

1. Will the project be fully accepted as complete per the phasing plan?
  - a. As was discussed in the walk-through, it is our intention, at some point in the project, to turn the entire floor over to the contractor. In order for us to be able to do that the building 64 addition needs to be completed, furnished and certified for patients. As that project continues to face delays, we cannot give a specific date at this point as to when we would be able to turn the whole floor over to you. So, the project will start with the phasing plan. If we cannot turn the entire floor over to you before the first phase is completed then we will accept the first phase when it is complete and work to transfer patients over into that wing.
2. Will ICRA be required?
  - a. Yes, as this construction is in an active medical building and will include work on active medical wards with patients, so an ICRA will be required.
3. Is there a Submittal Register available?
  - a. There is not a submittal register available. Things that we would typically want to see submittals on include project schedule, project safety plan, OSHA 30's & 10's, and product selection data. Submittals are addressed in section 1.2 under each of the project specifications.
4. Spec Section 01 00 00 Para1.11 requires two sets of As-Builts to be maintained. Typically we keep one set of as-builts. Is this correct?
  - a. Maintaining one set as As-Builts would be acceptable.
5. Will we be able to completely shut down the work areas covered/shown under each phase?
  - a. With phases 1 - 4 as shown on drawing G0.03, yes. With phase 5, the central corridor, as long as part of the floor is still an active medical ward (see question #1), ADA access for patients and staff must be maintained to at least one of the three elevators that service the floor. If the work for phase 5 is to be done while part of the floor is still active then phase 5 may have to be accomplished in stages, in conjunction with some of the other phases.
6. Are there any work restricted hours? Noise considerations?
  - a. At least initially, there will be patients on other parts of the floor that are not under construction. Also, the floor below will continue to be an active patient floor with elderly patients. We can support 10 hour work days, but that will be about the daily work limit without specific case by case special approval. With the patients on the floor and below, we expect normal efforts to keep noise down to what is required for general construction. We know that there will be general construction noise. Higher noise activities, such as jackhammering, core drilling and the like, will need prior coordination with the COR/medical staff. If the high noise activity were needed to be accomplished above a room with a terminal patient, we might adjust the timing of the high noise activity, or hours the activity could be accomplished might be limited.

7. Is there any asbestos or other regulated materials within the work areas? If yes, please provide an asbestos/lead/hazardous material report.
  - a. The only known asbestos is on sink undercoating in a number of rooms on the floor. See attached asbestos report. Note that the asbestos report follows the old building room/floor numbering. In the report the rooms on the floor are numbered 2XXX and may not match existing room numbers. As with any demo being done in older buildings, the asbestos report just samples visible materials. It is possible that additional suspect materials might be uncovered through demolition. The contractor should plan accordingly. There is not a lead based paint testing report for the building. Due to the age of our buildings, there is general assumption that much of the original paint contains lead. The contractor should plan accordingly. The VA will not conduct tests for lead based paint, so the contractor should plan to conduct any tests they feel will be necessary and for taking any appropriate actions based on test results.