

MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER

Privacy Training:

Privacy training must be completed by all contractors and subcontractors assigned to the VA accounts prior to construction or delivery of service and/or onsite visit and annually. There are three (3) options a contractor or subcontractor can choose from to complete privacy training:

1. Complete VHA Privacy Policy Training electronically through EES at the following website: <https://www.ees-learning.net/librix/loginhtml.asp?v=librix> . or
2. Review the text version of VHA Privacy Policy course included with this contract and complete the training certificate or,
3. Review the text version of VHA Privacy Policy Training PowerPoint presentation included with this contract and complete the training certificate.

The Contractor shall provide to the VA COTR a copy of the completed training certificate(s)

Security Badges/Background Investigations:

All prime contractor personnel and subcontractor personnel will be required to obtain a Flash Badge (Day Pass) prior to reporting to the jobsite. Within ten (10) business days prior to the personnel arriving at the work site, the General Contractor to whom award is made will be responsible for all personnel and subcontractor personnel completing the Background Investigation Request Worksheet and the VHA Service Center Contractor PIV Sponsorship Form and submitting it to the Personnel Security Officer at the Erie VA Medical Center. Badges will be issued to qualified personnel and must be worn and visible at all time while in VA property. The General Contractor will be responsible for completion of the VHA Security Center PIV Credentials Turn-In Inventory Report and forwarding it to the Contracting Officer at the end of the construction project. General Contractor is responsible for obtaining and turning in ALL badges.

Contractor Weekly Progress Meetings:

The contractor is required to hold weekly progress update meetings at the VA construction site with the Contracting Officer and his designated personnel to review all relevant aspects of the construction to be accomplished for current week and for the following two weeks. All pertinent issues which may affect the established construction schedule are to be raised by the contractor with possible recommended solutions to maintain schedule target dates. Contractor is responsible for generating and supplying an agenda one (1) day before the meeting to all participants of the meeting. The Contractor is also responsible for writing the detailed meeting minutes and providing them to the Contracting Officer within three (3) working days after the meeting.

Required Registration with Contractor Performance Assessment Reporting System (CPARS):

As prescribed in Federal Acquisition Regulation (FAR) Part 42.1500, the Department of Veterans Affairs (VA) evaluates General Contractor past performance on all Contracts that exceed the thresholds outlined in FAR Part 42.15, and shares those evaluations with other Federal Government Contract Specialists and procurement officials. The FAR requires that the General Contractor be provided an opportunity to comment on past performance evaluations prior to each report closing. To fulfill this requirement, VA uses an online database, the Contractor Performance Assessment Reporting System (CPARS) which is maintained by the Department of Defense. The CPARS database information is shared with the Past Performance Information Retrieval System (PPIRS) database, which is available to all Federal Agencies. Each General Contractor whose Contract award is estimated to exceed the thresholds outlined in FAR 42.15 is required to provide to the Contracting Officer contact information for the Contractor's representative with their response to the solicitation. The Contractor is responsible to notify the Contracting Officer of any change to the Contractor's representative during the contract performance period. Contractor's representative contact information consists of a name and email address. The Government will register the contract within thirty days after contract award. For Contracts with a period of one year or less, the Contracting Officer will perform a single evaluation when the Contract is complete. For Contracts exceeding one year, the Contracting Officer will evaluate the General Contractor's performance annually. Interim reports will be filed each year until the last year of the Contract, when the final report will be completed. The report shall be assigned in CPARS to the General Contractor's designated representative for comment. The General Contractor representative will have 30 days to submit any comments and reassign the report to the VA Contracting

MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER

Officer. Failure by the Contractor to respond within those thirty days will result in the Government's evaluation being placed on file in PPIRS without Contractor's comments.

Coordination Drawings:

The contractor is responsible for the submission of coordination drawings which overlay all the new and existing systems (fire protection, plumbing, HVAC, electrical, communications, etc) on one drawing, or set of drawings, per VAAR 852.236-80 Subcontracts and Work Coordination Alternate 1. No work shall commence of the new systems until the Government has approved the coordination drawings.

Submittals and RFI:

The Government has fifteen (15) working days to review and approve/disapprove Contractor required submittals or RFI's

Project Drawings and Specifications:

The drawings and specifications are not intended to define all details, finish materials, and special construction that may be required or necessary. The Contractor shall provide all installations complete and adequate as implied by the contract specifications and contract documents.

Drawings are diagrammatic only and do not show exact routes and locations of equipment and associated wiring. The Contractor shall verify all equipment currently installed along with the work of all other trades and shall arrange their work to avoid conflicts. In the event of a conflict, the Contractor shall discuss the issues with the Contracting Officer Representative (COR) and obtain written corrective action from the Contracting Officer.

SUBMITTAL REGISTER:

The Contractor shall prepare a Submittal Register and submit all items specified in other sections of these specifications on that Submittal Register. Submit electronic file to the Contracting Officer for approval within 10 calendar days after Notice to Proceed. The Contractor shall keep this electronic file up-to-date and shall submit it to the Government together with the monthly payment request. The approved Submittal Register will become the scheduling document and will be used to control submittals throughout the life of the contract. The Submittal Register and the progress schedules shall be coordinated. At a minimum the Submittal Register will include the following information for each submittal:

1. Transmittal number
2. Section number
3. Description of submittal
4. Date submittal will be issued for review/approval
5. Date submittal to be returned to contractor
6. Date submittal actually submitted
7. Date Submittal approved/disapproved
8. Comments – Approved/Approved as Noted/Rejected

SCHEDULING:

Submittals covering component items forming a system or items that are interrelated shall be scheduled to be coordinated and submitted concurrently. Certifications to be submitted with the pertinent drawings shall be so scheduled. Adequate time (a minimum of 15 working days exclusive of mailing time) shall be allowed and shown on the Submittal Register for review and approval. No delay damages or time extensions will be allowed for time lost in late submittals. The Contractor shall carefully control his procurement operations to ensure that each individual submittal is made on or before the Contractor scheduled submittal date shown on the approved "Submittal Register."

Upon receipt of submittals, Contractor will assign a file number thereto. In any subsequent correspondence all parties shall refer to this file and identification number to expedite replies relative to previously approved or disapproved submittals.

**MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER**

CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

Permit No. _____

Confined Space # and Description: _____

Purpose of Entry: _____

Location/Building: _____

Authorized Duration of Permit: Date: _____ to _____

Time: _____ to _____

PERMIT SPACE HAZARDS (Indicate specific hazards.)

- ____ Oxygen deficiency (less than 19.5%)
- ____ Oxygen enrichment (greater than 23.5%)
- ____ Flammable gases or vapors (greater than 10% LFL)
- ____ Airborne combustible dust (meets or exceeds LFL)
- ____ Toxic gases or vapors (greater than PEL)
- ____ Electrical shock
- ____ Mechanical hazards
- ____ Materials harmful to skin
- ____ Engulfment
- ____ Other: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK

- Specify as required:
- Personal Protective Equipment: _____
- Respiratory Protection: _____
- Atmospheric Tester (Orion) Calibration Date/Time: _____
- Atmospheric Monitor (Solaris) Calibration Date/Time: _____
- Communication: _____
- Retrieval Equipment: _____
- Other: _____

PREPARATION FOR ENTRY (Check after steps have been taken)

- ____ Notification of affected departments of service interruption
- ____ Isolation Methods: _____ Lockout/tagout _____ Blank/Offset
- ____ Double/Block/Blind _____ Purge/clean _____ Inert
- ____ Forced Air Ventilation _____ Retrieval System
- ____ Atmospheric test _____ Opening Barriers
- ____ Other: _____
- ____ Pre-entry briefing on specific hazards and control methods
- ____ Notify contractors of permit and hazard conditions
- ____ List Additional permits (required and/or attached:)

COMMUNICATION PROCEDURES

To be used by Attendants and Entrants:

AUTHORIZED ATTENDANTS (List by name)

Printed Name	Signature
_____	_____
_____	_____

EMERGENCY SERVICE

METHOD OF CONTACT

ENTRANTS

I certify that I have reviewed this Permit and I am aware of the current conditions and hazards of this PRCS.

Printed Name	Signature
_____	_____
_____	_____

TESTING RECORD

	Acceptable Conditions	Result /Time					
Oxygen	19.5% -23.5%	_____	_____	_____	_____	_____	_____
Flammability	< 10% LEL	_____	_____	_____	_____	_____	_____
H ₂ S	< 10 ppm	_____	_____	_____	_____	_____	_____
CO	< 25ppm	_____	_____	_____	_____	_____	_____
Toxic (specify)	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION BY ENTRY SUPERVISORS

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Printed Name	Signature	Date	Time
_____	_____	_____	_____

THIS PERMIT MUST BE POSTED ON JOB SITE – GOOD ONLY ON INDICATED DATE

MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER

 Department of Veterans Affairs		OPEN FLAME OR WELDING PERMIT	
INSTRUCTIONS: Complete items 1 through 13 of this form for any proposed open flame or welding procedure and submit for approval a minimum of 48 hours in advance of proposed work.			
1. NAME OF PROJECT		2. LOCATION OF WORK	
3. DESCRIPTION OF WORK REQUIRING OPEN FLAME OR WELDING PROCESS			
4. TYPE OF PROCESS			
5. PROPOSED DATE OF WORK	6. START TIME	7. STOP TIME	
SAFETY NOTES			
<p>A. Notify Government project supervisor (<i>by submission of this permit</i>) of proposed open flame or welding process schedule a minimum of 48 hours in advance of the first scheduled day of use.</p> <p>B. Post an approved open flame or welding permit at the work site during all related work.</p> <p>C. Provide fire watch with extinguisher (more than one may be required).</p> <p>D. Provide protective barriers and signs to prevent accidental entry by unauthorized personnel.</p> <p>E. Wear protective clothing and/or gear.</p> <p>F. Provide protection from falling objects or debris.</p> <p>G. Prevent migration of smoke and smoldering materials, draw smoke to exterior of building using portable ventilation equipment.</p> <p>H. When any normally secured exterior door is opened, additional armed guard service is required at the contractors' expense. Request for additional armed guard service must be submitted to Division (00E) by contractor in advance.</p> <p>I. Remove or protect nearby flammable materials.</p> <p>J. Become familiar with location of nearest fire alarm pull-stations and additional extinguishers.</p> <p>K. In the event of a fire, sound the fire alarm and notify guard of location.</p> <p>L. The fire watch shall remain in the area until completion of the post-work inspection.</p> <p>M. Clean up all debris, dust, ashes, etc., upon completion of the work each day.</p> <p>N. Notify Government representative at time of completion of work.</p>			
ACKNOWLEDGEMENT: I hereby acknowledge that I have read the above notes and appropriate sections of the project specifications, and that I will comply: (<i>if more than one person will be performing items 8 and 11, provide full legal name, signature, and date of signature for each additional employee on the back of this form.</i>)			
8. FULL LEGAL NAME OF CONTRACTOR EMPLOYEE PERFORMING ACTIVITY			
9. SIGNATURE OF CONTRACTOR EMPLOYEE PERFORMING ACTIVITY		10. DATE	
11. FULL LEGAL NAME OF PERSON DESIGNATED AS CONTRACTOR FIRE WATCH			
12. SIGNATURE OF CONTRACTOR FIRE WATCH		13. DATE	
FOR GOVERNMENT USE ONLY			
DETERMINATION: I have determined that it is not feasible to conduct the above "hot work" in a shop area or outside the building. A permit is issued for the above listed work during the specified dates/times and I have received authorization for a <u>Utility Shutdown</u> for the fire alarm, HVAC, sprinkler, or other systems as required for this work.			
14. SIGNATURE OF GOVERNMENT APPROVING AUTHORITY OFFICIAL		15. DATE	
CERTIFICATION: I have inspected the work area prior to the specified work and am satisfied suitable precautions have been taken to prevent a fire. The Fire Watch is knowledgeable in the use of the fire extinguisher provided and how to turn on the fire alarm and/or summon the fire department in the event of an emergency. The building maintenance contractor has been notified of the date, time, and type of work to be performed.			
16. SIGNATURE OF GOVERNMENT PRE-WORK INSPECTOR		17. DATE	
CERTIFICATION: I have inspected the work area not sooner than 30 minutes following completion of the specified work and have found no evidence of hidden fire or smoldering materials. The building maintenance contractor has been notified of completion of this work.			
18. SIGNATURE OF GOVERNMENT POST-WORK INSPECTOR		19. DATE	

MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER

INSTRUCTIONS FOR PERMIT REQUESTER

- Item 1 Provide the name and number of the project.
- Item 2 Provide the physical location of the proposed work, including room number.
- Item 3 Provide a brief description of the activities to be performed and any reason(s) why the proposed work cannot be performed off-site.
- Item 4 Check the appropriate block that represents the type of activities to be performed. If type is not listed, check "other" and explain in Box 3.
- Item 5 Provide the proposed date(s) for the work to be done.
- Item 6 Provide the specific time the activities will begin each day.
- Item 7 Provide the estimated time the activities will cease each day.
- Item 8 Provide the full legal name(s) of the Contractor's employee(s) who will be performing the work. **Required Action: Upon return of approved welding permit from Government representative post permit in sight of work area.**
- Item 9 Signature(s) of the person(s) listed in Item 8.
- Item 10 Date of signature(s) in Item 9.
- Item 11 Provide the full legal name(s) of the Contractor's employee(s) who will be acting as Contractor Fire Watch(es) for all activities performed.
- Item 12 Signature(s) of the Contractor Fire Watch(es) listed in Item 11.
- Item 13 Date of signature(s) in Item 12.

INSTRUCTIONS FOR GOVERNMENT REPRESENTATIVE

- Item 14 Signature of Government approving authority. **Required Action: Submit Utility Shutdown Request for fire alarm, HVAC, sprinkler, and other systems as required for this work. Receive approval for utility shutdown. Return permit to contractor for posting at work site.**
- Item 15 Date of signature in Item 14.
- Item 16 Signature of Government pre-work inspector. **Required Action: Inspect area for potential hazards.**
- Item 17 Date of signature in Item 16.
- Item 18 Signature of Government post-work inspector. **Required Action: Inspect area for flame, smoldering debris, or other ignition sources. Submit Utility Shutdown completion notification.**
- Item 19 Date of signature in Item 18.



Erie VAMC Outage/Services Memorandum Form

*All outage requests should be made at least 7 calendar days prior to submission for approval.

Project: Date of Request:

Date of Work: Start/Finish Time:

Responsible Party: Contact

Number:

Contractor (if applicable): Contact

Number:

Cost:

Outage Type: Electric Natural Gas Steam HVAC Access/Door

Elevator IT/Telecom Other:

FACILITY INFORMATION

Location of Outage Location description:

Building Number:

Systems affected and details of the system:

Details of work being performed:

Describe interim risks and life-safety measures (i.e. patient/staff safety, hospital operations, equipment security):

MEDICAL CENTER REQUIREMENTS
ERIE VA MEDICAL CENTER

Additional forms needed: (all permits are located here)

Review procedural information, fill out, and attach necessary forms.

- | | |
|--|--|
| <input type="checkbox"/> Hot Work (Burn) Permit | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Fire System Impairments | <input type="checkbox"/> ICRA Coordination |
| <input type="checkbox"/> Above the Ceiling Work Permit | <input type="checkbox"/> Electrical Shutdown Coordination Form |
| <input type="checkbox"/> Tag Out: Review LOCO procedures | <input type="checkbox"/> Engineering Equipment Room Permit |

NOTIFIED DEPARTMENT(S)/NAME OF CONTACT (check all that apply):

- M&R Supervisor: _____ Coordination Meeting Date: _____

List M&R Support Staff Present for Event:

- Infection Control Nurse: _____

- Safety: _____

- Emergency Management: _____

- Police: _____ Traffic/parking Impact Coordination Meeting Date: _____

- Boiler Plant: _____

- Bio Med: _____

- Affected Department Supervisor(s) _____

- OIT _____

- Logistics _____ Critical Area Yes No
(Confirm if temperature, pressure, or humidity will affect supplies as pertains to outage)

- SPS: _____ Critical Area Yes No
(Confirm if temperature, pressure, or humidity will affect supplies as pertains to outage)

AFTER HOURS WORK
(Include name of POC)

- Housekeeping _____
 PCS _____
 AOD _____

I certify this form is complete and all affected personnel were notified, all impacts of this outage have been identified, planned for, documented, and coordinated to maintain hospital operation.

Responsible party(COR or Supervisor)

X _____

Authorized by:

X _____

X _____

Assistant Chief of Facilities Management Service

Chief of Facilities Management Service