

CLC TERRACE MODIFICATIONS

SOUTHEAST LOUISIANA VETERANS HEALTH CARE SYSTEM

2400 CANAL STREET

NEW ORLEANS, LA 70119

Specifications

DECEMBER-14-2017

**DEPARTMENT OF VETERANS AFFAIRS
VHA MASTER SPECIFICATIONS**

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SECTION 00 01 15
LIST OF DRAWING SHEETS

VAMC: Southeast Louisiana Veterans Health Care System

SECTION 00 01 15
LIST OF DRAWINGS

The drawings listed below accompanying this specification form a part of the contract.

Drawing No.	Title
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**SECTION 01 00 00
GENERAL REQUIREMENTS**

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SECTION 01 00 00
GENERAL REQUIREMENTS

1.1 GENERAL INTENTION

- A. Contractor shall completely prepare site for building operations, including demolition and removal of existing structures, and furnish labor and materials and perform work for 5 Community Based Outpatient Clinics as required by drawings and specifications.
- B. There will be one organized Site Visit Scheduled. Please see Provision 52.236-27 SITE VISIT (CONSTRUCTION) ALTERNATE 1, in the IFB. No other Site Visits will be conducted.
- C. All employees of general contractor and subcontractors shall comply with VA security management program and obtain permission of the VA police, be identified by project and employer, and restricted from unauthorized access.
- D. Prior to commencing work, general contractor shall provide proof that a OSHA designated "competent person" (CP) (29 CFR 1926.20(b)(2)) will maintain a presence at the work site whenever the general or subcontractors are present.
- E. Training:
 - 1. All employees of general contractor or subcontractors shall have the 10-hour or 30-hour OSHA Construction Safety course and other relevant competency training, as determined by RE/COR acting as the Construction Safety Officer with input from the facility Construction Safety Committee.
 - 2. Submit training records of all such employees for approval before the start of work.
- F. VHA Directive 2011-36, Safety and Health during Construction, dated 9/22/2011 in its entirety is made a part of this section

1.2 STATEMENT OF BID ITEM(S)

- A. The work of this contract shall include all equipment and wiring for the complete, fully functional tie-in of new security cameras to the SLVHCS Medical Center in New Orleans.

1.3 SPECIFICATIONS AND DRAWINGS FOR CONTRACTOR

- A. AFTER AWARD OF CONTRACT, 15 sets of specifications and drawings will be furnished.
- B. Additional sets of drawings may be made by the Contractor, at Contractor's expense, from reproducible sepia prints furnished by Issuing Office. Such sepia prints shall be returned to the Issuing Office immediately after printing is completed.

1.4 CONSTRUCTION SECURITY REQUIREMENTS

A. Security Plan:

- 1. The security plan defines both physical and administrative security procedures that will remain effective for the entire duration of the project.
- 2. The General Contractor is responsible for assuring that all sub-contractors working on the project and their employees also comply with these regulations.

B. Security Procedures:

- 1. General Contractor's employees shall not enter the project site without appropriate badge. They may also be subject to inspection of their personal effects when entering or leaving the project site.
- 2. For working outside the "regular hours" as defined in the contract, The General Contractor shall give notice 3 days prior to the Contracting Officer so that security arrangements can be provided for the employees. This notice is separate from any notices required for utility shutdown described later in this section.
- 3. No photography of VA premises is allowed without written permission of the Contracting Officer.
- 4. VA reserves the right to close or shut down the project site and order General Contractor's employees off the premises in the event of a national emergency. The General Contractor may return to the site only with the written approval of the Contracting Officer.

C. Document Control:

1. Before starting any work, the General Contractor/Sub Contractors shall submit an electronic security memorandum describing the approach to following goals and maintaining confidentiality of "sensitive information".
2. The General Contractor is responsible for safekeeping of all drawings, project manual and other project information. This information shall be shared only with those with a specific need to accomplish the project.
3. Certain documents, sketches, videos or photographs and drawings may be marked "Law Enforcement Sensitive" or "Sensitive Unclassified". Secure such information in separate containers and limit the access to only those who will need it for the project. Return the information to the Contracting Officer upon request.
4. These security documents shall not be removed or transmitted from the project site without the written approval of Contracting Officer.
5. All paper waste or electronic media such as CD's and diskettes shall be shredded and destroyed in a manner acceptable to the VA.
6. Notify Contracting Officer and Site Security Officer immediately when there is a loss or compromise of "sensitive information".
7. All electronic information shall be stored in specified location following VA standards and procedures using an Engineering Document Management Software (EDMS).
 - a. Security, access and maintenance of all project drawings, both scanned and electronic shall be performed and tracked through the EDMS system.
 - b. "Sensitive information" including drawings and other documents may be attached to e-mail provided all VA encryption procedures are followed.

D. Motor Vehicle Restrictions

1. Vehicle authorization request shall be required for any vehicle entering the site and such request shall be submitted 24 hours before the date and time of access. Access shall be restricted to picking up and dropping off materials and supplies.
2. Separate permits shall be issued for General Contractor and its employees for parking in designated areas only.

1.5 FIRE SAFETY

A. Applicable Publications: Publications listed below form part of this Article to extent referenced. Publications are referenced in text by basic designations only.

1. American Society for Testing and Materials (ASTM):

E84-2009.....Surface Burning Characteristics of Building
Materials

2. National Fire Protection Association (NFPA):

10-2010.....Standard for Portable Fire Extinguishers

30-2008.....Flammable and Combustible Liquids Code

51B-2009.....Standard for Fire Prevention During Welding,
Cutting and Other Hot Work

70-2011.....National Electrical Code

101-2012.....Life Safety Code

241-2009.....Standard for Safeguarding Construction,
Alteration, and Demolition Operations

3. Occupational Safety and Health Administration (OSHA):

29 CFR 1926.....Safety and Health Regulations for Construction

4. VHA Directive 2005-007

B. Fire Safety Plan: Establish and maintain a fire protection program in accordance with 29 CFR 1926. Prior to start of work, prepare a plan detailing project-specific fire safety measures, including periodic status reports, and submit to Resident Engineer for review for

compliance with VHA Directive 2005-007, NFPA 101 and NFPA 241. Prior to beginning work, all employees of the contractor and/or any subcontractors shall undergo a safety briefing provided by the general contractor's competent person per OSHA requirements. This briefing shall include information on the construction limits, VAMC safety guidelines, means of egress, break areas, work hours, locations of restrooms, use of VAMC equipment, etc. Provide documentation to the Resident Engineer that all construction workers have undergone contractor's safety briefing.

- C. Site and Building Access: Maintain free and unobstructed access to facility emergency services and for fire, police and other emergency response forces in accordance with NFPA 241.
- D. Separate temporary facilities, such as trailers, storage sheds, and dumpsters, from existing buildings and new construction by distances in accordance with NFPA 241. For small facilities with less than 6 m (20 feet) exposing overall length, separate by 3m (10 feet).
- E. Means of Egress: Do not block exiting for occupied buildings, including paths from exits to roads. Minimize disruptions and coordinate with Resident Engineer.
- F. Egress Routes for Construction Workers: Maintain free and unobstructed egress. Inspect daily. Report findings and corrective actions weekly to Resident Engineer.
- G. Fire Extinguishers: Provide and maintain extinguishers in construction areas and temporary storage areas in accordance with 29 CFR 1926, NFPA 241 and NFPA 10.
- H. Flammable and Combustible Liquids: Store, dispense and use liquids in accordance with 29 CFR 1926, NFPA 241 and NFPA 30.
- I. Existing Fire Protection: Do not impair automatic sprinklers, smoke and heat detection, and fire alarm systems, except for portions immediately under construction, and temporarily for connections. Provide fire watch for impairments more than 4 hours in a 24-hour period. Request interruptions in accordance with Article, OPERATIONS AND STORAGE AREAS, and coordinate with Resident Engineer. All existing or temporary fire protection systems (fire alarms, sprinklers) located in construction

areas shall be tested as coordinated with the medical center.

Parameters for the testing and results of any tests performed shall be recorded by the medical center and copies provided to the Resident Engineer.

- J. Smoke Detectors: Prevent accidental operation. Remove temporary covers at end of work operations each day. Coordinate with Resident Engineer.
- K. Fire Hazard Prevention and Safety Inspections: Inspect entire construction areas weekly. Coordinate with, and report findings and corrective actions weekly to Resident Engineer.
- L. Smoking: Smoking is prohibited in and adjacent to construction areas inside existing buildings and additions under construction. In separate and detached buildings under construction, smoking is prohibited except in designated smoking rest areas.
- M. Dispose of waste and debris in accordance with NFPA 241. Remove from buildings daily.
- N. Perform other construction, alteration and demolition operations in accordance with 29 CFR 1926.

1.6 OPERATIONS AND STORAGE AREAS

- A. The Contractor shall confine all operations (including storage of materials) on Government premises to areas authorized or approved by the Contracting Officer. The Contractor shall hold and save the Government, its officers and agents, free and harmless from liability of any nature occasioned by the Contractor's performance.
- B. Temporary buildings (e.g., storage sheds, shops, offices) and utilities may be erected by the Contractor only with the approval of the Contracting Officer and shall be built with labor and materials furnished by the Contractor without expense to the Government. The temporary buildings and utilities shall remain the property of the Contractor and shall be removed by the Contractor at its expense upon completion of the work. With the written consent of the Contracting Officer, the buildings and utilities may be abandoned and need not be removed.

- C. The Contractor shall, under regulations prescribed by the Contracting Officer, use only established roadways, or use temporary roadways constructed by the Contractor when and as authorized by the Contracting Officer. When materials are transported in prosecuting the work, vehicles shall not be loaded beyond the loading capacity recommended by the manufacturer of the vehicle or prescribed by any Federal, State, or local law or regulation. When it is necessary to cross curbs or sidewalks, the Contractor shall protect them from damage. The Contractor shall repair or pay for the repair of any damaged curbs, sidewalks, or roads.
- D. Working space and space available for storing materials shall be as determined by the Resident Engineer.
- E. Execute work in such a manner as to interfere as little as possible with work being done by others. Keep roads clear of construction materials, debris, standing construction equipment and vehicles at all times.
- F. Execute work to interfere as little as possible with normal functioning of Medical Center including operations of utility services, fire protection systems and any existing equipment, and with work being done by others. Use of equipment and tools that transmit vibrations and noises through the building structure, are not permitted in buildings that are occupied, during construction, jointly by patients or medical personnel, and Contractor's personnel, except as permitted by Resident Engineer where required by limited working space.
 - 1. Do not store materials and equipment in other than assigned areas.
 - 2. Schedule delivery of materials and equipment to immediate construction working areas within buildings in use by Department of Veterans Affairs in quantities sufficient for not more than two work days. Provide unobstructed access to Medical Center areas required to remain in operation.
 - 3. Where access by Medical Center personnel to vacated portions of buildings is not required, storage of Contractor's materials and equipment will be permitted subject to fire and safety requirements.
- G. Phasing: To insure such executions, Contractor shall furnish the Resident Engineer with a schedule of approximate dates on which the

Contractor intends to accomplish work in each specific area of site, building or portion thereof. In addition, Contractor shall notify the Resident Engineer two weeks in advance of the proposed date of starting work in each specific area of site, building or portion thereof. Arrange such dates to insure accomplishment of this work in successive phases mutually agreeable to Medical Center Director, Resident Engineer and Contractor.

H. Building will be occupied during performance of work.

1. Contractor shall take all measures and provide all material necessary for protecting existing equipment and property in affected areas of construction against dust and debris, so that equipment and affected areas to be used in the Medical Centers operations will not be hindered. Contractor shall permit access to Department of Veteran's Affairs personnel and patients through other construction areas which serve as routes of access to such affected areas and equipment. Coordinate alteration work in areas occupied by Department of Veterans Affairs so that Medical Center operations will continue during the construction period.

I. To minimize interference of construction activities with flow of Medical Center traffic, comply with the following:

1. Keep roads, walks and entrances to grounds, to parking and to occupied areas of buildings clear of construction materials, debris and standing construction equipment and vehicles.
2. Method and scheduling of required cutting, altering and removal of existing roads, walks, and entrances must be approved by the Resident Engineer.

J. Coordinate the work for this contract with other construction operations as directed by Resident Engineer. This includes the scheduling of traffic and the use of roadways, as specified in Article, USE OF ROADWAYS.

1.7 ALTERATIONS

A. Survey: Before any work is started, the Contractor shall make a thorough survey with the Resident Engineer of the building in which alterations occur and areas which are anticipated routes of access, and

furnish a report, signed by both, to the Contracting Officer. This report shall list by rooms and spaces:

1. Existing condition and types of resilient flooring, doors, windows, walls and other surfaces not required to be altered throughout affected areas of building.
 2. Existence and conditions of items such as plumbing fixtures and accessories, electrical fixtures, equipment, venetian blinds, shades, etc., required by drawings to be either reused or relocated, or both.
 3. Shall note any discrepancies between drawings and existing conditions at site.
 4. Shall designate areas for working space, materials storage and routes of access to areas within buildings where alterations occur and which have been agreed upon by Contractor and Resident Engineer.
- B. Any items required by drawings to be either reused or relocated or both, found during this survey to be nonexistent, or in opinion of Resident Engineer, to be in such condition that their use is impossible or impractical, shall be furnished and/or replaced by Contractor with new items in accordance with specifications which will be furnished by Government. Provided the contract work is changed by reason of this subparagraph B, the contract will be modified accordingly, under provisions of clause entitled "DIFFERING SITE CONDITIONS" (FAR 52.236-2) and "CHANGES" (FAR 52.243-4 and VAAR 852.236-88).
- C. Re-Survey: Thirty days before expected partial or final inspection date, the Contractor and Resident Engineer together shall make a thorough re-survey of the areas of buildings involved. They shall furnish a report on conditions then existing, of resilient flooring, doors, windows, walls and other surfaces as compared with conditions of same as noted in first condition survey report:
1. Re-survey report shall also list any damage caused by Contractor to such flooring and other surfaces, despite protection measures; and, will form basis for determining extent of repair work required of Contractor to restore damage caused by Contractor's workmen in executing work of this contract.

D. Protection: Provide the following protective measures:

1. Wherever existing roof surfaces are disturbed they shall be protected against water infiltration. In case of leaks, they shall be repaired immediately upon discovery.
2. Temporary protection against damage for portions of existing structures and grounds where work is to be done, materials handled and equipment moved and/or relocated.
3. Protection of interior of existing structures at all times, from damage, dust and weather inclemency. Wherever work is performed, floor surfaces that are to remain in place shall be adequately protected prior to starting work, and this protection shall be maintained intact until all work in the area is completed.

1.8 INFECTION PREVENTION MEASURES

- A. Implement the requirements of VAMC's Infection Control Risk Assessment (ICRA) team. ICRA Group may monitor dust in the vicinity of the construction work and require the Contractor to take corrective action immediately if the safe levels are exceeded.
- B. Establish and maintain a dust control program as part of the contractor's infection preventive measures in accordance with the guidelines provided by ICRA Group. Prior to start of work, prepare a plan detailing project-specific dust protection measures, including periodic status reports, and submit to Resident Engineer for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES.
 1. All personnel involved in the construction or renovation activity shall be educated and trained in infection prevention measures established by the medical center.
- C. Medical center Infection Control personnel shall monitor for airborne disease (e.g. aspergillosis) as appropriate during construction. A baseline of conditions may be established by the medical center prior to the start of work and periodically during the construction stage to determine impact of construction activities on indoor air quality. In addition:

1. The RE and VAMC Infection Control personnel shall review pressure differential monitoring documentation to verify that pressure differentials in the construction zone and in the patient-care rooms are appropriate for their settings. The requirement for negative air pressure in the construction zone shall depend on the location and type of activity. Upon notification, the contractor shall implement corrective measures to restore proper pressure differentials as needed.
 2. In case of any problem, the medical center, along with assistance from the contractor, shall conduct an environmental assessment to find and eliminate the source.
- D. In general, following preventive measures shall be adopted during construction to keep down dust and prevent mold.
1. Dampen debris to keep down dust and provide temporary construction partitions in existing structures where directed by Resident Engineer. Blank off ducts and diffusers to prevent circulation of dust into occupied areas during construction.
 2. Do not perform dust producing tasks within occupied areas without the approval of the Resident Engineer. For construction in any areas that will remain jointly occupied by the medical Center and Contractor's workers, the Contractor shall:
 - a. Provide dust proof fire-rated temporary drywall construction barriers to completely separate construction from the operational areas of the hospital in order to contain dirt debris and dust. Barriers shall be sealed and made presentable on hospital occupied side. Install a self-closing rated door in a metal frame, commensurate with the partition, to allow worker access. Maintain negative air at all times. A fire retardant polystyrene, 6-mil thick or greater plastic barrier meeting local fire codes may be used where dust control is the only hazard, and an agreement is reached with the Resident Engineer and Medical Center.
 - b. HEPA filtration is required where the exhaust dust may reenter the breathing zone. Contractor shall verify that construction

exhaust to exterior is not reintroduced to the medical center through intake vents, or building openings. Install HEPA (High Efficiency Particulate Accumulator) filter vacuum system rated at 95% capture of 0.3 microns including pollen, mold spores and dust particles. Insure continuous negative air pressures occurring within the work area. HEPA filters should have ASHRAE 85 or other prefilter to extend the useful life of the HEPA. Provide both primary and secondary filtrations units. Exhaust hoses shall be heavy duty, flexible steel reinforced and exhausted so that dust is not reintroduced to the medical center.

- c. Adhesive Walk-off/Carpet Walk-off Mats, minimum 600mm x 900mm (24" x 36"), shall be used at all interior transitions from the construction area to occupied medical center area. These mats shall be changed as often as required to maintain clean work areas directly outside construction area at all times.
- d. Vacuum and wet mop all transition areas from construction to the occupied medical center at the end of each workday. Vacuum shall utilize HEPA filtration. Maintain surrounding area frequently. Remove debris as they are created. Transport these outside the construction area in containers with tightly fitting lids.
- e. The contractor shall not haul debris through patient-care areas without prior approval of the Resident Engineer and the Medical Center. When, approved, debris shall be hauled in enclosed dust proof containers or wrapped in plastic and sealed with duct tape. No sharp objects should be allowed to cut through the plastic. Wipe down the exterior of the containers with a damp rag to remove dust. All equipment, tools, material, etc. transported through occupied areas shall be made free from dust and moisture by vacuuming and wipe down.
- f. Using a HEPA vacuum, clean inside the barrier and vacuum ceiling tile prior to replacement. Any ceiling access panels opened for investigation beyond sealed areas shall be sealed immediately when unattended.
- g. There shall be no standing water during construction. This includes water in equipment drip pans and open containers within

the construction areas. All accidental spills must be cleaned up and dried within 12 hours. Remove and dispose of porous materials that remain damp for more than 72 hours.

- h. At completion, remove construction barriers and ceiling protection carefully, outside of normal work hours. Vacuum and clean all surfaces free of dust after the removal.

E. Final Cleanup:

1. Upon completion of project, or as work progresses, remove all construction debris from above ceiling, vertical shafts and utility chases that have been part of the construction.
2. Perform HEPA vacuum cleaning of all surfaces in the construction area. This includes walls, ceilings, cabinets, furniture (built-in or free standing), partitions, flooring, etc.

1.9 DISPOSAL AND RETENTION

A. Materials and equipment accruing from work removed and from demolition of buildings or structures, or parts thereof, shall be disposed of as follows:

1. Reserved items which are to remain property of the Government are identified by attached tags or noted on drawings or in specifications as items to be stored. Items that remain property of the Government shall be removed or dislodged from present locations in such a manner as to prevent damage which would be detrimental to re-installation and reuse. Store such items where directed by Resident Engineer.
2. Items not reserved shall become property of the Contractor and be removed by Contractor from Medical Center.
3. Items of portable equipment and furnishings located in rooms and spaces in which work is to be done under this contract shall remain the property of the Government. When rooms and spaces are vacated by the Department of Veterans Affairs during the alteration period, such items which are NOT required by drawings and specifications to be either relocated or reused will be removed by the Government in advance of work to avoid interfering with Contractor's operation.

1.10 PROTECTION OF EXISTING VEGETATION, STRUCTURES, EQUIPMENT, UTILITIES, AND IMPROVEMENTS

- A. The Contractor shall preserve and protect all structures, equipment, and vegetation (such as trees, shrubs, and grass) on or adjacent to the work site, which is not to be removed and which does not unreasonably interfere with the work required under this contract. The Contractor shall only remove trees when specifically authorized to do so, and shall avoid damaging vegetation that will remain in place. If any limbs or branches of trees are broken during contract performance, or by the careless operation of equipment, or by workmen, the Contractor shall trim those limbs or branches with a clean cut and paint the cut with a tree-pruning compound as directed by the Contracting Officer.
- B. The Contractor shall protect from damage all existing improvements and utilities at or near the work site and on adjacent property of a third party, the locations of which are made known to or should be known by the Contractor. The Contractor shall repair any damage to those facilities, including those that are the property of a third party, resulting from failure to comply with the requirements of this contract or failure to exercise reasonable care in performing the work. If the Contractor fails or refuses to repair the damage promptly, the Contracting Officer may have the necessary work performed and charge the cost to the Contractor.

(FAR 52.236-9)

- C. Refer to Section 01 57 19, TEMPORARY ENVIRONMENTAL CONTROLS, for additional requirements on protecting vegetation, soils and the environment. Refer to Articles, "Alterations", "Restoration", and "Operations and Storage Areas" for additional instructions concerning repair of damage to structures and site improvements.

1.11 RESTORATION

- A. Remove, cut, alter, replace, patch and repair existing work as necessary to install new work. Except as otherwise shown or specified, do not cut, alter or remove any structural work, and do not disturb any ducts, plumbing, steam, gas, or electric work without approval of the Resident Engineer. Existing work to be altered or extended and that is

found to be defective in any way, shall be reported to the Resident Engineer before it is disturbed. Materials and workmanship used in restoring work, shall conform in type and quality to that of original existing construction, except as otherwise shown or specified.

- B. Upon completion of contract, deliver work complete and undamaged. Existing work (walls, ceilings, partitions, floors, mechanical and electrical work, lawns, paving, roads, walks, etc.) disturbed or removed as a result of performing required new work, shall be patched, repaired, reinstalled, or replaced with new work, and refinished and left in as good condition as existed before commencing work.
- C. At Contractor's own expense, Contractor shall immediately restore to service and repair any damage caused by Contractor's workmen to existing piping and conduits, wires, cables, etc., of utility services or of fire protection systems and communications systems (including telephone) which are indicated on drawings and which are not scheduled for discontinuance or abandonment.
- D. Expense of repairs to such utilities and systems not shown on drawings or locations of which are unknown will be covered by adjustment to contract time and price in accordance with clause entitled "CHANGES" (FAR 52.243-4 and VAAR 852.236-88) and "DIFFERING SITE CONDITIONS" (FAR 52.236-2).

1.12 PHYSICAL DATA

- A. Data and information furnished or referred to below is for the Contractor's information. The Government shall not be responsible for any interpretation of or conclusion drawn from the data or information by the Contractor.
- B. Government does not guarantee that other materials will not be encountered nor that proportions, conditions or character of several materials will not vary from those indicated by explorations. Bidders are expected to examine site of work and logs of borings; and, after investigation, decide for themselves character of materials and make their bids accordingly. Upon proper application to Department of Veterans Affairs, bidders will be permitted to make subsurface explorations of their own at site.

1.13 AS-BUILT DRAWINGS

- A. The contractor shall maintain two full size sets of as-built drawings which will be kept current during construction of the project, to include all contract changes, modifications and clarifications.
- B. All variations shall be shown in the same general detail as used in the contract drawings. To insure compliance, as-built drawings shall be made available for the Resident Engineer's review, as often as requested.
- C. Contractor shall deliver two approved completed sets of as-built drawings to the Resident Engineer within 15 calendar days after each completed phase and after the acceptance of the project by the Resident Engineer.
- D. Paragraphs A, B, & C shall also apply to all shop drawings.

1.14 USE OF ROADWAYS

- A. For hauling, use only established public roads and roads on Medical Center property and, when authorized by the Resident Engineer, such temporary roads which are necessary in the performance of contract work. Temporary roads shall be constructed by the Contractor at Contractor's expense. When necessary to cross curbing, sidewalks, or similar construction, they must be protected by well-constructed bridges.

1.15 TEMPORARY TOILETS

- A. Contractor may have for use of Contractor's workmen, such toilet accommodations as may be assigned to Contractor by Medical Center. Contractor shall keep such places clean and be responsible for any damage done thereto by Contractor's workmen. Failure to maintain satisfactory condition in toilets will deprive Contractor of the privilege to use such toilets.

1.16 AVAILABILITY AND USE OF UTILITY SERVICES

- A. The Government shall make all reasonably required amounts of utilities available to the Contractor from existing outlets and supplies, as specified in the contract.

1.17 INSTRUCTIONS

- A. Contractor shall furnish Maintenance and Operating manuals (hard copies and electronic) and verbal instructions when required by the various sections of the specifications and as hereinafter specified.
- B. Manuals: Maintenance and operating manuals and one compact disc (four hard copies and one electronic copy each) for each separate piece of equipment shall be delivered to the Resident Engineer coincidental with the delivery of the equipment to the job site. Manuals shall be complete, detailed guides for the maintenance and operation of equipment. They shall include complete information necessary for starting, adjusting, maintaining in continuous operation for long periods of time and dismantling and reassembling of the complete units and sub-assembly components. Manuals shall include an index covering all component parts clearly cross-referenced to diagrams and illustrations. Illustrations shall include "exploded" views showing and identifying each separate item. Emphasis shall be placed on the use of special tools and instruments. The function of each piece of equipment, component, accessory and control shall be clearly and thoroughly explained. All necessary precautions for the operation of the equipment and the reason for each precaution shall be clearly set forth. Manuals must reference the exact model, style and size of the piece of equipment and system being furnished. Manuals referencing equipment similar to but of a different model, style, and size than that furnished will not be accepted.
- C. Instructions: Contractor shall provide qualified, factory-trained manufacturers' representatives to give detailed instructions to assigned Department of Veterans Affairs personnel in the operation and complete maintenance for each piece of equipment. All such training will be at the job site. These requirements are more specifically detailed in the various technical sections. Instructions for different items of equipment that are component parts of a complete system, shall be given in an integrated, progressive manner. All instructors for every piece of component equipment in a system shall be available until instructions for all items included in the system have been completed. This is to assure proper instruction in the operation of inter-related systems. All instruction periods shall be at such times as scheduled by

the Resident Engineer and shall be considered concluded only when the Resident Engineer is satisfied in regard to complete and thorough coverage. The Department of Veterans Affairs reserves the right to request the removal of, and substitution for, any instructor who, in the opinion of the Resident Engineer, does not demonstrate sufficient qualifications in accordance with requirements for instructors above.

1.18 WET PAINT SIGN

- A. Provide a Wet Paint Sign where directed by the Resident Engineer.
- B. Maintain sign and remove it when directed by the Resident Engineer.

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SECTION 01 32 16.15
PROJECT SCHEDULES
(SMALL PROJECTS - DESIGN/BID/BUILD)

PART 1- GENERAL

1.1 DESCRIPTION:

- A. The Contractor shall develop a plan and schedule demonstrating fulfillment of the contract requirements (Project Schedule), and shall keep the Project Schedule up-to-date in accordance with the requirements of this section and shall utilize the plan for scheduling, coordinating and monitoring work under this contract (including all activities of subcontractors, equipment vendors and suppliers).

1.2 COMPUTER PRODUCED SCHEDULES

- A. The contractor shall provide, initially, to the Department of Veterans Affairs (VA), all computer-produced time/cost schedules and reports generated from monthly project updates.
- B. The contractor shall be responsible for the correctness and timeliness of the computer-produced reports. The Contractor shall also responsible for the accurate and timely submittal of the updated project schedule and all data necessary to produce the computer reports and payment request that is specified.
- C. The VA will report errors in computer-produced reports to the Contractor's representative within ten calendar days from receipt of reports. The Contractor shall reprocess the computer-produced reports and associated diskette(s), when requested by the Contracting Officer's representative, to correct errors which affect the payment and schedule for the project.

1.3 PROJECT SCHEDULE REQUIREMENTS

- A. Show on the project schedule the sequence of work activities/events required for complete performance of all items of work.

1.4 RESPONSIBILITY FOR COMPLETION

- A. If it becomes apparent from the current revised monthly progress schedule that phasing or contract completion dates will not be met, the Contractor shall execute some or all of the following remedial actions:
 - 1. Increase construction manpower in such quantities and crafts as necessary to eliminate the backlog of work.

2. Increase the number of working hours per shift, shifts per working day, working days per week, the amount of construction equipment, or any combination of the foregoing to eliminate the backlog of work.
 3. Reschedule the work in conformance with the specification requirements.
- B. Prior to proceeding with any of the above actions, the Contractor shall notify and obtain approval from the COR for the proposed schedule changes. If such actions are approved, the representative schedule revisions shall be incorporated by the Contractor into the Project Schedule before the next update, at no additional cost to the Government.

1.5 ADJUSTMENT OF CONTRACT COMPLETION

- A. The contract completion time will be adjusted only for causes specified in this contract. Request for an extension of the contract completion date by the Contractor shall be supported with a justification, data and supporting evidence as the COR may deem necessary for determination as to whether the Contractor is entitled to an extension of time under the provisions of the contract.

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SECTION 01 35 26
SAFETY REQUIREMENTS

1.1 APPLICABLE PUBLICATIONS:

A. Latest publications listed below form part of this Article to extent referenced. Publications are referenced in text by basic designations only.

B. American Society of Safety Engineers (ASSE):

A10.1-2011.....Pre-Project & Pre-Task Safety and Health
Planning

A10.34-2012.....Protection of the Public on or Adjacent to
Construction Sites

A10.38-2013.....Basic Elements of an Employer's Program to
Provide a Safe and Healthful Work Environment
American National Standard Construction and
Demolition Operations

C. American Society for Testing and Materials (ASTM):

E84-2013.....Surface Burning Characteristics of Building
Materials

D. The Facilities Guidelines Institute (FGI):

FGI Guidelines-2010Guidelines for Design and Construction of
Healthcare Facilities

E. National Fire Protection Association (NFPA):

10-2013.....Standard for Portable Fire Extinguishers

30-2012.....Flammable and Combustible Liquids Code

51B-2014.....Standard for Fire Prevention During Welding,
Cutting and Other Hot Work

70-2014.....National Electrical Code

70B-2013.....Recommended Practice for Electrical Equipment
Maintenance

70E-2012Standard for Electrical Safety in the Workplace

99-2012.....Health Care Facilities Code

241-2013.....Standard for Safeguarding Construction,
Alteration, and Demolition Operations

F. The Joint Commission (TJC)

TJC ManualComprehensive Accreditation and Certification
Manual

G. U.S. Nuclear Regulatory Commission

10 CFR 20Standards for Protection Against Radiation

H. U.S. Occupational Safety and Health Administration (OSHA):

29 CFR 1904Reporting and Recording Injuries & Illnesses

29 CFR 1910Safety and Health Regulations for General
Industry

29 CFR 1926Safety and Health Regulations for Construction
Industry

CPL 2-0.124.....Multi-Employer Citation Policy

I. VHA Directive 2005-007

1.2 DEFINITIONS:

A. OSHA "Competent Person" (CP). One who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them (see 29 CFR 1926.32(f)).

B. "Qualified Person" means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

- C. High Visibility Accident. Any mishap which may generate publicity or high visibility.
- D. Medical Treatment. Treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does not include first aid treatment even through provided by a physician or registered personnel.
- E. Recordable Injuries or Illnesses. Any work-related injury or illness that results in:
 - 1. Death, regardless of the time between the injury and death, or the length of the illness;
 - 2. Days away from work (any time lost after day of injury/illness onset);
 - 3. Restricted work;
 - 4. Transfer to another job;
 - 5. Medical treatment beyond first aid;
 - 6. Loss of consciousness; or
 - 7. A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it did not result in (1) through (6) above.

1.3 REGULATORY REQUIREMENTS:

- A. In addition to the detailed requirements included in the provisions of this contract, comply with 29 CFR 1926, comply with 29 CFR 1910 as incorporated by reference within 29 CFR 1926, comply with ASSE A10.34, and all applicable [federal, state, and local] laws, ordinances, criteria, rules and regulations. Submit matters of interpretation of standards for resolution before starting work. Where the requirements of this specification, applicable laws, criteria, ordinances, regulations, and referenced documents vary, the most stringent requirements govern except with specific approval and acceptance by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative.

1.4 ACCIDENT PREVENTION PLAN (APP):

A. The APP (aka Construction Safety & Health Plan) shall interface with the Contractor's overall safety and health program. Include any portions of the Contractor's overall safety and health program referenced in the APP in the applicable APP element and ensure it is site-specific. The Government considers the Prime Contractor to be the "controlling authority" for all worksite safety and health of each subcontractor(s). Contractors are responsible for informing their subcontractors of the safety provisions under the terms of the contract and the penalties for noncompliance, coordinating the work to prevent one craft from interfering with or creating hazardous working conditions for other crafts, and inspecting subcontractor operations to ensure that accident prevention responsibilities are being carried out.

B. The APP shall be prepared as follows:

1. Written in English by a qualified person who is employed by the Prime Contractor articulating the specific work and hazards pertaining to the contract (model language can be found in ASSE A10.33). Specifically articulating the safety requirements found within these VA contract safety specifications.
2. Address both the Prime Contractors and the subcontractors work operations.
3. State measures to be taken to control hazards associated with materials, services, or equipment provided by suppliers.
4. Address all the elements/sub-elements and in order as follows:
 - a. **SIGNATURE SHEET.** Title, signature, and phone number of the following:
 - 1) Plan preparer (Qualified Person such as corporate safety staff person or contracted Certified Safety Professional with construction safety experience);
 - 2) Plan approver (company/corporate officers authorized to obligate the company);

- 3) Plan concurrence (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional). Provide concurrence of other applicable corporate and project personnel (Contractor).

b. **BACKGROUND INFORMATION.** List the following:

- 1) Contractor;
- 2) Contract number;
- 3) Project name;
- 4) Brief project description, description of work to be performed, and location; phases of work anticipated (these will require an AHA).

c. **STATEMENT OF SAFETY AND HEALTH POLICY.** Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. The Contractor's written safety program goals, objectives, and accident experience goals for this contract should be provided.

d. **RESPONSIBILITIES AND LINES OF AUTHORITIES.** Provide the following:

- 1) A statement of the employer's ultimate responsibility for the implementation of his SOH program;
- 2) Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes.
- 3) The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached.;
- 4) Requirements that no work shall be performed unless a designated competent person is present on the job site;
- 5) Requirements for pre-task Activity Hazard Analysis (AHAs);

6) Lines of authority;

7) Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;

e. SUBCONTRACTORS AND SUPPLIERS. If applicable, provide procedures for coordinating SOH activities with other employers on the job site:

1) Identification of subcontractors and suppliers (if known);

2) Safety responsibilities of subcontractors and suppliers.

f. TRAINING.

1) Site-specific SOH orientation training at the time of initial hire or assignment to the project for every employee before working on the project site is required.

2) Mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, crane operator, rigger, crane signal person, fall protection, electrical lockout/NFPA 70E, machine/equipment lockout, confined space, etc...) and any requirements for periodic retraining/recertification are required.

3) Procedures for ongoing safety and health training for supervisors and employees shall be established to address changes in site hazards/conditions.

4) OSHA 10-hour training is required for all workers on site and the OSHA 30-hour training is required for Trade Competent Persons (CPs). Copies of Certificates shall be provided to the COR prior to starting work.

g. SAFETY AND HEALTH INSPECTIONS.

1) Specific assignment of responsibilities for a minimum daily job site safety and health inspection during periods of work activity: Who will conduct (e.g., "Site Safety and Health CP"), proof of inspector's training/qualifications, when

inspections will be conducted, procedures for documentation, deficiency tracking system, and follow-up procedures.

- 2) Any external inspections/certifications that may be required (e.g., contracted CSP or CSHT)

h. ACCIDENT INVESTIGATION & REPORTING. The Contractor shall conduct mishap investigations of all OSHA Recordable Incidents. The APP shall include accident/incident investigation procedure & identify person(s) responsible to provide the following to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative:

- 1) Exposure data (man-hours worked);
- 2) Accident investigations, reports, and logs.

i. PLANS (PROGRAMS, PROCEDURES) REQUIRED. Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks in site-specific compliance and accident prevention plans. These Plans shall include but are not be limited to procedures for addressing the risks associates with the following:

- 1) Emergency response ;
- 2) Contingency for severe weather;
- 3) Fire Prevention ;
- 4) Medical Support;
- 5) Posting of emergency telephone numbers;
- 6) Prevention of alcohol and drug abuse;
- 7) Site sanitation (housekeeping, drinking water, toilets);
- 8) Night operations and lighting ;
- 9) Hazard communication program;
- 10) Welding/Cutting "Hot" work ;

- 11) Electrical Safe Work Practices (Electrical LOTO/NFPA 70E);
- 12) General Electrical Safety
- 13) Hazardous energy control (Machine LOTO);
- 14) Site-Specific Fall Protection & Prevention;
- 15) Excavation/trenching;
- 16) Asbestos abatement;
- 17) Lead abatement;
- 18) Crane Critical lift;
- 19) Respiratory protection;
- 20) Health hazard control program;
- 21) Radiation Safety Program;
- 22) Abrasive blasting;
- 23) Heat/Cold Stress Monitoring;
- 24) Crystalline Silica Monitoring (Assessment);
- 25) Demolition plan (to include engineering survey);

- C. Submit the APP to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS calendar days prior to the date of the preconstruction conference for acceptance. Work cannot proceed without an accepted APP.
- D. Once accepted by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative, the APP and attachments will be enforced as part of the contract. Disregarding the provisions of this contract or the accepted APP will be cause for stopping of work, at the discretion of the Contracting Officer, until the matter has been rectified.
- E. Once work begins, changes to the accepted APP shall be made with the knowledge and concurrence of the Resident Engineer, project overall

designated OSHA Competent Person, and facility Safety Manager or Contracting Officer Representative. Should any severe hazard exposure, i.e. imminent danger, become evident, stop work in the area, secure the area, and develop a plan to remove the exposure and control the hazard. Notify the Contracting Officer within 24 hours of discovery. Eliminate/remove the hazard. In the interim, take all necessary action to restore and maintain safe working conditions in order to safeguard onsite personnel, visitors, the public (as defined by ASSE/SAFE A10.34) and the environment.

1.5 ACTIVITY HAZARD ANALYSES (AHAS):

- A. AHAs are also known as Job Hazard Analyses, Job Safety Analyses, and Activity Safety Analyses. Before beginning each work activity involving a type of work presenting hazards not experienced in previous project operations or where a new work crew or sub-contractor is to perform the work, the Contractor(s) performing that work activity shall prepare an AHA (Example electronic AHA forms can be found on the US Army Corps of Engineers web site)
- B. AHAs shall define the activities being performed and identify the work sequences, the specific anticipated hazards, site conditions, equipment, materials, and the control measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk.
- C. Work shall not begin until the AHA for the work activity has been accepted by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative and discussed with all engaged in the activity, including the Contractor, subcontractor(s), and Government on-site representatives at preparatory and initial control phase meetings.
 - 1. The names of the Competent/Qualified Person(s) required for a particular activity (for example, excavations, scaffolding, fall protection, other activities as specified by OSHA and/or other State and Local agencies) shall be identified and included in the AHA. Certification of their competency/qualification shall be submitted to the Government Designated Authority (GDA) for acceptance prior to the start of that work activity.

2. The AHA shall be reviewed and modified as necessary to address changing site conditions, operations, or change of competent/qualified person(s).
 - a. If more than one Competent/Qualified Person is used on the AHA activity, a list of names shall be submitted as an attachment to the AHA. Those listed must be Competent/Qualified for the type of work involved in the AHA and familiar with current site safety issues.
 - b. If a new Competent/Qualified Person (not on the original list) is added, the list shall be updated (an administrative action not requiring an updated AHA). The new person shall acknowledge in writing that he or she has reviewed the AHA and is familiar with current site safety issues.
3. Submit AHAs to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS for review at least 15 calendar days prior to the start of work. Subsequent AHAs as shall be formatted as amendments to the APP. The analysis should be used during daily inspections to ensure the implementation and effectiveness of the activity's safety and health controls.
4. The AHA list will be reviewed periodically (at least monthly) at the Contractor supervisory safety meeting and updated as necessary when procedures, scheduling, or hazards change.
5. Develop the activity hazard analyses using the project schedule as the basis for the activities performed. All activities listed on the project schedule will require an AHA. The AHAs will be developed by the contractor, supplier, or subcontractor and provided to the prime contractor for review and approval and then submitted to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative.

1.6 PRECONSTRUCTION CONFERENCE:

- A. Contractor representatives who have a responsibility or significant role in implementation of the accident prevention program, as required

by 29 CFR 1926.20(b)(1), on the project shall attend the preconstruction conference to gain a mutual understanding of its implementation. This includes the project superintendent, subcontractor superintendents, and any other assigned safety and health professionals.

- B. Discuss the details of the submitted APP to include incorporated plans, programs, procedures and a listing of anticipated AHAs that will be developed and implemented during the performance of the contract. This list of proposed AHAs will be reviewed at the conference and an agreement will be reached between the Contractor and the Contracting Officer's representative as to which phases will require an analysis. In addition, establish a schedule for the preparation, submittal, review, and acceptance of AHAs to preclude project delays.
- C. Deficiencies in the submitted APP will be brought to the attention of the Contractor within 7 days of submittal, and the Contractor shall revise the plan to correct deficiencies and re-submit it for acceptance. Do not begin work until there is an accepted APP.

1.7 "SITE SAFETY AND HEALTH OFFICER" (SSHO) AND "COMPETENT PERSON" (CP):

- A. The Prime Contractor shall designate a minimum of one SSHO at each project site that will be identified as the SSHO to administer the Contractor's safety program and government-accepted Accident Prevention Plan. Each subcontractor shall designate a minimum of one CP in compliance with 29 CFR 1926.20 (b)(2) that will be identified as a CP to administer their individual safety programs.
- B. Further, all specialized Competent Persons for the work crews will be supplied by the respective contractor as required by 29 CFR 1926 (i.e. Asbestos, Electrical, Cranes, & Derricks, Demolition, Fall Protection, Fire Safety/Life Safety, Ladder, Rigging, Scaffolds, and Trenches/Excavations).
- C. These Competent Persons can have collateral duties as the subcontractor's superintendent and/or work crew lead persons as well as fill more than one specialized CP role (i.e. Asbestos, Electrical, Cranes, & Derricks, Demolition, Fall Protection, Fire Safety/Life Safety, Ladder, Rigging, Scaffolds, and Trenches/Excavations).

- D. The SSHO or an equally-qualified Designated Representative/alternate will maintain a presence on the site during construction operations in accordance with FAR Clause 52.236-6: *Superintendence by the Contractor*. CPs will maintain presence during their construction activities in accordance with above mentioned clause. A listing of the designated SSHO and all known CPs shall be submitted prior to the start of work as part of the APP with the training documentation and/or AHA as listed in Section 1.8 below.
- E. The repeated presence of uncontrolled hazards during a contractor's work operations will result in the designated CP as being deemed incompetent and result in the required removal of the employee in accordance with FAR Clause 52.236-5: Material and Workmanship, Paragraph (c).

1.8 TRAINING:

- A. The designated Prime Contractor SSHO must meet the requirements of all applicable OSHA standards and be capable (through training, experience, and qualifications) of ensuring that the requirements of 29 CFR 1926.16 and other appropriate Federal, State and local requirements are met for the project. As a minimum the SSHO must have completed the OSHA 30-hour Construction Safety class and have five (5) years of construction industry safety experience or three (3) years if he/she possesses a Certified Safety Professional (CSP) or certified Construction Safety and Health Technician (CSHT) certification or have a safety and health degree from an accredited university or college.
- B. All designated CPs shall have completed the OSHA 30-hour Construction Safety course within the past 5 years.
- C. In addition to the OSHA 30 Hour Construction Safety Course, all CPs with high hazard work operations such as operations involving asbestos, electrical, cranes, demolition, work at heights/fall protection, fire safety/life safety, ladder, rigging, scaffolds, and trenches/excavations shall have a specialized formal course in the hazard recognition & control associated with those high hazard work operations. Documented "repeat" deficiencies in the execution of safety requirements will require retaking the requisite formal course.

- D. All other construction workers shall have the OSHA 10-hour Construction Safety Outreach course and any necessary safety training to be able to identify hazards within their work environment.
- E. Submit training records associated with the above training requirements to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT 15 calendar days prior to the date of the preconstruction conference for acceptance.
- F. Prior to any worker for the contractor or subcontractors beginning work, they shall undergo a safety briefing provided by the SSHO or his/her designated representative. As a minimum, this briefing shall include information on the site-specific hazards, construction limits, VAMC safety guidelines, means of egress, break areas, work hours, locations of restrooms, use of VAMC equipment, emergency procedures, accident reporting etc... Documentation shall be provided to the Resident Engineer that individuals have undergone contractor's safety briefing.
- G. Ongoing safety training will be accomplished in the form of weekly documented safety meeting.

1.9 INSPECTIONS:

- A. The SSHO shall conduct frequent and regular safety inspections (daily) of the site and each of the subcontractors CPs shall conduct frequent and regular safety inspections (daily) of their work operations as required by 29 CFR 1926.20(b)(2). Each week, the SSHO shall conduct a formal documented inspection of the entire construction areas with the subcontractors' "Trade Safety and Health CPs" present in their work areas. Coordinate with, and report findings and corrective actions weekly to Resident Engineer and Facility Safety Manager or Contracting Officer Representative.

1.10 ACCIDENTS, OSHA 300 LOGS, AND MAN-HOURS:

- A. Notify the Resident Engineer and Facility Safety Manager or Contracting Officer Representative as soon as practical, but no more than four hours after any accident meeting the definition of OSHA Recordable Injuries or Illnesses or High Visibility Accidents, property damage

equal to or greater than \$5,000, or any weight handling equipment accident. Within notification include contractor name; contract title; type of contract; name of activity, installation or location where accident occurred; date and time of accident; names of personnel injured; extent of property damage, if any; extent of injury, if known, and brief description of accident (to include type of construction equipment used, PPE used, etc.). Preserve the conditions and evidence on the accident site until the Resident Engineer and Facility Safety Manager or Contracting Officer Representative determine whether a government investigation will be conducted.

- B. Conduct an accident investigation for recordable injuries and illnesses, for Medical Treatment defined in paragraph DEFINITIONS, and property damage accidents resulting in at least \$20,000 in damages, to establish the root cause(s) of the accident. Complete the VA Form 2162, and provide the report to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative within 5 calendar days of the accident. The Resident Engineer and Facility Safety Manager or Contracting Officer Representative will provide copies of any required or special forms.
- C. A summation of all man-hours worked by the contractor and associated sub-contractors for each month will be reported to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative monthly.
- D. A summation of all OSHA recordable accidents experienced on site by the contractor and associated sub-contractors for each month will be provided to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative monthly. The contractor and associated sub-contractors' OSHA 300 logs will be made available to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative as requested.

1.11 PERSONAL PROTECTIVE EQUIPMENT (PPE):

- A. PPE is governed in all areas by the nature of the work the employee is performing. For example, specific PPE required for performing work on electrical equipment is identified in NFPA 70E, Standard for Electrical Safety in the Workplace.

B. Mandatory PPE includes:

1. Hard Hats - unless written authorization is given by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative in circumstances of work operations that have limited potential for falling object hazards such as during finishing work or minor remodeling. With authorization to relax the requirement of hard hats, if a worker becomes exposed to an overhead falling object hazard, then hard hats would be required in accordance with the OSHA regulations.
2. Safety glasses - unless written authorization is given by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative appropriate safety glasses meeting the ANSI Z.87.1 standard must be worn by each person on site.
3. Appropriate Safety Shoes - based on the hazards present, safety shoes meeting the requirements of ASTM F2413-11 shall be worn by each person on site unless written authorization is given by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative.
4. Hearing protection - Use personal hearing protection at all times in designated noise hazardous areas or when performing noise hazardous tasks.

1.12 INFECTION CONTROL

- A. Infection Control is critical in all medical center facilities. Interior construction activities causing disturbance of existing dust, or creating new dust, must be conducted within ventilation-controlled areas that minimize the flow of airborne particles into patient areas.
- B. An AHA associated with infection control will be performed by VA personnel in accordance with FGI Guidelines (i.e. Infection Control Risk Assessment (ICRA)). The ICRA procedure found on the American Society for Healthcare Engineering (ASHE) website will be utilized. Risk classifications of Class II or lower will require approval by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative before beginning any construction work. Risk classifications of Class III or higher will require a permit before

beginning any construction work. Infection Control permits will be issued by the Resident Engineer. The Infection Control Permits will be posted outside the appropriate construction area. More than one permit may be issued for a construction project if the work is located in separate areas requiring separate classes. The primary project scope area for this project is: **Class II**, however, work outside the primary project scope area may vary. The required infection control precautions with each class are as follows:

1. Class I requirements:

a. During Construction Work:

- 1) Notify the Resident Engineer and Facility Safety Manager or Contracting Officer Representative
- 2) Execute work by methods to minimize raising dust from construction operations.
- 3) Ceiling tiles: Immediately replace a ceiling tiles displaced for visual inspection.

b. Upon Completion:

- 1) Clean work area upon completion of task
- 2) Notify the Resident Engineer and Facility Safety Manager or Contracting Officer Representative

2. Class II requirements:

a. During Construction Work:

- 1) Notify the Resident Engineer and Facility Safety Manager or Contracting Officer Representative
- 2) Provide active means to prevent airborne dust from dispersing into atmosphere such as wet methods or tool mounted dust collectors where possible.
- 3) Water mist work surfaces to control dust while cutting.
- 4) Seal unused doors with duct tape.

- 5) Block off and seal air vents.
- 6) Remove or isolate HVAC system in areas where work is being performed.

b. Upon Completion:

- 1) Wipe work surfaces with cleaner/disinfectant.
- 2) Contain construction waste before transport in tightly covered containers.
- 3) Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
- 4) Upon completion, restore HVAC system where work was performed
- 5) Notify the Resident Engineer and Facility Safety Manager or Contracting Officer Representative

3. Class III requirements:

a. During Construction Work:

- 1) Obtain permit from the Resident Engineer and Facility Safety Manager or Contracting Officer Representative
- 2) Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- 3) Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. Install construction barriers and ceiling protection carefully, outside of normal work hours.
- 4) Maintain negative air pressure, 0.01 inches of water gauge, within work site utilizing HEPA equipped air filtration units and continuously monitored with a digital display, recording and alarm instrument, which must be calibrated on installation, maintained with periodic calibration and monitored by the contractor.

- 5) Contain construction waste before transport in tightly covered containers.
- 6) Cover transport receptacles or carts. The covering is to be taped unless solid lid.

b. Upon Completion:

- 1) Do not remove barriers from work area until completed project is inspected by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative and thoroughly cleaned by the VA Environmental Services Department.
- 2) Remove construction barriers and ceiling protection carefully to minimize spreading of dirt and debris associated with construction, outside of normal work hours.
- 3) Vacuum work area with HEPA filtered vacuums.
- 4) Wet mop area with cleaner/disinfectant.
- 5) Upon completion, restore HVAC system where work was performed.
- 6) Return permit to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative

4. Class IV requirements:

a. During Construction Work:

- 1) Obtain permit from the Resident Engineer and Facility Safety Manager or Contracting Officer Representative
- 2) Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- 3) Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. Install construction barriers and ceiling protection carefully, outside of normal work hours.

- 4) Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- 5) Seal holes, pipes, conduits, and punctures.
- 6) Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave work site.
- 7) All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area.

b. Upon Completion:

- 1) Do not remove barriers from work area until completed project is inspected by the Resident Engineer and Facility Safety Manager or Contracting Officer Representative with thorough cleaning by the VA Environmental Services Dept.
- 2) Remove construction barriers and ceiling protection carefully to minimize spreading of dirt and debris associated with construction, outside of normal work hours.
- 3) Contain construction waste before transport in tightly covered containers.
- 4) Cover transport receptacles or carts. The covering is to be taped unless solid lid.
- 5) Vacuum work area with HEPA filtered vacuums.
- 6) Wet mop area with cleaner/disinfectant.
- 7) Upon completion, restore HVAC system where work was performed.
- 8) Return permit to the Resident Engineer and Facility Safety Manager or Contracting Officer Representative Barriers shall be erected as required based upon classification (Class III & IV requires barriers) and shall be constructed as follows:

INSTALL SUSPENDED CEILING-4TH FLOOR WAREHOUSE
10-3-17

1. Class III and IV - closed door with masking tape applied over the frame and door is acceptable for projects that can be contained in a single room.
2. Construction, demolition or reconstruction not capable of containment within a single room must have the following barriers erected and made presentable on hospital occupied side:
 - a. Class III & IV (where dust control is the only hazard, and an agreement is reached with the Resident Engineer and Medical Center) - Airtight plastic barrier that extends from the floor to ceiling. Seams must be sealed with duct tape to prevent dust and debris from escaping
 - b. Class III & IV - Drywall barrier erected with joints covered or sealed to prevent dust and debris from escaping.
 - c. Class III & IV - Seal all penetrations in existing barrier airtight
 - d. Class III & IV - Barriers at penetration of ceiling envelopes, chases and ceiling spaces to stop movement air and debris
 - e. Class IV only - Anteroom or double entrance openings that allow workers to remove protective clothing or vacuum off existing clothing
 - f. Class III & IV - At elevators shafts or stairways within the field of construction, overlapping flap minimum of two feet wide of polyethylene enclosures for personnel access.

C. Products and Materials:

1. Sheet Plastic: Fire retardant polystyrene, 6-mil thickness meeting local fire codes
2. Barrier Doors: Self Closing Two-hour fire-rated solid core wood in steel frame, painted
3. Dust proof two-hour fire-rated drywall
4. High Efficiency Particulate Air-Equipped filtration machine rated at 95% capture of 0.3 microns including pollen, mold spores and dust

- particles. HEPA filters should have ASHRAE 85 or other pre-filter to extend the useful life of the HEPA. Provide both primary and secondary filtrations units. Maintenance of equipment and replacement of the HEPA filters and other filters will be in accordance with manufacturer's instructions.
5. Exhaust Hoses: Heavy duty, flexible steel reinforced; Ventilation Blower Hose
 6. Adhesive Walk-off Mats: Provide minimum size mats of 24 inches x 36 inches
 7. Disinfectant: Hospital-approved disinfectant or equivalent product
 8. Portable Ceiling Access Module
- D. Before any construction on site begins, all contractor personnel involved in the construction or renovation activity shall be educated and trained in infection prevention measures established by the medical center.
- E. A dust control program will be establish and maintained as part of the contractor's infection preventive measures in accordance with the FGI Guidelines for Design and Construction of Healthcare Facilities. Prior to start of work, prepare a plan detailing project-specific dust protection measures with associated product data, including periodic status reports, and submit to COR for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES.
- F. Medical center Infection Control personnel will monitor for airborne disease (e.g. aspergillosis) during construction. A baseline of conditions will be established by the medical center prior to the start of work and periodically during the construction stage to determine impact of construction activities on indoor air quality with safe thresholds established.
- H. In general, the following preventive measures shall be adopted during construction to keep down dust and prevent mold.

1. Contractor shall verify that construction exhaust to exterior is not reintroduced to the medical center through intake vents, or building openings. HEPA filtration is required where the exhaust dust may reenter the medical center.
2. Exhaust hoses shall be exhausted so that dust is not reintroduced to the medical center.
3. Adhesive Walk-off/Carpet Walk-off Mats shall be used at all interior transitions from the construction area to occupied medical center area. These mats shall be changed as often as required to maintain clean work areas directly outside construction area at all times.
4. Vacuum and wet mop all transition areas from construction to the occupied medical center at the end of each workday. Vacuum shall utilize HEPA filtration. Maintain surrounding area frequently. Remove debris as it is created. Transport these outside the construction area in containers with tightly fitting lids.
 - i. The contractor shall not haul debris through patient-care areas without prior approval of the Resident Engineer and the Medical Center. When, approved, debris shall be hauled in enclosed dust proof containers or wrapped in plastic and sealed with duct tape. No sharp objects should be allowed to cut through the plastic. Wipe down the exterior of the containers with a damp rag to remove dust. All equipment, tools, material, etc. transported through occupied areas shall be made free from dust and moisture by vacuuming and wipe down.
 - j. There shall be no standing water during construction. This includes water in equipment drip pans and open containers within the construction areas. All accidental spills must be cleaned up and dried within 12 hours. Remove and dispose of porous materials that remain damp for more than 72 hours.
 - k. At completion, remove construction barriers and ceiling protection carefully, outside of normal work hours. Vacuum and clean all surfaces free of dust after the removal.

I. Final Cleanup:

1. Upon completion of project, or as work progresses, remove all construction debris from above ceiling, vertical shafts and utility chases that have been part of the construction.
2. Perform HEPA vacuum cleaning of all surfaces in the construction area. This includes walls, ceilings, cabinets, furniture (built-in or free standing), partitions, flooring, etc.
3. All new air ducts shall be cleaned prior to final inspection.

J. Exterior Construction

1. Contractor shall verify that dust will not be introduced into the medical center through intake vents, or building openings. HEPA filtration on intake vents is required where dust may be introduced.
2. Dust created from disturbance of soil such as from vehicle movement will be wetted with use of a water truck as necessary
3. All cutting, drilling, grinding, sanding, or disturbance of materials shall be accomplished with tools equipped with either local exhaust ventilation (i.e. vacuum systems) or wet suppression controls.

1.13 TUBERCULOSIS SCREENING

- A. Contractor shall provide written certification that all contract employees assigned to the work site have had a pre-placement tuberculin screening within 90 days prior to assignment to the worksite and been found have negative TB screening reactions. Contractors shall be required to show documentation of negative TB screening reactions for any additional workers who are added after the 90-day requirement before they will be allowed to work on the work site. NOTE: This can be the Center for Disease Control (CDC) and Prevention and two-step skin testing or a Food and Drug Administration (FDA)-approved blood test.
1. Contract employees manifesting positive screening reactions to the tuberculin shall be examined according to current CDC guidelines prior to working on VHA property.

2. Subsequently, if the employee is found without evidence of active (infectious) pulmonary TB, a statement documenting examination by a physician shall be on file with the employer (construction contractor), noting that the employee with a positive tuberculin screening test is without evidence of active (infectious) pulmonary TB.
3. If the employee is found with evidence of active (infectious) pulmonary TB, the employee shall require treatment with a subsequent statement to the fact on file with the employer before being allowed to return to work on VHA property.

1.14 FIRE SAFETY

- C. Fire Safety Plan: Establish and maintain a site-specific fire protection program in accordance with 29 CFR 1926. Prior to start of work, prepare a plan detailing project-specific fire safety measures, including periodic status reports, and submit to Resident Engineer and Facility Safety Manager or Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES. This plan may be an element of the Accident Prevention Plan.
- D. Site and Building Access: Maintain free and unobstructed access to facility emergency services and for fire, police and other emergency response forces in accordance with NFPA 241.
- C. Separate temporary facilities, such as trailers, storage sheds, and dumpsters, from existing buildings and new construction by distances in accordance with NFPA 241. For small facilities with less than 6 m (20 feet) exposing overall length, separate by 3m (10 feet).
- D. Temporary Construction Partitions:
 1. Install and maintain temporary construction partitions to provide smoke-tight separations between construction areas and adjoining areas. Construct partitions of gypsum board or treated plywood (flame spread rating of 25 or less in accordance with ASTM E84) on both sides of fire retardant treated wood or metal steel studs. Extend the partitions through suspended ceilings to floor slab deck

- or roof. Seal joints and penetrations. At door openings, install Class C, ¾ hour fire/smoke rated doors with self-closing devices.
2. Install two-hour fire-rated temporary construction partitions as shown on drawings to maintain integrity of existing exit stair enclosures, exit passageways, fire-rated enclosures of hazardous areas, horizontal exits, smoke barriers, vertical shafts and openings enclosures.
 3. Close openings in smoke barriers and fire-rated construction to maintain fire ratings. Seal penetrations with listed through-penetration fire-stop materials in accordance with Section 07 84 00, FIRESTOPPING.
- E. Temporary Heating and Electrical: Install, use and maintain installations in accordance with 29 CFR 1926, NFPA 241 and NFPA 70.
- F. Means of Egress: Do not block exiting for occupied buildings, including paths from exits to roads. Minimize disruptions and coordinate with Resident Engineer and Facility Safety Manager or Contracting Officer Representative.
- G. Egress Routes for Construction Workers: Maintain free and unobstructed egress. Inspect daily. Report findings and corrective actions weekly to Resident Engineer and Facility Safety Manager or Contracting Officer Representative.
- H. Fire Extinguishers: Provide and maintain extinguishers in construction areas and temporary storage areas in accordance with 29 CFR 1926, NFPA 241 and NFPA 10.
- I. Flammable and Combustible Liquids: Store, dispense and use liquids in accordance with 29 CFR 1926, NFPA 241 and NFPA 30.
- J. Existing Fire Protection: Do not impair automatic sprinklers, smoke and heat detection, and fire alarm systems, except for portions immediately under construction, and temporarily for connections. Provide fire watch for impairments more than 4 hours in a 24-hour period. Request interruptions in accordance with Article, OPERATIONS AND STORAGE AREAS, and coordinate with Resident Engineer and Facility Safety Manager or Contracting Officer Representative. All existing or temporary fire

protection systems (fire alarms, sprinklers) located in construction areas shall be tested as coordinated with the medical center.

Parameters for the testing and results of any tests performed shall be recorded by the medical center and copies provided to the Resident Engineer.

- K. Smoke Detectors: Prevent accidental operation. Remove temporary covers at end of work operations each day. Coordinate with Resident Engineer and Facility Safety Manager or Contracting Officer Representative.
- L. Hot Work: Perform and safeguard hot work operations in accordance with NFPA 241 and NFPA 51B. Coordinate with Resident Engineer. Designate contractor's responsible project-site fire prevention program manager to permit hot work.
- M. Fire Hazard Prevention and Safety Inspections: Inspect entire construction areas weekly. Coordinate with, and report findings and corrective actions weekly to Resident Engineer and Facility Safety Manager or Contracting Officer Representative.
- N. Smoking: Smoking is prohibited in and adjacent to construction areas inside existing buildings and additions under construction. In separate and detached buildings under construction, smoking is prohibited except in designated smoking rest areas.
- O. Dispose of waste and debris in accordance with NFPA 241. Remove from buildings daily.
- P. If required, submit documentation to the COR that personnel have been trained in the fire safety aspects of working in areas with impaired structural or compartmentalization features.

1.15 FALL PROTECTION

- A. The fall protection (FP) threshold height requirement is 6 ft. (1.8 m) for ALL WORK, unless specified differently or the OSHA 29 CFR 1926 requirements are more stringent, to include steel erection activities, systems-engineered activities (prefabricated) metal buildings, residential (wood) construction and scaffolding work.
 - 1. The use of a Safety Monitoring System (SMS) as a fall protection method is prohibited.

2. The use of Controlled Access Zone (CAZ) as a fall protection method is prohibited.
3. A Warning Line System (WLS) may ONLY be used on floors or flat or low-sloped roofs (between 0 - 18.4 degrees or 4:12 slope) and shall be erected around all sides of the work area (See 29 CFR 1926.502(f) for construction of WLS requirements). Working within the WLS does not require FP. No worker shall be allowed in the area between the roof or floor edge and the WLS without FP. FP is required when working outside the WLS.
4. Fall protection while using a ladder will be governed by the OSHA requirements.

1.16 SCAFFOLDS AND OTHER WORK PLATFORMS

- A. All scaffolds and other work platforms construction activities shall comply with 29 CFR 1926 Subpart L.
- B. The fall protection (FP) threshold height requirement is 6 ft (1.8 m) as stated in Section 1.16.
- C. The following hierarchy and prohibitions shall be followed in selecting appropriate work platforms.
 1. Scaffolds, platforms, or temporary floors shall be provided for all work except that can be performed safely from the ground or similar footing.
 2. Ladders less than 20 feet may be used as work platforms only when use of small hand tools or handling of light material is involved.
 3. Ladder jacks, lean-to, and prop-scaffolds are prohibited.
 4. Emergency descent devices shall not be used as working platforms.
- D. Contractors shall use a scaffold tagging system in which all scaffolds are tagged by the Competent Person. Tags shall be color-coded: green indicates the scaffold has been inspected and is safe to use; red indicates the scaffold is unsafe to use. Tags shall be readily visible, made of materials that will withstand the environment in which they are used, be legible and shall include:

1. The Competent Person's name and signature;
2. Dates of initial and last inspections.

E. Mast Climbing work platforms: When access ladders, including masts designed as ladders, exceed 20 ft (6 m) in height, positive fall protection shall be used.

1.17 CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)

A. All installation, maintenance, and servicing of equipment or machinery shall comply with 29 CFR 1910.147 except for specifically referenced operations in 29 CFR 1926 such as concrete & masonry equipment [1926.702(j)], heavy machinery & equipment [1926.600(a)(3)(i)], and process safety management of highly hazardous chemicals (1926.64). Control of hazardous electrical energy during the installation, maintenance, or servicing of electrical equipment shall comply with Section 1.15 to include NFPA 70E and other VA specific requirements discussed in the section.

1.18 CONFINED SPACE ENTRY

- A. All confined space entry shall comply with 29 CFR 1910.146 except for specifically referenced operations in 29 CFR 1926 such as excavations/trenches [1926.651(g)].
- B. A site-specific Confined Space Entry Plan (including permitting process) shall be developed and submitted to the Resident Engineer and/or Facility Safety Manager and/or other Government Designated Authority.

1.19 WELDING AND CUTTING

As specified in section 1.14, Hot Work: Perform and safeguard hot work operations in accordance with NFPA 241 and NFPA 51B. Coordinate with Resident Engineer and/or Facility Safety Manager and/or other Government Designated Authority. Designate contractor's responsible project-site fire prevention program manager to permit hot work.

1.20 LADDERS

- A. All Ladder use shall comply with 29 CFR 1926 Subpart X.
- B. All portable ladders shall be of sufficient length and shall be placed so that workers will not stretch or assume a hazardous position.

- C. Manufacturer safety labels shall be in place on ladders
- D. Step Ladders shall not be used in the closed position
- E. Top steps or cap of step ladders shall not be used as a step
- D. Portable ladders, used as temporary access, shall extend at least 3 ft (0.9 m) above the upper landing surface.
 - 1. When a 3 ft (0.9-m) extension is not possible, a grasping device (such as a grab rail) shall be provided to assist workers in mounting and dismounting the ladder.
 - 2. In no case shall the length of the ladder be such that ladder deflection under a load would, by itself, cause the ladder to slip from its support.
- G. Ladders shall be inspected for visible defects on a daily basis and after any occurrence that could affect their safe use. Broken or damaged ladders shall be immediately tagged "DO NOT USE," or with similar wording, and withdrawn from service until restored to a condition meeting their original design.

1.21 FLOOR & WALL OPENINGS

- A. All floor and wall openings shall comply with 29 CFR 1926 Subpart M.
- B. Floor and roof holes/openings are any that measure over 2 in (51 mm) in any direction of a walking/working surface which persons may trip or fall into or where objects may fall to the level below. See 21.F for covering and labeling requirements. Skylights located in floors or roofs are considered floor or roof hole/openings.
- C. All floor, roof openings or hole into which a person can accidentally walk or fall through shall be guarded either by a railing system with toe boards along all exposed sides or a load-bearing cover. When the cover is not in place, the opening or hole shall be protected by a removable guardrail system or shall be attended when the guarding system has been removed or other fall protection system.
 - 1. Covers shall be capable of supporting, without failure, at least twice the weight of the worker, equipment and material combined.

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2. Covers shall be secured when installed, clearly marked with the word "HOLE", "COVER" or "Danger, Roof Opening-Do Not Remove" or color-coded or equivalent methods (e.g., red or orange "X"). Workers must be made aware of the meaning for color coding and equivalent methods.
3. Roofing material, such as roofing membrane, insulation or felts, covering or partly covering openings or holes, shall be immediately cut out. No hole or opening shall be left unattended unless covered.
4. Non-load-bearing skylights shall be guarded by a load-bearing skylight screen, cover, or railing system along all exposed sides.
5. Workers are prohibited from standing/walking on skylights.

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SECTION 01 42 19
REFERENCE STANDARDS

PART 1 - GENERAL

1.1 DESCRIPTION

This section specifies the availability and source of references and standards specified in the project manual under paragraphs APPLICABLE PUBLICATIONS and/or shown on the drawings.

1.2 AVAILABILITY OF SPECIFICATIONS LISTED IN THE GSA INDEX OF FEDERAL SPECIFICATIONS, STANDARDS AND COMMERCIAL ITEM DESCRIPTIONS FPMR PART 101-29 (FAR 52.211-1) (AUG 1998)

- A. The GSA Index of Federal Specifications, Standards and Commercial Item Descriptions, FPMR Part 101-29 and copies of specifications, standards, and commercial item descriptions cited in the solicitation may be obtained for a fee by submitting a request to - GSA Federal Supply Service, Specifications Section, Suite 8100, 470 East L'Enfant Plaza, SW, Washington, DC 20407, Telephone (202) 619-8925, Facsimile (202) 619-8978.
- B. If the General Services Administration, Department of Agriculture, or Department of Veterans Affairs issued this solicitation, a single copy of specifications, standards, and commercial item descriptions cited in this solicitation may be obtained free of charge by submitting a request to the addressee in paragraph (a) of this provision. Additional copies will be issued for a fee.

1.3 AVAILABILITY FOR EXAMINATION OF SPECIFICATIONS NOT LISTED IN THE GSA INDEX OF FEDERAL SPECIFICATIONS, STANDARDS AND COMMERCIAL ITEM DESCRIPTIONS (FAR 52.211-4) (JUN 1988)

The specifications and standards cited in this solicitation can be examined at the following location:

DEPARTMENT OF VETERANS AFFAIRS
Office of Construction & Facilities Management
Facilities Quality Service (00CFM1A)
425 Eye Street N.W, (sixth floor)
Washington, DC 20001
Telephone Numbers: (202) 632-5249 or (202) 632-5178
Between 9:00 AM - 3:00 PM

1.4 AVAILABILITY OF SPECIFICATIONS NOT LISTED IN THE GSA INDEX OF FEDERAL SPECIFICATIONS, STANDARDS AND COMMERCIAL ITEM DESCRIPTIONS (FAR 52.211-3) (JUN 1988)

The specifications cited in this solicitation may be obtained from the associations or organizations listed below.

AA	Aluminum Association Inc. http://www.aluminum.org
AABC	Associated Air Balance Council http://www.aabchq.com
AAMA	American Architectural Manufacturer's Association http://www.aamanet.org
AAN	American Nursery and Landscape Association http://www.anla.org
AASHTO	American Association of State Highway and Transportation Officials http://www.aashto.org
AATCC	American Association of Textile Chemists and Colorists http://www.aatcc.org
ACGIH	American Conference of Governmental Industrial Hygienists http://www.acgi.org
ACI	American Concrete Institute http://www.aci-int.net
ACPA	American Concrete Pipe Association http://www.concrete-pipe.org
ACPPA	American Concrete Pressure Pipe Association http://www.acppa.org
ADC	Air Diffusion Council http://flexibleduct.org
AGA	American Gas Association http://www.aga.org
AGC	Associated General Contractors of America http://www.agc.org
AGMA	American Gear Manufacturers Association, Inc. http://www.agma.org
AHAM	Association of Home Appliance Manufacturers http://www.aham.org
AISC	American Institute of Steel Construction http://www.aisc.org

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AISI	American Iron and Steel Institute http://www.steel.org
AITC	American Institute of Timber Construction http://www.aitc-glulam.org
AMCA	Air Movement and Control Association, Inc. http://www.amca.org
ANLA	American Nursery & Landscape Association http://www.anla.org
ANSI	American National Standards Institute, Inc. http://www.ansi.org
APA	The Engineered Wood Association http://www.apawood.org
ARI	Air-Conditioning and Refrigeration Institute http://www.ari.org
ASAE	American Society of Agricultural Engineers http://www.asae.org
ASCE	American Society of Civil Engineers http://www.asce.org
ASHRAE	American Society of Heating, Refrigerating, and Air-Conditioning Engineers http://www.ashrae.org
ASME	American Society of Mechanical Engineers http://www.asme.org
ASSE	American Society of Sanitary Engineering http://www.asse-plumbing.org
ASTM	American Society for Testing and Materials http://www.astm.org
AWI	Architectural Woodwork Institute http://www.awinet.org
AWS	American Welding Society http://www.aws.org
AWWA	American Water Works Association http://www.awwa.org
BHMA	Builders Hardware Manufacturers Association http://www.buildershardware.com
BIA	Brick Institute of America http://www.bia.org

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CAGI	Compressed Air and Gas Institute http://www.cagi.org
CGA	Compressed Gas Association, Inc. http://www.cganet.com
CI	The Chlorine Institute, Inc. http://www.chlorineinstitute.org
CISCA	Ceilings and Interior Systems Construction Association http://www.cisca.org
CISPI	Cast Iron Soil Pipe Institute http://www.cispi.org
CLFMI	Chain Link Fence Manufacturers Institute http://www.chainlinkinfo.org
CPMB	Concrete Plant Manufacturers Bureau http://www.cpmc.org
CRA	California Redwood Association http://www.calredwood.org
CRSI	Concrete Reinforcing Steel Institute http://www.crsi.org
CTI	Cooling Technology Institute http://www.cti.org
DHI	Door and Hardware Institute http://www.dhi.org
EGSA	Electrical Generating Systems Association http://www.egsa.org
EEI	Edison Electric Institute http://www.eei.org
EPA	Environmental Protection Agency http://www.epa.gov
ETL	ETL Testing Laboratories, Inc. http://www.etl.com
FAA	Federal Aviation Administration http://www.faa.gov
FCC	Federal Communications Commission http://www.fcc.gov
FPS	The Forest Products Society http://www.forestprod.org
GANA	Glass Association of North America http://www.cssinfo.com/info/gana.html/

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FM	Factory Mutual Insurance http://www.fmglobal.com
GA	Gypsum Association http://www.gypsum.org
GSA	General Services Administration http://www.gsa.gov
HI	Hydraulic Institute http://www.pumps.org
HPVA	Hardwood Plywood & Veneer Association http://www.hpva.org
ICBO	International Conference of Building Officials http://www.icbo.org
ICEA	Insulated Cable Engineers Association Inc. http://www.icea.net
\ICAC	Institute of Clean Air Companies http://www.icac.com
IEEE	Institute of Electrical and Electronics Engineers http://www.ieee.org
IMSA	International Municipal Signal Association http://www.imsasafety.org
IPCEA	Insulated Power Cable Engineers Association
NBMA	Metal Buildings Manufacturers Association http://www.mbma.com
MSS	Manufacturers Standardization Society of the Valve and Fittings Industry Inc. http://www.mss-hq.com
NAAMM	National Association of Architectural Metal Manufacturers http://www.naamm.org
NAPHCC	Plumbing-Heating-Cooling Contractors Association http://www.phccweb.org.org
NBS	National Bureau of Standards See - NIST
NBBPVI	National Board of Boiler and Pressure Vessel Inspectors http://www.nationboard.org
NEC	National Electric Code See - NFPA National Fire Protection Association
NEMA	National Electrical Manufacturers Association http://www.nema.org

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NFPA	National Fire Protection Association http://www.nfpa.org
NHLA	National Hardwood Lumber Association http://www.natlhardwood.org
NIH	National Institute of Health http://www.nih.gov
NIST	National Institute of Standards and Technology http://www.nist.gov
NLMA	Northeastern Lumber Manufacturers Association, Inc. http://www.nelma.org
NPA	National Particleboard Association 18928 Premiere Court Gaithersburg, MD 20879 (301) 670-0604
NSF	National Sanitation Foundation http://www.nsf.org
NWWDA	Window and Door Manufacturers Association http://www.nwwda.org
OSHA	Occupational Safety and Health Administration Department of Labor http://www.osha.gov
PCA	Portland Cement Association http://www.portcement.org
PCI	Precast Prestressed Concrete Institute http://www.pci.org
PPI	The Plastic Pipe Institute http://www.plasticpipe.org
PEI	Porcelain Enamel Institute, Inc. http://www.porcelainenamel.com
PTI	Post-Tensioning Institute http://www.post-tensioning.org
RFCI	The Resilient Floor Covering Institute http://www.rfci.com
RIS	Redwood Inspection Service See - CRA
RMA	Rubber Manufacturers Association, Inc. http://www.rma.org

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SCMA	Southern Cypress Manufacturers Association http://www.cypressinfo.org
SDI	Steel Door Institute http://www.steeldoor.org
IGMA	Insulating Glass Manufacturers Alliance http://www.igmaonline.org
SJI	Steel Joist Institute http://www.steeljoist.org
SMACNA	Sheet Metal and Air-Conditioning Contractors National Association, Inc. http://www.smacna.org
SSPC	The Society for Protective Coatings http://www.sspc.org
STI	Steel Tank Institute http://www.steeltank.com
SWI	Steel Window Institute http://www.steelwindows.com
TCA	Tile Council of America, Inc. http://www.tileusa.com
TEMA	Tubular Exchange Manufacturers Association http://www.tema.org
TPI	Truss Plate Institute, Inc. 583 D'Onofrio Drive; Suite 200 Madison, WI 53719 (608) 833-5900
UBC	the Uniform Building Code See ICBO
UL	Underwriters' Laboratories Incorporated http://www.ul.com
ULC	Underwriters' Laboratories of Canada http://www.ulc.ca
WCLIB	West Coast Lumber Inspection Bureau 6980 SW Varns Road, P.O. Box 23145 Portland, OR 97223 (503) 639-0651
WRCLA	Western Red Cedar Lumber Association P.O. Box 120786

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New Brighton, MN 55112

(612) 633-4334

WWPA Western Wood Products Association

<http://www.wwpa.org>

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