

CONSTRUCTION PERMIT

Project Number and Title: 635-14-101 Renovate A-Mod

Permit No: 635-14-101

Permit Start Date: 1/15/16

Estimated Construction Completion: 2/20/17

Estimated Project Duration: 402 days

Synopsis of Construction Activities

Renovate A-Mod space to accommodate the existing functions that consist of Agent Cashier, Beneficiary Travel, Patien Advocate MAS Intake, and Eligibility, creation of new Women's Clinic and Diabetics Patient Education Center.

ICRA Construction Type: Major demolition and constr

Area: A-Mod

ICRA Risk Group: Medium Risk

Room Nos.:

ICRA Activity Class: Class 4

ICRA Required Actions:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Provide active means to prevent air-borne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with masking tape. 4. Block off and seal air vents. 5. Place walk-off mat or carpet at work area entrances to prevent tracking of construction dust into surrounding areas. 6. Remove or isolate HVAC system in areas where work is being performed. 7. EMS to be notified by ICP to wipe work surfaces and mop with disinfectant when project has been completed. 8. Complete all critical barriers, i.e., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method before construction begins. 9. Maintain negative air pressure (NPV) within the work site utilizing HEPA-equipped air filtration units. 10. NPV monitoring devices should be visible from outside the worksite and readings should be documented daily or more often as needed. 11. Contain construction waste before transport in tightly covered containers. Tape covering unless solid lid. As above and: 12. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 13. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Services Department and inspected by FMS, Safety and Infection Control. 'As above and: 14. Seal holes, pipes, conduits, and punctures appropriately. 15. 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. 16. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. | <ol style="list-style-type: none"> 1. Wet mop and/or vacuum with HEPA-filtered vacuum before leaving work area and wipe work surfaces with disinfectant. 2. Contain construction waste before transport in tightly covered containers. Tape may be used to ensure a tight cover. 3. Remove isolation of HVAC system in areas when work has been completed. As above and: 4. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 5. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Services Department and inspected by FMS, Safety and Infection Control. |
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IRCA Additional Comments:

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TB Risk Assessment ▶ TB RISK ASSESSED

TB RISK ASSESSED

ILSM Score: 33%

ILSM Required Actions

List of Activities

13 Major renovation of an occupied floor
18 Taking a fire alarm system out of service
19 Taking a sprinkler system out-of-service
20 Disconnecting alarm devices

List of Additional Safety Measures

▶ Ensuring Egress
▶ Ensuring Operation Life Safety Systems (Provide fire watch if necessary)
▶ Temporary construction barriers
▶ Additional fire fighting equipment
▶ Prohibiting smoking
▶ Controlling combustible loading
▶ Increased hazard surveillance
▶ Compartmentation training of personnel
▶ Emergency Forces Notification
▶ Conducting additional training of Incident Response Team
▶ Conducting organizational training on life safety

ILSM Additional Comments:

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Project Coordinator Name: Byron Clark

Telephone Ext: 6-3870

Supervisor's Name: Elijah Knight

Telephone Ext: 6-3511

Approved By: Approved by Tom DuChene
Chair, Environment of Care Committee

Date: 5/13/15

Approved By: Approved by Elijah Knight
Chief of Project Engineering

Date: 5/13/15

Approved By: Approved by Diana Martin
Infection Control

Date: 5/12/15

Approved By: Approved by Rowene Lant
Environmental Assessment

Date: 5/11/15

Approved By: Approved by Brian Gnewuch
Safety Specialist

Date: 5/7/15

Contractor POC Name and Number

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**OKLAHOMA CITY VETERANS AFFAIRS MEDICAL CENTER
OKLAHOMA CITY, OKLAHOMA
CONSTRUCTION SITE RISK ASSESSMENT
FOR INFECTION CONTROL**

The construction activity types are defined by the amount of dust generated, the duration of the activity, and the amount of shared HVAC systems. The Oklahoma City VAMC Engineering Service or Infection Control Practitioner is responsible for answering questions related to this risk assessment.

TYPE D	
D	Major demolition and construction projects. Includes but is not limited to activities which require consecutive work shifts, heavy demolition or removal of a complete ceiling system and new construction.

Definitions of Infection Control Risk Groups

Medium Risk	
Outpatient Clinic	
Description of other areas ▶	negative airflow rate of 0.01 wc being continuously monitored. Specific containment issues

Construction Activity/ Infection Control Matrix

Determine the level of the infection control classification necessary for the work by matching the construction activity with the designated risk group in the matrix below. This will identify the associated infection control procedures to be followed.

Construction Activity →	Type			
Risk Level ↓	"A"	"B"	"C"	"D"
LOW RISK Group 1	I	II	II	III/IV
MEDIUM RISK Group 2	I	II	III	IV
HIGH RISK Group 3	I	III	III/IV	IV
HIGHEST RISK Group 4	III	III/IV	III/IV	IV

Class 4	During Construction	Upon Completion of Project
Class 4	<ol style="list-style-type: none"> Provide active means to prevent air-borne dust from dispersing into atmosphere. Water mist work surfaces to control dust while cutting. Seal unused doors with masking tape. Block off and seal air vents. Place walk-off mat or carpet at work area entrances to prevent tracking of construction dust into surrounding areas. Remove or isolate HVAC system in areas where work is being performed. EMS to be notified by ICP to wipe work surfaces and mop with disinfectant when project has been completed. Complete all critical barriers, i.e., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method before construction begins. Maintain negative air pressure (NPV) within the work site utilizing HEPA-equipped air filtration units. NPV monitoring devices should be visible from outside the worksite and readings should be documented daily or more often as needed. Contain construction waste before transport in tightly covered containers. Tape covering unless solid lid. As above and: Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Services Department and inspected by FMS, Safety and Infection Control. 'As above and: Seal holes, pipes, conduits, and punctures appropriately. 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. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 	<ol style="list-style-type: none"> Wet mop and/or vacuum with HEPA-filtered vacuum before leaving work area and wipe work surfaces with disinfectant. Contain construction waste before transport in tightly covered containers. Tape may be used to ensure a tight cover. Remove isolation of HVAC system in areas when work has been completed. As above and: Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Services Department and inspected by FMS, Safety and Infection Control.



TB Risk Assessment ▶	TB RISK ASSESSED	
	Yes	No
1. Is the construction in an enclosed (inside a building) area where patients travel, wait or are treated? <small>If NO, then go to question #2. If YES, then go to question #3.</small>	<input checked="" type="radio"/>	<input type="radio"/>
2. Will the work be conducted near exhaust systems for airborne isolation rooms? <small>If NO, then the constructions workers have a low risk of exposure to TB. (End Assessment) If YES, is the exhaust HEPA filtered or can work be scheduled around when no TB patients are in the rooms served by the exhaust?</small>	<input type="radio"/>	<input checked="" type="radio"/>
3. Is the construction area isolated from the patients (sheet rock walls, no patients traveling, waiting or treated in the area, the air handling system is separated from the patient care areas)? <small>If YES, the the construction workers have a low risk of exposure to TB (End Assessment) If NO, then go to question #4.</small>	<input checked="" type="radio"/>	<input type="radio"/>
4. Is the construction located in an area where TB patients or suspected TB patients are located? <small>If NO, then the construction workers have a low risk of exposure to TB (End Assessment) If YES, then follow the precautions listed below to minimize or eliminate construction workers potential for TB Exposure.</small>	<input type="radio"/>	<input type="radio"/>
Precautions to be taken to minimize construction workers potential for TB Exposure:		
TB RISK ASSESSED		
Contractor TB Skin testing will not be required		

Project Name: Renovate A-Mod

Project Location: Clinical Addition, Ground Floor A-Mod

Type: D Group Rating: Medium Risk

Date Assessed: 05/12/15 Area: Outpatient Clinic Class 1,2,3,4 items are required. Solid

Construction Superintendent: Byron Clark Proj. Activity Class: Class 4

ICP Signature: Approved by Diana Martin 05/12/15 13:51:22

Infection Control Nurse Date

ENVIRONMENTAL REGULATORY SECTION EVALUATION FORM

Project Type

New Equipment Purchases / Renovation / Construction



Total Number of Square Feet Affected: 10,400 Square Feet

(include all set up and staging areas)

Select all applicable issues below

If selected provide description of affect or change below

Aesthetics

Renovation

Air Emissions

Air Pressure Relationships

Air Intakes Nearby

Asbestos

Mastic on ductwork & beneath floortile/carpet (black & yellow). Follow procedure if discover suspected

Biological Resources

CFC Issues

Chemical and Radioactive Waste (Mixed Waste)

Chemical Use/Storage

Chemical Waste

Dust

Possible dust due to demolition and construction.

Excess Noise

Possible noise due to demolition and construction.

Hazardous Waste

Work Close to Immune Suppressed Patients

Impact to Levels Above and Below

Lead Based Paint Removal

Liquid Effluent

Moisture/Water Leaks

Open Outside Walls

Permit Modification

Pest Control Within Construction Area

Petroleum Storage

Radioactive Waste

Sanitary Sewer Disposal of Materials

Soil Disturbance

Solid Waste

Report construction debris weight and amount recycled

Storm Water Runoff

Traffic Flow

Utility Modification

Will include major utility modifications.

Vapors/Fumes

Vibration

<input type="checkbox"/>	Water Flow Modification	
<input type="checkbox"/>	Water Treatment	
<input type="checkbox"/>		
Only the GEMS Coordinator will assign environmental analysis		
Environmental Analysis:		Justification
<input checked="" type="checkbox"/>	Categorical Exclusion	(1) (v) Interior construction or renovation
<input type="checkbox"/>	Environmental Assessment Required	
<input type="checkbox"/>	Environmental Impact Assessment Required	
Project Name:		Renovate A-Mod
Project Location:		Clinical Addition, Ground Floor A-Mod
GEMS Coordinator Signature:		Approved by Rowene Lant
Date Assessed:		5/11/2015 13:06
		Click and Enter Password for Approval

		Renovate A-Mod 635-14-101	A	B	C	D	E	F	G	H	I	J	K	L	M
Required		Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction (User should check required activities in the first column)	Ensuring Egress	Emergency Forces Access	Emergency Forces Notification	Ensuring Operation Life Safety Systems (Provide fire watch if necessary)	Temporary construction barriers	Additional fire fighting equipment	Conducting additional training of Incident Response Team	Prohibiting smoking	Controlling combustible loading	Conducting two fire drills per shift in all areas	Increased hazard surveillance	Compartmentation training of personnel	Conducting organizational training on life safety
<input type="checkbox"/>	1	Patient room door latching problem						X		X	X		X	X	
<input type="checkbox"/>	2	Lacking a code complying smoke barrier						X	X	X			X	X	
<input type="checkbox"/>	3	Fire exit stairs discharge improperly							X	X		X		X	X
<input type="checkbox"/>	4	Excessive travel distance to an approved exit								X	X		X	X	
<input type="checkbox"/>	5	Lack of two remote exits							X	X	X		X	X	
<input type="checkbox"/>	6	Nonconforming building construction type						X		X	X	X	X		X
<input type="checkbox"/>	7	Improperly protected vertical openings								X	X	X	X	X	
<input type="checkbox"/>	8	Large penetrations in fire/smoke barriers							X	X	X		X		
<input type="checkbox"/>	9	Corridor walls do not extend to the structure								X	X		X	X	
<input type="checkbox"/>	10	Hazardous areas not properly protected								X	X		X		
<input type="checkbox"/>	11	Blocking off an approved exit	X		X				X	X	X		X	X	
<input type="checkbox"/>	12	Rerouting of traffic to emergency room		X	X					X					
<input checked="" type="checkbox"/>	13	Major renovation of an occupied floor	X			X	X	X		X	X		X	X	
<input type="checkbox"/>	14	Replacing fire alarm system (out-of-service)			X	X			X	X	X	X	X		
<input type="checkbox"/>	15	Installing sprinkler system (out-of-service)			X	X		X		X	X	X	X		X
<input type="checkbox"/>	16	Significantly modifying smoke or fire barrier walls					X			X	X		X	X	
<input type="checkbox"/>	17	Adding an addition to an existing structure	X	X	X	X	X		X	X					X
<input checked="" type="checkbox"/>	18	Taking a fire alarm system out of service			X	X			X	X					X
<input checked="" type="checkbox"/>	19	Taking a sprinkler system out-of-service			X	X			X	X					
<input checked="" type="checkbox"/>	20	Disconnecting alarm devices			X	X				X					

**DETERMINATION OF INTERIM LIFE SAFETY MEASURE (ILSM)
FOR CONSTRUCTION / RENOVATION PROJECTS**

Date: 5/7/2015

Project Number: 635-14-101

Bldg. Location: Clinical Addition Floor: Ground Floor

Room Numbers:

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Project Safety Coordinator: Byron Clark

Project Location: Clinical Addition, Ground Floor A-Mod

Project Title: Renovate A-Mod

Contractor and POC#:

Synopsis of Construction Activities

Renovate A-Mod space to accommodate the existing functions that consist of Agent Cashier, Beneficiary Travel, Patien Advocate MAS Intake, and Eligibility, creation of new Women's Clinic and Diabetics Patient Education Center.

Estimated Construction Start Date: 1/15/16 and Completion Date: 2/20/17

Additional Permit Days:

Implementation Check:	Date
Click on the "X" if activity complete.	
Review scope of construction / renovation relative to the actions required to be taken as indicated on Interim Life Safety Measure Matrix	_____
Notify contractor of his/her responsibilities relative to ILSM	_____
Notify departments relative to any and all potential fire alarm, sprinkler system, smoke detector systems, etc. shutdowns. modifications, etc. that requires actual shutdowns must have the ILSM in effect relative to any equivalent system protection (Request for Shut Down: Hot Work Permitting). Also Safety Department is to schedule fire drills as appropriate.	_____
Develop a plan and train appropriate Medical Center staff as well as construction personnel relative to ILSM -- including a written and signed document attesting to said training	_____
Provide regular inspection and report on construction site relative to ILSM (see ILSM checklist and Fire Watch documentation).	_____
Note: If it is determined that the above construction project does not warrant Implementation of the ILSM Program, Indicate reasons below:	

Note: Prior to signing the document complete ILSM-2 Tab to indicate required activities, action

<u>Byron Clark</u>	<u>Click to Initiate Permit</u>	<u>5/7/15</u>
Project Coordinator		Date
<u>Approved by Brian Gnewuch</u>	<u>Click and Enter Password for Approval</u>	<u>5/7/15</u>
Safety Specialist		Date

Prior to using the workbook ensure excel macro security is enabled.
The purpose of this file is to generate a VA construction permits that incorporate ILSM, Environmental Assessment ICRA and EOC approval.
The workbook has six sheets from right to left. The first two worksheets deal with interim life safety management and are labeled ILSM -1 and ILSM-2. The third is the Environmental Assessment EA-1
The project manager is responsible for providing primary construction information on ILSM-1 and ILSM-2 and EA-1.
The project manager is required to work through the first three pages and complete all the shaded areas.
Note template will automatically name and save once project name and project or station level numbers are entered.
Do not use special characters in project name (i.e. *,<?/,|,\"',<,>,%,-,_)

Do not modify this document without administrative permission the scripts are interdependant contact David Lounds

Once the permit is approved it can only be modified by the administrator

Updated to add new employees and revise signatures
Updated to add new employees and revise signatures

