

LIST OF EXHIBITS

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EXHIBIT NO 7	Daily Log
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EXHIBIT NO 24 SOP Number 12, Construction Project Inspections

EXHIBIT NO 25 Safety and Infection Control Handbook

EXHIBIT NO 26 SOP Number 32, Dig Permits

***Sample is provided for contractor's information. The use of this format is desired by the Department of Veterans Affairs; however, you may develop your own format, providing that all pertinent information on the sample is incorporated into the form you submit and that the form you use is acceptable to the Contracting Officer.**

ELECTRONIC ACCESS EXHIBITS ARE IN WORD AND ACROBAT READER FORMATS.

EXHIBIT 1

**RELEASE OF CLAIMS
(Reference FAR 52.232-5 (h)(3))**

CONTRACT NO. _____

For and in consideration of the payment of the sum now due by reason of performance of the above contract, the undersigned contractor hereby releases and discharges the United States of America of and from all liabilities, obligations, and claims whatsoever under or arising out of said contract, except for the following:

- 1. Specific Claims. (List below. If none, state "NONE")**

All other terms and conditions of the above mentioned contract remain in full force and effect.

IN WITNESS WHEREOF, this release has been duly executed this

_____ day of _____.
(day) (month and year)

CONTRACTOR: _____

BY: _____

TITLE: _____

EXHIBIT 2
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
CHILLICOTHE, OHIO 45601

PROGRESS PAYMENT
NUMBER _____

PERIOD ENDING _____
OBLIGATION NO. _____

TO:

For work performed under Contract Number _____, dated, _____ for _____, located at the Department of Veterans Affairs Medical Center, Chillicothe, Ohio.

ORIGINAL CONTRACT PRICE

Suppl. Agrmts. Previously reported (☐ Add/☐ Deduct)

Suppl. Agrmts this period (☐ Add/☐ Deduct) _____

Net Contract Change (☐ Add/☐ Deduct)

TOTAL CONTRACT PRICE

Value - work in place end last period

Value - work installed this period

Value - unused material previously paid for

Value - unused material this period _____

Total Earned to date

WORK UNCOMPLETED

Total Previous Payments _____

AMOUNT THIS ESTIMATE

I hereby certify, to the best of my knowledge and belief, that...

- (1) The amounts requested are only for performance in accordance with the specifications terms, and conditions of the Contract;
- (2) Payments to subcontractors and suppliers have been made from pervious payments received under the Contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and
- (3) This request for progress payment does not include any amounts, which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.
- (4) This certification is not to be construed as a final acceptance of a subcontractor's performance.

Signature: _____

Date: _____

Name: _____

Title: _____

I certify that the articles and/or services represented by this estimate have been received and/or rendered in accordance with the Contract.

STEVEN BENSON, P.E., P.S. _____ Date: _____
Chief, Engineering Service

I approve the payment of this estimate in the amount of \$ _____, and I certify that the articles and/or services represented hereon have been received and/or rendered in accordance with the terms of the Contract.

Contracting Officer Date: _____

INSTRUCTIONS FOR PROGRESS PAYMENT FORM 0301A 93 (Revised 5-22-98)

- (1) Enter Progress Payment Number, i.e., 1, 2, 3, etc.
- (2) Enter Period Ending Date, i.e., month, day and year.
- (3) Enter Obligation Number from Form 1442 Solicitation, Offer, Award item 23.
- (4) Enter Name, Address, City, State and Zip Code to whom payment is to be made ~ Must match "Payment Payable To", from P&D Form 0301B.
- (5) Enter Contract Number from Form 1442 item 4.
- (6) Enter Date of Contract from Form 1442 item 31c.
- (7) Enter Contract Title.
- (8) Enter Original Contract Price from Form 1442 item 22.
- (9) Enter Supplemental Agreements previously reported and note as either ADD or DEDUCT, if applicable.
- (10) Enter Supplemental Agreements for this reporting period and note as either ADD or DEDUCT, along with the SA numbers, i.e., 1, 2, 3, if applicable.
- (11) Enter Total of SA's for this reporting period, if applicable.
- (12) Enter Total of SA's and note as either ADD or DEDUCT, if applicable.
- (13) Enter Summation of SA's and Original Contract Price.
- (14) Enter Work in Place to Date of Last Period, total of column "Value of Work In-Place, End Last Period" of Contract Progress Report, P&D Form 0301B.
- (15) Enter Work Installed This Period, total of column "Value of Work Installed This Period" of Contract Progress Report, P&D Form 0301B.
- (16) Enter Value of Unused Material Previously Paid For. This is material that has been paid for, but not yet installed.
- (17) Enter Value of Unused Material This Period. This is material just stored this period, accompanied with supplier's invoice addressed to Contractor/Subcontractor stating that the material is for this particular project at the VAMC.
- (18) Enter total of (13), (14), (15) and (16). This should equal the total of (21), (22) and (23) of Contract Progress Report Form, P&D Form 0301B.
- (19) Enter difference of Total Earned to Date from Total Contract Price, i.e., (12) - (17).
- (20) Enter Total Previous Payments, i.e., \$0.00 if first payment or summation of payments 1, 2, 3, etc.
- (21) Enter difference of previous payments from Total Earned to Date, i.e., (17) - (19).
- (22) Official's signature.
- (23) Enter date signed.
- (24) Enter Official's name.
- (25) Enter Official's title.

In addition to the information included on this form, the contractor will attach a listing of the total amount of each subcontractor under this contract.

The contractor will also provide a listing of the amounts previously paid to each subcontractor and supplier under the contract.

CONTRACT PROGRESS REPORT

Name and Address of Contractor (1)		Payment Payable To: (2)			
Defective Invoice, Contact: (3) Name: Phone:		Invoice Number (4)	Period Ending (5)		
Project Title (6)		Project Number (7)	Contract Number (8)		
Item No.	Branch of Work	Total Value	Value of Work In-Place, End Last Period	Value of Work Installed This Period	Material Stored To Date
1.	(9)	(10)	(11)	(12)	(13)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.	ORIGINAL PROJECT TOTAL	(14)	~~~~~	~~~~~	~~~~~
33.	Supplemental Agreements --- Add	(15)	(16)	(17)	(18)
34.	Supplemental Agreements --- Deduct	(19)	~~~~~	~~~~~	~~~~~
35.	TOTALS	(20)	(21)	(22)	(23)

- (1) Enter Name, Address, City, State and Zip Code of Contractor.
- (2) Enter Name, Address, City, State and Zip Code to whom payment is to be made.
- (3) Enter Name and Phone Number of person to contact in the event of a defective invoice.
- (4) Enter Invoice Number, i.e., 1, 2, 3, etc.
- (5) Enter Period Ending Date, month, day and year.
- (6) Enter Contract Title from Form 1442.
- (7) Enter Project Number from Form 1442.
- (8) Enter Contract Number from Form 1442 item 4.
- (9) Enter Description of Work, i.e. title of Specification Sections, noting material and labor as separate line items as a minimum.
- (10) Enter Total Value of each Description of Work ~ this value will not change during the life of the contract.
- (11) Enter Value of Work Installed End Last Period, i.e., if first payment will be \$0.00.
- (12) Enter Value of Work installed this period. Do not include stored material not used.
- (13) Enter Value of Total Material Stored to Date ~ to be accompanied with supplier's invoice addressed to contractor/subcontractor stating material is for this particular project. Note: When stored material is installed it is to be added to the Installed This Period column.
- (14) Enter Original Project Total. This is total of each item listed.
- (15) Enter Summation of Supplemental Agreements ADD.
- (16) Enter Summation of Supplemental Agreements ADD In-Place End Last Period.
- (17) Enter Summation of Supplemental Agreements ADD Installed This Period.
- (18) Enter Summation of Supplemental Agreements ADD Materials Stored to Date.
- (19) Enter Summation of Supplemental Agreements DEDUCT.
- (20-23) Enter sum of each column.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY U.S. Department of Veterans Affairs – Financial Services Center		
AGENCY IDENTIFIER: 111036183	AGENCY LOCATION CODE (ALC): 36001200	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS: P.O. Box 149971 Austin, TX 78714-8971		
CONTRACT PERSON NAME: Customer Support Help Desk – Vendorizing Team		TELEPHONE NUMBER 1-877-353-9791
ADDITIONAL INFORMATION Fax completed form to (512) 460-5221		

PAYEE/COMPANY INFORMATION

NAME FAC/AST SCOTS SENT	SSN NO. OR TAXPAYER ID NO.
ADDRESS 10111 1st St Austin, TX 78714-8971	
CONTACT PERSON NAME: A. J. J. J. J.	TELEPHONE NUMBER: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Employee Signature) (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

EXHIBIT 4**Standard Form (SF) 3881 Instructions**

Note: All information on the SF 3881 is required. Vendorizing Coversheet must be attached at the time of submission. Any submission missing information will be returned to the sender for completion. Forms are processed in the order of receipt.

Agency Information

1. Vendor must select the preferred ACH format for direct deposit. Check the corresponding box for either CCD+ or CTX format. If no choice is made, this defaults to CCD+.

Payee/Company Information

1. Name
 - A. This must be the legal name for the vendor as on file with IRS.
 - B. If invoice billing or remit to name is different from the legal name, also provide this name as a doing business as (DBA) name.
2. SSN No. or Taxpayer Id No.
 - A. This must be the legal social security number (SSN), federal employer id number (EIN), or federal taxpayer id number (TIN).
3. Address
 - A. This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names.
4. Contact Person Name
 - A. This is the name of the vendor's contact person.
5. Telephone Number
 - A. This is the phone number of the vendor's contact person. Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to the vendor's file with VA.

Financial Institution Information – VAFSC does not have wire capability. ACH Direct Deposit is used to make payments.

1. Name
 - A. This is the name of the bank being used for direct deposit.
2. Address
 - A. Address of bank, to include city, state, and zip code. Please do not abbreviate city names.
3. ACH Coordinator Name
 - A. Banks have ACH Coordinators who can answer questions for vendors regarding the process. VAFSC does not use this name. It is for your information only.
4. Telephone Number
 - A. This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.
5. Nine-Digit Routing Transit Number
 - A. This number identifies the bank when direct deposits are made.
 - B. This number should begin with 0, 1, 2, or 3.
 - C. Take this number from a *check*, not a deposit slip.
 - (1) Deposit slip routing numbers are internal numbers for bank use only.
 - (2) If you cannot locate your routing number, contact your bank and ask for the routing number for direct deposit.
6. Depositor Account Title
 - A. This is the name on the account.
7. Depositor Account Number
 - A. This is the account number.
8. Lockbox Number
 - A. Lockbox numbers are treated as checking accounts. Please include the lockbox number if there is one.
9. Type of Account
 - A. Please select the type of account used (checking, savings, lockbox). Again, lockboxes are treated as checking accounts.
10. Signature and Title of Authorized Official
 - A. Signature is required on all SF 3881 submissions. The signature must be the owner of the account in cases of individuals or a company official (with title) in cases of companies.
11. Telephone Number
 - A. This is the phone number of the individual or company official who signed the form.

**Submit forms by fax to (512) 460-5221 or by mail to PO Box 149971 Austin, TX 78714-8971.
Keep your fax receipt to show the date of fax.**

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

REQUEST FOR INFORMATION DEPARTMENT OF VETERANS AFFAIRS VAMC CHILLICOTHE, OHIO		
Project Title or Description:	Date:	Date Required:
Contractor's Name and Address:	Contract Number: V250C-	Project Number: 538-
	Specification Section:	Drawing Sheet Number:
Category: <input type="checkbox"/> Information Not Shown on Contract Documents (Spec. Dwg. Etc.) <input type="checkbox"/> Coordination Problem <input type="checkbox"/> Other:		
<input type="checkbox"/> Conflict in Contract Requirements <input type="checkbox"/> Clarification		
Remarks:		
RFI ACTION		
Reply:		
_____ COR ~		Date:

EXHIBIT 7

DAILY LOG - FORMAL CONTRACT			NAME OF CONTRACTOR	
PROJECT TITLE				
WEATHER			CONTRACT NO.	
DATE	DAY		PROJECT NO.	
NAME OF CONTRACTOR OR SUB-CONTRACTOR AND BRANCH OF WORK	WORKER'S NAME	CLASS	HOURS	DESCRIPTION
DELIVERY OF MATERIALS				
REMARKS				
SIGNATURE OF SUPERINTENDENT			DATE	

**DEPARTMENT OF VETERANS AFFAIRS – RETURN OF SUBMITTAL
VAMC CHILLCOTHE, OHIO**

Project Title or Description		Date:	Specification Section
Contractor's Name and Address		Contract Number V250C-	Project Number 538- -
		Submittal Date:	Submittal Number:
Form of Submittal: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Letter of Affidavit of Compliance <input type="checkbox"/> Manufacturer's Literature <input type="checkbox"/> Manufacturer's Catalog Cut </div> <div style="width: 30%;"> <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Brochure <input type="checkbox"/> Test Report </div> <div style="width: 30%;"> <input type="checkbox"/> Data Sheet <input type="checkbox"/> Physical Sample <input type="checkbox"/> Other (Specify) </div> </div>			
Description	Supplier or Manufacture:		VA File Number
VETERANS AFFAIRS SUBMITAL ACTION			
Number of Copies Returned: <input type="checkbox"/> APPROVED: Subject to compliance with all contract requirements and to any notations indicated below. <input type="checkbox"/> DISAPPROVED: Resubmit promptly. <input type="checkbox"/> NO ACTION: See remarks.			
REMARKS:			
_____ COR ~			Date:

EXHIBIT 9

POLICY MEMORANDUM
NO. 00-14

VA Medical Center
Chillicothe, Ohio
December 15, 2015

MEDICAL CENTER SMOKING AND TOBACCO POLICY

1. PURPOSE: To establish a safe, clean, healthy environment that promotes a high standard for quality healthcare and service to our Veterans.
2. POLICY: Smoking and the use of tobacco products are prohibited within 35 feet of any government building and inside all government buildings and government vehicles. This policy applies to all Veterans, employees, visitors, volunteers, contractors and students.
3. DEFINITIONS:
 - a. Tobacco products include commercial cigarettes, hand-rolled cigarettes, pipe tobacco, all types of cigars, electronic cigarettes, snuff/dip, chewing tobacco, water pipes containing tobacco and hookahs.
 - b. Electronic cigarettes (e-cigarettes) are battery-powered nicotine inhalation devices that deliver nicotine to the user through a vaporized propylene glycol solution. There are no Food and Drug Administration (FDA) approved claims that these devices are safe or that they help people quit smoking.
 - c. Tobacco free areas include anywhere within 35 feet of a government building and inside any government owned, leased, or contracted vehicles.
 - d. Designated smoking areas include any area outside of 35 feet of a building or within an existing outdoor smoking structure that is marked with a sign by Facilities Management and that has an approved smoking receptacle in place to properly dispose of all tobacco waste.
 - e. Smoking receptacles include commercially procured and approved ash cans and cigarette butt cans. The use of any other type of can or receptacle is not approved.
4. RESPONSIBILITY:
 - a. The Medical Center Director is responsible for maintaining a culture that supports and promotes the principles of this policy and ensures a safe health care environment, is enforced.
 - b. Service Chiefs/Care Line Managers, supervisors, and all employees are responsible for complying with and as needed enforcing the principles of this

2. POLICY MEMORANDUM NO. 00-14

policy. All employees should report violations of this policy to their supervisors to support a clean and safe health care environment.

- c. Primary and Preventive Care Line, nursing staff in Patient Care Services and Urgent Care area personnel are responsible for informing Veterans, upon admission, of this policy and where the appropriate approved designated smoking areas are located.
- d. Physicians, physician extenders and nurses are responsible for assessing smoking and tobacco use, advising their patients of the health risks associated with smoking and tobacco products, and encouraging the use of smoking cessation motivation techniques. All healthcare professionals are responsible for promoting patient education concerning the risks of smoking and tobacco use.
- e. Treatment teams are responsible for evaluating and monitoring the use of tobacco products and smoking by their assigned patients.
- f. The Chief, Learning Resources Service will cover the contents of this smoking and tobacco use policy during all New Employee Orientation.

5. PROCEDURES:

- a. Smoking is not permitted within 35 feet of any building. Designated smoking areas to include outdoor smoking shelters are provided for use by Veterans, employees, visitors, volunteers, contractors and students. Current outdoor smoking shelters located within 35 feet from an entrance can be used if they are properly marked and have the appropriate smoking receptacle in place for use.
- b. All employees are encouraged to support and promote a safe, clean, healthy environment for quality healthcare by asking anyone not following this policy to only using tobacco products in clearly marked and designated smoking areas and when finished to properly dispose of all associated waste products.
- c. Police officers conducting rounds throughout the medical center that observe individuals carrying a lighted tobacco product within 35 feet of a medical center building will ask them to extinguish that product and dispose of the tobacco waste in an approved smoking receptacle
- d. Police officers that witness littering violations may issue citations (courtesy or with fines based on their professional discretion and nature of the offense) for non-compliance of this policy.
- e. Supervisors should periodically ensure all employees are aware of the principles of this policy and where the approved designated smoking areas are near their assigned work areas. Employees are also subject to the appropriate disciplinary

3. POLICY MEMORANDUM NO. 00-14

actions for non-compliance of this policy. A Veteran's treatment team should be notified and as appropriate referred for education or action when found violating this policy.

- f. Nursing staff must remain cognizant when informed by a Veteran they are leaving the building to use tobacco and check on the Veteran if he/she does not return in a reasonable amount of time. Veterans with privileges are not routinely escorted off the unit to smoke.

6. REFERENCES: VHA Directive 2008-052, dated August 26, 2008
The Joint Commission Comprehensive Accreditation Manual for
Hospitals, dated July 2015
Public Law 102-585, Section 526

7. RESCISSION: Policy Memorandum No. 00-14 dated June 25, 2010.

8. RESPONSIBLE OFFICE: 00, Medical Center Director

9. COLLABORATED WITH: 00A, 001, 008, 11, 137, 138, 07, 07F, 05, 160, 120, 00P

10. RESCISSION DATE: December 15, 2018

Wendy J. Hepker

WENDY J. HEPKER, FACHE
Medical Center Director

Distribution: ALL

EXHIBIT 10

POLICY MEMORANDUM
NO. 07-04

VA Medical Center
Chillicothe, Ohio
April 27, 2016

FACILITY NAME BADGE

1. **PURPOSE:** To define policy and procedures for the issuance and control of identification badges at this medical center.
2. **POLICY:** It is the policy of this medical center that anyone who is employed at, volunteers at, desires to conduct business with or is otherwise a guest of this medical center display an approved form of identification at all times.
3. **DEFINITIONS:** The following definitions apply to this policy:
 - a. **Employees:** Full-time, part-time, temporary and intermittent Department of Veterans Affairs employees or students (paid or not paid) and any other person who is directly paid by this medical center.
 - b. **Non-employees on Official Business:** Contractors, vendors, sales representatives, their employees, Fee-Basis Consultants and others seeking to do business with this medical center for the primary purpose of financial gain.
 - c. **Non-employees on personal business:** Visitors, inpatients, outpatients and others seeking to further their own particular interests.
 - d. **Volunteers:** The unpaid staff of Voluntary Service.
 - e. **Hoptel Guests:** Those persons who are utilizing the services of the Hoptel located in Building 29.
4. **RESPONSIBILITIES:**
 - a. **Department of Veterans Affairs employees:**
 - (1) Are directed, as a part of the new employee orientation, to the Human Resource Manage Service (HRMS) for issuance of a photo Personal Identity Verification (PIV) badge and for vehicle registration.
 - (2) If an employee notices a person in need of assistance, he/she approaches and offers help to his/her destination, e.g., patient, visitor and others. Should any unidentified person become confrontational, employees do not pursue further inquiry and immediately call VA Police at extension 7004. Employees advise persons required to wear a badge of the policy and call VA Police if the correction is not amicable.
 - (3) Direct persons who identify themselves as potential contractors, vendors, sales representatives, or others desiring to conduct business with this medical center to the

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office of Logistics Service, Building 1, first floor, room 125. Note: No employee of this medical center may conduct business with any person who has not registered with Logistics Service and who does not have the proper identification badge in his/her possession at the time. Questions are referred to the Logistics Service, Contracting Section, at extensions 7011, 7012 or 7014.

(4) Notify Human Resources Management Service (HRMS) of any name change during his/her employment as soon as possible, but no later than thirty days after the change becomes effective. HRMS will issue a new PIV badge after the employee completes other actions prior to the re-issue. Re-issue for changes of services is not required.

(5) With the exception of VA Police and Fire Fighters in uniform, wearing of the PIV badge by on-duty employees is mandatory at all times. Supervisors may authorize the temporary suspension of the requirement on the work site when an employee is working around equipment and machinery that might pose a safety hazard. Employees on station for off-duty purposes are not required to wear the badge, but must give a reasonable explanation for the visit and cooperate fully to identify themselves when asked. VA Police are contacted for uncooperative employees who are then ordered to fully identify themselves by responding Officers. VA Police accomplish a Police report of any misconduct, if necessary, and forward it to the affected service chief/care line manager for whatever action is deemed appropriate.

(6) Surrender the PIV badge to HRMS as part of the clearance process. Failure to surrender the badge results in a \$10 charge against the employee's final compensation.

b. Logistics Service:

(1) Assigns an employee to complete the orientation, then provides, collects and maintains an approved color-coded temporary visitor's badge for contractors, vendors, sales representatives or others who desire to conduct business with this medical center.

(2) Provides training to staff on issues related to ethics and other conduct with contractors, vendors, sales representatives and others who desire to conduct business with this medical center.

c. Service chiefs, care line managers and supervisors assure that all employees under their supervision are:

(1) In compliance with the requirements for wearing the PIV badge.

(2) Familiar with the current rules and regulations concerning their business relations with contractors, sales representatives, vendors and others. Guidance and/or training in this area are available from the office of Logistics Service.

3. POLICY MEMORANDUM NO. 07-04

d. Contractors, Vendors, Sales Representatives or others:

(1) Register at the Logistics Service Office located in Building 1, first floor, room 125 and provide name(s) along with other required information for themselves and any additional personnel who are working at or visiting this medical center.

(2) Upon each visit to this medical center, obtain and display any required form of identification that is provided.

(3) Complete any and all ethics, safety or other required training upon the first visit or employment day.

(4) Designate a Contract Superintendent/Manager on any construction/service project, who is responsible for assuring that his/her employee(s) properly display the required identification badges.

e. Volunteers are directed to Voluntary Service, located in Building 9, room 213, to be properly registered. New volunteers are directed to HRMS for issuance of PIV badges in building 1.

f. Protective Services (VA Police):

(1) Conduct a Stop & Question on any suspicious person encountered, or reported and determine if any person stopped should be displaying a PIV or visitor badge.

(2) Provide sequentially numbered and color-coded no picture temporary badges to other services when requested.

(3) Challenge and verify the identity of any person(s) not displaying an approved form of identification badge.

g. Hoptel guests are directed to the Patient Business Service administrative staff (or Administrative Officer of the Day (AOD) during non-administrative hours) in Urgent Care, located in Building 31. The person is registered and issued a room key and an approved temporary badge for the duration of his/her stay.

h. Visitors must provide proof of identity and purpose of visit. Refusal to provide any requested information is basis for denial of entry into this medical center and is immediately reported to the VA Police Operations Center, at extension 7004.

i. Human Resources Management Service: Processes and issues the Personal Identification Verification cards (PIV) required by Homeland Security Presidential Directive 12 (HSPD-12) national standards and Human Resources PIV program standard operating procedure.

4. POLICY MEMORANDUM NO. 07-04

5. PROCEDURES:

a. No photo facility name badge, card or other form of personal identification for employees, contactors, volunteers or affiliates is used for identification purposes other than the PIV card at this medical center. The official nature of any identification badge does not extend beyond this medical center. Its use for any other purpose is the responsibility of the bearer.

(1) Logistics issues an approved color-coded temporary visitor's badge.

b. Special Security Access Badges (where utilized):

(1) Are NEVER loaned to anyone for any reason.

(2) If lost or stolen the PIV is immediately reported by the user to VA Police, FCIO, and the ISO, as this is our access mechanism for the VA Computer system and in some cases, the future keyless entry system.

a. Pins, stickers or other items may not be placed on or deface the PIV badge. The personnel identification badge must also be worn close to eye level in a manner that the name is legible at all times. Lanyards or retractable devices are authorized with the badge displayed above the waist.

c. Non-paid medical care interns or students working under the supervision of VA medical center personnel may utilize photo identifications from their medical schools. All stipend paid and without compensation trainees must have a PIV badge issued by the medical center prior to beginning their rotation. If the PIV machine is non-operational, they will be issued a temporary ID by human resources which is tracked and returned when human resources is able to issue a PIV badge. No trainees are permitted to be at the medical center without a facility ID. The use of photo identification from their school is not an acceptable substitute for proper medical center identification.

d. Inpatients, outpatients and visitors are not required to wear an identification badge and their access is limited to public areas of the medical center unless being escorted by an employee. Inpatients also have access to their assigned area(s) on the units. Any failure to provide proper identification and/or purpose of visit is immediately reported to the VA Police Operations Center, at extension 7004.

e. Identification badges are not required for any person or group that is being escorted by an employee of this medical center.

6. REFERENCES: Policy Memorandum No. 05-4, Disciplinary and Adverse Actions
Policy Memorandum No. 122-05, Hoptel-Lodging of Veterans and
Family Members
MP-5, Part I, Chapter 752, Appendix C (17);

5. POLICY MEMORANDUM NO. 07-04

MP-5, Part I, Chapter 790, Paragraph 11;
Joint Commission Comprehensive Accreditation Manual for
Hospitals 2016
IL-2002-013 Under Secretary for Health Information Letter dated
August 13, 2002

7. RESCISSION: Policy Memorandum No. 07-04, Employee and Non-Employee
Identification, dated September 17, 2015.

8. RESCISSION DATE: April 27, 2019

Keith Sullivan

Keith Sullivan, FACHE
Medical Center Director

Distribution: ALL

EXHIBIT 11

POLICY MEMORANDUM NO. 07-29

VA Medical Center
Chillicothe, Ohio
May 31 2016

PARKING AND MOTOR VEHICLE OPERATION

1. **PURPOSE:** To establish regulations for operating privately-owned motor vehicles on the medical center grounds.

2. **POLICY:** It is the policy of this medical center to promote safe vehicle control on the roadways, maximize the utilization and benefit of parking facilities, and provide for consistent enforcement of the regulations governing these areas.

3. **DEFINITIONS:** None

4. **RESPONSIBILITIES:**

a. **VA Police:** Ensures all new employees are issued parking registration cards and rearview mirror parking decals identified by sequential numbers to each vehicle operator. Takes enforcement actions when violations of this policy are identified or reported to include issuance of citations, arrests or towing of vehicles.

b. **Immediate Supervisors:** Takes corrective action when notified that an employee has received enforcement action for any parking violation.

5. **PROCEDURES:**

a. **Vehicle Registration:** All employees parking a privately-owned vehicle on medical center property are required to register that vehicle using VA Form 10-6196, Privately-Owned Motor Vehicle Registration. This includes contractors, volunteers, consultants, etc. These forms are completed at the Police Operations Center, Building 18 lower level, during the in-processing procedure. A parking decal is issued for each vehicle and is displayed on the backside of the rear view mirror or attached to an index card placed on the driver's side dashboard of the vehicle. Any changes in vehicle such as color, plate number or new vehicle are reported to the Police Operations Center within five workdays. When a vehicle is traded or sold, the employee is responsible for removal and destruction of the decal. Failure to register and display an identification sticker may result in a citation or restriction from use of parking facilities.

b. **Traffic Regulations:**

(1) All motor vehicle laws of the State of Ohio are observed while operating a vehicle at this medical center.

(2) Parking is allowed in designated areas only. Cars are parked between the marked lines.

2 Policy Memorandum No. 07-29

(3) Vehicle ignition keys are removed and the vehicle locked when left unattended in any parking area.

(4) The Department of Veterans Affairs assumes no responsibility for the safety of employees' cars, and any such parking is at the risk of the employee.

(5) In addition to the requirements of the Ohio State Motor Vehicle Code, a PEDESTRIAN HAS THE RIGHT OF WAY when crossing a highway or street from any point within the geographical limits of the medical center grounds. Vehicles stop for pedestrians in a crosswalk.

c. Parking Allocations:

(1) Reserved parking areas are designated for handicapped, outpatients, physicians, consultants, volunteers, American Federation of Government Employees (AFGE) Union, and Credit Union (short term). Personnel not designated to use these parking spaces use general parking lots.

(2) The ambulance ramp to Building 31 and the two adjacent spaces are reserved for emergency vehicles loading/unloading at Urgent Care.

d. Enforcement:

(1) Courtesy Violation Notice (CVN): This violation notice is merely a reminder to the offender that s/he is in violation of posted rules and regulations governing VA property and the offense is punishable under the law. The yellow copy of the notice is forwarded to the appropriate service chief/care line manager. Service chiefs/care line managers are responsible for making sure their employees are familiar with and comply with parking and motor vehicle regulations, and for counseling employees upon receipt of the second CVN.

(2) Uniform Violation Notice (UVN): This notice is used by the medical center police officer to notify a violator, in writing, that s/he has violated the statutory authority contained in Title 38, United States Code, Section 218(b), 38 Code of Federal Regulations 1.218 and VA Regulations 1.218(b) for traffic, parking, and petty offenses. Any person receiving a UVN is required to comply with the instructions contained on the ticket at the time of issuance. This notice involves forfeiture of collateral and/or appearance before the District Court Magistrate.

(3) Arrest: The Rule of Court, Southern District of Ohio, dictates the amount of collateral to be posted for a specific offense and those offenses requiring a mandatory appearance before a U.S. Magistrate. However, the Rule of Court does not prohibit the officer from making an arrest and taking the offender directly before a U.S. Magistrate to answer the charge placed against the offender.

2 . Policy Memorandum No. 07-29

(4) Towing: A privately owned vehicle may and will be towed from the medical center grounds when immediate removal is necessary to ensure public safety, or after 96 hours when abandoned. Owners of towed vehicles are liable for charges for towing and storage before the vehicle is released by the towing company.

e. Traffic Accidents: The Chief, Protective Services, or his/her designated Police Officer, investigates and prepares required reports for all motor vehicle accidents on medical center grounds, and may, when authorized, participate in investigations which involve government vehicles off medical center grounds. Neither the Department of Veterans Affairs nor the United States Government assumes responsibility for accidents occurring on the medical center grounds between privately owned motor vehicles. Such accidents are reported to the VA Police as required by law.

6. REFERENCES: DM&S Supplement, MP-1, Part I, Chapter 2, Section B
VA Regulation 1.218(b)
U.S. District Court, Southern District Rule No. 5.
Title 38, U.S. Code, Section 218(b).
Title 38 Code of Federal Regulations, Section 1.218.
AFGE Master Agreement.

7. RESCISSION: Policy Memorandum No. 07-29, Parking and Motor Vehicle Operation, dated October 15, 2015.

8. COLLABORATED WITH: VHACLL Tops, AFGE

9. RESPONSIBLE OFFICE: 07

10. RESCISSION DATE: May 31 2019

Keith Sullivan

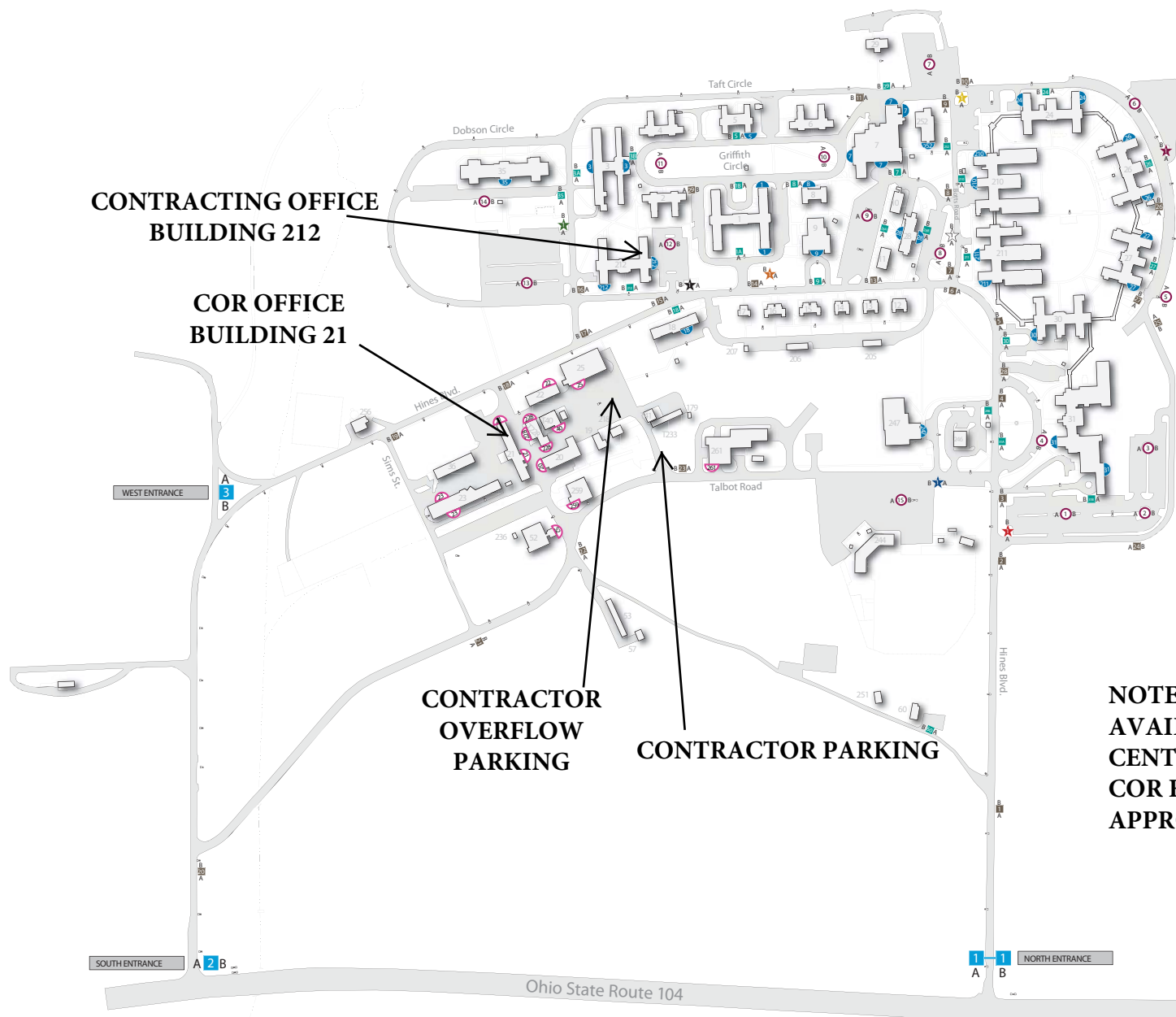
Keith Sullivan, FACHE
Medical Center Director

Distribution: ALL

EXHIBIT 12

DESIGNATED PARKING FOR CONTRACTORS AND CONTRACTORS'S EMPLOYEES

- 1. All contractors and/or all contractors' employees performing work at this facility are required to park their vehicles in the designated parking area(s) as shown on the attached drawing.**
- 2. The parking requirements will be strictly adhered to by all contractors and their employees, and will be strictly enforced by the VA Contracting Officer and/or the VA Contracting Officer's Technical Representative.**
- 3. Failure to observe the required parking, may result in actions such as, but not limited to, parking fines, removal from facility, etc.**



NOTE: OTHER PARKING MAY BE AVAILABLE PENDING MEDICAL CENTER USAGE. CONTACT YOUR COR FOR REQUEST FOR APPROVAL.



EXHIBIT 13

Policy Memorandum
No. 138-10

VA Medical Center
Chillicothe, OH
March 2, 2015

FIRE/SMOKE BARRIER PERMITS

1. **PURPOSE:** To establish policy and procedures regarding removal of ceiling tile penetrations in ceilings, floors, pipe chases, fire barriers/walls, and smoke barriers/walls for the purpose of maintaining the integrity of the medical center construction as required in National Fire Protection Association (NFPA) 101 to provide for the safety of occupants during fire incidents. Breaches in fire barriers/walls and smoke barriers/walls create the potential for fatal consequences or Veterans, staff, and visitors, should a fire occur.
2. **POLICY:** Removal of ceiling tile, penetrations made in ceilings, floors, fire walls/barriers and smoke walls/barriers for the purpose of the installation/removal of pipe, conduit, cable, or ductwork or other modifications, including incidental damage, or the removal of such items, are replaced/sealed and documented as repaired upon completion of the work. This policy applies to vertical and horizontal penetrations made by medical center staff, the Chief Information Office and contractors. Contracting companies are required to comply with the policies, procedures and regulations that apply whenever work is performed. Contracting Officer's Representatives (COR's) include the requirements of this policy in the specifications and scope of work for all applicable projects. Repairs are made using assemblies with an Underwriter's Laboratory (UL) listing or method pre-approved by Facilities Management Service (FMS), Engineering Section.
3. **DEFINITIONS:**
 - a. Penetrations are any holes, openings or faults created in a fire barrier/wall or smoke barrier/wall that compromises the integrity or fire rating of the penetrated structure. Drawings indicating the location of rated walls and barriers are available in Appendix A, Fire/Smoke Barrier Building Drawings. Change of use or change of occupancy can affect wall rating requirements. If the current site conditions differ from those shown in the drawings, consult with FMS, Engineering Section and/or your COR.
 - b. Fire stopping materials are any UL listed materials used to replace or repair any penetrations. Materials used must meet specifications that ensure the original integrity and rating of the penetrated surface are restored. Repairs are marked with a sticker or label at the site of the repair. A sample label is available in Appendix B, Sample Fire/Smoke Barrier Penetration Label. Minimum information required on the label includes:
 - (1) Date repair/penetration sealed.
 - (2) Name of technician and company, as applicable.

2. Policy Memorandum No. 138-10

- (3) Contact information, including phone number of technician, of the contractor completing the work.
 - (4) Project number, if applicable.
 - (5) Purchase order number, if applicable.
 - (6) Type of utility or system installed, modified or repaired.
 - (7) Brand of fire stop material used.
 - (8) Alpha-alpha numeric fire resistant directory number/UL system number of specific fire stop system used for repairs. Numbers are brand-specific.
- c. A fire wall/barrier is a continuous membrane or a membrane with discontinuities created by protected openings with a specified fire protection rating, where such membrane is designed and constructed with a specified fire resistance rating to limit the spread of fire, and also restricts the movement of smoke. Fire walls/barriers are floor ceiling assemblies and walls, including supporting construction. Fire walls/barriers are designed to form fire compartments and are constructed to be continuous from outside wall to outside wall, from one fire wall/barrier to another, or a combination thereof, including continuity through concealed spaces. (NFPA 101)
- d. A smoke wall/barrier is a continuous membrane or a membrane with discontinuities created by protected openings, where such membrane is designed and constructed to restrict the movement of smoke. Smoke walls/barriers are designed to form smoke compartments and are constructed to be continuous from outside wall to outside wall, from one smoke wall/barrier to another, or a combination thereof, including continuity through concealed spaces. (NFPA 101)
- e. A fire compartment is a space within a building that is enclosed by fire walls/barriers on all sides, including the top and bottom. (NFPA 101)
- f. A smoke compartment is a space within a building that is enclosed by smoke walls/barriers on all sides, including the top and bottom. (NFPA 101)

4. RESPONSIBILITIES:

- a. It is the responsibility of Engineering Section to ensure that VA Form 10-410, Fire/Smoke Barrier Permit, is issued and a final inspection is completed. Each issued permit will be assigned an inspection work order number created by the Work Order Clerk. The inspection work order will be closed once the final inspection has been completed and any remaining deficiencies corrected by the initiator of the permit.

3. Policy Memorandum No. 138-10

- b. Service chiefs/care line managers are aware of the requirements of this policy and are responsible for ensuring compliance with respect to any equipment/cabling installations that are coordinated by their staff within their assigned building spaces. Following completion of work and repair or sealing of penetrations, initiator of the permit is required to make an inspection to verify work has been satisfactorily completed and then contacts Engineering Section for a final inspection.
- c. The Chief, FMS and the Chief Information Officer are responsible for ensuring that their staff or contractors making penetrations into fire walls/barriers or smoke walls/barriers secure penetration permits prior to beginning work, and repair the wall/ceiling/floor in accordance with this policy and the Life Safety Code at completion of the work. Following completion of work and repair or sealing of penetrations, initiator of the permit is required to make an inspection to verify work has been satisfactorily completed and contacts Engineering Section for a final inspection.
- d. COR's are responsible for the following:
 - (1) Reviewing and approving specific fire stop system submittals, documentation and project-specific engineering judgments/designs.
 - (2) Ensuring that contractors adhere to this policy during construction, renovation or demolition activities, including pulling electrical or cable lines.
 - (3) Verifying that holes/penetrations made during construction activities are properly sealed.
- e. The Contracting Officer, VISN10 Contracting - Chillicothe, is responsible for ensuring that this policy memorandum is properly inserted in applicable contracts and discussed with the contractor prior to the initiation of project work.
- f. Contractors are responsible for:
 - (1) Before commencing work, submitting documentation and design submittals for project-specific fire stop systems and materials.
 - (2) Assuring that penetrations made in ceilings, floors, pipe chases, fire walls/barriers, smoke walls/barriers, and other locations are properly sealed and damaged or displaced ceiling tiles are replaced and contacting Engineering Section for a final inspection before leaving the facility, giving as much advance notice as possible, but never less than one full working day.

5. PROCEDURES:

4. Policy Memorandum No. 138-10

- a. Routing of wiring, piping or conduit may require drilling through fire walls/barriers or smoke walls/barriers. When a ceiling, floor, wall, or partition employed as a fire wall/barrier or smoke wall/barrier is compromised for the purpose of installation, repair, or other modification, penetrations are resealed with proper smoke or fire materials. Work, including fire stopping, is inspected by the initiator of the permit and all noted deficiencies corrected before Engineering Section is contacted to make a final inspection.
- b. Contracted work, including Chief Information Office projects involving removal of ceiling tile or fire/smoke walls/barriers is approved by Engineering Section prior to installation of equipment, cables, conduit, or ductwork.
- c. A penetration permit is secured from Engineering Section and an inspection work order is generated prior to disturbing the integrity of the fire wall/barrier or smoke wall/barrier. The permit is posted and available for inspection at the subject location.
- d. Upon completion of work, the initiator of the permit ensures that the penetration is repaired (sealed) and ceiling tiles replaced according to accepted practice utilizing materials, including UL listed through-penetration fire stopping materials, that meet the original fire/smoke wall/barrier construction requirements in order to restore the original design specifications for compartmentalization. Penetrations are affixed with a label on or directly adjacent to the repair indicating:
 - (1) Date repair/penetration sealed.
 - (2) Name of technician and company, as applicable.
 - (3) Contact information, including phone number of technician, of the contractor completing the work.
 - (4) Project number, if applicable.
 - (5) Purchase order number, if applicable.
 - (6) Type of utility or system installed, modified or repaired.
 - (7) Brand of fire stop material used.
 - (8) Alpha-alpha numeric fire resistant directory number/UL system number of specific fire stop system used for repairs. Numbers are brand specific. A sample label is available in Appendix B, Sample Fire/Smoke Barrier Penetration Label.
- e. Upon completion of the final inspection by the initiator of the permit, Engineering Section is notified to make a final inspection. A sample inspection checklist is available in Appendix C, Final Fire/Smoke Barrier Inspection Checklist.

5. Policy Memorandum No. 138-10

- f. Penetrations and miscellaneous openings are sealed and protected according to specific manufacturer guidelines applicable to the situation, this policy and NFPA 101.
- g. Contracted work uses VA master guide specification 07270, Fire Stopping Systems.
- h. A final visual inspection for approval of the repairs performed is requested from Engineering Section ONLY after the initiator of the permit has made their own final inspection and corrected any deficiencies. Deficiencies found during final inspection by Engineering Section are referred back to the initiator of the permit for correction and reinspection. Following successful final inspection, the inspection work order is closed with comments, as appropriate. The closed work order serves as official document of record.
- i. Under no circumstances may any wires, conduits, cables, ducts or other items be suspended from, or come into contact with, fire protection sprinkler lines.
- j. Ceiling tiles are replaced immediately upon completion of the work or when workers leave the area.

6. REFERENCES: NFPA 101, Life Safety Code, 2013
VHA Directive 2011-036, Safety and Health During Construction
VA Master Guide Specification 07270, Fire Stopping Systems
ASTM E2174, Standard Practice for On-Site Inspection of Installed Fire Stops

7. RESCISSION: Policy Memorandum No. 138-10, Fire/Smoke Barrier Permits, dated October 20, 2011.

8. COLLABORATED WITH: 138, 138S, 07F, 90, 00L, AFGE

9. RESPONSIBLE OFFICE: 138

10. RESCISSION DATE: March 2, 2018

Wendy J. Hepker, FACHE
Medical Center Director

ATTACHMENTS:

Appendix A: Fire/Smoke Barrier Building Drawings

Appendix B: Sample Fire/Smoke Barrier Penetration Label

Appendix C: Final Fire/Smoke Barrier Inspection Checklist

Fire/Smoke Barrier Building Drawings

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