

Construction Risk Assessment and Exposure Control Checklist

Project: 667-16-102 Replace Main Kitchen Air Handling Unit

Date: 3/8/2017

Hazard	Concern (Y/N?)	Control Measure	Remarks
Security Issues			
Site Security	Y	Contractor to keep work area secure (partitions/locks)	
Identification of Contractors	Y	Contractor to obtain ID's	
Appropriate parking	Y	Contractor designated area ^{3rd} or Stoner parking lot.	
Storage of Materials	Y	Contractor to secure.	
Change of locks? Access to site	Y	Secure Site	If needed, coordinate w/ COR.
Traffic Control	N		
Hours of Work	Y	Coordinate with COR.	Coordinate after hours work w/ Police.
IH Issues/GEMS/NEPA			
Asbestos	Y	Per contract, VA to conduct 3 rd Party Monitoring.	If suspect material is found, notify COR.
Haz Com: Chemicals used/MSDS Required	Y	Contractor to maintain MSDS Sheets	
Spills	N		Monitor, seal any floor penetrations
Air Pressure Relationships-Vapors/Fumes	Y	Contractor to maintain negative pressure.	
Lead Paint	N		
Respiratory Protection	N		Unless a specific activity requires it.
Waste disposal	Y	Must remove daily in clean covered carts. Use freight elevators as needed. Report waste diversion monthly.	Do not put in VA dumpster at Back Dock.
Recycling	Y	As appropriate.	
NEPA (See NEPA Compliance Checklist)	N		
Infection Control Issues (see ICRA)			
Dust	Y	Maintain neg pressure, cover carts, walk-off mats, etc.	
Proximity of air intakes	N		
Proximity of patients	Y N	Maintain Barriers and remove waste after 4:00pm.	
Water leaks/Mold/Mildew	N		
Negative Air	Y	Maintain while work is in progress.	
Risk of TB transmission to contractors	N		Not be working in a high risk patient area.
Potential for potable water contamination	N		
Patient Safety Issues			
Access to construction site by patients	Y	Contractor to keep work area secure.	
Engineering Issues			
Utility Interruption	Y	Coordinate w/ COR & Engineering.	
Vibration / Noise	Y	Intermittent	Will monitor.
Electrical Safety	Y	Contractor to utilize lockout tagout controls.	
Welding/Cutting – Hot Work	Y	Coordinate all HOT work with the COR.	Open/Close Burn permits daily.
Frequency of Inspections	Y	Super present at all times during work.	Construction Team Weekly.
Critical Barriers (I.E. FIRE, SMOKE, ASBESTOS)	Y N		
Coordination with staff in vicinity	Y	Depending on area. DURING UNIT CHANGE OUT.	

Hazard	Concern (Y/N?)	Control Measure	Remarks
Fire Protection Issues			
Penetrations	Y	Fire caulk as appropriate.	
Smoking	N		Absolutely not allowed.
ILSM (see ILSM Evaluation)	Y	Ref to ILSM.	
Fire watch	Y	As required for HOT work (Burn Permit)	
Disruption to fire protection systems	Y	Sprinkler system to turn up for construction.	Coordinate with COR.
Safety Issues			
Trenching/Shoring	N		
Scaffolding	N		
Tool safety	Y	General safety as appropriate/required	Contractor to secure
PPE	Y	As work activity requires.	
Cranes	N		
Fall Protection	N		
Confined space	N		
Hand and Power tools	Y	As required.	
Emergency Response to/from site	Y	Educate staff on access to & from site.	
Signage	Y	Identify "Construction Area"	
LOTO	Y	Electrical work, coordinate with COR.	
EMS Issues			
Pest control within construction areas	N	No food in work area, remove debris daily.	
Dust Control	Y	Neg Air and walk off mats as required.	
Waste Disposal	Y	Remove daily in covered carts.	
Specialized Training Requirements			

Team Members to Conduct Inspections: D=Daily W=Weekly AN=As needed O=Other

Construction Safety Officer <input checked="" type="radio"/> D <input type="radio"/> W <input type="radio"/> AN	Infection Control <input type="radio"/> D <input checked="" type="radio"/> W <input type="radio"/> AN	Safety Spec <input type="radio"/> D <input checked="" type="radio"/> W <input type="radio"/> AN	GEMS <input type="radio"/> D <input checked="" type="radio"/> W <input type="radio"/> AN
Safety Officer <input type="radio"/> D <input checked="" type="radio"/> W <input type="radio"/> AN			

Approval Signatures:

Proj Mgr/M&O/COR/CSO <i>[Signature]</i> 7/26/17	Chief Engineer/Facility Safety Officer <i>[Signature]</i> 7/26/17
	VA Police (if required) <i>[Signature]</i> 8-8-17
Infection Prevention (if no ICRA) <i>[Signature]</i> 7/26/2017	GEMS (if no NEPA) <i>[Signature]</i> 7/26/17