

## INTERIM LIFE SAFETY MEASURES (ILSM) CHECKLIST

Project Name \_\_\_\_\_

Project Number \_\_\_\_\_

Project Start/End Date \_\_\_\_\_

COTR \_\_\_\_\_

		Yes	No	N/A
1.	<p>Will any exits/means of egress be obstructed during construction such that alternate exits will have to be established?</p> <p><i>If YES, then ensure that staff is notified/trained on alternate routes of exit and that proper signage is installed. Ensure that escape routes for construction workers are maintained at all times, and the means of exiting construction areas are inspected daily.</i></p> <p><i>If NO, ensure that existing exit routes are free and unobstructed thru daily construction safety check.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<p>Will access to emergency entrance be obstructed or will access by emergency forces (fire, police) be impaired?</p> <p><i>If YES, ensure that alternate means of access or proper direction for emergency service personnel are provided.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Will any fire alarm, detection or suppression system be impaired during this project?</p> <p><i>If YES, provide temporary but equivalent system. Inspect temporary systems monthly.</i></p> <p><i>If NO, ensure that they are in good working order.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Will temporary construction partitions be installed?</p> <p><i>If YES, ensure that temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire. Ensure integrity of partitions during daily construction safety check.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Is additional fire-fighting equipment necessary?</p> <p><i>If YES, ensure that they are provided and that staff are trained on their use.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Ensure that construction personnel are briefed on Medical Center's "no smoking" policy and that "no smoking" signs are installed in and near the construction area.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Ensure that practices that reduce the building's flammable and combustible fire load to the lowest feasible level are maintained and enforced (daily removal of debris, good housekeeping, and minimum storage of construction materials). This will be confirmed through daily construction checks and Medical Center staff's hazard surveillance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p>If implementation of ILSMs is required, are 2 fire drills per shift per quarter required to be conducted?</p> <p><i>If YES, ensure that fire drill(s) are properly conducted and recorded/documented.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<p>If implementation of ILSMs is required, then ensure that hazard surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices, are conducted.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<p>Are structural or compartmentalization features of fire safety impaired?</p> <p><i>If YES, ensure that impacted staff are trained to compensate for impaired structural or compartmentalization features of fire safety.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Contractor Printed Name & Signature / Date**

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**Fire Alarm Printed Name & Signature / Date**