office, or Infection Control Office, the Contracting Officer is responsible for notifying the contractor when Infection Control Risk Assessment (ICRA) provisions are not met and what corrective action is required.
  - c. The Infection Control Office is responsible for participation in design meetings, review of plans before project begins, education of staff, resident engineers, contractors, architects, and others regarding infection control protocols, and participation in the ICRA process.
  - d. The Contracting Officer's Representative (COR) or Construction Supervisor is responsible for initiating the evaluation of the project using the Infection Control Risk Assessment matrix provided in this policy. Assigned VA staff, including resident engineers or project managers, must ensure compliance during the construction phase of the work.
  - e. The Construction Safety Committee shall be responsible for document review. The Committee will conduct periodic construction site hazard surveillance of various projects and document deficiencies. Identified hazards must be tracked to corrective action completion.
4. **PROCEDURES:** Shall be performed for all in-house and contracted construction activities.

- a. The Infection Control Risk Assessment (ICRA) should center on the type and extent of the construction or renovation in the work area, but may also include adjacent patient care areas, supply storage, and areas on levels above and below the proposed project.
  - b. The multi-disciplinary team must conduct and document the ICRA for all construction projects (in house and by contract) during the design or planning stage of work (prior to bidding, purchasing, or starting work) using the Construction Safety Committee approved Pre-Construction Risk Assessment Form.
  - c. The (ICRA) Matrix of Precautions for Construction & Renovation in Attachment A, shall be used to determine the Construction Project Class for all projects except those that involve external demolition and dirt excavation. All Class III - IV projects will be documented using the Infection Control Notification Forms in Attachment C.
    - (1) The construction project class will determine which prevention measures are required.
    - (2) Attachment B provides an overview of the required prevention measures class.
  - d. External demolition and dirt excavation projects also generate considerable dust that can impact the indoor environment. For these projects, Attachment D, External Demolition and Dirt Excavation Infection Control Notification must be completed. The strategies listed in Attachment D, will be used to reduce dust and moisture contamination during external demolition and excavation.
  - e. The COR or Construction Crew Supervisor shall perform daily inspections to ensure that the project containment measures are in place. Periodic inspections will be performed by Infection Control Office, Safety Office, or Construction Safety Committee.
  - f. Daily inspection documentation during the project shall be kept in the project file.
  - g. The Contracting Officer must be notified immediately if Infection Control procedures are not followed. Serious or recurring noncompliance will result in immediate notification to the Infection Control Office, Safety Office, Chief, Facilities, and Contracting Office (as applicable).
5. **REFERENCES:** Hospital Policy Memorandum No.138-03, Safety and Health during Construction Activities; Current Joint Commission Standards; VHA Directive 2011-036, Safety and Health during Construction Activities (current edition).
  6. **FOLLOW-UP-RESPONSIBILITY:** Supervisory Safety Engineer, Facilities Management Service (138S) is responsible for updating this hospital policy memorandum.
  7. **RESCISSION:** Hospital Policy Memorandum No. 138-24, dated, November 2008.

//s//

Kathleen R. Fogarty  
Director

Attachments:

- (A) Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation
- (B) Description of Required Prevention Measures by Class
- (C) Infection Control Notification for Class III & IV
- (D) External Demolition and Dirt Excavation Infection Control Notification

DISTRIBUTION: Electronic Distribution to All Employees

**INFECTION CONTROL RISK ASSESSMENT  
MATRIX OF PRECAUTIONS FOR CONSTRUCTION & RENOVATION**

Project:

Location:

**Step One:**

Using the following table, *identify* the Type of Construction Project Activity (Type A-D)

<b>TYPE A</b>	<p><b>Inspection and Non-Invasive Activities.</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet</li> <li>▪ painting (but not sanding)</li> <li>▪ wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.</li> </ul>
<b>TYPE B</b>	<p><b>Small scale, short duration activities which create minimal dust</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ installation of telephone and computer cabling</li> <li>▪ access to chase spaces</li> <li>▪ cutting of walls or ceiling where dust migration can be controlled.</li> </ul>
<b>TYPE C</b>	<p><b>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ sanding of walls for painting or wall covering</li> <li>▪ removal of floor coverings, ceiling tiles and casework</li> <li>▪ new wall construction</li> <li>▪ minor duct work or electrical work above ceilings</li> <li>▪ major cabling activities</li> <li>▪ any activity that cannot be completed within a single work shift.</li> </ul>
<b>TYPE D</b>	<p><b>Major demolition and construction projects</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ activities which require consecutive work shifts</li> <li>▪ requires heavy demolition or removal of a complete cabling system</li> <li>▪ new construction.</li> </ul>

► **Indicate TYPE (A, B C or D) of Construction Project Activity:**

**Step Two:**

Using the following table, *identify the Patient Risk Groups* that will be affected. If more than one risk group will be affected, select the higher risk group.

LOW RISK	MEDIUM RISK	HIGH RISK	CRITICAL RISK
Office areas	Therapy areas (PT, OT, RT, KT)	Pharmacy	CLC (Nursing Home)
Hallways	Food Service	Spinal Cord Injury (SCI)	SPS Sterile Supply
FMS/EMS areas	Outpatient Clinics	Urgent Care/ED	SPS Assembly, Prep, Sterilizer Room
	CBOCs	Laboratory & Pathology	Cardiac Cath and EP Lab
	ARC/Mental Health	SPS Clean Supply	Intensive Care Units (SICU/MICU/CCU)
	Radiology/MRI/PET	Medical-Surgical Units	Operating Suite
	Nuclear Medicine	Ambulatory Surgery Unit	Oncology/RTU
	Polytrauma & Rehab Units	PACU	Interventional Radiology
	Vascular (7N) & Cardiology (6N)	Hemodialysis	Negative pressure isolation rooms
	GI endoscopy	Bronchoscopy	

► Indicate patient RISK (Low, Medium, High or Critical):

**Step Three:**

Match the Patient Risk Group (*Low, Medium, High, Critical*) with the planned Construction Project Type (*A, B, C, D*) on the following matrix to determine the Construction Project Class (*I, II, III or IV*) or level of infection control activities required.

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III	IV
CRITICAL Risk Group	II	III	IV	IV

**Note:** Infection Control signed approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

► Indicate Construction Project CLASS (I, II, III or IV):

**Step Four:**

Identify the areas surrounding the project area, assessing potential impact.

Unit Below	Unit Above	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

**Identify specific site of activity (e.g., patient rooms, medication room, etc.):**

**Identify issues related to: ventilation, plumbing, electrical in terms of the occurrence of probable outages:**

**Identify containment measures, using prior assessment. What types of barriers? (e.g., solids wall barriers); Will HEPA filtration be required?**

(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas)

**Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof)**

**Work hours: Can or will the work be done during non-patient care hours?**

**Do plans allow for adequate number of isolation/negative airflow rooms?**

**Do the plans allow for the required number & type of hand washing sinks?**

**Does the infection control staff agree with the minimum number of sinks for this project? (Verify against American Institute of Architects (AIA) Guidelines for types and area)**

**Does the infection control staff agree with the plans relative to clean and soiled utility rooms?**

**Plan to discuss the following containment issues with the project team. (e.g., traffic flow, housekeeping, debris removal (how and when)):**

**DESCRIPTION OF REQUIRED PREVENTION MEASURES BY CLASS**

	<b>During Construction Project</b>	<b>Upon Completion of Project</b>
<b>CLASS I</b>	<ol style="list-style-type: none"> <li>1. Execute work by methods to minimize raising dust from construction operations.</li> <li>2. Immediately replace a ceiling tile displaced for visual inspection.</li> </ol>	<ol style="list-style-type: none"> <li>1. Clean work area upon completion of task.</li> </ol>
<b>CLASS II</b>	<ol style="list-style-type: none"> <li>1. Provide active means to prevent airborne dust from dispersing into atmosphere.</li> <li>2. Water mist work surfaces to control dust while cutting.</li> <li>3. Seal unused doors with duct tape.</li> <li>4. Block off and seal air vents.</li> <li>5. Place dust mat at entrance and exit of work area. Clean or change routinely, as needed.</li> <li>6. Remove or isolate HVAC system in areas where work is being performed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Wipe work surfaces with disinfectant.</li> <li>2. Contain construction waste before transport in tightly covered containers.</li> <li>3. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.</li> <li>4. Remove isolation of HVAC system in areas where work is being performed.</li> </ol>
<b>CLASS III</b>	<ol style="list-style-type: none"> <li>1. Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system.</li> <li>2. Complete all critical barriers e.g. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.</li> <li>3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.</li> <li>4. Contain construction waste before transport in tightly covered containers.</li> <li>5. Cover transport receptacles or carts. Tape covering unless solid lid.</li> <li>6. Place dust mat at entrance and exit of work area. Clean or change routinely, as needed.</li> <li>7. Complete Construction Safety Inspection Form.</li> </ol>	<ol style="list-style-type: none"> <li>1. Do not remove barriers from work area until dust generating activities are completed and work site is cleaned.</li> <li>2. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.</li> <li>3. Vacuum work area with HEPA filtered vacuums.</li> <li>4. Wet mop area with disinfectant.</li> <li>5. Remove isolation of HVAC system in areas where work is being performed.</li> </ol>

	<b>During Construction Project</b>	<b>Upon Completion of Project</b>
<b>CLASS IV</b>	<ol style="list-style-type: none"> <li>1. Isolate HVAC system in area where work is being done to prevent contamination of duct system.</li> <li>2. Complete all critical barriers e.g. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.</li> <li>3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.</li> <li>4. Contain construction waste before transport in tightly covered containers.</li> <li>5. Seal holes, pipes, conduits, and punctures appropriately.</li> <li>6. Construct 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.</li> <li>7. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area.</li> <li>8. Complete Construction Safety Inspection Form.</li> </ol>	<ol style="list-style-type: none"> <li>1. Do not remove barriers from work area until dust generating activities are completed and work site is cleaned.</li> <li>2. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction.</li> <li>3. Contain construction waste before transport in tightly covered containers.</li> <li>4. Cover transport receptacles or carts. Tape covering unless solid lid</li> <li>5. Vacuum work area with HEPA filtered vacuums.</li> <li>6. Wet mop area with disinfectant.</li> <li>7. Remove isolation of HVAC system in areas where work is being performed.</li> </ol>



**INFECTION CONTROL NOTIFICATION FOR CLASS III & IV**

***CLASS III PROJECT = Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies.***

Project Number and Title:

Date of Project:

Location/brief description:

Name of employee(s) conducting work:

COTR, Resident or Project Engineer, Supervisor, or designated competent person:

**PROCEDURES DURING PROJECT:**

- (1) Remove or isolate HVAC system in area where work is being done to prevent contamination of duct system.
- (2) Complete all critical barriers e.g. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.
- (3) Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- (4) Contain construction waste before transport in tightly covered containers.
- (5) Cover transport receptacles or carts. Tape the covering unless a solid lid is used.
- (6) Place dust mat at entrance/exit of work area. Clean or change routinely, as needed.
- (7) Complete construction safety inspection form and report any deviations to infection control for projects lasting more than 1 day and report any deviations to Infection Control.

**PROCEDURES UPON PROJECT COMPLETION:**

- (1) Do not remove barriers from work area until completed project is inspected by Safety and Infection Control Sections and thoroughly cleaned by Environmental Management Service.
- (2) Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- (3) Vacuum work area with HEPA filtered vacuums.
- (4) Wet mop area with disinfectant.
- (5) Remove isolation of HVAC system in areas where work is being performed.

Safety Staff Member

(date)

Infection Control

(date)

COR/Construction Supervisor

(date)

**INFECTION CONTROL NOTIFICATION (continuation)**

**CLASS IV PROJECT = Major demolition and construction projects**

Project Number and Title:

Date of Project:

Location/brief description:

Name of employee(s) conducting work:

COTR, Resident or Project Engineer, Supervisor, or designated competent person:

**PROCEDURES DURING PROJECT:**

- (1) Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- (2) Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.
- (3) Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- (4) Contain construction waste before transport in tightly covered containers.
- (5) Seal holes, pipes, conduits, and punctures appropriately.
- (6) Construct 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.
- (7) Complete construction safety inspection form and report any deviations to Infection Control for projects lasting more than one day.

**PROJECTS UPON PROJECT COMPLETION:**

- (1) Do not remove barriers from work area until completed project is inspected by the owner's Safety and Infection Control Sections and thoroughly cleaned by the owner's Environmental Management Services.
- (2) Remove barrier material carefully to minimize spreading of dirt and debris associated with construction.
- (3) Contain construction waste before transport in tightly covered containers.
- (4) Cover transport receptacles or carts. Tape covering unless solid lid.
- (5) Vacuum work area with HEPA filtered vacuums.
- (6) Wet mop area with disinfectant
- (7) Remove isolation of HVAC system in areas where work is being performed.

Safety Staff Member

(date)

Infection Control

(date)

COR/Construction Supervisor

(date)

**EXTERNAL DEMOLITION AND DIRT EXCAVATION INFECTION  
CONTROL NOTIFICATION**

Project Number and Title:

Date of Project:

Location/brief description:

Name of employee(s) conducting work:

COTR, Resident or Project Engineer, Supervisor, or designated competent person:

**Check items to be addressed during the project.**

<b>Item</b>	<b>(√)</b>	<b>Recommendation</b>
Demolition site		Shroud the site if possible to reduce environmental contamination.
Adjacent air intakes		Seal off affected intakes if possible or relocate intake if funds permit.
HVAC system		Consult with the facility engineer about pressure differentials and air recirculation options. Keep facility's indoor air pressure positive relative to the outside.
Filters		Ensure that filters are properly installed. Change pre-filters frequently to prevent dust build-up on high efficiency filters.
Windows		Sealed and caulked to prevent entry of airborne fungal spores.
Doors		Keep closed as much as possible. Do not prop doors open. Seal and caulk unused doors (not emergency exits). Use tacky mats at entrances.
Water pipes		Note water pipe location relative to construction area to prevent intrusion of dust into water systems.
Rooftops		Avoid rooftops during active demolition/construction.
Dust generation		Mist the area with water to minimize dust.
Immune compromised patients		Check likelihood of immune compromised patients being close to construction area. Reroute patient/pedestrian traffic so as to avoid outside areas close to these sites. Use walk-ways protected from demolition /construction sites.
Truck traffic		Reroute if possible or arrange for frequent street cleaning.
Education/awareness		Encourage reporting of incidents associated with construction.

Safety Staff Member

(date)

Infection Control

(date)

COR/Construction Supervisor

(date)

**FIRE/SMOKE BARRIER PENETRATION PERMIT SYSTEM**

- 1. PURPOSE:** To establish policy and procedures regarding penetrations in ceilings, floors, pipe chases, fire walls, and smoke barriers for the purpose of maintaining the integrity of the construction as required in NFPA 101: Life Safety Code and The Joint Commission (TJC), to provide for the safety of occupants during fire incidents.
- 2. POLICY:** It is the policy of the James A. Haley Veterans' Hospital and Clinics (JAHVH) that all penetrations made in floors, fire barriers, and smoke partitions for the purpose of installation/removal of pipe, conduit, cable, or ductwork or other modifications including incidental damage, or the removal of such items will be repaired/sealed upon the completion of the work, and documented as repaired. This policy applies to all JAHVH employees and contractors. Only Facilities Management Service (FMS) staff and Contractors working under the supervision of FMS shall be permitted to work above the ceilings in Government owned facilities.
- 3. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. Facilities Management Service is responsible for ensuring that the integrity of the fire and smoke separations is maintained when newly installed systems, extensions to existing infrastructure systems, or removal of systems pass through fire and smoke separations. All work shall use VA Master Construction Specifications 078400.
  - b. All Services that employ contractors to perform work that will involve penetrating ceilings, floors, pipe chases, fire walls, and smoke barriers are responsible for submitting a coordination request and penetration permit prior to performing any work. FMS staff assigned to oversee the work by contractors are responsible for verifying that all holes/penetrations made are properly sealed.
  - c. Contracting Officer's Representatives (COR) are responsible for ensuring that all contractors adhere to this policy during construction, renovation, or demolition activities, including pulling electrical or cable lines. The COR is responsible for verifying that all holes/penetrations made during the construction activities are properly sealed during the course of the work. The COR is also responsible for ensuring that this memorandum is properly inserted in applicable contracts. All work shall use VA Master Construction Specification 078400, Fire Stopping Systems.
  - d. The Safety Office is responsible for reviewing and approving the Fire/Smoke Barrier Penetration Permit and maintaining the documentation. The Safety Office shall conduct a quarterly review of permits and work orders for compliance and submit a report to the EOC Committee.
  - e. The latest Life Safety drawings showing the location of smoke and fire barriers will be available for review on the FMS SharePoint site (Green Bar, Safety Tab, and Life Safety Tab).
- 4. DEFINITIONS:**
  - a. Penetrations are any holes, opening, or faults created in a fire barrier or smoke partition that compromises the integrity or fire rating of the penetrated structure.
  - b. Fire stopping materials are any materials used to replace or repair any penetrations. Materials used must meet specifications that ensure the original integrity and rating of the penetrated surface will be restored.
  - c. Fire barriers are floor-ceiling assemblies and walls, including supporting construction that meets the conditions of acceptance of NFPA 251, "Standard Methods of Tests of Fire Resistance of Building Construction and Materials." Fire barriers are designed to form fire compartments and are constructed to be continuous from outside wall to outside wall, from one fire barrier to another, or a combination thereof, including continuity through concealed spaces.

- d. Smoke barriers are continuous membranes designed and constructed to restrict the movement of smoke.
  - e. Responsible Person is the supervisor, work leader, or COR for contractors that is responsible for completing the Fire/Smoke Wall Penetration Permit and inspecting and verifying that the penetrations have been properly sealed.
- 5. PROCEDURES:** In all cases when a ceiling, floor, wall, or partition employed as a fire or smoke barrier is compromised for the purpose of retrofits, installation, repair, or other modification, the following steps are required:
- a. The Responsible Person will complete the Fire/Smoke Barrier Penetration Permit (Attachment A) form and submit it to the Safety Office for approval prior to disturbing the integrity of the barrier.
  - b. All penetrations and miscellaneous openings will be protected according to NFPA 101, “Life Safety Code” on the same day they are made. All ceiling tiles shall be reinstalled at the end of the work day.
  - c. Upon completion of the work indicated on the permit, the Responsible Person will inspect the penetrations and verify that the penetrations have been properly sealed. The Responsible Person will sign the permit and return the completed permit to the Safety Office.
  - d. The Safety Office will conduct periodic inspections of the completed permits ensure the integrity of the fire and smoke separations.
- 6. REFERENCES:** Latest edition of NFPA 101: VA Master Guide Specification 078400, Fire Stopping Systems; UL Fire Resistance Directory.
- 7. FOLLOW-UP RESPONSIBILITY:** Supervisory Safety Engineer under Facilities Management Service (138) is responsible for updating this hospital policy.
- 8. RESCISSION:** Hospital Policy Memorandum No. 138-31, Fire/Smoke Barrier Penetration Permit System, dated, September 2010.

//s//

Kathleen R. Fogarty  
Director

Attachment:

(A) Fire/Smoke Barrier Penetration Permit

DISTRIBUTION: Electronic Distribution to All Employees

**FIRE/SMOKE BARRIER PENETRATION PERMIT**

Permit #:

Project # / Name (if applicable):

Responsible Person/FMS POC:

Contractor/Dept./Service:

Location of Penetrations (attach drawings):

Work Narrative (Purpose):

*Before issuing a Fire/Smoke Wall Penetration Permit, the Safety Office shall review the following checklist with the Responsible Person.*

	Yes	No	N/A
Did the responsible person obtain prints from Facilities Maintenance Section or Projects Section detailing hourly rated walls and identify the scope of the fire stop work?			
Is manufacturer's product (fire sealant) application guide containing UL listed fire stop systems available and approved?			
Has the responsible person prepared an itemized schedule of fire/smoke walls barriers to be penetrated?			

**Materials utilized in repair:**

Fire stopping:

Wall board:

Other:

Safety Office Approving Official:

Date:

**After penetrations are sealed, the Responsible Person shall inspect the area to ensure compliance with the permit and return the completed form to the Safety Office.**

I, the Responsible Person, have inspected the penetrations and verified that the penetrations have been properly sealed in accordance with this permit.

Signature:

Inspection Date:

**CEILING, FLOOR, WALL, OR PARTITION PENETRATION PERMIT SYSTEM**

- 1. PURPOSE:** To establish procedures for Facilities Management Service personnel and Contractors to prevent penetrations in ceilings, floors, pipe chases, fire walls, and smoke barriers.
- 2. POLICY:** All penetrations made in floors, fire barriers, and smoke partitions for the purpose of installation/removal of pipe, conduit, cable, or ductwork or other modifications including incidental damage, or the removal of such items, will be repaired/sealed upon the completion of the work or end of day, and documented as repaired. This policy applies to all James A. Haley employees and contractors.
- 3. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. Each Supervisor or Work Leader shall ensure that each employee under his/her supervision complies with this SOP and HPM 138-31, Fire/Smoke Barrier Penetration Permit System, in its entirety.
  - b. Each COR shall ensure affected Contractors are aware of and comply with this SOP and HPM 138-31, Fire/Smoke Barrier Penetration Permit System, in its entirety.
  - c. The Safety Office is responsible for reviewing and approving the Fire/Smoke Barrier Penetration Permit and maintaining the documentation.
- 4. DEFINITIONS:**
  - a. Penetrations are any holes, openings, or faults created in a fire barrier or smoke partition that compromises the integrity or fire rating of the penetrated structure.
  - b. Fire stopping materials are any materials used to replace or repair any penetrations. Materials used must meet specifications 07 84 00, and ensure the original integrity and rating of the penetrated surface will be restored.
  - c. Fire barriers are floor-ceiling assemblies and walls, including supporting construction that meets the conditions of acceptance for a UL fire-resistance rated assembly. Fire barriers are designed to form fire compartments and are constructed to be continuous from outside wall to outside wall, from one fire barrier to another, or a combination thereof, including continuity through concealed spaces.
  - d. Smoke barriers are continuous membranes designed and constructed to restrict the movement of smoke and meet the conditions of acceptance for a UL fire-resistance rated assembly.
  - e. Responsible Person is the supervisor, work leader, or COTR that is responsible for completing the Fire/Smoke Wall Penetration Permit and inspecting and verifying that the penetrations have been properly sealed.
- 5. PROCEDURES:** In all cases when a ceiling, floor, wall, or partition is compromised for the purpose of retrofits, installation, repair, or other modification, the following steps are required:
  - a. The Responsible Person, as noted in Section 4.e., shall complete the Fire/Smoke Barrier Penetration Permit form (Attachment A) and submit it to the Safety Office for approval prior to disturbing the integrity of the barrier.
    - (1) Drawings must be provided for the area where work is to be performed.
    - (2) Product Data sheets must be provided for all proposed materials to complete work.
  - b. The Safety Office will review form for completeness and render final approval.
    - (1) If the proposed penetration is not through a rated system, as defined in paragraph 4.c. and 4.d., the permit shall be noted as N/A, and filed.
  - c. All penetrations and miscellaneous openings will be protected according to NFPA 101, "Life Safety Code" on the same day they are made. All ceiling tiles shall be reinstalled at the end of the work day.

- d. Upon completion of the work indicated on the permit, the Responsible Person will inspect the penetrations and verify that the penetrations have been properly sealed. The Responsible Person will sign the permit and return the completed permit to the Safety Office.
- e. The Safety Office will conduct periodic inspections of the completed permits to ensure the integrity of the fire and smoke separations.
- 6. **REFERENCES:** Latest edition of NFPA 101: VA Master Guide Specification 078400, Fire Stopping Systems; UL Fire Resistance Directory, HPM 138-31.
- 7. **FOLLOW-UP RESPONSIBILITY:** Supervisory Safety Engineer under Facilities Management Service is responsible for updating this SOP.
- 8. **RESCISSION:** None.

Attachment:

(A) Fire/Smoke Barrier Penetration Permit



**FIRE/SMOKE BARRIER PENETRATION PERMIT**

Permit #:

Project # / Name (if applicable):

Responsible Person/FMS POC:

Contractor/Dept./Service:

Location of Penetrations (attach drawings):

Work Narrative (Purpose):

*Before issuing a Fire/Smoke Wall Penetration Permit, the Safety Office shall review the following checklist with the Responsible Person.*

	Yes	No	N/A
Did the responsible person obtain prints from Facilities Maintenance Section or Projects Section detailing hourly rated walls and identify the scope of the fire stop work?			
Is manufacturer's product (fire sealant) application guide containing UL listed fire stop systems available and approved?			
Has the responsible person prepared an itemized schedule of fire/smoke walls barriers to be penetrated?			

**Materials utilized in repair:**

Fire stopping:

Wall board:

Other:

Safety Office Approving Official:

Date:

**After penetrations are sealed, the Responsible Person shall inspect the area to ensure compliance with the permit and return the completed form to the Safety Office.**

I, the Responsible Person, have inspected the penetrations and verified that the penetrations have been properly sealed in accordance with this permit.

Signature:

Inspection Date:

**FIRE SPRINKLER SYSTEM VALVE SUPERVISION PROGRAM**

1. **PURPOSE:** To ensure that fire sprinkler systems are operational and that water is available to the sprinkler heads.
2. **POLICY:** In the event that a fire sprinkler system is impaired, the Safety Office shall be notified.
3. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:** All FMS supervisors and contracting officer's representatives (COR's) are responsible for ensuring that this policy is followed.
4. **PROCEDURES:** The following procedures will be followed in the event that any fire sprinkler system is expected to be shut down due to repairs, maintenance, renovations, new construction, etc.
  - a. The Safety Office will be notified one week prior to the execution of the shutdown or as soon as possible in the case of an emergency or an unplanned shutdown.
  - b. The COR, FMS supervisor, or project manager shall provide the necessary information required to the Safety Office so that the "Notification of Impaired Fire Sprinkler System" form (see attached) can be completed.
  - c. If a shutdown is expected to be 4 or more hours, the Safety Office will notify by phone or email, the VISN Safety Manager, the Chief, Facilities Management Service, Director's Office, and Hillsborough County Fire Department of the shutdown and the expected duration. They will also provide notification when the system has been restored.
  - d. Upon completion of work on the fire sprinkler system, the shop supervisor or COR, as applicable, will notify the Safety Office that the system has been restored.
  - e. If the sprinkler system is out of service for four or more hours, a fire watch must be initiated or the building evacuated. The Hospital's Emergency Operations Plan provides guidelines for responsiveness.
  - f. Upon completion of work on the fire sprinkler system, the Shop Supervisor, Project Manager or COR, as applicable, will notify the Safety Office that the system has been restored.
  - g. Systems undergoing renovations shall be placed back in service each evening until work on the system is resumed the next day.
  - h. In case of an emergency shutdown for repairs during non-administrative hours, the Central Energy Plant will contact the Fire Department and Safety Office Staff.
5. **REFERENCES:** NFPA Standard No. 25, VA Circular No. 10-87-124, and HPM 00-21, "Hospital Emergency Operation Plan".
6. **RESCISSION:** Destroy when obsolete, rescinded or superseded unless needed longer for reference purposes in accordance with RSC 10-1 item No. 16, Mar 2008 —01 edition.

James A. Blatchley  
Chief, Facilities Management Service

Attachment:

(A) Notification of Impaired Fire Sprinkler System Form Distribution All FMS Supervisors

**NOTIFICATION OF IMPAIRED FIRE SPRINKLER SYSTEM FORM**

Project No. and Title:

Building/Floor/Wing:

Work to be  
performed:

Valve No.: Controlling (Area):

Valve Closed (date & time): Duration:

Safety Measures  
(if work exceeds 4 hours):

Notified by: Title:

Phone No.:

**Date & Time of Contact: (conducted by Safety if impaired more than 4 hours)**

**Fire Dept. (975-2133): FMS Office (7055):  
Director's Suite  
(7536 or email "VHATAM Pentad & AO" mail group):  
VISN Safety Manager  
(727-575-8066 or email "VISN8 Safety Program" mail group):**

**NOTIFICATION OF RESTORED FIRE SPRINKLER SYSTEM**

Valve Opened (date & time):

Notified by: Title:

**Date & Time of Contact: (conducted by Safety if impaired more than 4 hours)**

**Fire Dept. (975-2133): FMS Office (7055):  
Director's Suite -  
(7536 or email "VHATAM Pentad & AO" mail group):  
VISN Safety Manager -  
(727-575-8066 or email "VISN8 Safety Program" mail group):**

Safety Office Representative:

Date:

COTR/FMS Employee:

Date:

### **HOT WORK OPERATIONS**

1. **PURPOSE:** To develop a policy that establishes safe operating procedures for hot work operations.
2. **POLICY:** Standards and guidance shall be established to prevent fire, loss of life and property, caused through use of oxy-fuel, fuel, gas and electric arc cutting and welding equipment.
3. **DEFINITION:**
  - a. Hot work operations include cutting, welding, brazing, silver soldering and other processes that utilize an open flame or arc.
  - b. The permit shall consist of the Fire Safety Checklist and the Notification (Attachments 1 and 2). These attachments will be available on the S-Drive under the Safety Folder.
4. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
  - a. The hazardous operations of cutting and welding require permits unless performed in an approved welding booth.
  - b. Permits are not required for very minor repairs and alterations. Examples include soldering electronic equipment or brazing small pipes in restrooms. In such situations, where there are no other alterations to the room and there is no accumulation of combustible debris or openings in corridor or fire-rated walls or shafts, a permit is not required. However, it is still necessary for a supervisor or other responsible individual to certify that conditions are safe for "Hot Work".
  - c. Issuance of Hot Work Permit.
    - (1) FMS Employees: The Shop Supervisor or Work Leader will conduct a Fire Safety Inspection of the area and complete the Fire Safety Checklist for Hot Work Operations (checklist attached). The Shop Supervisor, Work Leader or designee will then contact the Safety Office to advise them of the work to be accomplished and to receive verbal approval. The Safety staff will document this notification (See Attachment 2).
    - (2) Contractors: The COTR will conduct a Fire Safety inspection of the area and complete the Fire Safety Checklist for Hot Work Operations (See Attachment 1). The COTR will contract contact the Safety Office to advise them of the work and to obtain a copy of the notification. The permit, which includes both the checklist and notification, will be posted at the site of the job until the work has been completed.
  - d. A fire watch is necessary if any of the following exist:
    - (1) Appreciable combustible in building constructions or contents exist closer than 35 ft from the point of operation.
    - (2) Appreciable combustibles are more than 35 ft away, but are easily ignited.
    - (3) Wall or floor openings within a 35 ft radius expose combustible material in adjacent areas including concealed spaces in walls or floors.
    - (4) Combustible materials are adjacent to opposite side of metal partitions, walls, ceilings or roofs and are likely to be ignited by conduction or radiation.
  - e. The Supervisor (or designee) or COTR is responsible for re-inspecting the area thirty (30) minutes after termination of work if a fire watch is not provided.
  - f. At the completion of work, the Supervisor (or designee) or COTR, as applicable, will telephone the Safety Office and will submit the completed checklist to the Safety Office within one working day.
  - g. During non-administrative hours, employees are to notify the Central Energy Plant Operator that hot work operations are being performed. The employee will inspect the work site prior to and following completion of work to ensure the area is fire safe. A completed checklist must be submitted to the Safety Office the next working day.
5. **REFERENCES:** Office of Facilities Information Letter, IL 08-89-01 dated February 27, 1989; NFPA Standard No. 51B, Fire Prevention in Use of Cutting and Welding Processes; NFPA Standard

No. 241, Safeguarding Construction, Alteration and Demolition Operations.

6. **RESCISSION:** Destroy when obsolete, rescinded or superseded unless needed longer for reference purposes in accordance with RSC 10-1 item No. 16, Mar 2008 edition.

Ronald R. Stipp  
Chief, Facilities Management Service

Attachments:

- (A) Fire Safety Checklist for Hot Work Operations Area Inspection Form
- (B) Notification of Hot Work Operation Form **DISTRIBUTION:** All FMS Supervisors

**FIRE SAFETY INSPECTION CHECKLIST FOR HOT WORK OPERATIONS AREA**

PROJECT No. & TITLE:

DATE:

Floor swept clean of combustibles.

Floors wet down, covered with damp sand, metal or other shields.

Combustibles material or flammable liquids removed from area, whenever possible.

Combustibles and flammable liquids protected with covers, guards, or metal shields.

All wall and floor openings covered.

Covers suspended beneath work to collect sparks.

**WORK BEING DONE ON WALLS OR CEILINGS**

Ensure wall construction is noncombustible and is without combustible covering.

Move combustibles away from opposite side of wall.

**WORK BEING DONE ON ENCLOSED EQUIPMENT-(TANKS, DUCTS, ETC.)**

Remove all combustibles from enclosures.

Purge of flammable vapors. Ensure continuous purge so no vapors accumulate during work.

**FIRE WATCH**

To be provided during and until 30 minutes after operation.

Provide a 10-pound dry chemical or halon extinguisher and small hose.

Workers trained in use of equipment and in sounding fire alarm.

**FINAL CHECK-UP**

Conducted 30 minutes after completion of any operation, unless fire watch is provided.

Notify Safety Office (extension 7292) when work is complete. (Contractors - notify COTR)

Notify Graphic Control Center (extension 7080), if any fire zones were by-passed

HOT WORK LOCATION:

NOTIFIERS SIGNATURE & DATE:

NAME & PHONE No.:

CONTRACTOR:

COTR SIGNATURE & DATE:

**FACILITIES MANAGEMENT SERVICE  
TAMPA, FLORIDA 33612**

**STANDARD OPERATING  
PROCEDURES NO. 138e-10  
ATTACHMENT B  
AUGUST 2009**

**NOTIFICATION OF HOT WORK OPERATIONS BY CONTRACTOR PERSONNEL  
(BURN PERMIT)**

PROJECT No. & TITLE:

NAME OF FACILITY:

BUILDING # & NAME:

FLOORS:

ON DATE: Sn M T W Th F St WORK TIME:

WORK TO BE DONE:

SPECIAL PRECAUTIONS:

NAME OF FIRE WATCH PERSON IF APPLICABLE:

COMMENTS:

NOTIFIED BY:

NOTIFIERS SIGNATURE & DATE:

TITLE & PHONE No.:

CONTRACTOR:

APPROVED

APPROVED WITH COMMENT

DISAPPROVED

COTR NAME:

COTR SIGNATURE & DATE:

SAFETY STAFF MEMBER:

SAFETY SIGNATURE & DATE:



**NOTIFICATION OF FIRE ALARM IMPAIRMENT**

1. **PURPOSE:** To establish a procedure for notifying the appropriate staff whenever the Fire Alarm System is impaired.
2. **POLICY:** Appropriate notifications will be made whenever the fire alarm system is impaired due to repairs, maintenance, testing, or inspection of fire-safety equipment, hot work operations, and renovations/construction related activities. Impairment includes disabling one or more devices, zones, or the complete fire alarm system. Fire alarm maintenance activities, device replacement, and cleaning during normal duty hours are not considered an impairment if no more than 1 (one) device is removed from the system during the procedure. If the maintenance cannot be completed by the end of normal duty hours the impairment form must be utilized.
3. **DELEGATION OF RESPONSIBILITY:** All FMS Supervisors, Project Managers and Contracting Officer's Technical Representatives (COTR's) are responsible for ensuring that this policy is followed.
4. **PROCEDURES:**
  - a. All requests for disabling the fire alarm system will be made to the Safety Office by completing the attached Impaired Fire Alarm System Notification Form. Impairments should be scheduled one week in advance, during normal duty hours, and limited to one shift if possible.
  - b. The completed form will be delivered to the Central Energy Plant (CEP) by the individual requesting the system impairment. The Central Energy Plant Operator will disable only the part of the fire alarm system indicated on the form and notify the Safety Office at extension 7292 and Electronics by 2-way radio. If the impairment goes past the time indicated on the Impairment Form, the CEP Operator will contact the requestor and follow-up with the Safety Office on the planned completion time. Notification will also be made once the system is restored.
  - c. The Safety Office will notify the Chief, Facilities Management Office when the system has been impaired. If impairment is four or more hours in length, the Safety Office will also notify the VISN Safety Coordinator and the Fire Department. Notification will also be made when the system is back to normal.
  - d. In the event of an emergency impairment after hours, the Central Energy Plant Operator will contact the Supervisory Safety Engineer or designee for approval and the Administrative Officer of the Day (AOD).
  - e. The Central Energy Plant will complete the notification form and return it to the Safety Office.
5. **REFERENCES:** HPM 00-21, "Emergency Management Program." HPM 138-26, "Safety, Occupational Health and Fire Prevention Program," SOP 138e-02, "Fire Sprinkler System Valve Supervision Program", SOP 138e-10 "Hot Work Operations".
6. **RESCISSION:** Hospital Policy Memorandum No. 138-17 dated May 2007.

Ronald R. Stipp  
Chief, Facilities Management Service

Attachment A

Distribution: All Facilities Management Service Supervisors

**IMPAIRMENT FIRE ALARM NOTIFICATION FORM**

		<b>IMPAIRMENT #</b>	
<b>Building Name/Number/Floor:</b>			
<b>Activity that will cause impairment:</b>			
<b>Shop/Contractor Information:</b> (Persons conducting the work that will require the impairment)			
<b>Device(s) to be disabled by the CEP Operator:</b>			
<b>Date &amp; Time of Impairment and expected duration:</b>			
<b>Name of requestor including contact information:</b>			
<b>Safety Office Approval/Comments:</b>		<b>ILSM? Yes</b>	<b>No</b>
		<b>Signature:</b>	
		<b>Date:</b>	
<b>CEP OPERATOR</b>			
<b>Date/Time Fire Alarm System Off:</b>		<b>Date/Time Fire Alarm System On:</b>	
<b>Safety Office Notified of Impairment</b>		<b>Safety Office Notified that System is back to Normal</b>	
Time/Date of Notification:		Time/Date of Notification:	
Operator Signature:		Operator Signature:	
<b>Electronics notified of Impairment</b>		<b>Electronics notified that system is back to Normal</b>	
Time/Date of Notification:		Time/Date of notification:	
Operator Signature:		Operator Signature:	

**Return the completed form to the Safety Office**

I acknowledge receipt of and responsibility for the items described below and will return them by the return date indicated.

ISSUED TO: SIGNATURE		PHONE	ISSUED BY	
ISSUED TO: NAME, TITLE, ORGN (Type or Print)		PROJECT #	DATE OF ISSUE	RETURN DATE
STOCK NUMBER	DESCRIPTION OF ITEM	U/I	QNTY	

STANDARD FORM 1297, V5

PREVIOUS EDITION WILL BE USED.

TEMPORARY ISSUE RECEIPT



I acknowledge receipt of and responsibility for the items described below and will return them by the return date indicated.

ISSUED TO: SIGNATURE		PHONE	ISSUED BY	
ISSUED TO: NAME, TITLE, ORGN (Type or Print)		PROJECT #	DATE OF ISSUE	RETURN DATE
STOCK NUMBER	DESCRIPTION OF ITEM	U/I	QNTY	

STANDARD FORM 1297, V5

PREVIOUS EDITION WILL BE USED.

TEMPORARY ISSUE RECEIPT