

Attachment B  
Policy Memorandum 578-02-001-088(R-3)  
November 25, 2014

EDWARD HINES JR. VA HOSPITAL  
FACILITIES MANAGEMENT SERVICE

**INTERIM LIFE SAFETY MEASURES  
CONSTRUCTION PROJECT EVALUATION WORKSHEET**

**PROJECT TITLE/NUMBER: Abate Asbestos in Room C132, Bldg. 200, 578-16-043**

**BUILDING/ROOM NUMBER: Bldg. 200 / Room C132, C132C, C131, C137, and C133B**

**SERVICE/SECTION RESPONSIBLE: Project Planning**

**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.

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*Abate asbestos containing materials in Room C132, C132C, C131, C137 and C133B , Bldg. 200, Hines VA.*

*The only doors that will be blocked off are the doors that lead into the individual rooms.*

*The contractor will install containment barriers outside of the room in the corridor for purpose of dust mitigation and for the prevention of the escape of asbestos fibers. Contractor shall package and dispose of Asbestos Containing Materials (ACM) in accordance with applicable standards and regulations. Quality Control and Industrial Hygienist monitoring services will be provided.*

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**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 xx

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 xxx

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 xxx NO \_\_\_\_

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.

*Containment barriers will extend out into the corridor outside of each room by approximately 3 feet for the duration of the project.*

4. ACCESS TO EMERGENCY VEHICLES & PERSONNEL: YES \_\_\_\_ NO xxx

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 xxx

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



Person responsible for construction projects  
And/or activities, including work projects

1-3-17  
Date

\_\_\_\_\_  
Service/Section Chief

1/6/17  
Date