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Attachment B
Policy Memorandum 578-02-001-088(R-2)
October 3, 2011

APPROVED

EDWARD HINES JR. VA HOSPITAL
FACILITIES MANAGEMENT SERVICE

E-MAILED
9-22-15
To maribel

INTERIM LIFE SAFETY MEASURES
CONSTRUCTION PROJECT EVALUATION WORKSHEET

PROJECT TITLE/NUMBER: #578-15-032, Replace Water Distribution Systems, Phase 3, Part A (Construction)

BUILDING/ROOM NUMBER: Near Building 53 to the New Boiler Plant.

SERVICE/SECTION RESPONSIBLE: Engineering Service

EFFECTS ON LIFE SAFETY

Provide a brief description of the project and any effects it is likely to have on life safety. Examples include: closing of an exit; use or storage of flammable materials on-site; installation of a dust barrier; blocking streets, driveways or access roads; impairment of fire detection and/or suppression systems; and removal of doors.

This package is for the Construction of the "Replace Existing Water Mains, Phase 3, Part A" Project, which will accommodate the Boiler Plant Project (Project Number 578-11-007).

Project is for the installation of approximately 1,200 L.F. 12" of a new low pressure water distribution system that will accommodate the New Boiler Plant.

Project is not expected to cause any effect on life safety.

SPECIFIC SAFETY CONCERNS

Will any of the work to be performed during this project as currently planned compromise or impair the use of the critical elements of fire protection listed below?

1. FIRE ALARM SYSTEMS: YES ____ NO X

If YES is checked above, provide additional details, including number of devices affected and length of time systems will be impaired, on a separate sheet.

2. AUTOMATIC FIRE SPRINKLER SYSTEMS: YES ____ NO X

If YES is checked above, provide additional information including the size and occupancy of the area affected, and the anticipated duration of the impairment.

3. EXITS (STAIRWELLS, CORRIDORS & DOORS): YES ____ NO X

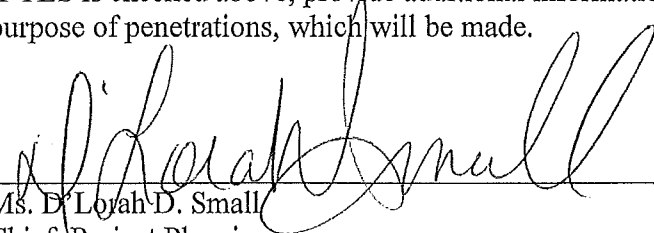
If YES is checked above, provide additional information including the type, number, and location of exits, which will be obstructed, and the anticipated duration of the impairment.

4. ACCESS TO EMERGENCY VEHICLES & PERSONNEL: YES ____ NO X

If YES is checked above, provide additional information including location of blockage, how access will be obstructed, and the anticipated duration of the impairment.

5. INTEGRITY OF SMOKE &/OR FIRE COMPARTMENTS: YES ____ NO X

If YES is checked above, provide additional information including size, location, number, and purpose of penetrations, which will be made.



Ms. D. Lajah D. Small
Chief, Project Planning
Engineering Service

9/18/15
4/28/15

EDWARD HINES JR. VA HOSPITAL
FACILITIES MANAGEMENT SERVICE

**INTERIM LIFE SAFETY MEASURES
OCCUPANT IMPACT EVALUATION WORKSHEET**

DESCRIPTION OF LSC DEFICIENCY OR CONSTRUCTION PROJECT:

878-15-032

SIGNAGE

1. Will the above described LSC deficiency or construction project hinder the occupants in the immediate area from effectively implementing **RESCUE**?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the compromise of safety and directing a higher level of awareness of fire hazards.

SIGNS POSTED BY: _____ DATE: _____

2. Will the above described LSC deficiency or construction project hinder the occupants in the immediate area from effectively activating a pull station fire **ALARM**?

NO

If YES is checked above after question 2, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants that the fire alarm pull station is out of service and instructing the occupants to call the Hines Police Department by telephone at extension 22323 to report a fire.

SIGNS POSTED BY: _____ DATE: _____

3. Will the above described LSC deficiency or construction project hinder the ability of the occupants in the immediate area to **CONFINE** a fire?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the condition and listing alternative actions to be taken until the condition is remediated.

SIGNS POSTED BY: _____

DATE: _____

4. Will the above described LSC deficiency or construction project reduce or hinder the ability of the occupants in the immediate area or the community Fire Department to **EXTINGUISH** a fire?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the condition and listing alternative actions to be taken until the condition is remediated. Additionally, the community Fire Department will develop a contingency firefighting tactical plan for the area. In the case of construction projects, that contingency plan must be approved and in place prior to permitting any work to start at the job site.

SIGNS POSTED BY: _____

DATE: _____

5. Will the above described LSC deficiency or construction project hinder the occupants' ability to **EVACUATE** the building or area?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted advising the occupants of the condition and describing alternate routes of egress.

SIGNS POSTED BY: _____ DATE: _____

TRAINING

6. Does the ILSM signage pertaining to **RESCUE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency incident?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

7. Does the ILSM signage pertaining to **ALARM** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency incident?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

8. Does the ILSM signage pertaining to **CONFINE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency situation?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

9. Does the ILSM signage pertaining to **EVACUATE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency situation?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Project/Planning will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

FIRE DRILLS

10. Will the above described LSC deficiency or construction project necessitate altering staff response to **RESCUE, ALARM, CONFINEMENT, EXTINGUISHMENT** and/or **EVACUATION**?

N/A

If YES is checked above, will condition exist for more than sixty days?

N/A

If staff response to Rescue, Alarm, Confinement, Extinguishment and/or Evacuation will be altered for more than sixty days, the Safety Section will increase the frequency of scheduled fire drills in the area affected to two per shift per quarter.

ADDITIONAL FIRE DRILLS SCHEDULED BY: _____ DATE: _____

INSPECTION

If evaluation indicates that one or more ILSMs must be used for this deficiency or project, daily inspection of the site by Safety and Police personnel will be required. Each inspection must be documented on the ILSM High Hazard Inspection Report.

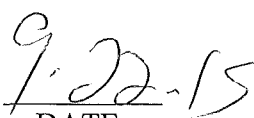
INSPECTION REQUIRED: NO

INSPECTION SCHEDULED BY: _____ DATE: _____

EVALUATION COMPLETED BY:



SIGNATURE OF SAFETY STAFF



DATE