

FMS 34 - Attachment B

CONSTRUCTION DAILY ROUNDS LOG - Safety/ILSM /Infection Control Checklist

Signature of Construction Superintendent _____

Signature of Project Manager: (COTR) _____

Signature of Person doing rounds (if other than above) _____

PROJECT TITLE IRM HVAC Upgrade B1-SG-105, B5-C-103
and B2 G100

NAME OF CONTRACTOR

STATION 689

CONTRACT NUMBER

AREA B1-SG105, B5-C103, B2-B100

PROJECT NUMBER

PROJECT COTR Harry Lovett

Week Ending:

Check only if problems are noted. If issues found, write on back of this form & note remediation on back

Safety/ ILSM/ IC issues	M	T	W	Th	F	Comments
Subcontractors are trained in safety/environmental issues.						
Means of egress is clear in construction and adjacent areas.						
Construction exits designated during construction?						
Doors are closed to construction site and proper signage is in place.						
Did personnel receive training for alternative exits?						
Access for the fire department and emergency services is clear						
Fire sprinkler / fire alarm systems and smoke detectors are active. Temporary systems are in place. Fire extinguishers readily available in construction area						
Area is secured from public and at the end of the day.						
Smoking regulations are being followed.						
Exterior balconies, corridors and stairways are clear of storage						
Flammables and combustibles kept to a minimum and in proper containers. MSDS are maintained on site and all products are labeled						
Utility systems returned to operation in occupied areas						
Lock out/ tag out in place						
Buildings, grounds and equipment are maintained in a safe manner.						
Hard hats are used regularly per protocols						
Extension cords protected/disconnected at end of day.						
Exterior storm drains flushed and cleared of debris						
All external openings in walls/roof are sealed from inclement weather						
Construction storage/field offices maintained and secured						
Dust barriers are maintained, secured & tested. Barriers are monitored consistently for integrity & NPV airflow (<i>clean to dirty</i>).						
Negative air pressure ventilation in work area is maintained utilizing HEPA equipped air filtration units.						
A log is maintained to document ongoing negative pressure ventilation in area						
Compliance with traffic patterns for both construction worker & debris / worker movement (eg., <i>clean covered cart, dedicated elevator, designated route, etc</i>						

VA MEDICAL CENTER WEST HAVEN, CT**(SOW)**

IRM HVAC Upgrade B1-SG-105, B5-C-103 and B2 G100

689-11-112

Windows & doors are properly closed & sealed to prevent circulation of dust/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk off mats are provided & changed when needed. Floors are free of visible dirt outside construction area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All areas are cleaned daily and more often as needed by contractor or FMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are no signs of water leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are no signs of pests (i.e., mice, insects, birds, squirrel, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All construction debris is transported in tightly covered containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency recall numbers left at work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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COMMENTS FROM ISSUES NOTED ON DAILY ROUNDS						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						