

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1290**

**Effective Date: August 1, 2010**

**Issue Date: April 6, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. 07-15-14**

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**SUBJECT: ISSUANCE OF TEMPORARY IDENTIFICATION BADGES**

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1. **SUMMARY:** This Health Care System Memorandum (HCSM) replaces Health Care System Memorandum No. 07-10-14, dated August 1, 2010. Minor changes have been made.
2. **PURPOSE:** The purpose of this HCSM is to communicate the process for obtaining a temporary ID badge required for access to VAPAHCS facilities. The intent of this policy is to ensure only authorized personnel have access to VAPAHCS facilities.
3. **POLICY:** VAPAHCS facilities will comply with the procedures outlined in this HCSM. Access to VAPAHCS facilities will be restricted to persons with official business on Veteran Affairs (VA) property.
4. **DEFINITIONS:**
  - a. **Common Areas:** Any area where VA information systems are not maintained or stored and a visitor or member of the general public would be permitted to access. Such areas include, but are not limited to, main hallways, public food courts, vending areas, and restrooms.
  - b. **Contractor:** A non-VA person providing services under a VA-issued contract or purchase order.
  - c. **Emergency:** Any situation that compels immediate action in order to avoid or remedy a potentially disastrous event or disruption to a vital facility operation or service.
  - d. **Non-Regular Work Hours:** Weekdays (Monday thru Friday) from 4:00 p.m. to 8:00 a.m., weekends (Saturday and Sunday), and Federal holidays.

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e. Police Dispatch: Refers to the Police Dispatch Office at the Palo Alto Division of VAPAHCS. Vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel at the Menlo Park Division or Livermore Division of VAPAHCS must call the Police Dispatch Office (extension 65891) at Palo Alto Division in order to receive a temporary ID badge.

f. Professional Visitor: A non-VA person visiting the VA in a professional capacity to attend a non-public meeting, presentation, or other non-patient care or non-research related sponsored activity or event. This includes, but is not limited to, persons representing both private and public non-VA organizations.

g. Regular Work Hours: Weekdays (Monday thru Friday) from 8:00 a.m. to 4:00 p.m., excluding Federal holidays.

h. Restricted and/or Sensitive Areas: Any area where VA information systems are maintained or stored and a visitor or member of the general public would not be typically be permitted to access. Such areas include, but are not limited to, operating rooms, private offices, storage space, utilities and secured research areas.

i. Surveyor: A non-VA person surveying the VA for any type of accreditation, audit, or review. This includes, but is not limited to, persons representing both private and public non-VA organizations such as The Joint Commission, Nuclear Regulatory Commission, etc.

j. VA Information Systems: Any records system (hard copy or electronic) that may contain protected and/or sensitive information.

k. VAPAHCS Personnel: A person officially appointed as an employee, contractor, affiliate, volunteer, or any sub category thereof (e.g., without compensation, fee basis, etc.) who possesses a VAPAHCS-issued photo ID badge.

l. Vendor: A non-VA person selling products or services, demonstrating (in a simulated, non-patient care environment only) or providing information on products or services, and/or representing a company selling products or services to the VA.

## **5. PROCEDURES:**

a. Issuance of Temporary ID Badge to Vendors, Surveyors, and Professional Visitors:

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(1) Vendors, surveyors, and professional visitors must obtain a temporary ID badge from Police Service prior to conducting business on VA property. Vendors, surveyors, and professional visitors requesting a temporary ID badge must report to Police Dispatch and use the phone next to dispatch window to contact the service they intend on visiting. The service chief or an authorized representative for the service will vouch for the vendor, surveyor, or professional visitor.

If Police Dispatch receives authorization from the sponsoring service, a temporary ID badge will be issued to the vendor, surveyor, or professional visitor. Vendors, surveyors, and professional visitors will only be issued a temporary ID badge during regular work hours.

If Police Dispatch does not receive authorization from the sponsoring service, a temporary ID badge will not be issued to the vendor, surveyor, or professional visitor, and the vendor, surveyor, or professional visitor will be asked to leave VA property and will be escorted off, if necessary.

As an alternative method to phone approval, the service chief or an authorized representative for the service may vouch for the vendor, surveyor, or professional visitor in advance by e-mailing authorization to the Chief, Assistant Chief, or Captain of Police Service. Authorization via e-mail must include the first and last name of the vendor, surveyor, or professional visitor, the name of the company or organization they represent, if applicable, the date or range of dates in which the authorization applies, and the purpose of the visit.

If the vendor, surveyor, or professional visitor requires access to a restricted and/or sensitive area, the sponsoring service will send a representative, who possesses a VAPAHCS-issued photo ID badge, to Police Dispatch to escort the vendor, surveyor, or professional visitor while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

(2) Police Dispatch will record the vendor, surveyor, or professional visitor's name, company or organization, if applicable, service-level sponsor, purpose of visit, date, time in and time out. Vendors, surveyors, and professional visitors must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company or organization which they represent, if applicable, prior to obtaining a temporary ID badge.

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b. Issuance of Temporary ID Badge to Contractors:

(1) Contractors who are responding to an emergency service call must obtain a temporary ID badge from Police Service prior to providing services on VA property.

(a) Regular Work Hours: During regular work hours, contractors requesting a temporary ID badge will report to Police Dispatch and use the phone next to dispatch window to contact the service which placed the emergency service call. The service chief or an authorized representative for the service will vouch for the contractor.

If Police Dispatch receives authorization from the sponsoring service, a temporary ID badge will be issued to the contractor.

If Police Dispatch does not receive authorization from the sponsoring service, a temporary ID badge will not be issued to the contractor, and the contractor will be asked to leave VA property and will be escorted off, if necessary.

If the contractor requires access to a restricted and/or sensitive area, the sponsoring service will send a representative, who possesses a VAPAHCS-issued photo ID badge, to Police Dispatch to escort the contractor while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

(b) Non-Regular Work Hours: During non-regular work hours, contractors requesting a temporary ID badge will report to Police Dispatch. Administrative Officer of the Day (AOD) will vouch for the contractor requesting a temporary ID badge after validating the need for emergency service.

If AOD can validate the need for emergency service, a temporary ID badge will be issued to the contractor.

If the AOD cannot validate the need for emergency service, a temporary ID badge will not be issued to the contractor, and the contractor will be asked to leave VA property and will be escorted off, if necessary.

If the contractor requires access to a restricted and/or sensitive area, the AOD must arrange an escort by someone who possesses a VAPAHCS-issued photo ID badge while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

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(2) Police Dispatch will record the contractor's name, company, service-level sponsor, purpose of visit, date, time in and time out. Contractors must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company which they represent prior to obtaining a temporary ID badge.

(3) General laborer or technical trade contractors (e.g., painters, electricians, etc.) sponsored by Engineering Service are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the company they represent and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site and confined to the area in which the work is being performed in order to prevent unauthorized disclosure of protected and/or sensitive information.

(4) Contractors that will be delivering items to, or picking up items from, VAPAHCS facilities are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the company they represent and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site in order to prevent unauthorized disclosure of protected and/or sensitive information.

This exemption does not apply to contractors that will be delivering items to, or picking up items from, VAPAHCS facilities in support of document shredding, records management, or similar services where the contractor will have access to protected and/or sensitive information. Contractors providing such services are not authorized to obtain a temporary ID badge for any reason, and must obtain a VAPAHCS-issued photo ID badge before they are authorized to be on-site. Police Dispatch will direct these contractors to the Personnel Security Section of Human Resources Management Service (HRMS) for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

(5) Contractors who provide regular, on-going or unescorted services to VAPAHCS (e.g. housekeeping contractors, service technicians that regularly perform non-emergency work at VAPAHCS, etc.) are not authorized to obtain a temporary ID badge for any reason, and must obtain a VAPAHCS-issued photo ID badge before they are authorized to be on-site. Police Dispatch will direct these contractors to the Personnel Security Section of Human Resources Management Service (HRMS) for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

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c. Issuance of Temporary ID Badge to VAPAHCS Personnel:

(1) VAPAHCS personnel, who have lost, misplaced, or reported their VAPAHCS-issued photo ID badge stolen, must obtain a temporary ID badge from Police Service prior to resuming their duties on VA property. VAPAHCS personnel requesting a temporary ID badge must report to Police Dispatch. Police Dispatch will contact the person's service to verify whether or not the person is authorized to be on-site.

Under these circumstances, VAPAHCS personnel may be issued a temporary ID badge for a maximum of three (3) days (aggregate or continuous) while attempting to locate their VAPAHCS-issued photo ID badge or obtain a replacement. If the person's VAPAHCS-issued photo ID badge has been lost or stolen, Police Dispatch will direct the person to the Personnel Security Section of HRMS for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

(2) Police Dispatch will record the VAPAHCS personnel's name, position, service-level sponsor, reason for needing temporary ID badge, and date. VAPAHCS personnel must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity prior to obtaining a temporary ID badge.

(3) Any person, who has never received a VAPAHCS-issued photo ID badge, will not be issued a temporary ID badge. Police Dispatch will direct these persons to the Personnel Security Section of HRMS for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

d. Personnel from Other VA Facilities: From time to time, personnel from other VA facilities may need to access or visit VAPAHCS facilities for a legitimate business reason. These individuals are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the VA facility in which they are primarily assigned and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site in order to prevent unauthorized disclosure of protected and/or sensitive information.

e. Expired Temporary ID Badges:

(1) Temporary ID badges issued by Police Service will physically self-expire 24 hours after issuance. Expired temporary ID badges will display pink diagonal lines throughout in the background of the temporary ID badge.

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(2) Temporary ID badges must to be discarded in secured shredder bins located throughout VAPAHCS or returned to Police Service upon expiration. Additional temporary ID badges should be obtained from Police Service as necessary.

(3) For safety and security reasons, VAPAHCS personnel, who observe a person wearing an expired temporary ID badge, should immediately report that person to their supervisor and Police Service.

f. Special Procedures for VAPAHCS' Outpatient Clinics and Vet Centers: The temporary ID badges referred to throughout this HCSM are only available at the Palo Alto, Menlo Park, and Livermore Divisions of VAPAHCS. All other VAPAHCS facilities (i.e. outpatient clinics and vet centers) must establish a process to ensure that any vendor, surveyor, professional visitor, or contractor submits to the following before being allowed to access the facility:

(1) Signs in at the main reception desk with someone with a VAPAHCS-issued photo ID badge;

(2) Presents one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company or organization which they represent, if applicable;

(3) Receives authorization to be on-site by someone with a VAPAHCS-issued photo ID badge stationed at the facility in which the vendor, surveyor, professional visitor, or contractor is requesting access;

(4) Is escorted to the appropriate location of their official business by someone with a VAPAHCS-issued photo ID badge, and;

(5) Signs out at the main reception desk with someone with a VAPAHCS-issued photo ID badge prior to leaving the facility.

Additionally, if a vendor, surveyor, professional visitor, or contractor needs to access a restricted or sensitive area in order to conduct their official business, someone with a VAPAHCS-issued photo ID badge must escort them at all times when accessing these areas.

g. Non-Compliance: Immediately notify Police Service if any person is found in violation of the procedures outlined in this HCSM.

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For vendors, surveyors, professional visitors, and contractors, repeat violations could lead to the person, and/or the company or organization the person represents, if applicable, being banned from all VAPAHCS facilities indefinitely.

For VAPAHCS personnel, repeat violations could lead disciplinary action and/or termination of appointment.

h. Oversight: VAPAHCS' Personnel Identity Verification (PIV) Card Issuance Manager will be responsible for conducting quarterly reviews of temporary ID badge issuance records to ensure the procedures outlined in this HCSM are being followed. Any adverse findings will be reported to the Office of the Director for review.

i. Exception: The temporary ID badges referred to throughout this HCSM will be issued in-lieu of non-PIV flash badges/passes for common area access. This exception has been reviewed and endorsed by VAPAHCS' Personnel Identity Verification (PIV) Card Issuance Manager as an acceptable business alternative to the issuance of non-PIV flash badges/passes for common area access.

## **6. RESPONSIBILITIES:**

a. Chief, Police Service is responsible for:

(1) Communicating the procedures outlined in this HCSM to all services.

(2) Issuance of temporary ID badges to include, but not limited to, obtaining approval from service-level sponsor and collecting various information and documentation from vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel.

(3) Enforcing compliance with this HCSM through physical inspections and patrols.

b. Sponsoring Service Chief or authorized representative is responsible for:

(1) Providing authorization for vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel to be issued temporary ID badges.

(2) Escorting vendors, surveyors, professional visitors, or contractors at all times while they are in restricted and/or sensitive areas.



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c. VAPAHCS PIV Card Issuance Manager is responsible for conducting quarterly reviews of temporary ID badge issuance records to ensure the procedures outlined in this HCSM are being followed.

d. AOD is responsible for approving the issuance of temporary ID badges to contractors responding to an emergency service call during non-business hours, and for arranging an escort should these contractors require access to sensitive/restricted areas.

## **7. REFERENCES:**

a. VA Handbook 0730-1, Security and Law Enforcement, Appendix B - Physical Security Requirements and Options, dated March 23, 2013.

b. VA Directive 6500, Information Security Program, dated September 20, 2012.

c. VA Directive 6502, VA Enterprise Privacy Program, dated May 5, 2008.

d. VA Directive and Handbook 0710, Personnel Security and Suitability Program, dated September 10, 2004.

e. VHA Handbook 0710.01, Position Risk and Sensitivity Designations for VHA Positions and Medical Center Policy, dated May 18, 2007.

f. VHA Memorandum from Deputy Under Secretary for Health for Operations and Management, Contractors Excepted from Background Investigations and Screenings, dated February 8, 2007.

g. Title 5 CFR Parts 731 and 732.

h. Executive Order 10450, dated April 27, 1953.

i. The Federal Information Security Management Act, dated August 23, 2004.

j. Office of Management and Budget (OMB) Circular A-130, dated February 8, 1996.

k. NIST Special Publication 800-53, dated August 3, 2009.

l. Homeland Security Presidential Directive 12 (HSPD-12), dated August 27, 2004.

m. OMB Memorandum M-05-24, dated August 23, 2004.

n. Federal Information Processing Standards 201 (FIPS 201) as amended by

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FIPS 201-1, dated March 2006.

8. **RESCISSION DATE:** April 6, 2018

9. **RESPONSIBLE OFFICIAL:** Chief, Police Service.

Elizabeth Joyce Freeman  
Director

Attachment (1)

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**ATTACHMENT A**

**LIST OF ACCEPTABLE IDs NECESSARY TO OBTAIN A  
TEMPORARY ID BADGE FROM POLICE SERVICE**

The following ID criteria must be met by all vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel. One (1) form of Federal or State-issued photo ID from the list below is required to obtain a temporary ID badge from Police Service. NO EXCEPTIONS WILL BE MADE.

- State-Issued Drivers License
- State DMV-Issued ID Card
- U.S. Passport (unexpired or expired)
- Military ID Card
- Military Dependent's Card
- U.S. Coast Guard Merchant Mariner Card
- Foreign Passport with appropriate stamps
- Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-151 or I-551)
- ID Card issued by Federal or State government agencies provided it includes a photograph

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1207**

**Effective Date: March 31, 2008**

**Issue Date: February 20, 2014**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-14-28**

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**SUBJECT: LOCK-OUT/TAG-OUT**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-11-28, dated December 1, 2011, is rescinded. Changes have been made.

2. **PURPOSE:** This policy establishes the requirements for isolation of both kinetic and potential electrical, chemical, thermal, hydraulic, pneumatic and gravitational energy, prior to equipment repair, adjustment or removal. The purpose of this policy is to ensure that the VA Palo Alto Health Care System (VAPAHCS) is in compliance with the Occupational Safety and Health Administration (OSHA) Standard 29 Code of Federal Regulation (CFR) 1910.147, The Control of Hazardous Energy, and 29CFR 1910.333, Selection and Use of Work Practices - Electrical.

3. **POLICY:** It is the policy of VAPAHCS to ensure that machines and/or equipment are isolated from potential hazardous energy, and locked out and/or tagged out before employees perform any servicing or maintenance activities where unexpected energization, start-up, or release of stored energy could cause injury. Hot tapping of natural gas and steam piping is prohibited. Lock-out devices shall be utilized over tag-out devices whenever practical. Tag-out devices will be utilized when energy isolating devices are not capable of being locked out. VAPAHCS will not permit any hot tapping of natural gas and steam piping systems.

4. **DEFINITIONS:**

a. **Affected Employee:** An employee whose job requires him/her to operate or use a machine or equipment on which servicing and/or maintenance is being performed under lock-out/tag-out or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

b. **Authorized Employee:** A person who locks out or tags out equipment/machines in order to perform servicing and/or maintenance on the equipment/machines.

c. **Energy Isolating Device:** A mechanical device that physically prevents the transmission or release of energy. Such devices include, but are not limited to: electrical disconnects; double block-and-bleed valves; and line valves. Note: Push buttons, selector switches, and other control circuit type devices are not energy isolating devices.

d. **Energy Source:** Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

e. **Hot Tap:** A technique of attaching a mechanical or welded branch fitting to piping or equipment while in service (i.e., live steam or natural gas lines), and creating an opening in that piping or equipment by drilling or cutting a portion of the piping or equipment within the attached fitting.

f. **Lock-out:** The placement of a lock-out device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lock-out device is removed.

g. **Lock-out Device:** A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in a safe position and prevent the energization of equipment/machine.

h. **Periodic Inspection:** Annual review of energy control procedures and employee knowledge of the responsibilities pertaining to energy control procedures being inspected. Inspection is conducted by an authorized employee other than the one(s) utilizing the energy control procedures being inspected.

i. **Tag-out:** The placement of a tag-out device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tag-out device is removed.

j. **Tag-out Device:** A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device to indicate that the energy isolating device and the equipment/machine being controlled may not be operated until the tag-out device is removed.

**5. PROCEDURES:** Only the standardized devices supplied by VAPAHCS are to be used for lock-out/tag-out. These devices shall not be used for securing any other device or for any other purpose. All devices used to lock-out/tag-out shall be stored in a secure manner to prevent unauthorized use. OSHA 29CFR 1910.147, The Control of Hazardous Energy, refers generally to hazards associated with the accidental starting of all energy-generating machines, devices or things. This policy shall be understood to include the possibility of injury from working near interconnecting machines or equipment. In situations where exposure to interconnecting machines or equipment is required, the authorized employee is required to shut down and lock out such equipment. This lock-out/tag-out policy applies to all sources of energy including, but not limited to, electrical, mechanical, pneumatic, hydraulic, thermal, and gravitational energy. It also covers stored energy that remains in equipment even after it is isolated from its energy source. This can be, but is not limited to, electrical capacitors, springs, flow lines, or pipes. Some machinery and equipment may be powered from multiple sources.

a. Employee Involvement:

(1) Authorized employees: Performance of the lock-out/tag-out of the equipment may only be performed by authorized employees and may only be performed on authorized equipment. VAPAHCS designates authorized employees as the following engineering employee groups: Electricians; Plumbers; Maintenance Mechanics; and Electronic and Biomedical Engineering Technicians.

(2) Affected employees: These employees operate equipment or work in an area where a lock-out is taking place. While they do not perform the lock-out, they must be notified of the lock-out before the lock out procedure begins.

(3) Other employees: These employees are not directly affected by the lock-out but need to recognize when a lock-out is in place. In some cases, the affected employee and the authorized employee may be the same person. An authorized employee, as listed by job title in this policy, is the only one permitted to perform energy shut downs and lock-out procedures.

b. Authorized employees shall follow the Basic Rules of Using Lock-out or Tag-out System Procedures:

(1) All identified equipment/machines capable of causing personal injury upon the unexpected energizing, start-up or release of stored energy shall be locked out or tagged out. Mechanically locking out equipment is required for all situations. If the equipment is not capable of being mechanically locked out, a full review of the equipment and tag-out procedure is required by the supervisor prior to equipment being tagged out. A written explanation as to why a mechanical lock-out device could not be used and the procedure to be used that will provide a level of safety equivalent to that of a mechanical lock-out device shall be filed in the lock-out/tag-out log.

(2) DO NOT ATTEMPT TO OPERATE ANY SWITCH, VALVE OR OTHER ENERGY ISOLATION DEVICE WHERE IT IS LOCKED OUT OR TAGGED OUT.

(3) Preparation for lock-out/tag-out: Locate and identify all isolating devices to be certain which switches, valves or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical or others) may be involved. Follow the energy control procedures in Attachment A as needed.

(4) Sequence of Lock-out / Tag-out System Procedure:

(a) Notify all affected employees associated with the equipment or machinery that a lock-out or tag-out system is going to be utilized and the reason for its use. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.

(b) If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).

(c) Operate the switch, valve, or other energy isolating device so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems and air, gas, steam or water pressure, etc.) must be dissipated or restrained by method such as repositioning, blocking, bleeding down, or other approved methods.

(d) Lock-out/tag-out the energy isolating devices with the designated individual lock(s) and/or tag(s). Multiple lock-out/tag-out devices shall be used when more than one shop is performing service/maintenance on the equipment/machine.

1. Lock-out devices shall be affixed in a manner to ensure the energy isolating device is in a "safe" or "off" position.

2. Tag-out devices shall be affixed in a manner to clearly indicate that the operation or movement of energy isolating devices from the "safe" or "off" position is prohibited.

3. Tag-out devices shall be located as close as safely possible to the energy isolating device in a position that will be immediately obvious to anyone attempting to operate the device.

4. All tags shall be filled out completely and correctly (i.e., name, date, trade, and the reason for the lock-out).

(5) After ensuring that no employees are exposed, and to verify energy sources are disconnected, operate the push button or other normal operating controls to make certain the equipment will not operate.

(6) The equipment/machine is now locked out or tagged out.

CAUTION: Return operating control(s) to "neutral" or "off" position after test.

c. Procedures Involving More Than One Authorized Employee:

(1) Follow steps in paragraphs 5.a. (4) (a-d), listed above.

(2) In the event an energy isolating device cannot accept multiple locks or tags:

(a) A multiple lock-out or tag-out device (hasp) may be used; or

(b) A single lock may be used to lock-out the equipment/machine with the key being placed in a lock-out box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet.

(c) If a shift change occurs during a lock-out procedure, the authorized employees who are leaving cannot remove their locks until the incoming authorized employees attach theirs. Contractors or others who work on energized

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equipment must coordinate their work with the VAPAHCS authorized employees as designated in this policy.

(3) As each authorized employee no longer needs to maintain his/her lock-out protection, that employee will remove their lock from the box.

d. Restoring Equipment/Machines to Normal Production Operations:

(1) After the servicing and/or maintenance is complete and equipment/machine is ready for normal production operations, check the area around the equipment/machine to ensure that no one is exposed.

(2) After all tools have been removed from the equipment/machine, guards have been reinstalled and employees have been notified and in the clear, remove all lock-out/tag-out devices. Operate the energy isolating devices per manufacturer instructions to restore energy to the equipment/machine.

(3) In the event an authorized employee is not available (i.e., absent) to remove his/her lock/tag in a multiple lock-out/tag-out:

(a) Contact shall be made with absent employee's supervisor, who will become the authorized employee and will be capable of removing the lock/tag;

(b) Before removal of the lock/tag, the absent employee's supervisor shall attempt to locate the absent employee; and

(c) The supervisor shall notify the absent employee as soon as practical that their lock/tag has been removed.

(4) Notify affected employees associated with the equipment or machinery that the lock-out/tag-out has been removed and equipment/machine is returned to service.

e. Supervisor Actions:

(1) Train Authorized Employees. The training program will include:

(a) Review of facility lock-out/tag-out policy.

(b) Review of service procedures developed for equipment/machine and/or energy type-specific energy control procedures.

(c) Location and identification of designated equipment used in the lock-out/tag-out procedure.

(d) Documentation of training, to include attendance, date, training content, and signature of trainer.



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(e) Conducting training of authorized employees as follows:

1. Upon initial assignment.
2. Whenever there is a change in the employee's job assignment.
3. Whenever a new hazard is introduced due to a change in equipment, machines, or process.
4. Whenever there is a change in the energy control procedure.

(2) Logbooks shall be kept for the recording of lock-out/tag-out use. Logbooks shall include start and stop dates, times, location, name of authorized employee performing lock-out/tag-out procedure and work performed (maintenance, repair, or modification).

(3) Create equipment specific procedures for equipment that:

(a) There is potential for stored or residual energy, or re-accumulation of stored energy after shutdown and lockout.

(b) The equipment has multiple energy sources.

(c) The isolation and lockout will not completely de-energize or de-activate the equipment.

(d) The equipment is not isolated from that energy source and locked out.

(e) Multiple lockout devices are required.

(f) The lockout device is not under the exclusive control of the authorized employee performing the service.

(g) Servicing or maintenance creates a hazard for other employees.

(h) There have been previous accidents involving unexpected activation during servicing.

(4) Conducting periodic inspections in the energy control procedures:

(a) Select an auditor. The inspections are to be performed by an auditor who has been trained in lock-out/tag-out procedures and who is not involved with the process under audit.

(b) Perform inspections annually.

(c) Document inspection, to include identification of equipment/machine, date of inspection, employees included in the inspection, and signature of inspector.

(d) Initiate and follow up on corrective actions taken for deficiencies noted during periodic inspections.

**6. RESPONSIBILITIES:**

a. The Chief, Engineering Service, is responsible for:

(1) Reviewing all lock-out/tag-out procedures.

(2) Reviewing the annual inspection/audit and taking corrective action as appropriate.

(3) Retaining lock-out/tag-out procedures and audits. Audits are to be retained for three years.

b. The Project Engineer is responsible for:

(1) Obtaining copies of lock-out/tag-out procedures from contractors where implementation of such practice, may affect health care system operations.

(2) Informing all affected health care system employees of contractor lock-out/tag-out operations.

(3) Informing outside contractors of this health care systems lock-out/tag-out policy where such practice may affect contractor or health care system operations.

c. Supervisors are responsible for:

(1) Identifying all equipment/machines requiring inclusion into the lock-out/tag-out program to protect employees from injury during service and maintenance activities.

(2) Developing equipment/machine and/or energy type-specific energy control procedures.

(3) Training authorized employees.

February 20, 2014

d. Authorized employees are responsible for following the procedures as outlined and described in this policy in sections 5.a. (4) (a-d).

**7. REFERENCE:**

a. OSHA Control of Hazardous Energy Regulations/LockOut/Tagout: 29 CFR 1910.147.

b. ANSI A10.44-2006: "Control of Energy Sources (Lockout/Tagout) for Construction and Demolition Operations."

**8. RESCISSION DATE:** February 28, 2017.

**9. RESPONSIBLE OFFICIAL:** Chief, Engineering Service .

Elizabeth Joyce Freeman  
Director

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1207**

**Effective Date: July 1, 2012**

**Issue Date: April 20, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-15-29**

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**SUBJECT: CONSTRUCTION SAFETY PROGRAM**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-12-29, dated September 14, 2012, is rescinded. Significant changes have been made.

2. **PURPOSE:** This memorandum establishes a Construction Safety Program in accordance with Veterans Health Administration (VHA) Directive 2011-036, Safety and Health During Construction Activities, dated September 22, 2011, in order to ensure a healthy environment of care for patients, and a safe, healthy worksite for employees, visitors, and contractors during construction activities.

3. **POLICY:** A Construction Safety Program is required in order to protect patients, staff, visitors, and contractors from safety and health hazards associated with construction activities on VHA property and VHA-leased property at which VA-funded construction is occurring. The Construction Safety Program is a Quality Assurance program to provide a process with PDCA (Plan, Do, Check, and Act) requirements for compliance with VA, Federal and state Occupational Safety and Health Administration (OSHA), and other national codes and standards for Construction Safety.

4. **DEFINITIONS:**

a. **CONSTRUCTION SAFETY SUBCOMMITTEE (CSS)** - The CSS reports construction related issues to the Environment of Care Committee (EOCC). The CSS will oversee compliance with required safety features in the construction program and/or on individual construction projects (Maintenance and Repair (M&R), Non-Recurring Maintenance (NRM), Clinical Specific Initiatives (CSI), Research, Minor, and Major Funding programs). The subcommittee will include representatives from Infection Prevention and Control (IPC), Patient Safety, Occupational Safety and Health, VA Police, Engineering, American Federation of Government Employees (AFGE) Local 2110, and Network Contracting Office (NCO). Refer to VHA Directive 2011-036, Safety and Health During Construction Activities, for details on required committee membership.

b. **COMPETENT PERSON (CP)** – The VA Palo Alto Health Care System (VAPAHCS) has designated the Competent Person, as defined in OSHA, Title 29, Code of Federal Regulations (CFR) 1926.32(f), having the capability to identify existing and predictable hazards and authorization to take prompt corrective measures to eliminate them. Specifically, VAPAHCS designates, as a minimum, the Construction Safety

Inspectors for Engineering Service and for Office of Facility Planning and Development (OFPD), and the Safety Specialists of Safety and Emergency Management Service (SAFE), as competent persons. More than one CP may be designated in order to provide the necessary services to multiple construction sites at multiple divisions. Each CP will be designated as such by the EOCC from recommendations provided by the CSS, with designations being documented in the committee's minutes.

c. FACILITY CONSTRUCTION SAFETY OFFICER (FCSO) – The Chief of Engineering Service is designated as the Facility Construction Safety Officer and is designated as the Chairman for the Construction Safety Subcommittee.

d. PROJECT CONSTRUCTION SAFETY OFFICER (PCSO) – The project's Contracting Officer's Representative (COR) is designated as the project's construction safety officer.

e. CONSTRUCTION SAFETY INSPECTORS (CSI) – Construction Safety Inspectors and Safety Specialists are trained and qualified personnel who provide regular inspections of construction sites at all VAPAHCS locations. Inspectors use Federal and state OSHA standards and VA requirements to determine compliance for construction safety of contractors and VA personnel. These inspectors shall immediately notify the General Contractor or VA personnel when a violation of state OSHA or Federal OSHA rules Title 29 CFR 1910 or 1926 occur.

f. For additional Construction Safety definitions, please see VHA Directive 2011-036.

## **5. PROCEDURES:**

a. The Construction Safety Subcommittee (CSS) will develop specific required features and threshold criteria for construction safety, infection control, life safety, and security on all VAPAHCS construction sites. This policy follows the requirements of VHA Directive 2011-036, and all persons involved in construction at VAPAHCS should become familiar with this document.

b. Membership for the subcommittee shall consist of representation from the following services or members:

- (1) Chief, Engineering Service (Chair) / Facility Construction Safety Officer.
- (2) Chief, Safety and Emergency Management Service, SAFE.
- (3) Facilities Manager for Maintenance & Repair, Engineering Service.
- (4) Infection Preventionist for Quality, Safety, and Value Service (QSV).
- (5) Patient Safety Representative, QSV.

- (6) VA Police Service.
- (7) Green Environmental Management System (GEMS) Coordinator,  
SAFE.
- (8) Emergency Management Coordinator, SAFE.
- (9) Chief, Major Construction, OFPD.
- (10) Chief, Project Development, OFPD.
- (11) Resident Engineer, Office of Construction and Facilities  
Management (OCFM)-VACO.
- (12) Network Contracting Office, VISN-NCO.
- (13) Occupational Health.
- (14) AFGE Local 2110.

c. The Committee will meet monthly, or more frequently should the number of on-going projects dictate a need. Service Chiefs of committee members are required to ensure a representative is present for each meeting.

d. Agendas are set by the Chair and minutes are developed for signature by the Chair for submission to and approval by Chair of the EOCC, and review by the EOCC.

e. An annual report to the EOCC will be used to evaluate the effectiveness of the CSS. The annual report will be given in the second quarter of each fiscal year.

f. Each construction project reviewed by the CSS will consider and review the following measures at a minimum to ensure all pertinent elements are in place during the construction process to promote a safe environment at all times. The required frequency for reviews is outlined in paragraph g below.

(1) PRE CONSTRUCTION RISK ASSESSMENT (PCRA) - This assessment will be conducted for each project at various times during the project. These assessments are designed to provide a comprehensive review of the construction, the activities occurring during construction, and effect of those activities on the patients, staff, visitors, environment, cultural impacts, and building areas and structures. The results will be utilized to determine the makeup of the construction inspection team and construction safety monitoring for each project (Refer to Attachment A, PCRA).

(2) INFECTION CONTROL RISK ASSESSMENTS (ICRAs) - Using VHA Directive 2011-036 as a guide, staff must conduct and document ICRAs for all construction projects (in-house station projects and contracted projects) during the design

or planning stage of the work (no later than 95 percent Construction Design (CD)). ICRA's must be documented in writing and focus on eliminating or minimizing the risk of infection and TB during construction and renovation activities (Refer to Attachment B, ICRA).

The complexity of the ICRA report is determined by the complexity of the threats posed by the construction project. Assigned VA staff, including resident engineers and project managers for major construction, must confirm when requested by Infection Prevention and Control, compliance during the construction phase of the work. General Contractors and VA personnel must follow the requirements for TB screening when working on VA construction projects.

(3) INTERIM LIFE SAFETY MEASURES (ILSMs) - Facility safety, engineering staff, and VA project and resident engineers must ensure that a documented ILSM assessment is performed for each construction project in accordance with The Joint Commission, Environment of Care standards. ILSMs are required when Life Safety Code deficiencies or construction activities pose life safety hazards. Any ILSM will be implemented in accordance with HCSM No. SAFE-15-23, Interim Life Safety Measures, including amendments. ILSM reviews shall occur and be documented by the COR when the function(s) of construction, or the access to, through, or around construction, has a change.

(4) MID CONSTRUCTION RISK ASSESSMENT (MCRA) - This assessment will be conducted for each project during the construction phase which has exceeded 6 months duration since the previous PCRA or MCRA. The results will be utilized to determine if a change in a construction project has or will occur which was not previously considered. This review includes a review of the PCRA, ICRA, and ILSMs for the project, and activities which will be occurring in the project over the next 6 months. The MCRA shall be submitted to the CSS for review no more than 30 days prior to or 30 days past the sixth month date.

(5) SECURITY - All contractors entering VAPAHCS property shall be in compliance with the current VAPAHCS security management program. Security is a standing agenda item for the subcommittee.

(6) FIRE CODE REVIEWS - Delegated construction projects (M&R, NRM, CSI, Research, Minor, and Major Funding programs) with fire code applications and/or changes must be provided fire code reviews as necessary to ensure compliance with VA referenced fire codes and standards. This review shall be verified/provided in the PCRA submissions and MCRA submission(s).

(a) Program guides can be found in "VA Fire Protection Design Manual" and VHA Directive 2005-007, Fire Code Reviews of Delegated Construction Projects, dated February 15, 2005.

(b) Bid documents for design will include requirements for a fire protection engineer or expertise on Architect/Engineer team, and appropriate reviews at

facility level or by Veterans Integrated Service Network (VISN) and Veterans Affairs Central Office (VACO).

g. STATUS REVIEW OF PROJECTS – All projects shall forward a copy of the current status of the project (both in Design and Construction, no more than 7 calendar days old) following the list indicated below:

- (1) Project Name;
- (2) Project Identifying Number;
- (3) COR Name and Service (OFPD-Majors, OFPD-Development, RE Office-Major, Engineering-Internal);
- (4) Design Start Date (may be estimate);
- (5) Design Complete Date (may be estimate);
- (6) Design A/E Firm;
- (7) Design PCRA/ICRA/ILSM Review (prior to 95 percent CDs);
- (8) Award PCRA/ICRA/ILSM Review (prior to Pre-Construction or Notice To Proceed (NTP), which ever occurs first);
- (9) Construction Start Date (may be estimate);
- (10) Construction Complete Date (may be estimate); and
- (11) General Contractor.

h. The CSS will determine the following from the PCRA/ICRA/ILSM review:

- (1) Is an inspection by the CSS required for this project (base requirement is project cost over \$1 million dollars, or high complexity in construction)?
- (2) If yes, what is the frequency the CSS team must inspect?
- (3) What level of inspection frequency is required by the CSI team?
- (4) If in construction, when is the next MCRA review due?

The CSS will use a tracking method to follow the indicated information above and shall review the tracking monthly. A sample is provided in Attachment D.

i. INSPECTIONS – Site construction safety inspections will be conducted at various levels by CSS members, facility Construction Safety Inspectors, facility Safety



April 20, 2015

Specialists, and/or Contracting Officers Representative as determined by the PCRA/ICRA/ILSM review.

(1) The CSS will conduct random or planned inspections of construction sites identified by the CSS, for Quality Assurance (QA) review and audit, when identified in the PCRA review. Inspections will use the Construction Site Safety Review Checklist (Attachment C). The CSI shall note any CSS member findings during the review, and if safety related, it will be corrected immediately. These inspections shall be reported at the next CSS meeting and be input into the VHA Construction Safety Web Tool.

(2) The Contractor will conduct and document daily inspections of the construction site utilizing the Construction Site Safety Review Checklist (Attachment C). Deficiencies will be corrected at the site, and documented on the inspection sheet. The completed inspection sheets will be posted at the job site. The check sheets will be retained and given to the COR for review on the Monday following the end of each work week, and shall be maintained in the permanent project folder.

(3) The COR will conduct weekly walk-through inspections of construction sites and areas for their assigned projects. Construction management and safety deficiencies will be reviewed. Safety deficiencies will be corrected at the site. Serious safety deficiencies will be reported to the FCSO, OFPD, and documented in writing. If a safety deficiency occurs more than two times, it shall be reported in writing to the Contracting Officer for action.

(4) CSIs or Safety Specialists will conduct a minimum number of inspections, as outlined by the CSS, of construction areas for assigned projects, utilizing the Construction Site Safety Review Checklist (Attachment C). Violations of construction safety shall be corrected immediately with the general contractor (GC) or VA manager, and notification sent to the COR. Deficiencies will be tracked in the computerized VHA Construction Safety Web Tool. All inspections by CSIs shall be entered into the VHA Construction Safety Web Tool, including inspections with no findings, within 5 work days.

(5) CSS shall review the VHA Construction Safety Web Tool findings for the prior month at the monthly CSS meeting. Violations and scoring for compliance may also be reviewed.

j. TRAINING - All persons identified in VHA Directive 2011-036, Safety and Health During Construction Activities, will complete OSHA 30-hour construction safety course. Other members of the CSS must complete the OSHA 10-hour construction safety training course. In addition to the initial training, all of the aforementioned staff must take 10 hours of construction related training every two years. Ten-hour refresher training should include, but is not limited to, changes to the OSHA regulations within the last two years and retraining in areas where VAPAHCS construction has had a high number of safety violations. All training must be documented for each employee's training and tracked by the CSS for review at the monthly meeting. Failure to maintain proper training may result in loss of ability to perform oversight of safety for construction projects.

k. CORs, REs, CSIs, PCSOs, and lead engineering forepersons are essential to the success of the safety program as related to construction projects and as such, are responsible for:

(1) Working with contractor and VAPAHCS staff to coordinate and monitor an effective construction safety program for projects under their direction.

(2) Completing OSHA's 30-hour construction safety training and refresher courses so they may participate in site inspections.

(3) Conducting routine and unannounced inspections and participating in periodic inspections, using the Construction Site Safety Review Checklist (Attachment C), of construction sites to ensure compliance with safety elements of the construction contract and performance of the program in accordance with this policy. Inspections include:

- (a) SAFE staff site inspections;
- (b) Construction Safety Inspector oversight inspections;
- (c) Construction Safety Subcommittee inspections; and
- (d) Other safety inspections conducted by the COR.

(4) COR and CSI must notify the contractor orally, with written confirmation, and request immediate initiation of corrective action of hazards identified. After receiving verbal or written notice, the contractor must immediately take corrective action.

(5) If the contractor fails or refuses to take prompt corrective action, the CO, at the request of the COR and/or FCSO, may issue an order stopping all or part of the work until satisfactory corrective action has been taken.

(6) Upon repeat offense of the same substantially similar hazard (may be 2 or more occurrences, depending on level of severity and time since last occurrence), the COR or CO needs to inform the General Contractor, in writing, to make correction of the safety offense, and provide appropriate follow-up to see that corrective action has occurred. Corrective actions taken shall be reported to the CSS.

## **6. RESPONSIBILITIES:**

a. Construction Safety Subcommittee (CSS) is responsible for:

(1) Determining the scope and depth of safety, infection control, and security interventions appropriate for all station and delegated construction work. The subcommittee may develop threshold criteria for each level of intervention.

(2) Reviewing all phases of construction work starting at planning/design through completion. This may include review of construction plans, contract specifications, and contract submittals related to construction safety and health, and any other documents that may assist in the implementation of an effective construction safety program.

(3) Implementing procedures or guidelines, as necessary, to ensure general contractors exercise their responsibilities for ensuring subcontractors comply with VHA safety and health policies, procedures, and contract requirements.

(4) Evaluating the effectiveness of the construction safety program in an annual report to the EOCC.

b. The Chief of OFPD and Chief of Engineering are responsible for ensuring their delegated construction programs are in full compliance with VHA Directive 2011-36, Safety and Health During Construction Activities, and responsibilities shall include:

(1) Designating project contracting officer representatives as the competent person to oversee construction safety on their project site(s).

(2) Ensuring appropriate staff involved in construction receive training in construction safety in a timely manner as noted in this policy.

(3) Shall provide monthly updates to the Construction Safety Subcommittee on the status of delegated projects, both in design and construction.

c. The Project Construction Safety Officer (PCSO), also called COR, must be competent 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. The PCSO shall determine 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 PCSO, with assistance from the Veterans Affairs Contracting Officer and Construction Safety Inspector, must take immediate action to prevent injury, non-compliance, and/or property damage. PCSO's responsibilities include:

(1) Evaluating project submittal packages, monitoring and periodic inspections of construction and renovation work sites conducted by contractors and VA staff to ensure compliance with safety elements of the construction contract and performance of the general contractor's established safety program.

(2) Completing OSHA's 30-hour construction safety training and refresher courses in a timely manner.

(3) Ensuring that the specific safety requirements of construction operations as outlined in OSHA regulations are implemented during facility projects.

d. The Facility Construction Safety Officer (FCSO) is responsible for ensuring that the Construction Safety program is in full compliance with VHA Directive 2011-36, Safety and Health During Construction Activities. Responsibilities shall include:

(1) Ensuring that VA construction safety staff have access to OSHA training required in this policy.

(2) Ensuring that construction safety monitoring is reported to the EOCC on a regularly scheduled basis to document activities denoting safety and/or correction of hazardous construction situations.

e. Contracting Officers are responsible for:

(1) Completing OSHA's construction safety training and refresher courses as outlined in VHA Directive 2011-036, Safety and Health During Construction Activities.

(2) Ensuring station safety elements of this policy are included in each construction contract, which includes ensuring on-site general and sub-contractor's construction workers have completed the OSHA 10-hour construction worker course, the 30-hour construction course, or other relevant competency training as determined by the contract and/or CSS. Documentation for training is based on the complexity and hazards associated with a project, state, federal and VA requirements. Identified projects require contractor submittals verifying completion of training.

(3) Supporting the CSS, Facility Construction Safety Officer, and appropriate staff in implementing the construction safety program.

(4) Reviewing all general contractor project submissions to determine if a contractor has more than 3 serious, one repeat, or willfull violation during a 3-year period.

(5) Reporting tuberculosis (TB) test results for ALL contractor employees if the work site is deemed high risk by Infection Prevention and Control.

f. The GEMS coordinator is responsible for providing guidance on Environmental Protection Agency regulations, and monitoring compliance.

g. The Emergency Management Coordinator is responsible for providing guidance on OSHA regulations as they apply to emergency planning, response, and operations in construction, and monitoring compliance.

h. The Chief, Police Service, is responsible for ensuring security management is appropriate for construction contractors entering VA property.

i. Service Chiefs are responsible for the attendance of CSS members from their service at all meetings. Service Chiefs shall report any unhealthful concerns of

employees as a result of construction to the Facility Construction Safety Officer and the facility Industrial Hygienist.

j. Intervention and Enforcement: All of the individuals with defined actions in this Policy are responsible for intervening, whenever conditions as a result of construction activities, immediately threaten life or health, or threaten to damage equipment or buildings. All staff are responsible for identifying hazardous conditions in need of intervention. CORs and facility management must take prompt corrective measures, which may include immediate abatement of hazards, stopping of work, hazard awareness training, administrative controls, etc. All such findings shall be reported to the CSS.

## **7. REFERENCES:**

- a. VHA Directive 2011-036, Safety and Health During Construction Activities, dated September 22, 2011.
- b. National Fire Protection Association Codes and Standards, current editions.
- c. OSHA Regulations for Construction Safety, 29 Code of Federal Regulations 1926 and 1910, current editions.
- d. Joint Commission standards from The Joint Commission, current editions. ([www.jointcommission.org](http://www.jointcommission.org))
- e. VHA Directive and Handbook 7701, Occupational Safety and Health and Program Procedures, dated August 9, 2010.
- f. VHA Directive, Fire Code Reviews of Delegated Construction Projects, Sixth Edition, dated September 2011.
- g. Infection Control During Construction, Opus Communications, Inc, 2002.
- h. Construction Safety Guidebook, VHA Center for Engineering and Occupational Safety and Health, current edition.
- i. APIC Infection Control Tool Kit Series: Construction and Renovation, available from the Association of Professional Infection Control Practitioners and Epidemiologists.
- j. Guidelines for Preventing the transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 2005. - MMWR 2005; 43 (No. RR-17).
- k. Federal Acquisition Regulations and Veterans Affairs Acquisition Regulations.

## **8. RESCISSION DATE: April 30, 2018.**

9. **RESPONSIBLE OFFICIAL:** Chief, Engineering Service.

Elizabeth Joyce Freeman  
Director

Attachments (4)

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1207**

**Effective Date: September 1, 2008**

**Issue Date: July 1, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-15-31**

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**SUBJECT: HEATING, VENTILATION, AND AIR CONDITIONING WATER TREATMENT POLICY**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-11-31, dated September 30, 2011, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish guidelines and procedures to govern the water treatment of cooling towers and closed loops to ensure a healthy environment of care for patients and to better monitor the water treatment to prevent legionella, corrosion, and bacteria growth in our open and closed-loop systems.

3. **POLICY:** It is the policy of VA Palo Alto Health Care System (VAPAHCS) to comply with Veterans Health Administration (VHA) guidelines; American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) guidelines; and water treatment industry standards to maintain and document a high level of water quality within the cooling towers and closed-loop systems.

4. **DEFINITIONS:**

a. **COOLING TOWER (OPEN):** The means for the removal of heat from a chilled water system that passes directly through the condenser vessel and then is exposed to the air when it passes through the cooling tower for evaporative cooling.

b. **COOLING TOWER (CLOSED):** Similar in design to the open loop tower, but the water that passes through the condenser is sealed and pressurized (closed loop), and a separate body of water passes over the tubes causing a heat exchange and thus, removal of heat.

c. **CLOSED-LOOP SYSTEM:** Refers to a chilled water, heating hot water, or heat rejection loop that is sealed and pressurized and treated by use of a chemical jar or pot feeder.

5. **PROCEDURES:**

a. Each open or closed-loop tower will be tested weekly, and test results shall be recorded. Testing will be conducted and recorded for the following:

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- (1) pH level of water;
- (2) Total Dissolved Solids (TDS) of incoming tower water; and
- (3) Testing for Organophosphonate level.

b. The difference in the readings of TDS and Organophosphonate levels will be used to calculate and adjust the chemical composition of the water in the cooling towers.

c. A bacteria reading will be taken and depending on the results, the microbiocide chemicals will be altered to maintain the prevention of bacteria in the water.

d. All applicable meters will be read to document water and sewage usage levels at the facility.

e. All chilled water, heating hot water, and condenser water closed-loops will be inspected and tested monthly. The readings will be recorded and chemicals will be added as necessary.

**6. RESPONSIBILITIES:**

a. The Heating, Ventilation, and Air Conditioning (HVAC) Supervisor is responsible for the cooling tower and closed loop maintenance program to compliance with VHA, ASHRAE, and National Fire Protection Agency (NFPA) guidelines. If staffing shortages exist, the supervisor will hire a contractor to perform the work to maintain compliance.

b. The Chief, Engineering Service, is responsible for oversight and compliance of the monitoring requirements, as required by VHA, ASHRAE, and NFPA guidelines.

**7. REFERENCES:**

a. ASHRAE guideline 12-2000 Minimizing the Risk of Legionellosis Associated with Building Water Systems.

b. NFPA Standard 214: Standard on Water-Cooling Tower 2011 Edition.

**8. RESCISSION DATE: July 31, 2018.**

**9. RESPONSIBLE OFFICIAL: Chief, Engineering Service.**

Elizabeth Joyce Freeman  
Director



**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1290**

**Effective Date: August 14, 1995**

**Issue Date: July 22, 2016**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-16-14**

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**SUBJECT: UTILITY SHUTDOWN PROCEDURES**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-13-14, dated July 22, 2013, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish policy, procedures, and responsibilities for planned utility system interruptions or temporary shutdown of any utility throughout this Health Care System. These shutdowns are established to minimize disruption and impact on patient care, yet perform necessary utility work.

3. **POLICY:** It is the policy of this Health Care System to protect the health and safety of our patients, employees, and visitors. It is also policy to temporarily shutdown utility systems in order to perform necessary preventative maintenance, repairs, and project-initiated improvements. This policy establishes procedures to notify VA Palo Alto Health Care System (VAPAHCS) staff, patients, and visitors affected by these scheduled temporary utility shutdowns with sufficient notice so coordination efforts can be made to patient care activities.

4. **DEFINITIONS:**

a. Major Interruption or Shutdown contains one or more of the following:

(1) Must be completed outside of normal business hours. (Monday – Friday, 7:00 a.m. to 5:00 p.m.).

(2) Impact of primary utility shutdown causes adverse impact on normal operation of other utilities.

(3) Impacts direct patient care services.

(4) Impacts research operations.

b. Minor Complex Interruption or Shutdown is defined as any utility shutdown that does not meet the criteria listed above.

c. Emergency Interruptions or Shutdowns: Interruptions or shutdowns necessary to minimize further utility loss or failure, utility system and/or equipment

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damage, or a safety hazard. Advance notification may not be possible during emergency shutdowns.

d. **Utility System Loss:** Loss of utility service from an adverse event. This usually includes loss of service from utility companies or equipment failure over which VAPAHCS has no control.

e. **Utilities Systems:** Includes, but is not limited to, systems such as electrical power; steam distribution; potable/domestic water; sanitary sewer; natural gas; medical gases; heating, air conditioning, and ventilation (HVAC); vertical transportations (elevators); and fire alarms/fire sprinklers.

## **5. PROCEDURES:**

a. **Utility Shutdown Forms:** Requests for utility shutdowns will be submitted by the coordinating official, in writing, on the Utility Shutdown Form (Attachment A), according to the time frames outlined in the Standard Work Process for Utility Shutdowns (Attachment B). All affected Services will be notified in writing via the Utility Shutdown Form. It will be hand-carried by personnel coordinating the shutdown to the offices of affected Services for concurrence signatures. All Utility Shutdown Forms will be concurred by affected Services at least five working days prior to the planned interruption or shutdown.

b. **Required Information needed to initiate the process:** Utility Shutdown Forms will identify all pertinent information about the shutdown and indicate the necessary individuals for notification and concurrence. This includes, but is not limited to:

- (1) Utility Shutdown Form;
- (2) Interim Life Safety Measure (ILSM); and
- (3) Work Hazard Assessment Form (Attachment C).

c. **Communications:** Once the Utility Shutdown Form has been concurred by all affected Services, copies of the signed Utility Shutdown Forms will be placed on the Utility Shutdown Calendar on the Engineering SharePoint site.

d. **Emergency Shutdowns:** All personnel responding to emergency situations requiring utility system service interruption or shutdown will take appropriate action as necessary to minimize disruption to patient care. Before an emergency shutdown, occupants of affected areas and applicable Service Chiefs will be notified as soon as possible or practical under the circumstances. Documentation of any emergency shutdowns will be initiated utilizing the Incident Report in VistA as soon as the information becomes available. This will include any subsequent information and the final solution of the emergency situation. All emergency shutdown incidents will be reported to the Environment of Care Committee (EOCC).

e. Restoration of Utility Service: Upon completion of a utility shutdown, Engineering Service will coordinate efforts to:

(1) Verify it is safe to restore the utility service and that all systems and/or equipment in the affected area are working properly. This includes, but is not limited to, checking reset buttons, pilot lights, breakers, flushometers, etc.

(2) Notify affected areas and Service Chiefs that service has been restored and the shutdown is complete.

## **6. RESPONSIBILITIES:**

a. The Chief, Engineering Service, is responsible for ensuring if utilities systems must be interrupted, the temporary shutdown does not seriously impact patient care and all precautions have been made to accommodate alternate utility services. This includes coordinating, planning, scheduling, and providing the necessary tools, equipment, materials, and manpower necessary to accomplish the utility shutdown work. He/she is also responsible for ensuring the Utility Shutdown Form is completed and receives concurrence in a timely manner. He/she is also responsible for ensuring all utility shutdowns and interruptions are documented and reported in the quarterly Utility Management report to EOCC.

b. The Chief, Office of Information and Technology (OI&T), or designee, is responsible for ensuring OI&T systems are minimally interrupted and proper notification to affected area is provided on the Utility Shutdown form.

c. The Resident Engineers Office shall coordinate all utility shutdowns with Engineering Service and Major Construction Section at VAPAHCS.

d. The Chief, Office of Facility Planning and Development, is responsible for advanced planning and coordination of all major construction utility shutdowns and all facility directed construction utility shutdowns. They shall provide appropriate personnel to be available during the shutdowns.

e. Service Chiefs, or designees, are responsible for ensuring all affected staff in their Service are aware and fully understand the impact of the shutdown and will take necessary action(s) to fully coordinate and minimize impact to the Health Care System.

## **7. REFERENCES:**

a. HCSM No. 138-16-22, "Utilities Management Program."

b. HCSM No. 138-14-20, "Engineering Work Requests."

c. "Environment of Care Guidebook," VHA Center for Engineering & Occupational Safety and Health (CEOSH).

8. **RESCISSION DATE:** July 31, 2019.
9. **RESPONSIBLE OFFICIAL:** Chief, Engineering Service.

Thomas J Fitzgerald III  
Interim Director

Attachments (3)

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1290**

**Effective Date: Unknown**

**Issue Date: October 26, 2016**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-16-16**

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**SUBJECT: BOILER PLANT OPERATIONS**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-13-16, dated December 23, 2013, is resinded. Minor changes have been made.

2. **PURPOSE:** Without constant and vigilant care, equipment involving combustion and/or steam production under pressure, such as boilers and pressure vessels, can and occasionally do explode with significant property damage and sometimes fatalities. The boiler plant is essential to the operation of each division of our health care system providing steam and hot water required for sanitation, infection control, and a healthful environment for the delivery of health care. Fuel costs for the boilers are a significant portion of our expenditures.

3. **POLICY:** Safety is of utmost importance and the first priority for boiler plant operations. Boiler plant safety must not be compromised to maintain steam service; therefore, it is the policy of this health care system that each boiler plant:

a. Have well-trained operators, properly functioning safety equipment, proper operational procedures, well-maintained boilers and support equipment, and commitment to continuous quality improvement.

b. Be operated in a safe and economical manner recognizing its importance and the potential for pressure vessel and/or furnace explosion.

c. Comply with all local, state, and federal regulations related to operation and discharge from boilers and plant activity.

4. **PROCEDURES:** Boiler Plant operations are defined under the Operational categories, including General, Security, Operators, Maintenance, Documentation, Reporting, Training, and Testing.

a. Operational:

(1) GENERAL:

(a) Continuous operator attendance within VA Palo Alto Health Care System (VAPAHCS) boiler plants is mandated since they generate high pressure steam (above 15 pounds per square inch gauge [psig]). Boiler plant operators must not leave any

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high pressure (above 15 psig) boiler plant unattended at any time, nor can they be relieved by unqualified persons.

(b) No boiler of any pressure shall be capable of being restarted remotely.

(c) All equipment is operated at the highest cost effectiveness and efficiency. This means maintaining steam pressure at the minimum necessary for the proper operation of the plant and connected loads.

(d) A steam conservation program focuses on maintaining steam traps, condensate pumps, and the integrity of piping systems and pipe insulation. Steam and condensate leaks and other necessary repairs are corrected, reported, and given a high priority.

(e) A steam load-shedding plan is implemented during a boiler plant emergency that reduces steam-generating capability, maintaining priority critical loads for patient care needs that must continue to be served, to the greatest extent possible, without compromising boiler plant safety.

(f) A water treatment program includes daily tests, records of the tests, use of chemicals, and includes a periodic review by a technical representative of the chemical supplier, by an independent water treatment consultant, or by a properly trained operator.

(g) On-site reserve fuel requirements are maintained. Each division will normally maintain a sufficient supply of oil to meet the normal demands of continuous operations for a period of 10 days. Fuel storage is re-evaluated annually against actual fuel used in January. Where unusual conditions exist, the Director, or qualified designee, may authorize deviations from the storage quantity requirements. Testing of fuel in storage tanks is performed not less than annually with maintenance, or replacement, to ensure that stored fuel remains suitable for burn.

(2) SECURITY: A utilities systems security program limits access by use of lockable hardware at entrances to the boiler plant and on site fuel facilities, including fuel storage and piping systems.

(3) OPERATORS:

(a) Boiler operators receive annual physical examinations to ensure physical fitness to perform assigned duties (see VA Handbook 5019/3, Part II).

(b) Each Boiler Plant Operator will complete the "Safe Steamin" course, in accordance with Veterans Health Administration (VHA) Directive 2010-031, Boiler Plant Safety Education, before being considered competent and qualified.

(c) Continuous quality improvement in safe boiler operations is supported and promoted by the Boiler Plant Supervisor along with each operator.

(4) MAINTENANCE:

(a) A procedure for steam system shutdown is established at each division and utilized to allow maintenance to be performed. A utility shutdown form is utilized to notify services involved in a facility-wide shutdown; internal boiler plant shutdowns are coordinated between boiler plant and facility maintenance staff.

(b) Repairs to boilers and pressure vessels shall comply with the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code. No welded repairs are permitted except by certified welders using code-approved procedures.

(c) An equipment replacement program is based on the useful life expectancies shown in Attachment A, *EQUIPMENT REPLACEMENT PROGRAM*. Retention of equipment beyond the useful life expectancy must be based on an engineering evaluation of the reliability, efficiency, and cost effectiveness of continued operation.

(d) Maintenance and testing records must be retained for at least three years. All components of the utility system associated with the production and use of steam at the medical center, including fuel, must be individually reviewed for inclusion in the preventive maintenance program. All safety devices must be considered critical utility system components. Inspection, testing, and maintenance records are required for all critical components of the utility system.

(5) DOCUMENTATION:

(a) Required documentation that must be available to all operators in the boiler plant shall include:

1. One-line diagrams of boiler plant systems;
2. Manufacturers' literature of installed equipment;
3. Boiler Efficiency Improvement Operator Manual;
4. VHA Boiler Plant Safety Devices Testing Manual;
5. Current VHA Boiler Plant Operations Directive;
6. Current HCSM - Boiler Plant Operations;
7. Current normal and emergency operations procedures including start-up, operating, and shutdown including all boiler plant equipment, fuel systems, and steam distribution systems;
8. Current list of connected equipment and their pressure and quantity requirements;

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plant; and

9. Lock-out, tag-out procedures for all equipment in the boiler

10. Confined space entry procedures, as applicable.

include:

- (b) Performance data must be retained for at least 3 years and must

1. Total steam production and fuel consumed (daily, monthly, and yearly);

2. Daily outside temperature range;

3. Make-up water quantity and percent of make-up in relation to amount of steam generated;

4. Minimum and maximum steam demand per shift;

5. Boiler efficiency based on steam output and/or fuel input (daily);

6. Water treatment data including all test reports and chemicals utilized; and

7. Boiler flue gas oxygen and stack temperature in relation to burner firing rate.

- (c) Maintenance and Testing Records must include the following:

1. Date of test, inspection, and/or maintenance;

2. Results of the test, inspection, and maintenance procedures accomplished;

3. Parts installed;

4. Names of individuals performing testing, inspection, and/or maintenance; and

5. Subsequent required notification of the Health Care System Director is made regarding any device failures.

(6) REPORTING:

- (a) An incident report shall be generated immediately once a boiler safety device is recognized as non-functional to notify the Health Care System Director and key Engineering staff.



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(b) VHA Office of Construction and Facilities Management (18) notification is required prior to installation or replacement of high-pressure steam boilers (above 15 psig or greater); installation of new fuel burning equipment on existing boilers; and retubing 30 percent or more of a high-pressure steam boiler.

(c) Unusual occurrences, such as a rupture or explosion of a boiler or pressure vessel, a furnace explosion, extensive damage from overheating, or any other unusual condition must be reported immediately to the Deputy Under Secretary for Health for Operations and Management (10N). Following the notification of the Deputy Under Secretary for Health for Operations and Management, a thorough origin and cause analysis must be performed by the facility and a written report submitted as soon as possible.

b. Testing:

(1) All safety devices installed in the boiler plant, or installed as part of the fuel systems, steam distribution systems, and condensate return systems, are periodically tested to ensure their proper function.

(2) Testing procedures are in accordance with the VHA Boiler Plant Safety Devices Testing Manual (available from [vaww.ceosh.men.va.gov](http://vaww.ceosh.men.va.gov)). Plant operators must be knowledgeable of the location, purpose, and proper function of all safety devices.

(3) The emergency electrical generator serving the boiler plant is included as part of the health care system's emergency power supply system testing and maintenance program.

c. Training:

(1) An ongoing training program shall be used to develop, maintain, and regularly refresh operator proficiency in safe boiler plant operations. All Boiler Plant Operators and Supervisors must complete the "Safe Steamin" training, located in the Talent Management System (TMS), within six months of assignment to boiler plant duties.

(2) Operators shall be well-trained and proficient in properly performing the following:

(a) Lighting off, warming up, placing in service, and shutting down the boilers;

(b) Firing on each of the available fuels;

(c) Operating all plant equipment and controls, including start-up and shutdown;

(d) Gradually warming up hot piping systems and placing them into service;

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damage;

- (e) Maintaining water quality to protect the equipment and piping from

- (f) Handling malfunctions and emergency situations;

- (g) Collecting and organizing the plant performance records;

- (h) Routine equipment maintenance;

- (i) Preparation of equipment for inspections; and

- (j) Facilitating and monitoring the receipt of fuels and supplies.

(3) Inspection and Testing Definitions:

- (a) **Qualified Testing Staff.** A Qualified Inspector is an individual who is determined by the health care system's management to be qualified to inspect equipment by reason of training and experience. The required services must be procured from qualified individuals, if no VA staff is qualified.

- (b) Hydrostatic testing of boilers and pressure vessels must be conducted after a repair or a tube replacement or when the integrity of the boiler or pressure vessel integrity is in doubt. Hydrostatic pressure must be limited to 150 percent of normal operating pressure of the boiler or pressure vessel.

- (c) Selections of contractors for plant services including boiler inspections, burner adjustments testing of safety devices, calibration of instruments, and monitoring of water treatment must be based on quality as the first priority. Service contractor for burner settings must assure compliance with all Bay Area Air Quality Management District (BAAQMD) requirements at the Palo Alto, Menlo Park, and Livermore Division plants. Any non-compliance items must be brought to the attention of the boiler plant foreman immediately. The contracting method chosen must allow contractors to be selected on the basis of qualifications as a first priority.

- (d) A Qualified Professional Inspector (QPI) is any one or combination of:

- 1. A boiler inspector who has a valid commission from the National Board of Boiler and Pressure Vessel Inspectors.

- 2. A boiler inspector who has qualified by passing a written examination under the laws, rules and regulations of a jurisdiction of the state.

- 3. A boiler inspector who is regularly employed as a boiler inspector by a jurisdiction that has adopted and administers one or more sections of the ASME Boiler and Pressure Vessel Code as a legal requirement, and has a representative serving as a member of the ASME Conference Committee.

4. A boiler inspector who is regularly employed by an insurance company that has been licensed or registered by the appropriate authority of a state of the United States to write boiler and pressure vessel insurance.

(4) Required Inspections and Operational Tests. See Attachment B, *REQUIRED INSPECTIONS AND OPERATIONAL TESTS*, for necessary inspections and operational tests performed by Qualified Testing Staff.

5. **RESPONSIBILITIES:**

a. The Chief, Engineering Service, is responsible for the oversight of Boiler Plant Operations at all three divisions.

b. The Boiler Plant Supervisor is responsible for the daily operation of all boiler plants, scheduling of routine and preventative maintenance and safety inspections, and ensuring that all relevant codes and standards are met.

6. **REFERENCES:**

a. National Fire Protection Association 85, Boiler and Combustion Systems Hazard Code.

b. The Joint Commission (TJC) Environment of Care (EC) Standard 1.7.

c. Boiler Efficiency Improvement Operator Manual.

d. VHA Boiler Plant Safety Devices Testing Manual, Third Edition, September 2008.

e. VHA Directive 7701, Occupational Safety and Health (OSH), March 10, 2012

f. VHA Directive 2008-062, October 15, 2008.

g. VHA Handbook 7701.01, Occupational Safety and Health (OSH) Program Procedures, August 24, 2010.

h. VHA Directive 2010-31, Boiler Plant Safety Education, June 30, 2015.

i. VA Handbook 5019/3, Part II, Occupational Health Services, October 12, 2007.

7. **RESCISSION DATE:** October 31, 2019

8. **RESPONSIBLE OFFICIAL:** Chief, Engineering Service.

Health Care System Memorandum No. 138-16-16  
October 26, 2016

Thomas J. Fitzgerald III  
Interim Director

Attachments (2)

## ATTACHMENT A

### EQUIPMENT REPLACEMENT PROGRAM

Boiler Plant \_\_\_\_\_

Boiler Plant Equipment	Useful Life Expectancy (in years)	Year Installed	Year to Replace
(a) Fire tube boilers and burners	30	_____	_____
(b) Water tube boilers and burners	40	_____	_____
(c) Feedwater deaerator	30	_____	_____
(d) Economizers	15	_____	_____
(e) Burner Management controls	20	_____	_____
(f) Combustion controls	20	_____	_____
(g) Instrumentation	20	_____	_____
(h) Boiler feed and condensate pumps	20	_____	_____
(i) Condensate and blow-off tanks and heat recovery	40	_____	_____
(j) Fuel oil pumps	40	_____	_____
(k) Fuel oil tanks	40	_____	_____
(l) Valves; shut off and control	20	_____	_____
(m) Water treatment equipment	20	_____	_____

COMMENTS AND NOTES:

## ATTACHMENT B

### Required Inspections and Operational Tests

H = Hourly.

M = Once per month.

Y = Once per year.

D = Daily.

6M = Once every 6 months.

6Y = Once every 6 years.

#### Frequency Chart

ITEM	FREQUENCY	H	D	M	6M	Y	6Y
1.	High pressure boilers (above 15 psig): inspect furnace and other internal surfaces, closures and accessories					Y	
2.	High pressure boilers (above 15 psig): inspect exterior of unit, casing, supports, closures, accessories, valves, controls					Y	
3.	Deaerator: inspection and wet magnetic particle testing of welds of pressure vessel interior.						6Y
4.	Boiler fouling and combustion gas flow check.					Y	
5.	Tube leak check.					Y	
NOTE: The items preceding (1. through 5.) must be accomplished by a Qualified Professional Inspector. The following items (6. through oo.) must be accomplished by a qualified individual as determined by the medical center's management. Such a determination must be carefully made for each item and each individual.							
6.	Low pressure boilers (15 psig and below): inspect interior and exterior, supports, closures, accessories, valves, and controls.					Y	
7.	Deaerator: interior cleaning and visual inspection.					Y	
8.	Adjust burner combustion settings and calibrate oxygen trim to assure compliance with BAAQMD regulations				6M		
9.	Check vibration of burner fans.				6M		
10.	Calibrate instrumentation, monitoring, and control systems.				6M		
11.	Calibrate pressure gages and thermometers.					Y	
12.	Operational Testing of Boiler Safety Devices:						
a.	Low-water cutoff (slow drain)			M			
b.	Low-water cutoff shunt switch			M			
c.	Auxiliary low-water cutoff (slow drain)			M			
d.	Auxiliary low-water cutoff shunt switch			M			
e.	High-water alarm			M			

f.	Low-water alarm			M		
g.	High-steam pressure cutout (recycle)				6M	
h.	High-steam pressure cutout (non-recycle)				6M	
i.	Steam safety valves (raise boiler pressure until valve pops)				6M	
j.	Steam safety valves (accumulation test at high fire)					Y
k.	Flame scanner			M		
l.	Check gas vent for leaks				6M	
m.	High-gas fuel pressure cutoff				6M	
n.	Low-gas fuel pressure cutoff				6M	
o.	Gas fuel safety shut off valves proof of closure				6M	
p.	Leak test gas fuel safety shut off valves				6M	
q.	High-fuel oil temperature cutoff (heated fuel)				6M	
r.	Low-fuel oil temperature cutoff (heated fuel)				6M	
s.	Low-atomizing pressure for fuel oil				6M	
r.	High-fuel oil pressure cutoff				6M	
u.	Low-fuel oil pressure cutoff				6M	
v.	Fuel oil safety shut off valves proof of closure				6M	
w.	Leak test fuel oil safety shut off valves				6M	
x.	Check operation of Liquid Petroleum Gas pilot				6M	
y.	Low-pilot gas pressure cutout				6M	
z.	Forced draft fan motor interlock				6M	
aa.	Forced draft fan damper wide open for purge				6M	
bb.	Boiler outlet damper wide open for purge				6M	
cc.	Purge air flow interlock				6M	
dd.	Timing for prepurge				6M	
ee.	Timing for post purge				6M	
ff.	Igniter timing				6M	
gg.	Low fire position interlock				6M	
hh.	Combustion air interlock				6M	
ii.	Main flame out; i.e., time to close valves				6M	
jj.	Ignition flame out; i.e., it is time to close valves				6M	
kk.	Minimum igniter flame test				6M	
ll.	Scanner not sensing ignition spark				6M	
mm.	Low-oxygen alarm and/or cutout				6M	
nn.	Prepurge setting of flue gas recirculation damper				6M	
oo.	Interlock of building outside air damper with burner control				6M	

NOTE: The preceding safety devices are essential for ensuring the safest possible operation. Any boilers not so equipped must be immediately programmed for retrofit, with priority given to providing two low water cutoffs per boiler and two fuel safety shut off valves per fuel per boiler.

13 Boiler Plant Safety and Operational Duties							
a.	Overall plant operation	H					
b.	Blowdown water columns		D				
c.	Testing and adjusting water treatment		D				
d.	Check furnace pressure				6M		
e.	Check combustion gas leaks into boiler room				6M		
f.	Clean waterside of boilers					Y	
g.	Clean fireside and repair refractory					Y	
h.	Operation of deaerator high and low water alarms			M			
i.	Operation of deaerator steam pressure/temperature control			M			
j.	Operation of condensate storage tank high and low water alarms			M			
k.	Operation of all other alarm devices			M			
l.	Operation of boiler economizers; temperatures in or out		D				
m.	Review written procedures				6M		

NOTE: The inspection and testing schedule is required for boilers in service during the period. Boilers not in service must be inspected and tested prior to placing in service. For boilers in service less than 3 months during the period, the schedule of inspections and tests performed by qualified technicians for burner-related functions may be extended to not exceed 1 year.



**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1290**

**Effective Date: June 25, 1999**

**Issue Date: October 31, 2016**

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**HEALTH CARE SYSTEM MEMORANDUM No. 138-16-24**

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**SUBJECT: KEY CONTROL AND DISTRIBUTION**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-13-24, dated July 31, 2013, is rescinded. Major changes have been made.

2. **PURPOSE:** To establish policy and procedures for key control, management of keys, and accountability of keys issued at VA Palo Alto Health Care System (VAPAHCS). This policy also covers procedures for changing locks, as necessary.

3. **POLICY:**

a. Strict control will be maintained over the distribution of all keys. Keys will only be issued to employees as requested by the service chief or designee responsible for the space and will be restricted to keys needed to perform their assigned duties. Under no circumstances will keys be duplicated by persons other than those authorized by the Chief of Engineering Service.

b. Key control responsibility pertains to room and passage way doors, gates, barriers, or other places securing property of VAPAHCS.

c. VAPAHCS will produce no more than six Grand Master (GM) keys. These six keys will be issued to the Director, Deputy Director, Associate Director, Chief of Staff, Chief of Police Service, and Chief of Engineering Service.

4. **PROCEDURES:**

a. Key Control and Program Oversight:

(1) Engineering Service will maintain records detailing employees and their assigned keys, room numbers assigned to each service, and the associated core installed.

(2) Engineering will determine areas of the medical center that fall into the category of 'common space' in regards to decisions for all key and lock changes.

(3) All uncut key blanks will be kept in the physical security office and new blanks will be ordered by the physical security office from Best Access Systems when necessary. All key blanks ordered will be recorded and tracked as they are used.

(4) Requests for core changes shall be submitted by Service Chiefs or Administrative Officers (AO) via email to the Engineering Service Physical Security Specialist. All requests will be reviewed for accuracy and feasibility. Acquiring new space within VAPAHCS requires the concurrence and approval of the Space Committee. Engineering Service will not process core changes for additional space without such approval. All requests for core changes will include the following information:

- (a) List of rooms vacating and/or those moving to; and
- (b) The requested core for each room.

b. Key Requests:

(1) Requests will be submitted using the VAPAHCS Engineering SharePoint site under Operations, key request portal or by using the Key Request Form (Attachment A). A complete request form will include the necessary information about the employee, key(s) needed or which rooms/areas are needed, and must be signed by the Service Chief or appointed official. If a key is needed to a space belonging to another service, the chief of that service must sign a concurrence included on the Key Request Form. The requesting service will be notified when the key is ready for pick-up. Keys will usually be available for pick-up in five business days of the request being processed.

(2) Each requested key will be assigned an individual identification number by the Key Administrator. Orders for keys will be sent to the Palo Alto Carpenter Shop through the Engineering Work Order System. The Palo Alto Division Carpenter Shop will mark and cut each key as ordered and return them to Engineering Service Administration, Building 6, for distribution.

c. Key Sign Out:

(1) Each employee receiving a key will be required to sign an electronic receipt acknowledging possession and responsibility for each key. Upon request, a copy of this receipt will be provided to the employee. The employee has the responsibility to safeguard their key at all time in order to protect the security of our facility. The cost for replacing or re-keying if a key is lost is costly and compromises the security of VAPAHCS.

(2) Service Chiefs may request keys to be used on a rotating basis within their service. In this case, each key used for rotating basis will be signed out to, and is the responsibility of, the Service Chief or AO. Records of how the keys are distributed within the service must be kept by the Service Chief or designee in order to transfer responsibility to an individual employee should a key be lost.

d. Key Turn In:

(1) When an employee transfers between services, or is terminated from employment, all issued keys shall be returned to the Engineering Physical Security Specialist, Building 6. Upon return, all signed responsibility for keys will be absolved. Upon request, a copy of the employee's key sign out form will be given as receipt to document the return.

(2) All electronic records of key assignments will be maintained for three years after a key is returned, including records of rotating keys assigned to a service. Keys that have been marked with an A, B, C, or a non-serial number will be destroyed.

e. Lost or Stolen Keys:

(1) The theft or loss of any key shall be reported immediately to Police Service, and then to the employees Service Chief, who will report the incident to the Chief of Engineering Service and the Physical Security Specialist.

(a) The individual to whom the stolen/lost key was issued to must prepare a signed written memorandum addressed to his/her Service Chief reporting the circumstances of the theft.

(b) The Service Chief will submit a memorandum to the Chief of Engineering Service indicating:

1. A full description of the circumstances of the theft/loss and any relative comments.

2. The Service Chief, working with Engineering Service, will determine if re-keying of any spaces will be necessary due to the lost key. The responsible Service Chief will provide funding for the rekeying of all affected areas due to negligence.

(2) If an employee is found responsible for the loss of a key, Engineering Service will submit an OF 114, Bill for Collection form, electronically in Veterans Information System Technology Architecture (VistA). A \$25.00 fine will be assigned for each lost key. Once the form is sent to Fiscal Service, a request for a replacement key can be made. Proof of payment must be submitted along with the signed request for a replacement key.

(3) Employees who lose possession of their keys will immediately report the loss to their Service Chief and the Engineering Physical Security Specialist. The employee will proceed to the Agent Cashier's office to pay the \$25.00 fine assigned for each key. A replacement key can be requested by the employee's Service Chief if deemed necessary. To process the replacement key request, a copy of the receipt confirming payment to the Agent Cashier must be attached to the new key request form.

f. Keys for Contractors and Consultants: Engineering Service will manage a separate set of locks and keys to be used by contractors. Project Managers, Contracting Officer Representatives (CORs), or Service Chiefs must submit a list to the Engineering Physical security Specialist of all contractors or consultants (including contractor / consultants name, contact information, space, purpose and duration of access). Contractors and consultant names will be maintained on an access list maintained by the Physical Security Specialist. Contractors will be required to sign out any keys needed through the Engineering Physical Security Specialist or boiler plants (Palo Alto Division (PAD) building 40, Menlo Park Division (MPD) Building 114, and Livermore Division

(LVM) Building 6). Contractors will not be allowed to take permanent possession of keys unless authorized by the Chief of Operations, Engineering Service.

g. Unauthorized Keys: Unauthorized possession or reproduction of keys has been ruled a Federal petty offense and violators will be prosecuted under United States Code 38CFR1.218 and VA Regulation 219.

h. Contractors or VA employees can request to be placed on a key access list. To be placed on the list, the COR or employee must email the full name, purpose, space, and duration of the contract to the Engineering Service Physical Security Specialist and the Chief of Operations, Engineering Service.

## **5. RESPONSIBILITIES:**

a. The Chief, Engineering Service, is responsible for establishing and maintaining procedures for the control and monitoring of key and lock distribution, and maintenance of all records to ensure the program is run efficiently and effectively. These records are subject to audits as part of the physical security process.

b. Service Chiefs are responsible for:

1. Approving requests for keys under their designated service master;

2. Maintaining an itemize list of all personnel having keys to their section. List will include an individual identification number assigned to the individual.

a. Ensure personnel maintain their assigned key.

b. Coordinate with the Physical Security Office for the replacement of broken, defective or compromised keys/locks.

c. Conduct a key inventory every 3 months of all keys within their service. The physical security office will periodically inspect for compliance.

c. The Chief of Police Service is responsible for conducting periodic reviews, done at least annually, to ensure that all key control measures are being properly maintained. Random sample size should be no less than 30 keys.

d. Employees receiving keys are responsible for safeguarding all keys assigned and immediately reporting all lost or stolen keys. Each employee will have their own individual identification number on keys. The individual key identification number is assigned to the person approved to use the key. In-order to be resolved of the responsibility for signing for a key, the individual identification number must match the person name that signed for the key.

## **6. REFERENCE:**

a. Center for Engineering Occupational Safety and Health (CEOSH) Online Publications.

b. VA Handbook 0730/5, dated July 11, 2014.

7. **RESCISSION DATE:** October 31, 2019.

8. **RESPONSIBLE OFFICIAL:** Chief, Engineering Service.

Thomas J Fitzgerald  
Interim Director

Attachment

**Attachment A**

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM

EMPLOYEE KEY REQUEST AND ISSUE FORM

NAME: \_\_\_\_\_  
(LAST, FIRST MI)

REQUESTING SERVICE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

TITLE: \_\_\_\_\_ SSN #: \_\_\_\_\_

KEY NEEDED: \_\_\_\_\_ BLDG#: \_\_\_\_\_ RM#: \_\_\_\_\_

KEY NEEDED: \_\_\_\_\_ BLDG#: \_\_\_\_\_ RM#: \_\_\_\_\_

KEY NEEDED: \_\_\_\_\_ BLDG#: \_\_\_\_\_ RM#: \_\_\_\_\_

KEY NEEDED: \_\_\_\_\_ BLDG#: \_\_\_\_\_ RM#: \_\_\_\_\_

SERVICE CHIEF APPROVAL/DATE: \_\_\_\_\_

SERVICE CHIEF APPROVAL/DATE: \_\_\_\_\_

(If key requested is for another service, service chief of owned space must approve)

I will pick up my keys at: ☐ PAD ☐ LVD ☐ SJC  
(Please check one of the above divisions where you will pick up your keys)

**Key(s) will be available for pick-up 2 days from the receipt of this form. Please follow up with the Physical Security Specialist to guarantee prompt pick-up of your key(s).**

I understand that I am responsible for the safekeeping of the keys issued to me and that any loss/theft of the keys will be reported immediately to my service chief and the VA Palo Alto Health Care System (VAPAHCS) Police Service. I will not give or loan my keys to anyone not authorized to be in possession of VAPAHCS space keys. I also understand that possession and/or use of VAPAHCS space keys not properly issued to me is a violation of Title 38 CFR 1.218 (b) O (41), and that I am subject to a \$250.00 fine and/or 180 days in jail or both. I shall reimburse VAPAHCS for the replacement of any keys lost by me, and am liable for cost replacement of any cores if deemed necessary. I agree that if I fail to return keys issued to me or lose keys any money due can be recovered from my salary or retirement fund at a cost of \$25.00 per key.

**VA PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304 -1290**

**Effective Date: September 14, 1998**

**Issue Date: November 9, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. SAFE-15-02**

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**SUBJECT: PERSONAL PROTECTIVE EQUIPMENT (PPE)**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-12-02, dated December 6, 2012, has been rescinded. Minor changes have been made.

2. **PURPOSE:** To establish safety guidelines that govern the issuance of personal protective equipment (PPE). In many VA Palo Alto Health Care System (VAPAHCS) workplaces, chemical, physical, biological, radiation and laser hazards can create a potential for injury. We can protect against these hazards by using appropriate personal protective equipment for the job and by following established safety guidelines.

3. **POLICY:** PPE will be used when engineering controls and management practices are not feasible or not yet installed. VAPAHCS will provide each employee with all (PPE) that will protect the employee from identified hazards associated with specific assigned tasks.

4. **PROCEDURES:**

a. PPE for eyes, face, head and extremities, protective clothing and respiratory devices shall be provided, used and maintained in a sanitary and reliable condition. PPE will be used when hazards of process or environment, chemical hazards, radiological hazards or mechanical irritants are encountered in a manner capable of causing injury or impairment of any part of the body through absorption, inhalation or physical contact. The specific details of respiratory protection are covered by HCSM No. SAFE-15-14, Respiratory Protection Program, dated November 1, 2015.

b. Service chiefs will ensure that a hazard assessment, PPE selection, and training are accomplished in each work area under his/her area of responsibility. The Hazard Assessment and PPE Selection Survey Form (available through the Facility Industrial Hygienist (FIH) in the PPE Guide) shall be utilized for the purpose of documentation and certification of this process. This process shall be performed through a written certification that identifies:

- (1) The person certifying that the assessment has been performed;
- (2) The date(s) of the hazard assessment;

- (3) The area performed in; and
  - (4) The document as a certification of hazard assessment.
- c. Hazard assessments shall be completed on each assigned task within a service.
- d. The procedures set forth in HCSM No. QM-12-86, "Standard Precautions, Isolation Procedures, and Hand Hygiene," shall be followed in determining additional requirements, and PPE that may be needed under the Infection Control Program.
- e. Procurement and Replacement of PPE:
  - (1) Employees will replace protective safety equipment that becomes worn out or outdated at the expense of the Health Care System (HCS) upon proper notification to the Supervisor.
  - (2) In the event that a HCS-furnished piece of PPE is willfully or negligently damaged, lost, or not properly cared for, the employee to whom the equipment was issued may be held responsible for its replacement.
- f. Disposition of PPE upon Termination:
  - (1) Articles such as hard hats, goggles, hearing protectors, respirators, gloves, etc., will remain the property of the HCS.
  - (2) Personal items such as safety shoes, prescription eye glasses, items that are not easily interchangeable, and expendable items will become the property of the individual.
- g. Supervisors of employees utilizing safety PPE shall maintain control records of all expendable and non-expendable equipment.
- h. Hazard Assessment. These guidelines outline general compliance for identifying, organizing and analyzing sources of hazards and selection criteria for PPE. They may not be inclusive, and are not intended to diminish the responsibility of the service chief to comply with the requirements of this program.
  - (1) The objective of the Certified Hazard Assessment is to specify PPE needs of each employee. It will ensure that supervisors make themselves aware of both present and likely hazards in their areas of responsibility. After analyzing these hazards and determining that guards, engineering controls and management practices are not feasible to protect employees, supervisors must select and have each affected employee use the types of PPE appropriate for identified workplace exposure.



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(2) A walk-through survey by the service chief, foreman, or supervisor should include observations on the likelihood of injury or illness which may occur from the following:

(a) Sources of motion such as machinery or processes where an injury could result from movement of tools, machine elements or particles, or movement of personnel that could result in collisions, blows, or tripping around stationary objects.

(b) Sources of extreme temperatures (high or low) that could result in burns, eye injury, or ignition of protective equipment.

(c) Types of chemical exposures such as splash, vapor, spray, or immersion that could cause chronic illness or physical injury.

(d) Sources of harmful dust that can accumulate or become airborne and cause a physical hazard to the eyes or a respiratory hazard.

(e) Sources of light radiation, such as welding, brazing, cutting, furnaces, heat treating, lasers, or high intensity lights.

(f) Sources of falling objects or potential for dropping objects that could pose a compression or projectile hazard to head, face, hands or feet.

(g) Sources of sharp objects, which might pierce the body, feet or cut the hands.

(h) Sources of rolling or pinching objects, which could crush the feet or hands.

(i) Layouts of workplace and location of co-workers.

(j) Any electrical hazards.

(k) Sources of radiation exposure that may be encountered in Radiology Service, Nuclear Medicine Service, or from portable sources.

(l) Sources of exposure from chemotherapy drugs or other therapeutic chemicals that may expose employees to harmful exposure.

(m) Sources of exposure from blood borne pathogens.

(n) Sources of exposure from hazardous waste.

(o) Sources of inclement weather, or areas such as walk-in refrigerators.

(p) Sources of exposure from noise.

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(q) Animal exposures that may include traumatic injury, biologic exposure (e.g., rabies), or toxic exposure (e.g., snakes).

i. PPE

(1) Eye and Face Protection:

(a) Appropriate eye wear or face shields are required when an employee is exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, potentially injurious radiation, and blood or body fluids.

(b) Side shields are required, but detachable side shields are permitted. Those wearing prescription glasses must be provided either eye protection worn over the prescription lenses without disturbing their positioning, or they must wear prescription safety glasses with side shields.

(c) The filter lens shade must be specified when prescribing eye protection for welding, cutting or brazing.

(d) Equipment purchased after July 5, 1994, must comply with the American National Standards Institute (ANSI) standard Z87.1-edition in effect at time of purchase.

(2) Head Protection:

(a) Helmets are required in areas where there is a potential for injury from falling objects, and when near exposed electrical conductors which could contact the head.

(b) A Class A hard hat may be selected when there may be contact with conductors up to 2,200 volts. Class B hard hats must be selected when there may be contact with high voltage conductors (up to 20,000 volts). Class C hard hats provide impact and penetration resistance, but they are often made of aluminum and are prohibited where there may be electrical hazards.

(c) Equipment purchased after July 5, 1994, must comply with ANSI standard Z89.1-edition in effect at time of purchase.

(3) Foot Protection:

(a) Safety shoes or boots are required for employees working where there is a danger of foot injuries due to falling and rolling objects or objects piercing the sole and where the feet are exposed to electrical hazards. Some situations may require metatarsal protection (stiff shields for the top part of the foot).

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(b) Safety shoes or boots with impact protection should be required when employees carry or handle materials such as packages, objects, parts or heavy tools that could be dropped; and for other activities where objects may fall onto the feet. Safety shoes or boots with compression protection would be required for work activities involving wheeled carts that carry heavy materials or when handling heavy bulk rolls (paper, fabric, carpet, etc.), around heavy pipes, or similar situations where a heavy object may roll over a person's foot.

(c) Safety shoes or boots with puncture protection would be required where an employee could step on sharp objects such as nails, wire, tacks, screws, large staples, or scrap metal.

(d) Special insulating or conductive shoes may be necessary for certain types of electrical work.

(e) Equipment purchased after July 5, 1994, must comply with the ANSI Standard Z41-edition in effect at time of purchase.

(4) Hand Protection:

(a) Appropriate gloves must be selected when employees are exposed to skin absorption of harmful substances, chemical burns, thermal burns, harmful temperature extremes, severe cuts or lacerations, severe abrasions, punctures, and blood or body fluids.

(b) No gloves provide protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn and whether it can be reused. The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

(c) Review the Material Safety Data Sheet or glove permeation rate data found in a vendor's catalog to specify the type of protective glove for chemical exposure. If a specific chemical or chemicals cannot be found in a vendor's catalog, contact the glove vendor or chemical manufacturer for recommendation. Complete a report of contact for documentation and forward copy to the Safety and Emergency Management Service (SAFE).

(5) Hearing Protection: Please see the HCSM No. SAFE-15-17, "Hearing Conservation Program," for requirements.

(6) Respiratory Protection: Please see the HCSM No. SAFE-15-14, "Respiratory Protection Program," for requirements.

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(7) Bloodborne Pathogens: Please see the Infection Control Manual for program PPE requirements.

(8) Protective Clothing: Protective clothing intended for the protection of employees from inclement weather or working in areas such as walk-in refrigerators, shall meet the requirements essential for the protection of the employee while engaged in the assigned task.

(a) Chemotherapy Drugs: Please see the HCSM No. 11-14-108, Ordering, Preparing and Administering Parental Chemotherapy and Biotherapy.

(b) Radiation Exposure: Please see the Stanford/VA Palo Alto Health Care System Radiation Safety Manual, for program requirements.

(9) Chemical Protective Clothing (CPC): The need and use of CPC will be evaluated by the FIH or the Safety Program Manager before purchasing, in accordance with National Institute for Occupational Safety and Health (NIOSH).

j. Cleaning and Maintenance:

(1) It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.

(2) All PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the required protection.

(3) It is important to ensure that contaminated PPE, which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

k. Training.

(1) Each employee that is required to wear PPE will be trained by the supervisor so that each employee knows and can demonstrate an understanding of the following:

(a) When PPE is necessary and what PPE must be worn.

(b) The limitations of the issued PPE.

(c) How to put on, adjust, wear, and remove PPE properly.

(d) How to inspect PPE so that defective or damaged PPE is removed from service.

(e) Proper storage of the PPE.

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(2) The supervisor conducting the training shall verify that each employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training, and that identifies the subject of the certification.

(3) Circumstances where re-training is required include, but are not limited to situations where:

(a) Changes in the workplace render previous training obsolete.

(b) Changes in the types of PPE.

(c) Inadequacies in an employee's knowledge or use of assigned PPE indicate that the employee must be retrained.

(4) All HCS safety training on PPE requirements will be documented on the Education Training Tracking System (ETTS), available through Veterans Health Information Systems and Technology Architecture (VISTA). This documentation will be utilized to comply with regulatory requirements and as an agenda item for the Safety Advisory Committee.

## **5. RESPONSIBILITIES:**

a. Service Chiefs are responsible for:

(1) Ensuring that personnel in their area of responsibility are not exposed to potential occupational safety and health hazards, by procuring only PPE, which is recommended for the intended use and meets the regulatory requirements for that protection;

(2) Conducting a Hazard Assessment and PPE Selection Survey (available through the FIH in the PPE Guide) for every position under his/her supervision to determine that each employee is receiving the proper PPE and in-service training in the use and care of that equipment. All requests for PPE will be submitted for approval to the Facility Safety Officer (FSO), FIH or the subject matter expert in Safety or Engineering Service before ordering;

b. The Chief, Logistics, is responsible for ensuring no PPE items are ordered without the "Safety Office Approval" appearing in the Special Remarks section of the Integrated Funds Distribution Control Point Activity Accounting and Procurement (IFCAP) request.

c. Supervisors are responsible for:

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(1) Determining the PPE needs, requirements and training for each employee under his/her supervision and for working with the service chief in obtaining the proper items through the normal purchasing procedures;

(2) Enforcing all safety and health procedures;

(3) Ensuring that employees under his/her supervision wear all the protective items that have been provided when accomplishing assigned tasks; and

(4) Ensuring all PPE is properly maintained and kept in proper working condition.

d. Employees:

(1) The employee is required to properly wear or use the PPE issued by the Supervisor. Non-compliance in the proper use and care of this equipment will subject the employee to disciplinary action.

(2) All PPE issued to employees shall be worn or used as a condition of employment. Employees not in possession of this provided equipment upon reporting to work will take annual leave until they are properly utilizing the required item(s).

(3) Each employee will properly clean, maintain and store all safety PPE issued.

(4) Each employee is responsible for attending all required formal and in-service training classes for which they are scheduled.

e. The FSO is responsible for reviewing and approving/disapproving each Hazard Assessment and PPE Selection Survey form submitted to the Safety Office by individual services.

f. The FSO and FIH are responsible for reviewing all submitted purchase requests for PPE ordered by the HCS to ensure that:

(1) The hazards of concern cannot be eliminated; and

(2) That such equipment meets the regulatory requirements for the exposure and for the equipment requested. This action will be accomplished within six (6) working days.

g. The FSO or FIH, upon request, will provide consultation services on eliminating hazard exposures, on PPE needs and on regulatory requirements for the supervisor. The FSO or FIH will also provide review services on request for concurrence of need before the service implements the purchase request.

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h. At the written request of the service chief involved, the FSO or FIH will supply the needed expertise in specific areas to enable supervisors to set up an effective presentation for in-service safety training on PPE.

**6. REFERENCES:**

- a. 29 CFR1910.132-138 General Industry Standards.
- b. Personal Protective Equipment (PPE) Guidebook, 1995, Department of Veterans Affairs.
- c. The American National Standards Institute (ANSI) standards:
  - (1) Eye and Face Protection: ANSI Z87.1-1989;
  - (2) Head protection: ANSI Z89.1-1986; and
  - (3) Foot Protection: ANSI Z41.1-1991.

**7. RESCISSION DATE:** November 30, 2018.

**8. RESPONSIBLE OFFICIAL:** Chief, Safety and Emergency Management Service.

Elizabeth Joyce Freeman  
Director

Attachment (1)

November 9, 2015

**Attachment A**

**Certification of PPE Training**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Service: \_\_\_\_\_

By signing below, I certify that I have received training specific for PPE required to complete my assigned tasks/procedures, demonstrated proficiency in the use and maintenance of such PPE, and training received included each item listed below.

When PPE is necessary;

What PPE must be worn;

How to put on, adjust, wear, and remove PPE properly.

The limitations of the issued PPE.

The proper care, maintenance, useful life, and disposal of the PPE.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**VA PALO ALTO HEALTH CARE SYSTEM**  
**3801 Miranda Avenue**  
**Palo Alto, CA 94304-1290**

**Effective Date: February 21, 2007**

**Issue Date: March 2, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. SAFE-15-06**

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**SUBJECT: HOT WORK PROGRAM**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-12-06, dated October 26, 2012, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish policy and procedures for cutting and welding and other hot work operations in nondesignated areas.

3. **POLICY:** All supervisors, employees, and contractors will take proper precautions when any cutting, welding, or other hot work is to be accomplished and assure all work is done in a safe manner with limited risk to patients, staff and visitors.

4. **DEFINITIONS:**

a. **Hot Work:** Hot work activities include welding, flame cutting, open-flame brazing or soldering, grinding, thermal spraying and/or other similar activities that generate sparks/heat that can provide an ignition source. The use of a portable engine for temporary power is also considered a hot work operation. The use of Sterno or other similar products for heating food is also included as a Hot Work activity.

b. **Fire Watch:** An individual responsible for keeping an eye on the work area during the hot work process. The Fire Watch shall not be the same person actively performing the hot work.

5. **PROCEDURES:** Procedures and controls are established to control all cutting and welding operations conducted in areas not specifically designated for this type of operation. Permits will be authorized and issued by the Safety and Emergency Management Service in written form. Permits are not necessary when hot work is performed in Engineering shops designated for routine use of cutting and welding equipment.

a. When a hot work operation is necessary, SAFE will be contacted by the Contracting Officer's Representative (COR) or government employee. For significant

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projects, the COR should coordinate hot work requirements beforehand to preclude delay in contractor work.

- b. A hot work permit will be valid for a maximum time of 24 hours.
- c. When a permit is issued, Section A of the permit (Attachment A) will initially be completed by SAFE.
- d. Section B of the permit will be completed by the contractor or government employee requesting the permit and the permit will be maintained at the job site.
- e. Section C of the permit will be completed by the supervisor or fire watch after the 30-minute inspection of the area has been completed.
- f. When the operation is completed, and Section C of the permit is signed, it will then be forwarded to SAFE, where it will be maintained as a permanent record for a period of one year.
- g. A fire watch is required for all hot work unless specified differently on the permit. A fire watch is normally required in locations meeting the following conditions:
  - (1) Appreciable combustible material, in building construction or contents, closer than 35 feet (10.7 m) to the point of operation.
  - (2) Appreciable combustibles are more than 35 feet (10.7 m) away, but are easily ignited by sparks.
  - (3) Wall or floor openings within a 35-foot (10.7 m) radius expose combustible material in adjacent areas including concealed spaces in walls or floors.
  - (4) Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by conduction or radiation.
- h. The fire watch shall have fire extinguishing equipment readily available and be trained in its use. They shall be familiar with facilities for sounding an alarm in the event of a fire. They shall watch for fires in all exposed areas, try to extinguish them or otherwise sound the alarm. A fire watch shall be maintained for at least 30 MINUTES after completion of welding.

## **6. RESPONSIBILITIES:**

- a. The Chief, Engineering Service, and the Chief, Office of Planning and Development are responsible for ensuring hot work permits are completed prior to hot work being conducted by contractors and staff under their purview.

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b. The Facility Safety Officer, or authorized SAFE staff, will authorize and issue hot work permits when required and after assuring proper procedures have been put in place.

c. The Resident Engineer, or authorized staff, will authorize and issue hot work permits when required and after assuring proper procedures have been put in place for "major " projects.

d. The COR/Person requesting the permit is responsible to ensure that all required safety precautions as prescribed on the Hot Work Permit are complied with throughout the task.

**7. REFERENCES:**

a. National Fire Protection Association (NFPA) 51B, Standard for Fire Prevention During Welding, Cutting and Other Hot Work, 2014 Edition.

b. Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) 1910.119(k).

**8. RESCISSION DATE:** March 31, 2018.

**9. RESPONSIBLE OFFICIAL:** Chief, Safety and Emergency Management.

Elizabeth Joyce Freeman  
Director

Attachment (1)

**ATTACHMENT A**

**VA Palo Alto Health Care System  
HOT WORK PERMIT**

**A. Safety & Emergency Management Service Completes**

Date: \_\_\_\_\_

Requester (Section or Company Name): \_\_\_\_\_

Building/Department/Floor: \_\_\_\_\_

COTR/Permit Requestor: \_\_\_\_\_

Description of work: \_\_\_\_\_

Special Precautions (other than these listed): \_\_\_\_\_

Permit expires on: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date/Time Issued: \_\_\_\_\_

**ATTENTION**

Before any cutting and welding, ensure that the contractor/employee has inspected the work area and the COTR or permit requestor has confirmed that precautions have been taken to prevent fire. The location where this work is to be done has been examined and necessary precautions have been taken as identified on this permit. (See other side).

**B. CONTRACTOR/PERMIT REQUESTOR COMPLETES:**

**PRIOR TO INITIAL START UP**

This certifies the actions have been taken as indicated on this permit and the COTR/permit requestor has reviewed the work area.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT A (cont.)**

**VA Palo Alto Health Care System  
HOT WORK PERMIT (cont.)**

**PRECAUTIONS**

- \_\_\_\_\_ Sprinklers in service (Required for hot work).
- \_\_\_\_\_ Cutting and welding equipment in good repair.

**WITHIN 35 FT. OF WORK**

- \_\_\_\_\_ Floors swept clean of combustibles.
- \_\_\_\_\_ Combustible floors wetted down, covered with damp sand, metal or other shields.
- \_\_\_\_\_ No combustible material or flammable liquids present.
- \_\_\_\_\_ 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 ON WALL OR CEILINGS**

- \_\_\_\_\_ Construction noncombustible and without combustible covering.
- \_\_\_\_\_ Combustibles moved away from opposite side.

**WORK ON ENCLOSED EQUIPMENT (Tanks, containers, drums, ducts, etc.)**

- \_\_\_\_\_ Equipment cleaned of all combustibles.
- \_\_\_\_\_ Containers purged of flammable vapors with an inert gas.

**FIRE WATCH**

- \_\_\_\_\_ Provided during and 30 minutes after hot work operation.
- \_\_\_\_\_ Appropriate class fire extinguisher readily available.
- \_\_\_\_\_ Trained in use of equipment and in sounding fire alarm.

**C. SUPERVISOR/FIRE WATCH COMPLETES:**

**FOLLOWING COMPLETION OF HOT WORK**

Work area and all adjacent areas to which sparks and heat might be affected (including floors above and below and on opposite sides of walls) were inspected **30 MINUTES** after the work was completed and were found fire safe.

\_\_\_\_\_  
Signature  
(Supervisor or Fire Watch)

\_\_\_\_\_  
Date/Time

**Return this completed form to the Safety and Emergency Management Service** after the final check-up is completed and the permit has been signed above.

**VA PALO ALTO HEALTH CARE SYSTEM MEMORANDUM**  
**3801 Miranda Ave.**  
**Palo Alto, CA 94304-1290**

**Effective Date: November 14, 2007**

**Issue Date: February 12, 2015**

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**HEALTH CARE SYSTEM MEMORANDUM No. SAFE-15-23**

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**SUBJECT: INTERIM LIFE SAFETY MEASURES**

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1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-12-23, dated May 15, 2013, is rescinded. Changes have been made.
2. **PURPOSE:** The purpose of this policy is to provide for VA Palo Alto Health Care System (VAPAHCS) implementation of Interim Life Safety Measures (ILSM).
3. **POLICY:** It shall be the policy of VAPAHCS to plan, implement, and maintain Interim Life Safety Measures when life safety is diminished because of significant Life Safety Code deficiencies or by hazards of construction. The planning, implementation, and maintenance of ILSM shall be continuously reviewed and documented for the duration of each project, to ensure the level of life safety is not diminished in any occupied area, and a safe environment and grounds are maintained throughout any period of construction.
4. **PROCEDURES:**
  - a. Herein out, Contracting Officer Representative refers to any Engineering Service, Office of Facility Planning and Development, or other VAPAHCS Facility representative responsible for project management, coordination, and oversight.
  - b. A condition where the Life Safety Code is compromised shall call for implementation of an ILSM, which compensates for the hazard(s) posed by the interruption of normal life safety protection systems.
  - c. Prior to the start of any construction project, or wherever significant life safety deficiencies exist, or when a Plan For Improvement (PFI) is issued, the Contracting Officer's Representative responsible for work will, with the assistance of the Facility Safety Officer, evaluate the need for ILSM. The Contracting Officer's Representative responsible for work will complete an Interim Life Safety Measures Evaluation Packet and submit it to the Facility Safety Officer and the Chief, Engineering Service for approval. The packet includes:

(1) A completed matrix to assist in determining whether an ILSM is necessary (see Attachment A, Interim Life Safety Measures Evaluation Sheet).

(2) A completed ILSM evaluation sheet. If an ILSM is implemented, the evaluation sheet must be completed daily (when work is being conducted) to evaluate the construction site for changes that require additional measures. ILSMs will not extend beyond a thirty-day period without the approval of the Safety Officer (see Attachment B, Contracting Officer's Representative Responsible for Work Interim Life Safety Measures Evaluation Sheet).

(3) Documentation/Poster. The Contracting Officer's Representative responsible for work will document the ILSM/procedures that will be incorporated as part of the project. This documentation will be signed by the Contracting Officer's Representative responsible for work, the Facility Safety Officer and the Chief, Engineering Service, and will be updated to reflect any changes in ILSM measures (see Attachment C, VA Palo Alto Health Care System Interim Life Safety Measures (ILSM)).

d. To complete the packet, all questions on Attachment A must be answered either "yes" or "no", including question number twenty-one, which indicates whether an ILSM is required. Correlate all "yes" answers with the corresponding column located at the top half of the Attachment A. The corresponding column outlines the ILSM directive required to ensure a safe environment for the duration of the construction project. When the answer to question number twenty-one is "yes", Attachments B through C must also be completed by the Contracting Officer's Representative responsible for work. The Contracting Officer's Representative responsible for work must ensure that the ILSM directives indicated in each corresponding column of Attachment A is transferred to Attachment C to be posted at the construction site. If the answers to questions 14, 15, 18, 19, 20 or 21 are "yes," then complete Attachment E, Fire Watch Decision Grid, to determine if a Fire Watch is required.

e. Once necessary ILSMs are implemented, the Contracting Officer's Representative responsible for work will inspect or have inspected the project daily and record the findings in the daily log. Any identified problems with the implemented ILSMs will be brought to the attention of the Facility Safety Officer as soon as possible.

f. All necessary documentation will be maintained in the project files to reflect compliance with this procedure. A copy of the approved ILSM will also be maintained by the Facility Safety Officer. The project will be continually evaluated for ILSM needs throughout the project as conditions change which may compromise life safety protection elements of the hospital.

## **5. RESPONSIBILITIES:**

a. The Contracting Officer's Representative responsible for work is responsible for:

(1) Identifying and documenting situations in which ILSM and Life Safety Code deficiencies must be evaluated.

(2) Inspecting or having inspected the worksite daily while under ILSM.

(3) Determining when changes need to be made to ILSM.

b. The Facility Safety Officer is responsible for:

(1) Serving in an advisory capacity to the Contracting Officer's Representative responsible for work, as to when ILSM or Life Safety Code deficiencies need to be implemented.

(2) Training the VAPAHCS supervisory and professional staff in the implementation of the procedures of this policy.

(3) Coordinating and documenting fire evacuation training and providing additional firefighting equipment as necessary, for staff assigned to areas where an ILSM has been implemented.

(4) Conducting and documenting a minimum of two fire drills per shift per quarter in areas where an ILSM is implemented (see Attachment D, Safety Officer Interim Life Safety Measures Evaluation).

c. VAPAHCS Supervisory Staff are responsible for:

(1) Ensuring all employees assigned to their service are trained on the ILSM procedures implemented to compensate for the hazards imposed by construction, or any other condition where the Life Safety Code is compromised.

(2) Identifying staff that was not present during the ILSM training provided by the Facility Safety Officer and ensuring they are trained and made aware of any new evacuation procedures or the use of additional equipment.

(3) Ensuring that all employees assigned to their service participate in all additional fire drills to demonstrate their knowledge of ILSM evacuation procedures.

## 6. **REFERENCES:**

a. The Joint Commission, Environment of Care Guidebook.

b. National Fire Protection Association, Life Safety Code.

## 7. **RESCISSION DATE:** February 28, 2018.



8. **RESPONSIBLE OFFICIAL:** Chief, Safety and Emergency Management Service.

Elizabeth Joyce Freeman  
Director

Attachments (5)

MEMORANDA CURRENTNESS:

07-15-14 Still in affect

\*\*\*138-13-24 replaced by 138-16-24\*\*\*

138-14-28 Still in affect

138-15-29 Still in affect

138-15-31 Still in affect

138-16-14 Still in affect

138-16-16 Still in affect

138-16-14 Still in affect

\*\*\*SAFE-13-23 replaced by SAFE-15-23\*\*\*

\*\*\*SAFE-12-06 replaced by SAFE-15-06\*\*\*

\*\*\*SAFE-12-04 no longer found\*\*\*

\*\*\*SAFE-12-02 replaced by SAFE-15-02\*\*\*