



**Improve Potable Water  
Distribution System  
Project Number: 528A4-16-205  
Construction Documents  
Specifications**

**VA Western NY Healthcare System  
Batavia Campus  
222 Richmond Ave.  
Batavia, NY 14020**

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June 8, 2022**

**DEPARTMENT OF VETERANS AFFAIRS  
 VHA MASTER SPECIFICATIONS**

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Improve Potable Water Distribution System  
Project No. 528A4-16-205  
VA Medical Center, Batavia, NY

Construction Documents  
06-08-2022

**SECTION 01 00 00**  
**GENERAL REQUIREMENTS**  
**REVISION FEBRUARY 2022**  
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**SECTION 01 00 00**  
**GENERAL REQUIREMENTS**

**PART 1- GENERAL**

**1.1 GENERAL INTENTION**

- A. Contractor shall completely prepare site for building operations, including demolition and other items as indicated herein. The Contractor shall furnish all necessary equipment, labor, materials, temporary equipment and items, tools, specialty services, supervision, and perform work for work at the Batavia VA Hospital located in Batavia, New York as required by drawings and specifications.
- B. Visits to the site by Bidders are required prior to bidding and may be made only by appointment with the COR. All bids will take into consideration of existing site conditions; it is the responsibility of the contractor to review the entire job site footprint and existing site conditions prior to bid submission. All proposals shall include a detailed cost breakdown (materials, labor, and equipment) by trade, specification division and section; lump sum costs are not acceptable.
- C. Before placement and installation of work subject to tests by testing laboratory or other parties retained by Department of Veterans Affairs, the Contractor shall notify the COR in sufficient time to enable testing laboratory personnel to be present at the site in time for proper taking and testing of specimens and field inspection. Such prior notice shall be not less than 3-weeks in advance, unless otherwise designated by the COR.
- D. **COVID-19 and Influenza:** All employees on this project shall adhere to the current health requirements of the Veterans Hospital. The standards for working at the VA Hospital have permanently changed and the contractors, sub-contractors and contractors' staff shall adhere to the following to work on the VA campus. The following shall be required for the duration of this project and shall be provided at the contractors' expense (All testing, immunization or materials shall be provided by contractor).
- **Seasonal Influenza Requirements;** Refer to Attachment A at the end of this specification section for requirements pertaining to Seasonal Influenza. All contractors, sub-contractors or any contractors staff shall adhere to these requirements or NOT be allowed to work on this campus.
  - **COVID-19 Requirements;** Refer to Attachments B and C at the end of this specification section for requirements pertaining to COVID-19.

All contractors, sub-contractors or any contractors staff shall adhere to these requirements or NOT be allowed to work on this campus.

- **Masking:** The current policy is always to wear a surgical mask on the campus. When in a patient occupied area including but NOT limited to; the Clinical Long-Term Care Wards or Outpatient Clinics the contractor shall wear a N95 mask.
  - o Any mask other than a surgical mask or a N95 mask is NOT acceptable such as a (neck scarf, cloth mask, or a mask with a vent). The VA COR shall provide the contractor with the most recent mask policy.

E. Site Safety Health Officer (SSHO) / **Competent Person (CP):** Required by General Contractor Site Supervisor Prior to commencing work for this contract. A site supervisor is the competent person "CP" who will be on the job for the duration of project and works directly for the prime contractor (the company that has the contract with the VA for this project). The prime contractor shall NOT delegate the below requirements to a sub-contractor. Refer to Specification Section 013526 SAFETY REQUIREMENTS sections 1.9 and 1.10 for additional information.

- OSHA 30-hour training certificate Completed within the past three (3) years. A 10-hour course or refresher training is NOT acceptable.
- General Contractor shall provide proof that the OSHA 30 hours "competent person" will always maintain a presence at the work site and be responsible for ALL work including abatement work.
- If the General Contractor (Prime Contractor) has to replace the "competent person" identified above, the General Contractor shall notify the COR that they will have a "competent person" replacement within one (1) day that meets the project requirements.
- The project always requires a competent person onsite to oversee the sub-contractors.

F. Training:

1. Beginning July 31, 2005, all supervisory type personnel and employees of general contractor and subcontractors shall have the 30-hour OSHA certified Construction Safety course and other relevant competency training, as determined by VA CP with input from the ICRA team. Completed within past three (3) years. This shall include the

competent person with the prime contractor and the foreman with the sub-contractors.

2. Beginning July 31, 2005, all non-supervisory type personnel and employees of general contractor and subcontractors shall have the 10-hour OSHA certified Construction Safety Course and other relevant competency training, as determined by VA CP with input from the ICRA team. Completed within the past three (3) years.
  3. Submit copies of certificates and training records for all such personnel and employees that may be and/or will be on the work site(s) to the COR for approval before the start of any work on-site.
  4. The contractors shall attend a mandatory Safety Briefing prior to construction commencing. This includes the prime contractor and their site supervisor along with the sub-contractors that are on the site at commencement. The remainder of the sub-contractors shall be trained by prime contractor who is responsible for the job site.
- G. Related Work: This specification section applies to ALL Divisions (0 through 34) of work under ALL other specification sections. A partial list of Codes and Standards adopted by the Department of Veterans Affairs is attached in Appendix B.

- H. **Work Hours and Holiday:** Normal Operation / Construction Hours:  
Construction operations at the Batavia VA Hospital are 7:30 AM to 4:00 PM, Monday through Friday however any work in a patient living area shall NOT begin until times directed on the ICRA Drawings for this contract.

**Refer to the ICRA drawings for specific hours and shifts for when work can be conducted in that area.** Patient Areas are Defined as the following:

- A-Ward - Building 1, 1<sup>st</sup> floor West
- B-Ward (Maple Lodge), building 1, 2<sup>nd</sup> floor West
- C-Ward (Spruce Lodge), building 1, 2<sup>nd</sup> floor West
- D-Ward (Pine Lodge), building 1, 3<sup>rd</sup> floor West
- E-Ward (Oak Lodge), building 1, 3<sup>rd</sup> floor East
- Building 5 (men's PTSD center)
- Building 30 (women's PTSD center)

**Federal Holidays:** There is NO work on Federal Holidays [New Year's Day, Dr. Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth (As of 2021 a new Federal Holiday in June), Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day and Christmas Day].

- **OFF Hours Required:** Some work areas are identified in contract documents for OFF hours and shall be coordinated at least three (3) weeks in advance with VA COR. Additional requests for OFF hours work may be permitted and shall be submitted in writing to the VA COR three (3) weeks in advance for approval and will include a description of work to be performed. Approval is subject to availability of the VA COR and approval by CO, type of work to be performed, and the specific hours requested. Contractors are reminded that patients are generally asleep after 8:00 PM. Approval to work beyond this time will also include an evaluation of the anticipated noise level generated by the contractor. Under no circumstances will the contractor proceed without express, written approval of the VA COR.

### 1.2 STATEMENT OF BID ITEM(S)

- A. ITEM I, **GENERAL CONSTRUCTION REQUIREMENTS:** Provide all necessary equipment, labor, materials, specialty services, supervision, and tools to complete the project. Work includes demolition of dead legs, installation of mixing valve stations, point of use mixing valves, water monitoring panels, and associated water monitoring equipment. Select existing water coolers are being replaced or new water coolers being added. There is also a sink being added in the kitchen of building 2. Refer to the contract drawings for a complete breakdown of work included in this project.
- Asbestos has been identified on site. For additional unquantified asbestos, contractor shall complete attachment #5 of specification section 02 82 11 TRADITIONAL ASBESTOS ABATEMENT and shall return to the COR prior to commencement of additional asbestos remediation.

### 1.3 CONSTRUCTION SECURITY REQUIREMENTS

- A. Security Plan:
1. The site safety and security plan define 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.
  3. The General Contractor shall furnish to the COR and COR lists of employees that will be or may be on the construction site(s). The List

shall be on Company letter head that provides all the company contact information, shall provide the project number and title, locations of work, names of the employees, their titles, their job types, and personal contact numbers (i.e., cell phone). All sub-contractors, vendors and suppliers for the project shall furnish the same listing on their individual company letter heads to the GC who will provide the lists to the COR. These lists shall be updated as necessary during the entire duration of the project. These lists may be used to provide a check list record of personnel on-site each day to be provided with the contractors Daily Log reports. These lists may be used to provide a check list record of personnel on-site each day to be provided to the VA Police Department and their Dispatch Office where normal sign in and sign out occurs.

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. The contractors shall be screened daily for the CORONAVIRUS until the additional safety requirements are lifted.
3. For working outside the "regular hours" as defined in the contract, The General Contractor shall provide a request for approval 3 weeks prior to the requested date, to COR, so that security, escort and other appropriate arrangements can be provided for the employees. This notice is separate from any notices required for utility shutdown or access closure described later in this section.
4. No photography of VA premises is allowed without written permission of the VA COR and CO. Photography may never include VA patients or personnel.
5. VA reserves the right to close-down 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 COR.

C. Key Control:

1. The General Contractor shall provide duplicate keys and lock combinations to the COR for the purpose of security inspections of every area of project including toolboxes and parked machines and take any emergency action.

2. Contractor may be issued keys and/or keycard for construction through the COR. These keys shall be assigned only to the "competent person" as described above and NOT given to the sub-contractors.
3. All keys and/or keycard must be turned in at the end of Contract.
4. Any key assigned to the contractor, which is lost or stolen will result in a replacement cost of ALL the construction cores that are associated with that key. This cost could become substantial as every core is \$50 per core and the keys are \$10 per key. More than one contractor has access to that core and keys so this cost will multiply dependent on how many active projects are ongoing in Batavia. Any key either lost or stolen shall be reported to the COR; it is the contractor's responsibility to inform VA COR and give a detailed report about the key loss. The contractor shall take a copy of the official police report and make payment to the Agent Cashier before any additional replacement keys are made. Final payment may be withheld and/or reduced until all keys are returned or accounted for. A copy of the Police Report and receipt of payment shall be provided to the VA COR.

D. 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 COR upon request.
4. These security documents shall not be removed or transmitted from the project site without the written approval of COR.
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 COR 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.

E. Motor Vehicle Restrictions

1. The VA COR will provide the contractor with locations for parking and for CONEX locations (if needed). The VA COR will not provide any warning to contractors for parking violations, the VA Police will issue a citation for any Parking or Traffic violation.

**1.4 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):  
E84-2008.....Surface Burning Characteristics of Building  
Materials
2. National Fire Protection Association (NFPA):  
10-2006.....Standard for Portable Fire Extinguishers  
30-2007.....flammable and Combustible Liquids Code  
51B-2003.....Standard for Fire Prevention During Welding,  
Cutting and Other Hot Work  
70-2007.....National Electrical Code  
241-2004.....Standard for Safeguarding Construction,  
Alteration, and Demolition Operations
3. Occupational Safety and Health Administration (OSHA):  
29 CFR 1926.....Safety and Health Regulations for Construction

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 COR for review for compliance with contract

requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES. Prior to any worker for the contractor or subcontractors beginning work, they 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. Documentation shall be provided to the COR that all individuals have undergone the 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. Temporary Facilities: 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 6.1 m (20 feet) exposing overall length, separate by 3.0 m (10 feet). This shall be ONLY if allowed by VA to be on campus.
- E. Temporary Construction Partitions:
  - 1. Install and maintain temporary construction partitions to provide smoke-tight separations between, construction areas, the areas that are described in phasing requirements, and adjoining areas. Construct partitions of gypsum board (flame spread rating of 25 or less in accordance with ASTM E84) on both sides of steel studs. Extend the partitions through suspended ceilings to floor slab deck or roof. Seal joints and penetrations. At door openings, install Class C, 3/4 (45 minute) hour fire/smoke rated doors with self-closing devices.
  - 2. When Construction circumstances permit contractors may use poly barriers; Double 6-mil poly extending through suspended ceiling to floor Slab deck of roof, in lieu of hard barriers. Use of Poly Barriers must be approved by COR prior to installation.
  - 3. Install one-hour and/or two-hour fire-rated temporary construction partitions as shown on drawings and/or as indicated in the specification sections 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.

4. 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.
- F. Temporary Heating and Electrical: Install, use and maintain installations in accordance with 29 CFR 1926, NFPA 241 and NFPA 70.
- G. Means of Egress: Do not block exiting for occupied buildings, including paths from exits to roads. Minimize disruptions and coordinate with COR.
- H. Egress Routes for Construction Workers: Maintain free and unobstructed egress. Inspect daily. Report findings and corrective actions weekly to the COR.
- I. Fire Extinguishers: Provide and maintain extinguishers in construction areas and temporary storage areas in accordance with 29 CFR 1926, NFPA 241 and NFPA 10. Fire extinguisher shall be inspected by a certified inspector and given their annual inspection tag. The site supervisor for the contractor shall inspect the fire extinguisher each month and sign and date each month.
- J. Flammable and Combustible Liquids: Store, dispense and use liquids in accordance with 29 CFR 1926, NFPA 241 and NFPA 30.
- K. Standpipes: Install and extend standpipes up with each floor in accordance with 29 CFR 1926 and NFPA 241. Do not charge wet standpipes subject to freezing until weather protected.
- L. Sprinklers: Install, test and activate new automatic sprinklers prior to removing existing sprinklers.
- M. 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 four (4) hours in a twenty-four (24) hour period. Request interruptions in accordance with Article 1.6, OPERATIONS AND STORAGE AREAS, and coordinate with COR. 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 COR.
- N. **Smoke/Heat Detectors:** Prevent accidental operation. Replace all smoke detection devices in the construction area with heat detection devices for the duration of the project. Coordinate with the COR to ensure

compliance with VA SOP & HPM's. Prior to final project inspection, smoke detectors shall be reinstalled.

O. **Hot Work (Burn Permit):** Will be provided by the VA COR daily upon request by the contractor.

- **The contractor shall perform a fire alarm bypass daily for the affected area of work. The bypass shall consist of working with the VA COR to have the maintenance section bypass any devices in that area to prevent accidental initiation of the fire alarm devices. The contractor shall also provide a smoke head cover for each smoke detector to prevent smoke and or debris from entering the device. At the end of each day that contractor shall assure that the bypass is taken off and the smoke head cover removed, and the VA is all clear and the fire alarm system is back in operation.**

P. Smoking: There is NO smoking on the Batavia VA or ANY VA campus. Anyone caught smoking will be ticketed by the VA Police and subject to removal from the project and VA Campus.

Q. Waste: Dispose of waste and debris in accordance with NFPA 241. Remove from buildings and site daily.

R. Construction Operations: Perform other construction, alteration and demolition operations in accordance with 29 CFR 1926.

S. Impaired Areas: If required, submit documentation to the COR and that personnel have been trained in the fire safety aspects of working in areas with impaired structural or compartmentalization features.

T. Forms: Forms for certain Fire Safety items are attached to this specification section.

#### **1.5 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 COR. 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, trailers) and utilities are NOT allowed on this project. The only thing that is allowed for this project is a conex for materials.

- The conex shall NOT have an office.
- The contractor is responsible for restoration of the grounds as per the VA specifications.

- The materials if any stored in the conex box will NOT be paid for by the VA until they are installed on the project, the VA will NOT pay in advance for stored materials.
  - The VA is NOT responsible for site security of any conex or materials inside. The contractor will assume ALL risk by putting any conex box on this campus.
- C. The Contractor shall, under regulations prescribed by the COR, use only established roadways, or use temporary roadways constructed by the Contractor when and as authorized by the COR. 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 COR. The Contractor shall keep ALL work areas, storage areas, staging areas, and access areas and routes clean and neat. The Contractor shall provide sufficient trash containers so there is no debris lying around. The containers shall be emptied at least daily, and trash disposed of by the contractor.
- E. If dumpster space is available contractor will be provided with one dumpster for the project.
- F. Workmen are subject to rules of the Medical Center applicable to their conduct. See section 1.4.F above for parking information.
- G. 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, always standing construction equipment and vehicles.
- H. Execute work to interfere as little as possible with normal functioning of the Medical Center as a whole, 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 COR 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 (2) workdays. Provide unobstructed access to the Medical Center areas required to remain in operation.
  3. Where access by the 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.
- I. **Utilities Services:** Where necessary to cut existing pipes, electrical wires, conduits, cables, etc., of utility services, or of fire protection systems or communications systems (except telephone), they shall be cut and capped at suitable places where shown; or, in absence of such indication, where directed by COR. All such actions shall be coordinated with the Utility Company involved:
1. Whenever it is required that a connection fee be paid to a public utility provider for new permanent service to the construction project, for such items as water, sewer, electricity, gas or steam, payment of such fee shall be the responsibility of the Government and not the Contractor.
- J. **Phasing:** To ensure such executions, Contractor shall furnish the COR with a schedule of approximate phasing 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 COR 3 weeks in advance of the proposed date of starting work in each specific area of site, building or portion thereof. Arrange such phasing dates to insure accomplishment of this work in successive phases mutually agreeable to the Medical Center Director, COR and Contractor.
1. **The contractor is to submit his phasing schedule in writing to the COR for review and approval no later 3 weeks in advance after issuance of the Notice to Proceed. This includes utility outages and access closures. As the project progresses and the schedule changes, the contractor shall coordinate with the VA COR 3 weeks in advance to schedule work at the facility so that the VA COR can coordinate with VA staff.**
    - **The Asbestos Removal Work shall be phased to meet the timeframe identified on the contract drawings. The contractor will have a set limit of time for ALL work in an asbestos area as we only**

**have the air monitor on site for the time identified on the contract drawings, refer to drawing PL-030.**

2. Refer to drawings for off hours work. Off hours work are nights (2<sup>nd</sup> shift after 4pm) or weekends.
3. The contractor shall have all submittals completed and turned in to the Government for review by the A/E firm no later than thirty (30) calendar days from the date of the signed Notice to Proceed. The government will return submittals within twenty-one (21) calendar days from acceptance from the contractor. NO WORK SHALL BE STARTED UNTIL ALL SUBMITTALS ARE APPROVED; all submittals to be provided, reviewed, resubmitted if necessary and approved prior to any work commencing to prevent any project delays. All materials shall be approved by the Government prior to delivery to the job site and start of work.
4. All renovation activities will take place at a busy Medical Center. The contractor shall not interfere with existing, on-going functions, or normal activity of the hospital. The contractor will provide walk-off mats for dust control, appropriate construction barriers, and keep noise & vibration to a minimum during normal business hours. Contractors shall review Hospital Policy Memorandum (HPM) No. 138-24, "Infection Control During Construction and Renovation" and comply as outlined in this policy. Certain portions of the work will be confined to evenings, and/or weekends, as identified on the drawings.
5. **Pre-Construction Survey:** No work shall start until the preconstruction survey and inspection is completed. The contractor shall provide documentation of the pre-existing conditions for the VA to review and approve.
6. **Asbestos Abatement Schedule:** The Contractor shall provide a detailed asbestos abatement schedule, as required by the project scope.
7. Any utility service, parking lot, roadway, loading dock, medical service, space and/or Ground's interruptions requests shall be submitted in writing 3-weeks in advance of the planned utility interruption/access closure.
8. **Phasing Plan:** Set up phasing by buildings, wings, floors, or areas in accordance with information received from the Medical Center through the COR. Provide a plan to the VA COR for review and approval as a submittal when the project is awarded.

- K. Vacated Buildings: NO Buildings will be vacated for this project. All work shall be in occupied areas. Refer to ICRA Drawings for times to work in specific areas.
- L. Occupied Buildings: Building(s) will be occupied during performance of work, but immediate areas of alterations will be vacated.
1. Certain areas of Building(s) will be occupied by Medical Center personnel for various periods. 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 Veterans 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.
  2. Immediate areas of alterations not mentioned in preceding Subparagraph 1 will be temporarily vacated while alterations are performed.
- M. Buildings and Systems: NO Buildings will be turned over to the contractor on this project.
- N. Existing Utilities Services: always Maintain existing utility services for the Medical Center. Provide temporary facilities, labor, materials, equipment, connections, and utilities to assure uninterrupted services. Where necessary to cut existing water, steam, gases, sewer or air pipes, or conduits, wires, cables, etc. of utility services or of fire protection systems and communications systems (including telephone), they shall be cut and capped at a main branch or suitable places where shown; or, in absence of such indication, where directed by the COR.
1. No utility service such as water, gas, steam, sewers or electricity, or fire protection systems and communications systems may be interrupted without prior written approval of the COR. Electrical work shall be accomplished with all affected circuits or equipment de-energized. When an electrical outage cannot be accomplished, work on any energized circuits or equipment shall not commence without the Medical Center Director's prior knowledge and written approval.

2. **Service Interruption:** Contractor shall submit a request to interrupt any such services to the COR, in writing, 3-weeks in advance of proposed interruption. Request shall state reason, date, exact time of, and approximate duration of such interruption. Refer to #4 Below for Major Water Interruptions.
3. Contractor will be advised (in writing) of approval of request, or of which other date and/or time such interruption will cause least inconvenience to operations of the Medical Center. Interruption time approved by Medical Center may occur at other than Contractor's normal working hours.
4. Major interruptions of any system must be requested, in writing, at least thirty-day (30) calendar days prior to the desired time and shall be performed as directed by the COR. An example of a major interruption would be considered a water shut down to affect a wing of the facility. The contractor should review the project with the VA COR in advance to discuss all shutdowns that will impact this project to better prepare for utility outage. **This project is a water project therefore ALL water shutdowns shall be prepared by the contractor and reviewed with the VA COR 30 days in advance. The water interruptions shall be minimized as water has to be restored within two (2) hours of being shut off to continue patient care. The contractor shall plan and phase the work to shut down the water and provide an anticipated time to get the water back on.**
5. In case of a contract construction emergency, service will be interrupted on approval of the COR. Such approval will be confirmed in writing as soon as practical. On the next business day, the contractor's Daily Log report shall explain the circumstances causing the emergency and the corrective actions taken.
6. Whenever it is required that a connection fee be paid to a public utility provider for new permanent service to the construction project, for such items as water, sewer, electricity, gas or steam, payment of such fee shall be the responsibility of the Government and not the Contractor.
- O. Abandoned Lines: N/A
- P. Roads, Parking Lots, Docks and Grounds: 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. Interruptions of these areas must be requested, in writing, at least twenty-one (21) calendar days (3-weeks prior) to the desired time and shall be performed as directed by the COR.
  3. Interruptions will follow the same procedures as outlined in Article 1.6.N.2, Existing Utility Services.
- Q. Coordination of Work: Coordinate the work for this contract with other construction operations as directed by the COR. This includes the scheduling of traffic and the use of roadways, as specified in Article 1.16, USE OF ROADWAYS, PARKING LOTS, AND GROUNDS.
- R. Coordination of Construction with Medical Center Director: The activities at a Medical Center shall take precedence over construction activities. The Contractor must cooperate and coordinate with the Medical Center, through the COR, in arranging construction schedule to cause the least possible interference with facility activities on the campus. All communication between the contractor and the medical center personnel must be done through the COR and/or CO. Contractors are not to disturb Medical Center Personnel during hours of operation. Construction noise during the events or services shall not disturb the events or service. Trucks and workmen shall not pass through the event or service area during this period:
1. The Contractor is required to discontinue his work sufficiently in advance of any Federal Holiday to permit him to clean up all areas of operation adjacent to existing event or service areas before these dates.
  2. **Federal Holidays:** The Medical Center observes the following Federal Holidays: New Year's Day, Dr. Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth (New as of 2021), Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, and Christmas Day.
  3. Clean-up shall include the removal of all equipment, tools, materials and debris and leaving the areas in a clean, neat condition.
- S. Sign-In / Sign-Out Procedures:
1. All contractors are required to maintain a sign in and sign out sheet for their employees on the job site. This sheet shall be displayed for

the VA COR to review. This sheet shall be turned over to the VA COR each day.

**T. Daily Logs, Payroll, Invoice (Payments), RFI and Submittal Logs:**

1. Daily Logs: In conjunction with the contractor's daily report, Contractor shall furnish a daily report for each day from the date of Notice to Proceed until Final Acceptance, including those days that no work is performed. The report shall have attached there to a copy of inspections conducted by the VA, a list of all employees on site that day, however, this does not relieve the Contractor of the responsibility to conduct and report inspections. Daily reports shall be submitted on Form VAF 10-6131, "Daily Log" to the COR by 9:00 AM the following duty day. The contractor shall have all personnel on the jobsite for the daily logs and ALL work performed that day. The daily log shall be complete and accurate.
  - **Daily Logs are required daily and prior to approving any invoice payment.**
  - **The VA COR may reject the daily logs if the information provided is NOT accurate.**
2. Payrolls: The Contractor shall submit two (2) copies of certified payrolls required by VAAR 852.236-85 - Supplementary Labor Standard Provision. Certified payrolls shall be submitted to the Contracting Officer no later than Wednesday for the previous week.
3. **Payment Requests:** Monthly payment requests from the contractor will not be processed unless all paperwork is current, including but NOT limited to; daily reports (logs), asbestos reports, updated schedules, and certified payrolls for the prime and all subs.
4. Requests for Information and/or Clarification: All RFI's and RFC's shall be submitted to the COR to ensure timely response. The Government will answer RFI's and RFC's within 2-weeks from acceptance from the contractor.
5. Submittal Log: The contractor shall utilize the specifications and drawings to prepare and provide a submittal log. The Submittal Log shall list all submittals by specification section, paragraph and drawing numbers from the beginning to the end of the documents. The Submittal Log shall be provided to the COR within ten (10) calendar days after receipt of Notice to Proceed. The Government may require

additional submittals at its discretion at no additional cost. All submittals shall be approved, by the COR prior to beginning related work.

- U. Material Safety Data Sheets (MSDS's): Contractor shall provide three (3) GREEN Loose-leaf binders, permanently labeled "MSDS for Project -name and Project Number" with copies of each Material Safety Data Sheets for each product, chemical, and other required materials to be used on this project.
1. All instructions for use shall be compiled with.
  2. Products will not be used until MSDS's are submitted to the COR. These shall be provided for any material no later than the day before those materials arrive on VA property.
  3. The contractor shall always maintain a current binder on the job site, readily available for viewing by the COR or Safety Officer.
  4. At no time shall the Contractor have, or permit the sub-contractors to have, materials on VA property/station without MSDS.
- V. Fire Retardant Materials: All materials used on this project, including temporary barriers, plywood, poly, and other required materials shall be fire retardant. All poly shall be 6 mil. minimum. The semi-permanent construction barriers shall be smoke tight.
- W. Smoke Free Facility: The Batavia VA is a smoke free facility. There is NO smoking anywhere on the VA Campus.

#### **1.6 ALTERATIONS AND DOCUMENTATION OF EXISTING CONDITIONS**

- A. Survey: Before any work is started, the Contractor shall make a thorough survey with the COR of buildings, grounds, areas of buildings and grounds in which alterations occur, and areas which are anticipated routes of access. The contractor shall furnish a report, signed by the contractor and the COR, which lists any deficiencies noted at that time. This report shall be approved by the VA prior to the start of any work. The inspection shall include a 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(s) and grounds, etc.
  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(s).
  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, COR.
  5. **The contractor shall be responsible for any damage to that work area therefore it is imperative that the contractor report any issues in writing prior to commencing work.**
- B. Relocated Items: Any items required by drawings to be either reused or relocated or both, found during this survey to be nonexistent, or in opinion of the COR, 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 (30) calendar days before expected partial or final inspection date, the Contractor, COR 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 roofs, structures, and grounds where work is to be done, materials handled, and equipment moved and/or relocated.
  3. Protection of interior of existing structures always, 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.
4. Once the contractor is notified by the VA of problems or damage to VA property, the contractor shall take immediate corrective action to protect and restore said property. During normal duty hours, corrective action shall be initiated within two (2) hours. After normal duty hours, corrective action shall be initiated within four (4) hours. The Daily Log for that day shall explain the problem(s) and corrective action(s) taken.
  5. Dampen debris to keep down dust and provide temporary construction, dust-proof, asbestos containment, smoke rated, and/or fire rated barriers where specified, where indicated on the drawings, and as directed by the COR. Access doors in barriers shall be hinged and secured with VA provided locks if available; if VA locks are not available contractor is to provide locks as well as extra keys (3) to the VA. Walk-off mats shall be provided at all access doors.
  6. Block off all ducts and diffusers to prevent circulation of dust into occupied areas during construction. Provide Negative Air Machines as specified, to maintain negative pressure within the construction area(s).
  7. The contractor shall not allow trash and debris to accumulate on the job site. As a minimum, trash and debris shall be removed once daily, with no flammable materials or trash left on the construction site overnight. All debris shall be removed from the job site in a closed container and disposed of in a proper manner.

#### **1.7 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. **Containment Units and Containment Areas:** Contractor shall utilize a telescopic duct enclosure with HEPA filtration as shown on the drawings to create a containment space for all work performed under this contract above the ceiling. If the telescoping cart with HEPA filtration cannot be used, the contractor shall build an enclosure with 6 mil poly plastic and

HEPA filtration. This includes any work above a ceiling, ceiling tiles or behind a wall that must be opened.

- C. Establish and maintain a dust control program as part of the contractor's infection prevention measures in accordance with the guidelines provided by ICRA Group and as specified here. Prior to start of work, prepare a plan detailing project-specific dust protection measures, including periodic status reports, and submit to the COR and Facility ICRA team 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.
- D. 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 COR 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.
- E. 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 were directed by COR. 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 COR. 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, smoke tight, one-hour and/or two-hour fire-rated temporary drywall construction barriers, as required, to separate construction from the operational areas of the hospital 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. Always maintain negative air. 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 COR 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 98% 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 pre-filter 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 610mm x 914mm (24" x 36"), shall be used at all interior transitions from the construction area to be occupied medical center area. These mats shall always be changed as often as required to maintain clean work areas directly outside construction area.
  - 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 COR 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. 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.
- f. 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 twelve (12) hours. Remove and dispose of porous materials that remain damp for more than seventy-two (72) hours.
- g. 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.

F. Final Cleanup:

- 1. Upon completion of project, or as work progresses at the end of each day, 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.

**1.8 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 and/or in accordance with Section 01 74 19, CONSTRUCTION WASTE MANAGEMENT:
  - 1. Reserved items which are to remain property of the Government are identified by attached tags or noted on drawings and/or in specifications as items to be stored. The COR may also designate items to remain the property of the Government. 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 were directed by COR.
2. Items not reserved shall become property of the Contractor and be removed by Contractor from the Medical Center, or taken to the Engineering Shop area by the contractor on a case-by-case basis as directed by the COR.
  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.
  4. **During above ceiling work**, the contractor will have to clear rooms, protect VA property and finishes, and move furnishings as necessary to protect the area an item from dust and debris, in the performance of the work above the ceiling.
  5. **Hazardous Waste:** The Contractor shall be responsible for disposal of the Hazardous Waste. The Hazardous Waste shall be taken out of service and handled in accordance with the procedures of the Environmental Protection Agency (EPA) and the Department of Transportation (DOT) as outlined in Code of Federal Regulation (CFR), Titled 40 and 49 respectively. The EPA's Toxic Substance Control Act (TSCA) Compliance Program Policy Nos. 6-PCB-6 and 6-PCB-7 also apply. Upon removal Hazardous Waste for disposal, the "originator" copy of the Uniform Hazardous Waste Manifest (EPA Form 8700-22), along with the Uniform Hazardous Waste Manifest Continuation Sheet (EPA Form 8700-22A) shall be returned to the Contracting Officer who will annotate the contract file and transmit the Manifest to the Medical Center's COR.
    - a. Copies of the following listed CFR titles may be obtained from the Government Printing Office:
      - 40 CFR 261.....Identification and Listing of Hazardous Waste
      - 40 CFR 262.....Standards Applicable to Generators of Hazardous Waste
      - 40 CFR 263.....Standards Applicable to Transporters of Hazardous Waste

- 40 CFR 761.....PCB Manufacturing, Processing, Distribution in  
Commerce, and use Prohibitions
- 49 CFR 172.....Hazardous Material tables and Hazardous Material  
Communications Regulations
- 49 CFR 173.....Shippers - General Requirements for Shipments and  
Packaging
- 49 CFR 173.....Subpart A General
- 49 CFR 173.....Subpart B Preparation of Hazardous Material for  
Transportation
- 49 CFR 173.....Subpart J Other Regulated Material; Definitions  
and Preparation
- TSCA.....Compliance Program Policy Nos. 6-PCB-6 and  
6-PCB-7

**1.9 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 sites, which are not to be removed and which do 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 COR. The contractor shall replace, at their own expense, items damaged to the satisfaction of the COR.
- 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 COR may have the necessary work performed and charge the cost to the Contractor.
- C. Contractor shall take all measures and provide all materials necessary for protecting and preserving existing equipment and property in affected

areas of construction against dust, debris and physical damage, so that equipment and affected areas to be used in Medical Center operations will not be hindered. Contractor shall permit access to VA personnel through construction areas as required for maintenance and normal Medical Center operations.

- D. When the construction area is turned over to Contractor, Contractor shall accept entire responsibility there-of. Contractor shall maintain in operating condition, existing fire protection, exit light circuits, alarm equipment, and other operational originating in, or passing through the construction area. **IT IS VERY IMPORTANT ESSENTIAL AND LIFE SAFETY SYSTEMS BE CONTINUOUSLY MAINTAINED AND NOT INTERRUPTED WITHOUT TWENTY-ONE (21) CALENDAR DAYS PRIOR WRITTEN NOTICE TO THE MEDICAL CENTER.**
- E. Items of equipment and furnishings located in rooms in which work is to be done under this contract shall remain the property of the Government. During the alteration period when rooms and space are vacated by Veterans' Affairs, such items which are not required by drawings and specifications to be either relocated or reused, will be removed or protected by the Contractor as directed by the COR.
- F. Refer to FAR clause 52.236-7, "Permits and Responsibilities." A National Pollutant Discharge Elimination System (NPDES) permit is required for projects when the disturbed area on the site one acre or more. The Contractor is considered an "operator" under the permit and has extensive responsibility for compliance with permit requirements. VA will make the permit application available at the (appropriate medical center) office. The apparent low bidder, contractor and affected subcontractors shall furnish all information and certifications that are required to comply with the permit process and permit requirements. Many of the permit requirements will be satisfied by completing construction as shown and specified. Some requirements involve the Contractor's method of operations and operations planning and the Contractor is responsible for employing best management practices. The affected activities often include, but are not limited to the following:
1. Designating areas for equipment maintenance and repair.
  2. Providing waste receptacles at convenient locations and provide regular collection of wastes.
  3. Locating equipment wash down areas on site and provide appropriate control of wash-waters.

4. Providing protected storage areas for chemicals, paints, solvents, fertilizers, and other potentially toxic materials.
5. Providing adequately maintained sanitary facilities.

#### **1.10 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 COR. Existing work to be altered or extended and that is found to be defective in any way, shall be reported to the COR 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 because 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.
  - **Lawn restoration is defined as grass (not weeds) that is full and lush back to the pre-construction state and can be mowed. The lawn is NOT restored with soil and seed, there shall be grass that is 80% covered.**
  - **The Government will not provide full payment for topsoil and seed.**
  - **The VA does NOT water the lawn as we do not have means to do so. If watering is needed the contractor shall water by means of a watering truck. The lawn is NOT accepted until the grass can be mowed and is 80% covered.**
  - **The one-year warranty applies to lawn restoration also.**
- C. **Repairs to Any Service:** 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.
  - **The repairs shall take place as soon as the damage occurs. The contractor shall dispatch services to repair the damage the same**

**day the damaged occurred to correct the issue and restore the VA  
back to the original conditions to resume patient care.**

- 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).

**1.11 PHYSICAL DATA**

- A. Data and information furnished or referred to below, in the contract specification sections, on the contract drawings, and/or in other VA furnished documentation 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. The contractor shall be responsible for conducting a thorough site investigation, before bidding, to satisfy themselves as to actual conditions.
- 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 and investigations. Bidders are expected to examine site of work; 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 explorations or site investigations of their own at the work sites.

**1.12 LAYOUT OF WORK**

- A. The Contractor shall lay out the work from Government established base lines and benchmarks, indicated on the drawings, and shall be responsible for all measurements in connection with the layout. The Contractor shall furnish, at Contractor's own expense, all stakes, templates, platforms, equipment, tools, materials, and labor required to lay out any part of the work. The Contractor shall be responsible for executing the work to the lines and grades that may be established or indicated by the COR. The Contractor shall also be responsible for maintaining and preserving all stakes and other established marks, until authorized to remove them by the COR. If such marks are destroyed by the Contractor or through Contractor's negligence before their removal is authorized, the COR may replace them and deduct the expense of the replacement from any amounts due or to become due to the Contractor.

- B. Establish and plainly mark center lines for each building and/or addition to each existing building, and such other lines and grades that are reasonably necessary to properly assure that location, orientation, and elevations established for each such structure and/or addition, are in accordance with lines and elevations shown on contract drawings.
- C. Following completion of general demolition and before any other permanent work is performed, establish and plainly mark, through use of appropriate other means, sufficient additional survey control points or system of points as may be necessary to assure proper alignment, orientation, and elevations of all major features of work. Survey shall include, but not be limited to, location of exterior walls, center lines of columns in directions, major utilities and elevations of floor slabs:
  - 1. Such additional survey control points or system of points thus established shall be checked and certified by a registered civil engineer. Furnish such certification to the VA COR before any work (such as footings, slabs, columns, walls, utilities and other major controlling features) is placed.
- D. The Contractor shall perform the surveying and layout work of this and other articles and specifications in accordance with the provisions of Article 1.13, "Professional Surveying Services".

#### **1.13 AS-BUILT DRAWINGS**

- A. The contractor shall maintain two (2) full size sets of as built (working) 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. Additional sketches will be required where original detail is changed, site conditions differ, and where required to clarify mark-ups. To ensure compliance, as-built drawings shall be made available for the COR's review, as often as requested.
- C. Contractor shall deliver two (2) approved completed sets of as-built drawings to the COR within fifteen (15) calendar days after each completed phase of the project by the COR.
- D. Upon completion of the project and before final settlement, Contractor shall deliver two (2) approved completed detailed sets of as-built drawings to the COR within fifteen (15) calendar days after project acceptance. These drawings shall show sizes, materials, connections to

existing structures, utilities, building service equipment, circuits, electrical conduit and junction box locations and routes, and other required information.

- E. Paragraphs A, B, C & D shall also apply to ALL shop drawings and Installation drawings provided by equipment suppliers and vendors.
- F. Charts, Graphs and Other Information: Provide four (4) hard copies and one (1) electronic of all valve locations for plumbing, mechanical & medical gas valve locations. One chart shall be mounted in the mechanical room location as directed by the COR. Chart shall be plastic laminate or in suitable picture frame.

#### **1.14 USE OF ROADWAYS, PARKING LOTS AND GROUNDS**

- A. For hauling, use only established public roads. For hauling, use Roads, Parking Lots and Grounds, and such temporary roads which are necessary in the performance of contract work on Medical Center property, when authorized by the COR. 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.
- B. When new permanent roads are to be a part of this contract, Contractor may construct them immediately for use to facilitate building operations. These roads may be used by all who have business thereon within zone of building operations.
- C. When certain buildings (or parts of certain buildings) are required to be completed in advance of general date of completion, all roads leading thereto must be completed and available for use at time set for completion of such buildings or parts thereof.
- D. To minimize interference of construction activities with the flow of Medical Center Traffic and Parking, comply with the following:
  - 1. Keep roads, walks and entrances to grounds, parking, and occupied areas of buildings, clear of all construction materials, debris, vehicles, and standing equipment.
  - 2. The Warehouse Supervisor shall approve all loading and unloading, and material movements at the north docks.
  - 3. Methods and scheduling for the cutting, altering, removal and/or blockage of existing roads, walks, entrances, parking lots and grounds must be approved by the COR prior to any work.

4. The Contractor shall submit a request to interrupt any roadway, parking lot, or loading dock to the COR, in writing, twenty-one (21) calendar days in advance of any proposed interruption. The request shall state the reason, areas to be affected, date, exact time of, and approximate duration of such interruption.

#### **1.15 COR FIELD OFFICE**

- A. The COR's field office is physically located at the Batavia VA Hospital, 222 Richmond Ave. Batavia, N.Y. 14020, currently in Building 2.

#### **1.16 TEMPORARY USE OF MECHANICAL AND ELECTRICAL EQUIPMENT**

- A. Use of new installed mechanical and electrical equipment to provide heat, ventilation, plumbing, light and power will be permitted subject to compliance with the following provisions:
  1. Permission to use each unit or system must be given in writing by the COR. If the equipment is not installed and maintained in accordance with the following provisions, the COR will withdraw permission for use of the equipment. Metering may be required based on project use.
  2. Electrical installations used by the equipment shall be completed in accordance with the drawings and specifications to prevent damage to the equipment and the electrical systems, i.e., transformers, relays, circuit breakers, fuses, conductors, motor controllers and their overload elements shall be properly sized, coordinated and adjusted. Voltage supplied to each item of equipment shall be verified to be correct and it shall be determined that motors are not overloaded. The electrical equipment shall be thoroughly cleaned before using it and again immediately before final inspection including vacuum cleaning and wiping clean interior and exterior surfaces.
  3. Units shall be properly lubricated, balanced, and aligned. Vibrations must be eliminated.
  4. Automatic temperature control systems for preheat coils shall function properly and all safety controls shall function to prevent coil freeze-up damage. ALL controls for the equipment shall be functioning properly to prevent damage to the equipment.
  5. The air filtering system utilized shall be that which is designed for the system when complete, and all filter elements shall be replaced periodically during construction and at completion of construction and prior to testing and balancing of system.

6. All components of equipment and distribution systems and other auxiliary facilities used in temporary service shall be cleaned prior to use; maintained to prevent corrosion internally and externally during use; and cleaned, maintained and inspected prior to acceptance by the Government. Equipment and distribution systems must be operated as a complete system and be fully maintained by operating personnel.
- B. Prior to final inspection, the equipment or parts used, which show wear and tear beyond normal, shall be replaced with identical replacements at no additional cost to the Government.
- C. This paragraph shall not reduce the requirements of the mechanical and electrical specifications sections.

#### **1.17 TEMPORARY USE OF EXISTING ELEVATORS**

- A. Contractor will be allowed the use of existing Medical Center elevators for handling building materials and equipment and personnel.

#### **1.18 TEMPORARY TOILETS**

- A. Contractor will have for use of Contractor's workmen; such toilet accommodations as may be assigned to Contractor by the Medical Center's COR. 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 and the contractor will then be required to provide an exterior portable toilet for the contractor's workmen.

#### **1.19 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.
- B. Temporary Utilities: The Contractor, at Contractor's expense and in a workmanlike manner satisfactory to the COR, shall install and maintain all necessary temporary connections and distribution lines. Before final acceptance of the work and unless otherwise directed by the Government, the Contractor shall remove all the temporary connections, distribution lines, meters, and associated paraphernalia.
- C. Heat: (NOT NEEDED)
- D. Electricity: (for Construction and Testing): Furnish all temporary electric services.
  1. Obtain electricity by connecting to the Medical Center electrical distribution system. The Contractor shall meter and pay for

electricity required for electric cranes and hoisting devices, electrical welding devices and any electrical heating devices providing temporary heat. Electricity for all other uses is available at no cost to the Contractor.

E. Water: (for Construction and Testing): Furnish temporary water service.

1. Obtain water by connecting to the Medical Center water distribution system. Provide reduced pressure backflow preventer at each connection. Water is available at no cost to the Contractor.
2. Maintain connections, pipe, fittings and fixtures and conserve water-use so none is wasted. Failure to stop leakage or other wastes will be cause for revocation (at the COR discretion) of use of water from the Medical Center's system.

F. Steam: (NOT NEEDED)

G. Fuel: (NOT NEEDED)

H. Sewer: (NOT NEEDED)

#### 1.20 TESTS

- A. **Pre-test mechanical and electrical** equipment and systems and make corrections required for proper operation of such systems before requesting final tests. Final test will not be conducted unless pre-tested. A copy of the testing agency field reports shall be submitted with the Daily Log report for the day the testing was conducted.
- B. **Conduct final tests** required in various sections of specifications in presence of the COR. Contractor shall furnish all labor, materials, equipment, instruments, and forms, to conduct and record such tests. A copy of the testing agency field reports shall be submitted with the Daily Log report for the day the testing was conducted.
- C. Mechanical and electrical systems shall be balanced, controlled and coordinated. A system is defined as the entire complex which must be coordinated to work together during normal operation to produce results for which the system is designed. For example, air conditioning supply air is only one part of entire system which provides comfort conditions for a building. Other related components are return air, exhaust air, steam, chilled water, refrigerant, hot water, controls and electricity, etc. Another example of a complex which involves several components of different disciplines is a boiler installation. Efficient and acceptable boiler operation depends upon the coordination and proper operation of

fuel, combustion air, controls, steam, feedwater, condensate, and other related components.

- D. All related components as defined above shall be functioning when any system component is tested. Tests shall be completed within a reasonably short period of time during which operating and environmental conditions remain reasonably constant.
- E. Individual test results of any component will only be accepted when submitted with the test results of related components and of the entire system. Documentation is required prior to accepting any system.

#### **1.21 INSTRUCTIONS**

- A. Contractor shall furnish Maintenance and Operating manuals, verbal instructions, video instructions, and computer-based instructions when required by the various sections of the specifications and as hereinafter specified.
- B. **Manuals for Equipment:** Provide Maintenance and Operating manuals (three [3] copies each) for each separate piece of equipment and system shall be delivered to the COR coincidental with the delivery of the equipment to the job site. Manuals shall be complete, detailed guides for the maintenance and operation of equipment and system. They shall include complete information necessary for starting, adjusting, programming, 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. Manuals shall include all wiring diagrams, pipe and tubing diagrams, programming instructions, and other required information to completely maintain and operate each piece of equipment and system. 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 like but of a different model, style, and size than that furnished will not be accepted. Manuals are also required electronically on a CD.

C. **Training Instructions:** Provide four (4) hours of training, two (2) hours each/sessions for a total of two (2) sessions all during normal business hours. The training shall be for each piece of equipment including but NOT limited to:

- Building Management System (BMS) for water monitoring

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 and system. 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 COR, and the M&O Supervisor, and shall be considered concluded only when the COR and the M&O Supervisor, are satisfied regarding 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 COR and, does not demonstrate sufficient qualifications in accordance with requirements for instructors above. Training sessions may be recorded by the VA for future reference.

**1.22 GOVERNMENT-FURNISHED PROPERTY (IF ANY DEFINED IN CONTRACT OR ADDED LATER)**

- A. The Government shall deliver to the Contractor, the Government - furnished property shown on the Schedules and/or drawings.
- B. Equipment furnished by Government to be installed by Contractor will be furnished to Contractor at the Medical Center.
- C. Contractor shall be prepared to receive this equipment from Government and store or place such equipment, as required, not less than 90 calendar days before Completion Date of project.
- D. Storage space for some, but not all, equipment may be provided by the Government and the Contractor shall be prepared to unload and store such equipment therein upon its receipt at the Medical Center. Coordination with the COR is required. If there is any to allocate to the contractor.

- E. Notify COR in writing, 60 calendar days in advance, of date on which Contractor will be prepared to receive equipment furnished by Government. Arrangements will then be made by the Government for delivery of equipment.
1. Immediately upon delivery of equipment, Contractor shall arrange for a joint inspection thereof with a representative of the Government. At such time the Contractor shall acknowledge receipt of equipment described, make notations, and immediately furnish the Government representative with a written statement as to its condition or shortages.
  2. Contractor thereafter is responsible for such equipment until such time as acceptance of contract work is made by the Government.
- F. Equipment furnished by the Government will be delivered in a partially assembled (knock down) condition in accordance with existing standard commercial practices, complete with all fittings, fastenings, and appliances necessary for connections to respective services installed under contract. All fittings and appliances (i.e., couplings, ells, tees, nipples, piping, conduits, cables, and the like) necessary to make the connection between the Government furnished equipment item and the utility stub-up shall be furnished and installed by the contractor at no additional cost to the Government.
- G. Completely assemble and install the Government furnished equipment in place ready for proper operation in accordance with specifications and drawings.
- H. Furnish supervision of installation of equipment at construction site by qualified factory trained technicians regularly employed by the equipment manufacturer.

### **1.23 RELOCATED EQUIPMENT AND ITEMS**

- A. Contractor shall disconnect, dismantle as necessary, remove and reinstall in new location, all existing equipment and items indicated by symbol "R" or otherwise shown on the drawings to be relocated by the Contractor.
- B. Perform relocation of such equipment or items at such times and in such a manner as indicated in the drawings and specifications and/or as directed by the COR.
- C. Suitably cap existing service lines, such as steam, condensate return, water, drain, gas, air, vacuum and/or electrical, whenever such lines are disconnected from equipment to be relocated.

- D. Provide all mechanical and electrical service connections, fittings, fastenings and any other materials necessary for assembly and installation of relocated equipment; and leave such equipment in proper operating condition.
- E. Contractor shall employ services of an installation engineer, who is an authorized representative of the manufacturer of this equipment to supervise disassembly, assembly and installation of existing equipment and items, required to be relocated.
- F. All service lines such as noted above for relocated equipment shall be in place at point of relocation ready for use before any existing equipment is disconnected. Make relocated existing equipment ready for operation or use immediately after reinstallation.

**1.24 STORAGE SPACE FOR DEPARTMENT OF VETERANS AFFAIRS EQUIPMENT**

- A. Contractor shall complete areas and/or rooms to be renovated and coordinate with the COR the use of elevators and areas/rooms for storage of certain materials and equipment by Department of Veterans Affairs.

**1.25 CONSTRUCTION SIGN**

- A. Maintain signs and remove when directed by the COR.
- B. Provide two (2) construction signs at each entrance to the construction areas. Signs shall be constructed of a durable material, twelve (12) inches high and thirty (30) inches wide with yellow background and blue Helvetica lettering two (2) inches high. Letter as shown in the following:

DANGER - KEEP OUT  
CONSTRUCTION AREA

AUTHORIZED PERSONNEL ONLY

EXCUSE THE INCONVENIENCE  
WE ARE WORKING TO IMPROVE YOUR FACILITY

**1.26 SAFETY SIGN**

- A. Provide a Safety Sign were directed by COR. Face of sign shall be 19 mm (3/4 inch) thick exterior grade plywood. Provide two 102 mm x 102 mm (four x four inch) posts extending full height of sign and 914 mm (three feet) into ground. Set bottom of sign level at 1219 mm (four feet) above ground.

- B. Paint all surfaces of Safety Sign and posts with one prime coat and two coats of white gloss paint. Letters and design shall be painted with gloss paint of colors noted.
- C. Maintain signs and remove when directed by COR.
- D. Provide a Detail Drawing of construction sign showing required legend and other characteristics of sign to the COR for approval. Upon written approval, the contractor will construct and install the construction sign.
- E. Post the number of accident-free days daily.
- F. Provide all OSHA required Safety Signs where required by OSHA and were directed by COR. These shall be commercially produced.

#### **1.27 CONSTRUCTION DIGITAL IMAGES**

- A. Prior to and During the construction period through completion, furnish Department of Veterans Affairs with digital images, including one color print of each view and one Compact Disc (CD) per visit containing those views taken on that visit. Digital views shall be taken of exterior and/or interior as selected and directed by COR. Each view shall be taken with a minimum size of 6 megapixels (MP) and the images will be a minimum of 2272 x 1704 pixels for the 203 x 254 mm (8 x 10 inch) prints and 2592 x 1944 pixels for the 406 x 508 mm (16 x 20 inch) prints, as per these specifications:
  - 1. Images will be taken at monthly intervals. However, the VA COR may also direct the taking of special digital images at any time prior to completion and acceptance of contract. If the number of trips to the site exceeds an average of one per month of the contract performance period then an adjustment in contract price will be made in accordance with clause entitled "CHANGES" (FAR 52.243-4 and VAAR 852.236-88).
  - 2. In event a greater or lesser number of images than specified above are required by the COR, adjustment in contract price will be made in accordance with clause entitled "CHANGES" (FAR 52.243-4 and VAAR 852.236-88).
- B. Images on CD-ROM shall be recorded in JPEG format with a minimum of 24-bit color and no reduction in actual picture size. Compressed size of the file shall be no less than 80% of the original with no loss of information. File names shall contain the date the image was taken, the Project number and a unique sequential identifier. The CD-ROM shall also

contain an index of all the images contained therein in either a TXT or Microsoft Word format.

- C. In case any set of images are not submitted within five calendar days of the date established by the COR for taking thereof, the COR may have such images/photographs taken and cost of same will be deducted from any money due to the Contractor.

#### **1.28 HISTORIC PRESERVATION**

- A. Where the Contractor or any of the Contractor's employees, prior to, or during the construction work, are advised of or discover any possible archeological, historical and/or cultural resources, the Contractor shall immediately notify the COR verbally, and then with a written follow up.
- B. The Batavia VA campus is considered historical. Grounds shall be returned to the VA in the same condition that it was issued to the contractor.

#### **1.29 EQUIPMENT**

- A. The contractor shall coordinate the installation of equipment with work performed by others. This work shall be completed before the building is turned over to VA.
- B. All required programming devices, two (2) each of specialty tools, two (2) sets of start-up supplies, one (1) additional set of belts - fuses - etc. per each piece of equipment and other items required by the specification sections and drawings shall be furnished.

#### **1.30 FINAL PAYMENT**

- A. Final payment under this contract shall be withheld pending receipt of ALL tests, close out documents, all equipment manuals, staff training, specialty tools, start-up supplies, as built drawings and certifications. These tests and certifications shall include: plumbing system leak tests - to include hot - cold - waste - vents, fire/smoke wall certification, vibration analysis of motor driven equipment, completion of training of VA personnel, and other required information, completed punch list items and the return of all keys.

#### **1.31 WARRANTY CALLS**

- A. The Government may contact the Contractor for warranty services by telephone or email, letter, or in person. The Contractor shall respond with actual physical repair activity (labor, equipment, materials, etc.) in accordance with contract documents. Please note that emergency calls may occur during other than normal work hours. A representative from the Facilities Management Service will identify the emergency calls. The

contractor shall respond within 4 hours of a NON-Emergency and 2 hours of an Emergency issue. The warranty period is for One (1) from date of acceptance for parts, labor and workmanship plus any supplemental or component specific warranty covered in the specifications for specific parts, labor, workmanship.

**Attachments to Follow**

- A. Seasonal Influenza Requirements.
- B. Implementation of COVID-19 Requirements.
- C. Additional COVID-19 Information.

**ATTACHMENT “A” SEASONAL INFLUENZA WITH VACCINES**

**Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420**

**AMENDED  
October 2, 2020**

**VHA DIRECTIVE 1013(1)  
Transmittal Sheet  
August 12, 2020**

**Attachment “A”  
PREVENTION AND CONTROL OF SEASONAL INFLUENZA WITH VACCINES**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the prevention and control of seasonal influenza through the use of influenza vaccines.

**2. SUMMARY OF MAJOR CHANGES:**

a. Amendment, dated October 2, 2020, updates the following information:

(1) Updated link to the Vaccine Information System from the CDC website.

(2) Paragraph 3: Updated definition of a Health Care Personnel.

(3) Paragraph 5: Updated guidance for recording the administration of influenza vaccines, documentation requirements for the administration of the influenza vaccine to HCP, and management adverse event in an employee annual influenza vaccination program.

(4) Paragraph 8: Updated References.

(5) Appendix A: Updated guidance regarding Influenza Vaccine and Antiviral Medications with Activity Against Seasonal Influenza Viruses.

(6) Appendix B: Updated guidance regarding Delay or Shortage of Seasonal Influenza Vaccine.

b. This VHA directive provides updated and detailed requirements for the prevention

and control of seasonal influenza with vaccines. Major changes include updated responsibilities in paragraph 5 and updated reference listing in paragraph 8.

**3. RELATED ISSUES:** VHA Directive 1192.01, Seasonal Influenza Prevention Program for VHA Health Care Personnel, August 10, 2020.

**4. RESPONSIBLE OFFICE:** The Assistant Under Secretary for Health for Clinical Services (11SPEC12), is responsible for the contents of this directive. Questions relating to this directive may be referred to the National Infectious Diseases Service at 513-246-0270.

**5. RESCISSIONS:** VHA Directive 1013(3), Prevention and Control of Seasonal Influenza with Vaccines, dated February 5, 2015, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.  
Senior Advisor to the Under Secretary for Health

**NOTE:** All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List August 14, 2020.

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August 12, 2020

VHA DIRECTIVE 1013(1)

August 12, 2020

AMENDED  
October 2, 2020

VHA DIRECTIVE 1013(1)

**Attachment "A"**

**PREVENTION AND CONTROL OF SEASONAL INFLUENZA WITH VACCINES**

**1. PURPOSE**

This Veterans Health Administration (VHA) directive provides policy for the prevention and control of seasonal influenza through the use of influenza vaccines. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 1701(6)(D), (9)(G), and (10), 1704, and 1712(e). **NOTE:** Refer to VHA Directive 1192.01, *Seasonal Influenza Prevention Program for VHA Health Care Personnel, August 10, 2020*, for detailed information regarding policy for influenza vaccination of health care personnel (HCP).

**2. BACKGROUND**

a. The influenza vaccination program is an essential component of the Department of Veterans Affairs (VA) health promotion and disease prevention programs. Influenza is a cause of substantial morbidity and mortality in the United States (U.S.). Influenza vaccination is the most effective way to primarily protect against the disease and resultant complications. Vaccination also reduces the risk of transmitting influenza to family members, visitors, other patients, coworkers and health care personnel. VHA has made influenza vaccination a priority. The influenza vaccine for seasonal influenza is a safe and cost-effective means for preventing and controlling influenza.

b. The influenza vaccination program is based on annual recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), as published in the Morbidity and Mortality Weekly Report (MMWR). The program is consistent with The Joint Commission accreditation standards and VHA National Center for Health Promotion and Disease Prevention Guidance Statements on Clinical Preventive Services-Immunizations.

c. Because influenza viruses are always changing, each year's influenza vaccine is formulated to protect from the influenza viruses most likely to cause disease that year. Influenza A and B are the two types of influenza viruses that cause seasonal influenza, typically during the fall and winter months. The trivalent influenza vaccine formulations contain two influenza A virus strains and one influenza B virus strain, while quadrivalent influenza vaccine formulations contain the same strains as trivalent vaccines, also contain a second B virus strain.

d. Each year the National Center for Health Promotion and Disease Prevention (NCP), VHA Office of Patient Care Services collaborates with appropriate offices and programs within VA Central Office as described in VHA Directive 1120.05, The National

Center for Health Promotion and Disease Prevention and the Coordination and Development of Clinical Preventive Services Guidance, dated July 31, 2020, to produce and post a VHA Clinical Preventive Services Guidance Statement on Seasonal Influenza Immunization. This Guidance Statement is a clinical resource to VHA staff for the care of adult Veteran patients. It is available from the Guidance Statement home page at [http://vaww.prevention.va.gov/Guidance\\_on\\_Clinical\\_Preventive\\_Services.asp](http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp)

(navigate to current year's Influenza Immunization Guidance Statement from this page).

**NOTE:** *This is an internal VA website that is not available to the public.*

e. Abbreviations and naming conventions for influenza vaccines from the Advisory Committee on Immunization Practices (ACIP) are defined as follows:

(1) Primary influenza vaccine types include: IIV=inactivated influenza vaccine, RIV=recombinant influenza vaccine, and LAIV=live attenuated influenza vaccine.

(2) Numerals following letter abbreviations indicate the number of influenza virus hemagglutinin antigens represented in the vaccine: "3" for trivalent vaccines which include two influenza A strains and one influenza B strain; "4" for quadrivalent vaccines which include two influenza A strains and two influenza B strains.

(3) Prefixes are used when necessary to refer to some specific vaccine types: "a" for adjuvanted vaccine (e.g., aIIV3); "cc" for cell culture-based vaccine (e.g., ccIIV4); "HD" for high-dose vaccine (e.g., HD-IIV3); and "SD" for standard-dose vaccine (e.g., SD-IIV4).

f. All vaccines against seasonal influenza are covered under the National Vaccine Injury Compensation Program (VICP) and have been added to the Vaccine Injury Table that lists the vaccines covered under VICP. As required by Federal law under the National Childhood Vaccine Injury Act (codified at 42 U.S.C. §§ 300aa-1 to 300aa-34), all health care providers who administer any vaccine covered by the VICP must provide a copy of the relevant current edition of vaccine information materials, specifically Vaccine Information Statements (VIS) prior to administration of each dose of the vaccine. **NOTE:** *For VHA policy for VIS, see paragraph 5.e.(5)(a) and (b).*

(1) Vaccine Information Statements (VISs) are developed by the CDC. The VIS for IIV, which covers influenza vaccines given by injection with a needle, and the VIS for LAIV are available in several languages. The VISs, in English, for influenza vaccines are available from the CDC website at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>.

(2) The appropriate VIS must be provided to the parent or legal representative of any child to whom the provider intends to administer such vaccine, and to any adult or legal

representative of any adult to whom the provider intends to administer such vaccine.

(3) The materials must be supplemented with visual presentations or oral explanations, as appropriate. **NOTE:** *If the Food and Drug Administration (FDA) approves any updated licensing for any of the influenza vaccine products, any new or interim VIS need to be used as soon as available from the CDC.*

g. The immunization standard for long-term care facilities from the Department of Health and Human Services, Centers for Medicare and Medicaid Services became effective October 7, 2005. Participating Medicare and Medicaid long-term care facilities are required to offer each resident immunization against influenza annually., as well as lifetime immunization against pneumococcal disease.

(1) For the influenza vaccine, the standard requires: education for the resident or legal representative regarding benefits and potential side effects prior to the annual offering of the vaccine; the right of the resident or legal guardian to refuse vaccination; and the pertinent documentation in the electronic health record (EHR). If further clarification is needed regarding informed consent for clinical treatments and procedures, see VHA Handbook 1004.01(2), Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009.

(2) Documentation must show that specific education was provided, that the resident either received influenza vaccine or did not receive the vaccine, and if they did not receive the vaccine, the reason they did not receive it. **NOTE:** *See paragraph 5.e.(5)(a)*

*2.h. for VHA policy for long-term care residents.*

### 3. DEFINITION

**Health Care Personnel.** HCP are individuals who, during the influenza season, work in VHA locations or who come into contact with VA patients or other HCP as part of their duties. VHA locations include, but are not limited to, VA hospitals and associated clinics, community living centers (CLCs), community-based outpatient clinics(CBOCs), domiciliary units, Vet centers and VA-leased medical facilities. HCP include all VA licensed and unlicensed, clinical and administrative, remote and onsite, paid and without compensation, full- and part-time employees, intermittent employees, fee basis employees, VA contractors, researchers, volunteers and health professions trainees (HPTs) who are expected to perform any or all of their work at these facilities. HPTs may be paid or unpaid and include residents, interns, fellows and students. HCP also includes VHA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

**NOTE:** *This definition does not include visitors to the medical facility, including individuals who enter to conduct occasional or sporadic services, surveyors, inspectors, political representatives, or media personnel. Also excluded are non-VA personnel providing home services through contracts with VA and private facilities providing care*

*under contract with VA. However, the exclusion of contracted non-VA personnel and facilities from this policy does not preclude VA from requiring influenza vaccination of these personnel in their respective contracts; in fact, this practice should be strongly supported and encouraged.*

#### 4. POLICY

It is VHA policy to have an annual influenza vaccination program for the prevention and control of seasonal influenza. **NOTE:** *For information regarding policy for influenza vaccination of HCP, see VHA Directive 1192.01.*

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

c. **National Infectious Diseases Service Director.** The National Infectious Diseases Service (NIDS) Director is responsible for updating the content of this directive on a periodic basis.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and implement an Influenza Vaccination Program that adheres to The Joint Commission accreditation standard IC.02.04.01.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring an influenza vaccination program is implemented in accordance with The Joint Commission Standard IC.02.04.01 and related Elements of Performance, this directive, applicable updates from CDC and any Seasonal Influenza Vaccine Advisories from the Office of the Under Secretary for Health.

(2) Ensuring targeted populations are covered. The influenza vaccination program must cover all persons aged 6 months or greater in the patient population served by the VA medical facility and when appropriate in joint VA and DOD facilities with a sharing agreement.

(3) Ensuring appropriate influenza vaccines are used. Appropriate influenza vaccines and antiviral medications with activity against influenza viruses are to be used for those covered by the facility's influenza vaccination program (see Appendix A).

(4) Ensuring a Veteran is provided information concerning which community providers and/or pharmacies have contracts with VA to provide influenza vaccine to Veterans.

(5) Ensuring proper consent and documentation as follows.

(a) Patient/Resident Consent and Documentation.

1. All patients and residents receiving influenza vaccine from VA must receive information about the vaccine and be given a copy of the most current and appropriate Vaccine Information Statements (VIS), either the VIS for Inactivated Influenza Vaccine (IIV) or the VIS for live-attenuated influenza vaccine (LAIV), prior to administration of the vaccine.

2. The practitioner who has primary responsibility for the patient and resident, or the person who will perform the vaccination, must communicate all of the following in a language that is understandable to the patient or personal representative:

a. The nature of the procedure.

b. Expected benefits of receiving the vaccine.

c. Reasonably foreseeable associated risks of receiving the vaccine..

d. Complications or side effects of the vaccine and vaccination.

e. Reasonable and available alternatives.

f. Potential risks to the patient if the vaccine is not given.

g. Ensure the patient has no allergies to the vaccine or components of the vaccine.

h. Documentation must include all of the following:

(1) Type of vaccine given (e.g., inactivated influenza vaccine-trivalent, inactivated influenza vaccine-quadrivalent, live attenuated influenza vaccine).

(2) Date of administration of the vaccine.

(3) Lot number and expiration date.

(4) Manufacturer.

(5) Vaccine dosage (volume and units); route and site of vaccine administration.

(6) Oral informed consent by the patient or resident to the vaccination.

(7) Name and title of the individual administering the vaccine.

(8) Specific CDC VIS provided, indicating the edition date of the material and the date the VIS was provided.

3. In order to obtain accurate data, it is critical that administration of influenza vaccine to patients be recorded correctly into the EHR. For recording the administration of influenza vaccine, use the CVX codes specified by the CDC located at <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt>, and Current Procedural Terminology (CPT) codes that are specified by CDC in their code set tables located at <http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt>.

4. Consent for administration of seasonal influenza vaccine to Veteran patients is required. This consent can be oral; signature consent is not required.

(b) HCP Consent and Documentation.

1. All HCP receiving influenza vaccine from VA must receive information about the vaccine and be given a copy of the most current and appropriate Vaccine Information Statements (VIS) prior to administration of the vaccine. The information, explained in terms the HCP understands, must include:

a. The nature of the procedure.

b. Expected benefits of receiving the vaccine.

- c. Reasonably foreseeable associated risks of receiving the vaccine.
  - d. Complications or side effects of the vaccine and vaccination.
  - e. Reasonable and available alternatives.
  - f. Potential risks to the HCP if the vaccine is not given.
  - g. Ensure the HCP has no allergies to the vaccine or components of the vaccine.
2. Occupational Health staff and other VHA staff administering the influenza vaccine on behalf of Occupational Health to HCP must document the vaccination administration per current CDC recommendations and this directive (See paragraph 5.e.(a) 2.h.). Maintenance of such documentation and HCP medical records concerning influenza vaccine must be in accordance with VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.
3. Documentation (vaccination or exemption) requirements for VHA HCP related to VHA Seasonal Influenza Vaccination Program for VHA Health Care Personnel can be found in VHA Directive 1192.01, dated August 10, 2020.
4. Consent for administration of seasonal influenza vaccine to HCP is required. This consent can be oral; signature consent is not required.

(6) Ensuring adverse events are reported. Adverse events related to drug products and vaccines must be reported appropriately to the VA Adverse Drug Event Reporting System (VA ADERS) at [https://vaww.cmop.med.va.gov/MedSafe\\_Portal](https://vaww.cmop.med.va.gov/MedSafe_Portal). (select VA ADERS Launch). **NOTE:** *This is an internal VA website that is not available to the public. Procedures in VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018 must be followed, as applicable.*

(a) All adverse events related to vaccines must be reported to the FDA and CDC Vaccine Adverse Event Reporting System (VAERS) program through VA ADERS. The Vaccine Adverse Event Report submitted in VA ADERS will then be submitted directly to the FDA/CDC from VA ADERS.

(b) An adverse event in an employee annual influenza vaccination program may or may not constitute a work-related Occupational Safety and Health Administration (OSHA) recordable event. This does not preclude the employee from filing a claim for benefits with the Office of Workers' Compensation Programs for eligibility. Occupational Health reports adverse events in VA ADERS. Reporting adverse events to an influenza

vaccination should be done for all employees, including Veteran patient and non-Veteran patient employees.

(7) Ensuring necessary procedures are in place if there is an influenza vaccine delay or shortage. If an influenza vaccine delay or a shortage occurs, prioritization plans for influenza vaccine must be developed at the local VA medical facility level. Vaccination efforts are to focus on targeted Veteran patient and employee groups as identified in Appendix B. If there is a continued national influenza vaccine delay or shortage, the prioritization plans developed at the local VA medical facility level may need to be altered to be in alignment with applicable CDC updates and VHA communications from the Under Secretary for Health, Deputy Under Secretary for Health or Assistant Under Secretary for Health for Operations through Influenza Vaccine Advisories.

## **6. TRAINING**

All Veterans and HCP are provided with the current edition of vaccine information materials, specifically Vaccine Information Statements (VIS) prior to administration of each dose of the vaccine. Education is provided for all HCP about, at a minimum, the influenza vaccine, non-vaccine control and prevention measures and the diagnosis, transmission and impact of influenza.

## **7. RECORDS MANAGEMENT**

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## **8. REFERENCES**

- a. 38 U.S.C. §§ 1701(6)(D), (9)(G), and (10).
- b. 38 U.S.C. § 1704.
- c. 38 U.S.C. § 1712(e).
- d. 42 U.S.C., Chapter 6A, Subchapter XIX, Part I.
- e. 42 U.S.C. §§ 300aa-1 to 300aa-34.

f. 29 C.F.R. § 1904.5.

g. 42 C.F.R. § 483.

h. VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.

i. VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.

j. VHA Directive 1192.01, Seasonal Influenza Prevention Program for VHA Health Care Personnel, August 10, 2020.

k. VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.

l. VHA Handbook 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated June 25, 2020.

m. VHA Directive 1120.05, The National Center for Health Promotion and Disease Prevention and The Coordination and Development of Clinical Preventive Services Guidance, dated July 31, 2020.

n. The Joint Commission Accreditation Standards Manual  
<http://vaww.oqsv.med.va.gov/functions/integrity/accred/jointcommission.aspx>. **NOTE:**  
*This is an internal VA website that is not available to the public.*

o. CDC. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years and Older — United States, 2020", MMWR/February 7, 2020/69(5); 133-135.  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6905a4.htm>.

p. CDC. "Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP)". MMWR. Vol. 60 RR-1; 1-28; January 21, 2011.  
<http://www.cdc.gov/mmwr/pdf/rr/rr6001.pdf> or CDC Influenza Antiviral Medications Summary for Clinicians at <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

q. CDC. "General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP)," MMWR. Vol. 60 RR-2; 1-64:

January 28, 2011. <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.

r. CDC. Vaccine Information Statement at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>.

s. CDC. Influenza (Flu) at <http://www.cdc.gov/flu/>.

t. CDC. “Influenza Vaccination Coverage Among Health-Care Personnel-United States, 2018–19 Influenza Season. [https://www.cdc.gov/flu/fluview/hcp-coverage\\_1819estimates.htm](https://www.cdc.gov/flu/fluview/hcp-coverage_1819estimates.htm).  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a2.htm?s\\_cid=mm6238a2\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a2.htm?s_cid=mm6238a2_w).

u. CDC. Live Intranasal Influenza Vaccine, Vaccine Information Statement at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html>.

v. CDC. “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2020-21 Influenza Season,” MMWR. August 21, 2020 / 69(8);1–24 [https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s\\_cid=rr6908a1\\_e&deliveryName=USCDC\\_921-DM35682](https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_e&deliveryName=USCDC_921-DM35682)

w. [Summary: ‘Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) – United States, 2020-21’](https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm). <https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

x. Public Health Information from VA. Influenza (Flu) at <https://www.publichealth.va.gov/flu/>.

y. VHA Clinical Preventive Services Guidance Statements available at [http://vaww.prevention.va.gov/Guidance\\_on\\_Clinical\\_Preventive\\_Services.asp](http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp). (navigate to current year’s Influenza Immunization Guidance Statement from this page).  
**NOTE:** *This is an internal VA website that is not available to the public.*

z. VHA Seasonal Influenza Manual.  
<https://dvagov.sharepoint.com/sites/vhaseasonal-influenza-flu/Flu%20Manual%20Toolkit/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaseasonal%2Dinfluenza%2Dflu%2FFlu%20Manual%20Toolkit%2FFlu%20Manual%20Toolkit&FolderCTID=0x012000304A38DD6CE2664ABC7E0EE10A8A94A7> **NOTE:** *This is an internal VA website that is not available to the public.*

## INFLUENZA VACCINE AND ANTIVIRAL MEDICATIONS WITH ACTIVITY AGAINST SEASONAL INFLUENZA VIRUSES

### 1. ANNUAL INFLUENZA VACCINATION

Annual influenza vaccination is recommended for all persons aged 6 months or older. For the 2020-21 season, quadrivalent and trivalent influenza vaccines will be available. Inactivated influenza vaccines (IIVs) will be available in trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant influenza vaccine (RIV) will be available in quadrivalent (RIV4) formulation. Live attenuated influenza vaccine (LAIV) is available as a quadrivalent (LAIV4) formulation and may be used for healthy, non-pregnant persons 2 years to 49 years of age. These influenza vaccines are to be given in alignment with the package inserts provided by manufacturers, Center for Disease Control and Prevention (CDC) recommendations and any Veterans Health Administration (VHA) communications from the Under Secretary for Health pertinent to influenza vaccines for the current influenza season. **NOTE:** *Information pertinent to influenza vaccines can be found in the VHA Seasonal Influenza Manual at <https://dvagov.sharepoint.com/sites/vhaseasonal-influenza-flu/Flu%20Manual%20Toolkit/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvhaseasonal%2Dinfluenza%2Dflu%2FFlu%20Manual%20Toolkit%2FFlu%20Manual%20Toolkit&FolderCTID=0x012000304A38DD6CE2664ABC7E0EE10A8A94A7> This is an internal VA website that is not available to the public.*

### 2. INACTIVATED INFLUENZA VACCINE

a. Inactivated influenza vaccines (IIVs) as a class include trivalent inactivated influenza vaccines and quadrivalent inactivated influenza vaccine. Trivalent influenza vaccine formulations contain two influenza A virus strains and one influenza B virus strain. Quadrivalent influenza vaccine formulations contain the same strains as trivalent vaccines, but also contain a second B virus strain. Each annual seasonal influenza vaccine is formulated to protect against influenza viruses most likely to cause disease during the season. 2020-2021 U.S. trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/Guangdong-Maonan/SWL1536/2019 (H1N1) pdm09-like virus, an A/Hong Kong/2671/2019 (H3N2)-like virus and an influenza B/Washington/02/2019-like virus (Victoria lineage). Quadrivalent vaccines will contain the same three HA antigens as trivalent vaccines, plus a B/Phuket/3073/2013-like virus (Yamagata lineage). U.S. cell culture-based inactivated vaccines (cIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Hawaii/70/2019 (H1N1) pdm09-like virus, an influenza A/Hong Kong/45/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

b. For the 2020-21 annual vaccination program, there is no preference expressed for one influenza vaccine product over another for persons for whom more than one

licensed recommendation product is available. **NOTE:** *Each influenza season there are multiple manufacturers of influenza vaccine available in the U.S. The U.S. Food and Drug Administration (FDA) maintains a list of all currently FDA approved influenza vaccines (with brand name, type of vaccine, presentation, age indications and presence of latex or mercury (from thimerosal) at <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/influenza-virus-vaccine-safety-availability>.*

c. IIV is administered annually.

d. IIV has vaccine virus strains updated annually.

e. IIV contains noninfectious virus (i.e., inactivated, killed).

f. IIV is given by injection with a needle. **NOTE:** *Adults and older children need to be vaccinated in the deltoid muscle. Consideration needs to be given to using a needle length of at least one inch because shorter needles may not penetrate muscle tissue in certain adults and older children. Infants and young children less than 12 months should be vaccinated in the anterolateral aspect of the thigh using a needle length of 7/8 – 1 inch.*

g. IIV cannot cause influenza.

h. IIV can be co-administered with influenza antivirals.

i. IIV can be administered in the presence of minor illnesses with or without fever. **NOTE:** *Influenza vaccine can be administered in this situation. This is and has been so stated in CDC recommendations for administration of influenza vaccine.*

j. IIV usage for those who have experienced Guillain-Barré Syndrome (GBS) is an issue.

(1) Whether influenza vaccination specifically might increase the risk for recurrence of GBS is unknown. However, as a precaution, persons who are not at high risk for severe influenza complications and who are known to have experienced GBS within 6 weeks of receipt of an influenza vaccine generally should not be vaccinated. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons.

(2) Although data are limited, the established benefits of influenza vaccination might outweigh the risks for many persons who have a history of GBS and who are also at high risk for severe complications from influenza.

k. CDC recommendations indicate that IIV can be simultaneously administered with other vaccines; however, co-administration with other vaccines has been evaluated systematically only among adults who received pneumococcal polysaccharide vaccine or zoster vaccine. Vaccines administered simultaneously should not be mixed together in the same syringe and different administration sites should be used.

l. Moderate or severe acute illness with or without fever is a precaution for IIV. This precaution avoids causing diagnostic confusion between manifestations of the underlying illness and possible adverse effects of superimposing adverse effects of the

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vaccine on the underlying illness. **NOTE:** *If there is more than minor illness, then usually people are not vaccinated until their symptoms abate. However, individuals experiencing moderate or severe illness, need to be clinically evaluated to consider what effect the potential harms of not being vaccinated and potentially becoming ill with influenza would have on the individual. Concerns that the vaccine may not be effective in the presence of moderate or severe illness depends also on what the illness is and must be evaluated in light of any potential harms of not vaccinating. Therefore, it makes administration of influenza vaccine a precaution in these individuals calling for a clinical evaluation and decision making. This is and has been so stated in CDC recommendations. See <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.*

m. While IIV can be used for any person aged 6 months or older, including those who are healthy and those with chronic medical conditions, live attenuated influenza vaccine (LAIV) currently is recommended only for healthy, non-pregnant persons aged 2 years to 49 years of age. This would be appropriate for those facilities that are in a joint VA/DoD facility with a sharing agreement to provide services to the pediatric population. Because of this difference, persons who should be vaccinated with IIV include:

(1) Persons aged 50 years and older. For the subset of persons 65 years of age or older, the FDA has approved an IIV4 with a higher hemagglutinin (HA) antigen concentration (HD-IIV4, Fluzone® High-Dose Quadrivalent [Sanofi Pasteur]) and an IIV3 and an IIV4 with adjuvant (aIIV3, Fluad [Seqirus], and aIIV4, Fluad Quadrivalent [Seqirus]). Currently, there is no preferential recommendation to use these vaccines as opposed to other FDA-approved inactivated influenza vaccines for this age group. The decision to use this vaccine should be as the result of a discussion between the health care provider and vaccine recipient. For the subset of persons 50 years to 64 years of age; HD-IIV4, aIIV3, and aIIV4 are not FDA indicated. Any other age-appropriate vaccine may be used without preferential recommendation among them.

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(2) Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and who, therefore, might be at risk for experiencing Reye's syndrome after influenza virus infection. **NOTE:** *The goal is to keep children and adolescents who are on long-term aspirin therapy from getting influenza because if they do get influenza, they run the risk of developing Reye's Syndrome. This is and has been so stated in CDC recommendations for administration of influenza vaccine.*

(3) Women who are pregnant during the influenza season.

(4) Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological or neuromuscular conditions, hematological or metabolic disorders (including diabetes mellitus).

(5) Adults and children who are immunosuppressed, including immunosuppression caused by medications or by human immunodeficiency virus.

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(6) Residents of Community Living Centers, nursing homes and other long-term care facilities.

(7) Family members, health care personnel and others who have close contact with immunosuppressed persons requiring a protected environment (e.g., hematopoietic stem cell transplant recipients).

n. Persons who should not be vaccinated with IIV include:

(1) Persons with a previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction. **NOTE:** *Hypersensitivity to eggs and egg proteins has been listed as a contraindication to receipt of influenza vaccine on many manufacturer's package inserts. However, several studies have documented safe receipt of IIV in persons with egg allergy and recent revisions of some IIV package inserts note that only a severe allergic reaction (e.g., anaphylaxis) to egg protein is a contraindication. With the exceptions of RIV4 and cell culture quadrivalent IIV (ccIIV4), currently available influenza vaccines are prepared by propagation of virus in embryonated eggs. For the 2020-21 season CDC has provided specific, detailed guidance on the administration of influenza vaccine to individuals who have egg allergies of various levels of severity. See "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2020—21 Influenza Season" at [https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s\\_cid=rr6908a1\\_e&deliveryName=USCDC\\_921-DM35682](https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_e&deliveryName=USCDC_921-DM35682).*

### 3. LIVE, ATTENUATED INFLUENZA VACCINE

a. Live, attenuated influenza vaccine (LAIV) may be used for healthy non-pregnant persons 2 years to 49 years of age. **NOTE:** *Since safety or effectiveness has not been established in persons with underlying medical conditions that confer a higher risk of influenza complications, it is generally stated for use in healthy, non-pregnant persons aged 2 years to 49 years of age (use of the term healthy in this recommendation refers to persons who do not have any of the underlying medical conditions that confer high risk for severe complications).* As of the 2020-21 influenza season, there is currently one LAIV available in the U.S.: LAIV4, FluMist Quadrivalent® [AstraZeneca].

b. LAIV is administered annually.

c. LAIV is updated annually with vaccine virus strains.

d. LAIV is administered intranasally by sprayer.

e. LAIV contains live attenuated influenza viruses that have the potential to cause mild signs or symptoms related to mild virus infection from the attenuated virus (e.g., rhinorrhea, nasal congestion, fever or sore throat).

f. LAIV can be administered to appropriate persons with minor acute illnesses

(e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration needs to be considered until resolution of the illness or other age-appropriate seasonal influenza vaccine formulations should be administered instead.

g. If the LAIV recipient sneezes after administration, the dose should not be repeated.

h. CDC recommendations indicate that LAIV can be simultaneously administered (on the same day) with other vaccines; however, co-administration has been evaluated systematically only among children aged 12 months to 15 months of age who received measles, mumps and rubella or varicella vaccine. CDC further suggests that it may be prudent to space non-simultaneous vaccinations of LAIV and other live vaccines at least 4 weeks apart.

i. As a precautionary measure, health care personnel who receive LAIV need to avoid providing care to severely immunosuppressed patients requiring a protective

environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.

j. Hospital visitors who received LAIV need to avoid contact with severely immunosuppressed persons requiring a protective environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.

k. Medical personnel at higher risk for influenza complications (including persons with underlying medical conditions placing them at higher risk or who are likely to be at risk, including pregnant women, persons with asthma and persons aged 50 years or older) can administer LAIV.

l. LAIV should not be administered by severely immunosuppressed persons.

m. LAIV is an option for vaccination of healthy, non-pregnant persons aged 2 years to 49 years, including health care personnel and other close contacts of high-risk persons.

n. A moderate or severe illness with or without fever is a precaution for use of LAIV.

o. Development of GBS within 6 weeks following a previous dose of influenza vaccine is considered to be a precaution for the use of influenza vaccines.

p. Asthma in persons aged 5 years or older is a precaution for use of LAIV.

q. Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]) are precautions for the use of LAIV.

r. Persons who should not be vaccinated with LAIV include:

(1) Children less than 2 years of age.

(2) Persons aged 50 years or older.

(3) Persons with a previous severe allergic reaction to the vaccine or to a previous dose of any influenza vaccine.

(4) Children aged 2 through 4 years who have received a diagnosis of asthma or

whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months.

(5) Adults and children who have immunosuppression due to any cause (including immunosuppression caused by medications, congenital or acquired immunodeficiency states, human immunodeficiency virus (HIV) infection, anatomic asplenia, or functional asplenia (e.g., sickle-cell anemia).

(6) Children or adolescents aged 6 months to 18 years receiving aspirin or other salicylates (because of the association of Reye's syndrome with wild-type influenza virus infection).

(7) Pregnant women.

(8) Close contacts and caregivers of severely immunosuppressed persons who require a protected

environment.

(9) Persons with active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak

(10) Persons with cochlear implants

(11) Receipt of influenza antiviral medication within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir

#### **4. RECOMBINANT INFLUENZA VACCINE**

a. As of the 2020-21 influenza season, FluBlok® (RIV4) is the only recombinant influenza vaccine (RIV) available for use in the U.S. RIV4 is manufactured without the use of eggs and does not carry a contraindication for egg allergy.

b. RIV4 can be administered to persons with egg allergy of any severity who are aged 18 years and older and do not have other contraindications.

c. RIV4 is administered by intramuscular injection.

d. Moderate or severe acute illness with or without fever is a general precaution for vaccination.

e. GBS within 6 weeks following a previous dose of influenza vaccine is considered a precaution for use of influenza vaccines.

f. RIV4 is currently not licensed for use in anyone younger than 18 years of age.

## 5. ANTIVIRAL MEDICATIONS WITH ACTIVITY AGAINST INFLUENZA VIRUSES

a. Antiviral medications with activity against influenza viruses are useful adjuncts in the prevention of influenza and effective when used early in the course of illness for treatment and for chemoprophylaxis after an exposure to the influenza virus. These agents are not a substitute for vaccination, although they are critical adjuncts in preventing and controlling influenza.

b. CDC publishes and regularly updates Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza recommendations of the Advisory Committee on Immunization Practices (ACIP), available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm> that includes the following recommendations for use of antivirals for the prevention and control of influenza:

(1) Antiviral treatment is recommended as soon as possible for patients with confirmed or suspected influenza who have severe, complicated or progressive illness or who require hospitalization.

(2) Antiviral treatment is recommended as soon as possible for outpatients with confirmed or suspected influenza who are at higher risk for influenza complications on the basis of their age or underlying medical conditions; clinical judgment should be an important component of outpatient treatment decisions.

(3) Currently, recommended antiviral medications include oseltamivir and zanamivir, on the basis of the most recent data indicating that greater than 99% of currently circulating influenza virus strains are sensitive to these medications. Additionally,

peramivir and baloxavir are recommended. Amantadine and rimantadine should not be used because of the high levels of resistance to these drugs among circulating influenza A viruses. Because antiviral resistance patterns can change over time, clinicians should monitor local antiviral resistance surveillance data.

(4) CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis except as one of multiple interventions to control institutional influenza outbreaks (e.g., long-term care).

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(5) Antiviral treatment may be considered on the basis of clinical judgment for any outpatient with confirmed or suspected influenza who does not have known risk factors for severe illness if treatment can be initiated within 48 hours of illness onset.

(6) Antiviral treatment is recommended as early as possible for pregnant women or women who are up to 2 weeks postpartum (including following pregnancy loss) with suspected or confirmed influenza.

## APPENDIX B DELAY OR SHORTAGE OF SEASONAL INFLUENZA VACCINE

When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to the following individuals (no hierarchy is implied by order of listing).

**NOTE:** See this CDC link for the source for this listing

<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

1. Persons aged 50 years and older.
2. Children aged 6 through 59 months.
3. Persons who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic or metabolic disorders (including diabetes mellitus).
4. Persons who are immunocompromised due to any cause, including (but not limited to) medications or by human immunodeficiency virus (HIV) infection.
5. Women who are or will be pregnant during the influenza season.
6. Children and adolescents (aged 6 months – 18 years of age) who are receiving aspirin- or salicylate-containing medications who might be at risk for Reye syndrome associated with influenza .
7. Residents of nursing homes and long-term care facilities.
8. American Indians/ Alaska Natives.
9. Persons who are extremely obese (body-mass index of 40 or greater for adults).
10. Caregivers and contacts of those at risk:
  - (a) Health care personnel, including all paid and unpaid persons working in health-care settings who have potential for exposure to patients and/or to infectious materials, whether or not directly involved in patient care;
  - (b) Household contacts and caregivers of children aged  $\leq 59$  months (i.e.,  $< 5$  years), particularly contacts of children aged  $< 6$  months, and adults aged  $\geq 50$  years;
  - (c) Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza.

ATTACHMENT "B" IMPLEMENTATION OF EO 14042 MEMO

**Department of  
Veterans Affairs**

**Memorandum**

Date: October 1, 2021

From: Executive Director, Office of Acquisition and Logistics (003A), and Senior Procurement Executive

Subj: Class Deviation from the Federal Acquisition Regulation Regarding Implementation of Executive Order 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors (VIEWS 06042621)

To: Heads of the Contracting Activities

- 1. Purpose.** To issue a class deviation in accordance with Federal Acquisition Regulation (FAR) 1.404, to implement Executive Order (E.O.) 14042, [Ensuring Adequate COVID Safety Protocols for Federal Contractors](#). Federal agencies are authorized by the Civilian Agency Acquisition Council letter [2021-03](#), dated September 30, 2021 to issue a class deviation.
  
- 2. Effective Date.** Immediately.
  
- 3. Expiration Date.** This deviation expires when incorporated into the FAR or is otherwise rescinded.
  
- 4. Applicability.** This class deviation applies to solicitation and contracts for services, including construction.
  
- 5. Current FAR Policy.** There is no current FAR policy.
  
- 6. Need for Deviation.** E.O. 14042 was signed by the President on September 9, 2021 and published in the Federal Register at [86 FR 50985](#) on September 14, 2021. The E.O. requires agencies to include a clause in applicable contracts requiring contractors and subcontractors at any tier to comply with all guidance for contractor workplace locations as published by the [Safer Federal Workforce Task Force \(Task Force Guidance\)](#). The clause applies to solicitations and contracts for services, including construction.

**7. Required Action.** Contracting officers are **required** to include the clause in—

- New contracts awarded on or after November 14, 2021 from solicitations issued before October 15, 2021 (this includes new orders awarded on or after November 14, 2021 from solicitations issued before October 15, 2021 under existing indefinite-delivery contracts):
- New solicitations issued on or after October 15, 2021 and contracts awarded pursuant to those solicitations (this includes new solicitations issued on or

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after October 15, 2021 for orders awarded pursuant to those solicitations under existing indefinite-delivery contracts);

- Extensions or renewals of existing contracts and orders awarded on or after October 15, 2021; and
- Options on existing contracts and orders exercised on or after October 15, 2021.

To maximize the goal of getting more people vaccinated and decrease the spread of COVID-19, the Task Force strongly encourages agencies to apply the requirements of the Task Force Guidance broadly, consistent with applicable law. Accordingly, in VA contracting officers are **encouraged, but are not required** to include the clause in-

- Contracts that will be awarded prior to November 14, 2021 on solicitations issued before October 15, 2021; and
- Contracts that are not covered or directly addressed by the E.O. because the contract or subcontract is under the simplified acquisition threshold.

The clause shall not be applied to:

- Contracts and subcontracts with Indian Tribes under the Indian Self-

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Determination and Education Assistance (P.L. 93-638); or

- Solicitations and contracts if performance is outside the United States or its outlying areas (the exclusion is limited to employees who are performing work outside the U.S. or its outlying areas).

The attached FAR deviation clause is provided consistent with the E.O. and the Task Force Guidance. (See attachment).

**8. Additional information.** Send questions to [va.procurement.policy@va.gov](mailto:va.procurement.policy@va.gov).

Angela Billups  
1724054  
Angela Billups, Ph.D.



Digitally signed by Angela  
Billups 1724054  
Date: 2021.10.01 14:45:15  
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Attachment

**Attachment**

**FAR Deviation Clause**

**Executive Order 14042, Ensuring Adequate COVID Safety  
Protocols for Federal Contractors**

*September 30, 2021*

**PART 52—SOLICITATION PROVISIONS AND CONTRACT CLAUSES**

\*\*\*\*\*

**Subpart 52.2—Text of Provisions and Clauses**

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**[52.223-99 Ensuring Adequate COVID-19 Safety Protocols for Federal  
Contractors.**

**ENSURING ADEQUATE COVID-19 SAFETY PROTOCOLS FOR  
FEDERAL CONTRACTORS (OCT 2021) (DEVIATION)**

**(a) *Definition.* As used in this clause -**

***United States or its outlying areas means—***

- (1) The fifty States;**
- (2) The District of Columbia;**
- (3) The commonwealths of Puerto Rico and the Northern Mariana Islands;**
- (4) The territories of American Samoa, Guam, and the United States  
Virgin Islands; and**
- (5) The minor outlying islands of Baker Island, Howland Island, Jarvis  
Island, Johnston Atoll, Kingman Reef, Midway Islands, Navassa Island, Palmyra  
Atoll, and Wake Atoll.**

**(b) *Authority.* This clause implements Executive Order 14042, Ensuring  
Adequate COVID Safety Protocols for Federal Contractors, dated September 9,  
2021 (published in the Federal Register on September 14, 2021, 86 FR 50985).**

**(c) *Compliance.*** The Contractor shall comply with all guidance, including guidance conveyed through Frequently Asked Questions, as amended during the performance of this contract, for contractor workplace locations published by the Safer Federal Workforce Task Force (Task Force Guidance) at <https://www.saferfederalworkforce.gov/contractors/>.

**(d) *Subcontracts.*** The Contractor shall include the substance of this clause, including this paragraph (d), in subcontracts at any tier that exceed the simplified acquisition threshold, as defined in Federal Acquisition Regulation 2.101 on the date of subcontract award, and are for services, including construction, performed in whole or in part within the United States or its outlying areas.

**(End of clause)]**

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ATTACHMENT "C" ADDITIONAL COVID INFORMATION

**VHA Supplemental Contract Requirements for Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors**

- 1. Contractor employees who work in or travel to VHA locations must comply with the following:**
  - a. Documentation requirements:
    - 1) If fully vaccinated, shall show proof of vaccination.
      - i. **NOTE:** Acceptable proof of vaccination includes a signed record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813\_r, published on September 3, 2020), or a copy of medical records documenting the vaccination.
    - 2) If unvaccinated and granted a medical or religious exception, shall show negative COVID-19 test results dated within three calendar days prior to desired entry date. Test must be approved by the Food and Drug Administration (FDA) for emergency use or full approval. This includes tests available by a doctor's order or an FDA approved over-the-counter test.
    - 3) Documentation cited in this section shall be digitally or physically maintained on each contractor employee while in a VA facility and is subject to inspection prior to entry to VA facilities and after entry for spot inspections by Contracting Officer Representatives (CORs) or other hospital personnel.
    - 4) Documentation will not be collected by the VA; contractors shall, at all times, adhere to and ensure compliance with federal laws designed to protect contractor employee health information and personally identifiable information.
- 2. Contractor employees are subject to daily screening for COVID-19 and may be denied entry to VA facilities if they fail to pass screening protocols. As part of the screening process contractors may be asked screening questions found on the [COVID-19 Screening Tool](#). Check regularly for updates.**
  - a. Contractor employees who work away from VA locations, but who will have

directcontact with VA patients shall self-screen utilizing the [COVID-19 Screening Tool](#), in advance, each day that they will have direct patient contact and in accordance with their person or persons who coordinate COVID-19 workplace safety efforts at covered contractor workplaces. Contractors shall, at all times, adhere to and ensure compliance with federal laws designed to protect contractor employee health information and personally identifiable information.

- 3. Contractor must immediately notify their COR or Contracting Officer if contract performance is jeopardized due to contractor employees being denied entry into VA Facilities. The contractor and Prime Contractor shall meet the above requirements to work on this campus.**

- - - E N D - - -

**SECTION 01 32 16.15**  
**PROJECT SCHEDULES**  
**REVISION FEBRUARY 2022**  
**(SMALL PROJECTS - DESIGN/BID/BUILD)**

**PART 1- GENERAL**

**1.1 DESCRIPTION:**

- A. The Contractor shall develop a Critical Path Method (CPM) 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). Conventional Critical Path Method (CPM) technique shall be utilized to satisfy both time and cost applications.
- B. Refer to specification Section 01 00 00 GENERAL REQUIREMENTS as this section also references submission of updated project schedules.

**1.2 CONTRACTOR'S REPRESENTATIVE:**

- A. The Contractor shall designate an authorized representative responsible for the Project Schedule including preparation, review and progress reporting with and to the COR.
- B. The Contractor's representative shall have direct project control and complete authority to act on behalf of the Contractor in fulfilling the requirements of this specification section.
- C. The Contractor's representative shall have the option of developing the project schedule within their organization or to engage the services of an outside consultant. If an outside scheduling consultant is utilized, Section 1.3 of this specification will apply.

**1.3 CONTRACTOR'S CONSULTANT:**

- A. The Contractor shall submit a qualification proposal to the prime contractor, within 10 days of bid acceptance for the VA COR to review and approve. The qualification proposal shall include:
  - 1. The name and address of the proposed consultant.
  - 2. Information to show that the proposed consultant has the qualifications to meet the requirements specified in the preceding paragraph.
  - 3. A representative sample of prior construction projects, which the proposed consultant has performed complete project scheduling

services. These representative samples shall be of similar size and scope.

- B. The COR has the right to approve or disapprove the proposed consultant and will notify the Contractor of the VA decision within seven calendar days from receipt of the qualification proposal. In case of disapproval, the Contractor shall resubmit another consultant within 10 calendar days for renewed consideration. The Contractor shall have their scheduling consultant approved prior to submitting any schedule for approval.

#### **1.4 COMPUTER PRODUCED SCHEDULES**

- A. The contractor shall provide monthly, to the Department of Veterans Affairs (VA), all computer-produced time/cost schedules and reports generated from monthly project updates. This monthly computer service will include: three copies of up to five different reports (inclusive of all pages) available within the user defined reports of the scheduling software approved by the COR; a hard copy listing of all project schedule changes, and associated data, made at the update and an electronic file of this data; and the resulting monthly updated schedule in PDM format. These must be submitted with and substantively support the contractor's monthly payment request and the signed look ahead report. The COR shall identify the five different report formats that the contractor shall provide.
- 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 CPM 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 COR, to correct errors which affect the payment and schedule for the project.

#### **1.5 THE COMPLETE PROJECT SCHEDULE SUBMITTAL**

- A. Within 15 calendar days after receipt of Notice to Proceed, the Contractor shall submit for the COR's review; three blue line copies of the interim schedule on sheets of paper 765 x 1070 mm (30 x 42 inches) and an electronic file in the previously approved CPM schedule program.

The submittal shall also include three copies of a computer-produced activity/event ID schedule showing project duration; phase completion dates; and other data, including event cost. Each activity/event on the computer-produced schedule shall contain as a minimum, but not limited to, activity/event ID, activity/event description, duration, budget amount, early start date, early finish date, late start date, late finish date and total float. Work activity/event relationships shall be restricted to finish-to-start or start-to-start without lead or lag constraints. Activity/event date constraints, not required by the contract, will not be accepted unless submitted to and approved by the COR. The contractor shall make a separate written detailed request to the COR identifying these date constraints and secure the COR's written approval before incorporating them into the network diagram. The COR's separate approval of the Project Schedule shall not excuse the contractor of this requirement. Logic events (non-work) will be permitted where necessary to reflect proper logic among work events, but must have zero duration. The complete working schedule shall reflect the Contractor's approach to scheduling the complete project. The final Project Schedule in its original form shall contain no contract changes or delays which may have been incurred during the final network diagram development period and shall reflect the entire contract duration as defined in the bid documents. These changes/delays shall be entered at the first update after the final Project Schedule has been approved. The Contractor should provide their requests for time and supporting time extension analysis for contract time as a result of contract changes/delays, after this update, and in accordance with Article, ADJUSTMENT OF CONTRACT COMPLETION.

- B. Within 30 calendar days after receipt of the complete project interim Project Schedule and the complete final Project Schedule, the COR, will do one or both of the following:
1. Notify the Contractor concerning his actions, opinions, and objections.
  2. A meeting with the Contractor at or near the job site for joint review, correction or adjustment of the proposed plan will be scheduled if required. Within 14 calendar days after the joint review, the Contractor shall revise and shall submit three blue line copies of the revised Project Schedule, three copies of the revised

computer-produced activity/event ID schedule and a revised electronic file as specified by the COR. The revised submission will be reviewed by the COR and, if found to be as previously agreed upon, will be approved.

- C. The approved baseline schedule and the computer-produced schedule(s) generated there from shall constitute the approved baseline schedule until subsequently revised in accordance with the requirements of this section.

#### **1.6 WORK ACTIVITY/EVENT COST DATA**

- A. The Contractor shall cost load all work activities/events except procurement activities. The cumulative amount of all cost loaded work activities/events (including alternates) shall equal the total contract price. Prorate overhead, profit and general conditions on all work activities/events for the entire project length. The contractor shall generate from this information cash flow curves indicating graphically the total percentage of work activity/event dollar value scheduled to be in place on early finish, late finish. These cash flow curves will be used by the COR to assist him in determining approval or disapproval of the cost loading. Negative work activity/event cost data will not be acceptable, except on VA issued contract changes.
- B. The Contractor shall cost load work activities/events for guarantee period services, test, balance and adjust various systems in accordance with the provisions in Article, FAR 52.232 - 5 (PAYMENT UNDER FIXED-PRICE CONSTRUCTION CONTRACTS) and VAAR 852.236 - 83 (PAYMENT UNDER FIXED-PRICE CONSTRUCTION CONTRACTS).
- C. In accordance with FAR 52.236 - 1 (PERFORMANCE OF WORK BY THE CONTRACTOR) and VAAR 852.236 - 72 (PERFORMANCE OF WORK BY THE CONTRACTOR), the Contractor shall submit, simultaneously with the cost per work activity/event of the construction schedule required by this Section, a responsibility code for all activities/events of the project for which the Contractor's forces will perform the work.
- D. The Contractor shall cost load work activities/events for all BID ITEMS including ASBESTOS ABATEMENT. The sum of each BID ITEM work shall equal the value of the bid item in the Contractors' bid.

### 1.7 PROJECT SCHEDULE REQUIREMENTS

- A. Show on the project schedule the sequence of work activities/events required for complete performance of all items of work. The Contractor Shall:
1. Show activities/events as:
    - a. Contractor's time required for submittal of shop drawings, templates, fabrication, delivery and similar pre-construction work.
    - b. COR 's and Architect-Engineer's review and approval of shop drawings, equipment schedules, samples, template, or similar items.
    - c. Interruption of VA Facilities utilities, delivery of Government furnished equipment, and rough-in drawings, project phasing and any other specification requirements.
    - d. Test, balance and adjust various systems and pieces of equipment, maintenance and operation manuals, instructions and preventive maintenance tasks.
    - e. VA inspection and acceptance activity/event with a minimum duration of five work days at the end of each phase and immediately preceding any VA move activity/event required by the contract phasing for that phase.
  2. Show not only the activities/events for actual construction work for each trade category of the project, but also trade relationships to indicate the movement of trades from one area, floor, or building, to another area, floor, or building, for at least five trades who are performing major work under this contract.
  3. Break up the work into activities/events of a duration no longer than 20 work days each or one reporting period, except as to non-construction activities/events (i.e., procurement of materials, delivery of equipment, concrete and asphalt curing) and any other activities/events for which the COR may approve the showing of a longer duration. The duration for VA approval of any required submittal, shop drawing, or other submittals will not be less than 20 work days.
  4. Describe work activities/events clearly, so the work is readily identifiable for assessment of completion. Activities/events labeled

- "start," "continue," or "completion," are not specific and will not be allowed. Lead and lag time activities will not be acceptable.
5. The schedule shall be generally numbered in such a way to reflect either discipline, phase or location of the work.
- B. The Contractor shall submit the following supporting data in addition to the project schedule:
1. The appropriate project calendar including working days and holidays.
  2. The planned number of shifts per day.
  3. The number of hours per shift.
- Failure of the Contractor to include this data shall delay the review of the submittal until the COR is in receipt of the missing data.
- C. To the extent that the Project Schedule or any revised Project Schedule shows anything not jointly agreed upon, it shall not be deemed to have been approved by the COR. Failure to include any element of work required for the performance of this contract shall not excuse the Contractor from completing all work required within any applicable completion date of each phase regardless of the COR's approval of the Project Schedule.
- D. Compact Disk Requirements and CPM Activity/Event Record Specifications: Submit to the VA an electronic file(s) containing one file of the data required to produce a schedule, reflecting all the activities/events of the complete project schedule being submitted.

**1.8 PAYMENT TO THE CONTRACTOR:**

- A. Monthly, the contractor shall submit an application and certificate for payment using VA Form 10-6001a or the AIA application and certificate for payment documents G702 & G703 reflecting updated schedule activities and cost data in accordance with the provisions of the following Article, PAYMENT AND PROGRESS REPORTING, as the basis upon which progress payments will be made pursuant to Article, FAR 52.232 - 5 (PAYMENT UNDER FIXED-PRICE CONSTRUCTION CONTRACTS) and VAAR 852.236 - 83 (PAYMENT UNDER FIXED-PRICE CONSTRUCTION CONTRACTS). The Contractor shall be entitled to a monthly progress payment upon approval of estimates as determined from the currently approved updated project schedule. Monthly payment requests shall include: a listing of all agreed upon project schedule changes and associated data; and an electronic file (s) of the resulting monthly updated schedule.

**B. Schedule Updates Prior To Payment: Approval of the Contractor's monthly Application for Payment shall be contingent, among other factors, on the submittal of a satisfactory monthly update of the project schedule.**

The contractor will be required to submit an updated schedule prior to monthly progress payments to the COR.

**1.9 PAYMENT AND PROGRESS REPORTING**

- A. Monthly schedule update meetings will be held on dates mutually agreed to by the COR and the Contractor. Contractor and their CPM consultant (if applicable) shall attend all monthly schedule update meetings. The Contractor shall accurately update the Project Schedule and all other data required and provide this information to the COR three work days in advance of the schedule update meeting. Job progress will be reviewed to verify:
1. Actual start and/or finish dates for updated/completed activities/events.
  2. Remaining duration for each activity/event started, or scheduled to start, but not completed.
  3. Logic, time and cost data for change orders, and supplemental agreements that are to be incorporated into the Project Schedule.
  4. Changes in activity/event sequence and/or duration which have been made, pursuant to the provisions of following Article, ADJUSTMENT OF CONTRACT COMPLETION.
  5. Completion percentage for all completed and partially completed activities/events.
  6. Logic and duration revisions required by this section of the specifications.
  7. Activity/event duration and percent complete shall be updated independently.
- B. After completion of the joint review, the contractor shall generate an updated computer-produced calendar-dated schedule and supply the COR with reports in accordance with the Article, COMPUTER PRODUCED SCHEDULES, specified.
- C. After completing the monthly schedule update, the contractor's representative or scheduling consultant shall rerun all current period contract change(s) against the prior approved monthly project schedule. The analysis shall only include original workday durations and schedule logic agreed upon by the contractor and COR for the contract change(s).

When there is a disagreement on logic and/or durations, the Contractor shall use the schedule logic and/or durations provided and approved by the COR. After each rerun update, the resulting electronic project schedule data file shall be appropriately identified and submitted to the VA in accordance to the requirements listed in articles 1.4 and 1.7. This electronic submission is separate from the regular monthly project schedule update requirements and shall be submitted to the COR within fourteen (14) calendar days of completing the regular schedule update. Before inserting the contract changes durations, care must be taken to ensure that only the original durations will be used for the analysis, not the reported durations after progress. In addition, once the final network diagram is approved, the contractor must recreate all manual progress payment updates on this approved network diagram and associated reruns for contract changes in each of these update periods as outlined above for regular update periods. This will require detailed record keeping for each of the manual progress payment updates.

- D. Following approval of the CPM schedule, the VA, the General Contractor, its approved CPM Consultant, RE office representatives, and all subcontractors needed, as determined by the SRE, shall meet to discuss the monthly updated schedule. The main emphasis shall be to address work activities to avoid slippage of project schedule and to identify any necessary actions required to maintain project schedule during the reporting period. The Government representatives and the Contractor should conclude the meeting with a clear understanding of those work and administrative actions necessary to maintain project schedule status during the reporting period. This schedule coordination meeting will occur after each monthly project schedule update meeting utilizing the resulting schedule reports from that schedule update. If the project is behind schedule, discussions should include ways to prevent further slippage as well as ways to improve the project schedule status, when appropriate.

#### **1.10 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.

#### **1.11 CHANGES TO THE SCHEDULE**

- A. Within 30 calendar days after VA acceptance and approval of any updated project schedule, the Contractor shall submit a revised electronic file(s) and a list of any activity/event changes including predecessors and successors for any of the following reasons:
1. Delay in completion of any activity/event or group of activities/events, which may be involved with contract changes, strikes, unusual weather, and other delays will not relieve the Contractor from the requirements specified unless the conditions are shown on the CPM as the direct cause for delaying the project beyond the acceptable limits.
  2. Delays in submittals, or deliveries, or work stoppage are encountered which make rescheduling of the work necessary.
  3. The schedule does not represent the actual prosecution and progress of the project.
  4. When there is, or has been, a substantial revision to the activity/event costs regardless of the cause for these revisions.
- B. CPM revisions made under this paragraph which affect the previously approved computer-produced schedules for Government furnished equipment, vacating of areas by the VA Facility, contract phase(s) and sub phase(s), utilities furnished by the Government to the Contractor, or any other previously contracted item, shall be furnished in writing to the COR for approval.

- C. COR's approval for the revised project schedule and all relevant data is contingent upon compliance with all other paragraphs of this section and any other previous agreements by the COR or the VA representative.
- D. The cost of revisions to the project schedule resulting from contract changes will be included in the proposal for changes in work as specified in FAR 52.243 - 4 (Changes) and VAAR 852.236 - 88 (Changes - Supplemental), and will be based on the complexity of the revision or contract change, man hours expended in analyzing the change, and the total cost of the change.
- E. The cost of revisions to the Project Schedule not resulting from contract changes is the responsibility of the Contractor.

#### **1.12 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, CPM data and supporting evidence as the COR may deem necessary for determination as to whether or not the Contractor is entitled to an extension of time under the provisions of the contract. Submission of proof based on revised activity/event logic, durations (in work days) and costs is obligatory to any approvals. The schedule must clearly display that the Contractor has used, in full, all the float time available for the work involved in this request. The COR 's determination as to the total number of days of contract extension will be based upon the current computer-produced calendar-dated schedule for the time period in question and all other relevant information.
- B. Actual delays in activities/events which, according to the computer- produced calendar-dated schedule, do not affect the extended and predicted contract completion dates shown by the critical path in the network, will not be the basis for a change to the contract completion date. The COR will within a reasonable time after receipt of such justification and supporting evidence, review the facts and advise the Contractor in writing of the COR 's decision.
- C. The Contractor shall submit each request for a change in the contract completion date to the COR in accordance with the provisions specified under FAR 52.243 - 4 (Changes) and VAAR 852.236 - 88 (Changes - Supplemental). The Contractor shall include, as a part of each change order proposal, a sketch showing all CPM logic revisions, duration (in

work days) changes, and cost changes, for work in question and its relationship to other activities on the approved network diagram.

- D. All delays due to non-work activities/events such as RFI's, weather, strikes, and similar non-work activities/events shall be analyzed on a month by month basis.

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**SECTION 01 33 23**  
**SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES**

**PART 1 - GENERAL**

**1.1 DESCRIPTION**

- A. This specification defines the general requirements and procedures for submittals. A submittal is information submitted for VA review to establish compliance with the contract documents.
- B. Detailed submittal requirements are found in the technical sections of the contract specifications. The COR may request submittals in addition to those specified when deemed necessary to adequately describe the work covered in the respective technical specifications. Contractor shall provide these submittals at no additional cost to the government.
- C. VA approval of a submittal does not relieve the Contractor of the responsibility for any error which may exist. The Contractor is responsible for fully complying with all contract requirements and the satisfactory construction of all work, including the need to check, confirm, and coordinate the work of all subcontractors for the project. Non-compliant material incorporated in the work will be removed and replaced at the Contractor's expense.

**1.2 DEFINITIONS**

- A. Preconstruction Submittals: Submittals which are required prior to issuing contract notice to proceed or starting construction. For example, Certificates of insurance; Surety bonds; Site-specific safety plan; Construction progress schedule; Schedule of values; Submittal register; List of proposed subcontractors.
- B. Shop Drawings: Drawings, diagrams, and schedules specifically prepared to illustrate some portion of the work. Drawings prepared by or for the Contractor to show how multiple systems and interdisciplinary work will be integrated and coordinated.
- C. Product Data: Catalog cuts, illustrations, schedules, diagrams, performance charts, instructions, and brochures, which describe and illustrate size, physical appearance, and other characteristics of materials, systems, or equipment for some portion of the work. Samples of warranty language when the contract requires extended product warranties.
- D. Samples: Physical examples of materials, equipment, or workmanship that illustrate functional and aesthetic characteristics of a material or product and establish standards by which the work can be judged. Color

samples from the manufacturer's standard line (or custom color samples if specified) to be used in selecting or approving colors for the project. Field samples and mock-ups constructed to establish standards by which the ensuing work can be judged.

- E. Design Data: Calculations, mix designs, analyses, or other data pertaining to a part of the work.
- F. Test Reports: Report which includes findings of a test required to be performed by the Contractor on an actual portion of the work. Report which includes finding of a test made at the job site or on sample taken from the job site, on portion of work during or after installation.
- G. Certificates: Document required of Contractor, or of a manufacturer, supplier, installer, or subcontractor through Contractor. The purpose is to document procedures, acceptability of methods, or personnel qualifications for a portion of the work.
- H. Manufacturer's Instructions: Pre-printed material describing installation of a product, system, or material, including special notices and MSDS concerning impedances, hazards, and safety precautions.
- I. Manufacturer's Field Reports: Documentation of the testing and verification actions taken by manufacturer's representative at the job site on a portion of the work, during or after installation, to confirm compliance with manufacturer's standards or instructions. The documentation must indicate whether the material, product, or system has passed or failed the test.
- J. Operation and Maintenance Data: Manufacturer data that is required to operate, maintain, troubleshoot, and repair equipment, including manufacturer's help, parts list, and product line documentation. This data shall be incorporated in an operations and maintenance manual.
- K. Closeout Submittals: Documentation necessary to properly close out a construction contract. For example, Record Drawings and as-built drawings. Also, submittal requirements necessary to properly close out a phase of construction on a multi-phase contract.

### **1.3 SUBMITTAL REGISTER**

- A. The submittal register will list items of equipment and materials for which submittals are required by the specifications. This list may not be all inclusive and additional submittals may be required by the specifications. The Contractor is not relieved from supplying

submittals required by the contract documents, but which have been omitted from the submittal register.

- B. The submittal register will serve as a scheduling document for submittals and will be used to control submittal actions throughout the contract period.
- C. The VA will provide the initial submittal register in electronic format. Thereafter, the Contractor shall track all submittals by maintaining a complete list, including completion of all data columns, including dates on which submittals are received and returned by the VA.
- D. The Contractor shall update the submittal register as submittal actions occur and maintain the submittal register at the project site until final acceptance of all work by COR.
- E. The Contractor shall submit formal monthly updates to the submittal register in electronic format. Each monthly update shall document actual submission and approval dates for each submittal.

#### **1.4 SUBMITTAL SCHEDULING**

- A. Submittals are to be scheduled, submitted, reviewed, and approved prior to the acquisition of the material or equipment.
- B. Coordinate scheduling, sequencing, preparing, and processing of submittals with performance of work so that work will not be delayed by submittal processing. Allow time for potential resubmittal.
- C. No delay costs or time extensions will be allowed for time lost in late submittals or resubmittals.
- D. All submittals are required to be approved prior to the start of the specified work activity.

#### **1.5 SUBMITTAL PREPARATION**

- A. Each submittal is to be complete and in sufficient detail to allow ready determination of compliance with contract requirements.
- B. Collect required data for each specific material, product, unit of work, or system into a single submittal. Prominently mark choices, options, and portions applicable to the submittal. Partial submittals will not be accepted for expedition of construction effort. Submittal will be returned without review if incomplete.
- C. If available product data is incomplete, provide Contractor-prepared documentation to supplement product data and satisfy submittal requirements.

- D. All irrelevant or unnecessary data shall be removed from the submittal to facilitate accuracy and timely processing. Submittals that contain an excessive amount of irrelevant or unnecessary data will be returned without review.
- E. Provide a transmittal form for each submittal with the following information:
1. Project title, location and number.
  2. Construction contract number.
  3. Date of the drawings and revisions.
  4. Name, address, and telephone number of subcontractor, supplier, manufacturer, and any other subcontractor associated with the submittal.
  5. List paragraph number of the specification section and sheet number of the contract drawings by which the submittal is required.
  6. When a resubmission, add alphabetic suffix on submittal description. For example, submittal 18 would become 18A, to indicate resubmission.
  7. Product identification and location in project.
- F. The Contractor is responsible for reviewing and certifying that all submittals are in compliance with contract requirements before submitting for VA review. Proposed deviations from the contract requirements are to be clearly identified. All deviations submitted must include a side by side comparison of item being proposed against item specified. Failure to point out deviations will result in the VA requiring removal and replacement of such work at the Contractor's expense.
- G. Stamp, sign, and date each submittal transmittal form indicating action taken.
- H. Stamp used by the Contractor on the submittal transmittal form to certify that the submittal meets contract requirements is to be similar to the following:

CONTRACTOR
(Firm Name)
_____ Approved
_____ Approved with corrections as noted on submittal data and/or attached sheets(s)
SIGNATURE: _____
TITLE: _____
DATE: _____

**1.6 SUBMITTAL FORMAT AND TRANSMISSION**

- A. Provide hard copies of submittals when requested by the COR. Up to 3 additional hard copies of any submittal may be requested at the discretion of the COR, at no additional cost to the VA.
- B. Provide submittals in electronic format, with the exception of material samples. Use PDF as the electronic format, unless otherwise specified or directed by the COR.
- C. Compile the electronic submittal file as a single, complete document. Name the electronic submittal file specifically according to its contents.
- D. Electronic files must be of sufficient quality that all information is legible. Generate PDF files from original documents so that the text included in the PDF file is both searchable and can be copied. If documents are scanned, Optical Character Resolution (OCR) routines are required.

- E. E-mail electronic submittal documents smaller than 5MB in size to e-mail addresses as directed by the COR.
- F. Provide electronic documents over 5MB through an electronic FTP file sharing system. Confirm that the electronic FTP file sharing system can be accessed from the VA computer network. The Contractor is responsible for setting up, providing, and maintaining the electronic FTP file sharing system for the construction contract period of performance.

#### **1.7 SAMPLES**

- A. Submit two sets of physical samples showing range of variation, for each required item.
- B. Where samples are specified for selection of color, finish, pattern, or texture, submit the full set of available choices for the material or product specified.
- C. When color, texture, or pattern is specified by naming a particular manufacturer and style, include one sample of that manufacturer and style, for comparison.
- D. Before submitting samples, the Contractor shall ensure that the materials or equipment will be available in quantities required in the project. No change or substitution will be permitted after a sample has been approved.
- E. The VA reserves the right to disapprove any material or equipment which previously has proven unsatisfactory in service.
- F. Physical samples supplied maybe requested back by the Contractor for use in the project after reviewed and approved.

#### **1.8 OPERATION AND MAINTENANCE DATA**

- A. Submit data specified for a given item within 30 calendar days after the item is delivered to the contract site.
- B. In the event the Contractor fails to deliver O&M Data within the time limits specified, the COR may withhold from progress payments 50 percent of the price of the item with which such O&M Data are applicable.

#### **1.9 TEST REPORTS**

SRE may require specific test after work has been installed or completed which could require contractor to repair test area at no additional cost to contract.

#### **1.10 VA REVIEW OF SUBMITTALS AND RFIS**

- A. The VA will review all submittals for compliance with the technical requirements of the contract documents. The Architect-Engineer for this project will assist the VA in reviewing all submittals and determining contractual compliance. Review will be only for conformance with the applicable codes, standards and contract requirements.
- B. Period of review for submittals begins when the VA COR receives submittal from the Contractor.
- C. Period of review for each resubmittal is the same as for initial submittal.
- D. VA review period is 15 working days for submittals.
- E. VA review period is 10 working days for RFIs.
- F. The VA will return submittals to the Contractor with the following notations:
  - 1. "Approved": authorizes the Contractor to proceed with the work covered.
  - 2. "Approved as noted": authorizes the Contractor to proceed with the work covered provided the Contractor incorporates the noted comments and makes the noted corrections.
  - 3. "Disapproved, revise and resubmit": indicates noncompliance with the contract requirements or that submittal is incomplete. Resubmit with appropriate changes and corrections. No work shall proceed for this item until resubmittal is approved.
  - 4. "Not reviewed": indicates submittal does not have evidence of being reviewed and approved by Contractor or is not complete. A submittal marked "not reviewed" will be returned with an explanation of the reason it is not reviewed. Resubmit submittals after taking appropriate action.

#### **1.11 APPROVED SUBMITTALS**

- A. The VA approval of submittals is not to be construed as a complete check, and indicates only that the general method of construction, materials, detailing, and other information are satisfactory.
- B. VA approval of a submittal does not relieve the Contractor of the responsibility for any error which may exist. The Contractor shall be responsible for fully complying with all contract requirements and the satisfactory construction of all work, including the need to check, confirm, and coordinate the work of all subcontractors for the project.

Non-compliant material incorporated in the work shall be removed and replaced at the Contractor's expense.

- C. After submittals have been approved, no resubmittal for the purpose of substituting materials or equipment will be considered unless accompanied by an explanation of why a substitution is necessary.
- D. Retain a copy of all approved submittals at project site, including approved samples.

**1.12 WITHHOLDING OF PAYMENT**

Payment for materials incorporated in the work will not be made if required approvals have not been obtained.

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**SECTION 01 35 26  
SAFETY REQUIREMENTS**

**REVISION FEBRUARY 2022**

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**SECTION 01 35 26**  
**SAFETY REQUIREMENTS**

**PART 1 - GENERAL**

**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 Pre-Project & Pre-Task Safety and Health Planning
  - A10.34 Protection of the Public on or Adjacent to Construction Sites
  - A10.38 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 Surface Burning Characteristics of Building Materials
- D. The Facilities Guidelines Institute (FGI)
  - FGI Guidelines Guidelines for Design and Construction of Healthcare Facilities
- E. National Fire Protection Association (NFPA)
  - 10 Standard for Portable Fire Extinguishers
  - 30 Flammable and Combustible Liquids Code
  - 51B Standard for Fire Prevention During Welding, Cutting and Other Hot Work
  - 70 National Electrical Code
  - 70B Recommended Practice for Electrical Equipment Maintenance
  - 70E Standard for Electrical Safety in the Workplace
  - 99 Health Care Facilities Code
  - 241 Standard for Safeguarding Construction, Alteration, and Demolition Operations
- F. New York Code of Rules and Regulations (NYCRR)
  - 6 NYCRR 363 Solid Municipal Waste Disposal
  - 6 NYCRR 364 Hazardous Waste Disposal.

- G. The Joint Commission (TJC)
  - TJC Manual                      Comprehensive Accreditation and Certification Manual
- H. U.S. Nuclear Regulatory Commission
  - 10 CFR 20                      Standards for Protection Against Radiation
- I. U.S. Occupational Safety and Health Administration (OSHA):
  - 29 CFR 1904                      Reporting and Recording Injuries & Illnesses
  - 29 CFR 1910                      Safety and Health Regulations for General Industry
  - 29 CFR 1926                      Safety and Health Regulations for Construction Industry
  - CPL 2-0.124                      Multi-Employer Citation Policy
- J. U.S Environmental Protection Agency (EPA)
  - 40 CFR 239-259                      Non-Hazardous Wastes
  - 40 CFR 260-273                      Hazardous Waste
  - 40 CFR 279                      Management of Used Oil.
- K. Veteran Health Administration
  - VHA Directive 7712                      Fire Protection Reviews of Delegated Construction Projects
  - VHA Directive 7715                      Safety and Health During Construction

**1.2 DEFINITIONS**

- A. Critical Lift. A lift with the hoisted load exceeding 75% of the crane's maximum capacity; lifts made out of the view of the operator (blind picks); lifts involving two or more cranes; personnel being hoisted; and special hazards such as lifts over occupied facilities, loads lifted close to power-lines, and lifts in high winds or where other adverse environmental conditions exist; and any lift which the crane operator believes is critical.
- B. 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)).
  - Proof that the contractor has completed OSHA training for any specific job related task.
  - Provide qualifications as a submittal for review by VA COR.

- C. "Qualified Person". 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.
- Provide qualifications as a submittal for review by VA COR.
- D. High Visibility Accident. Any mishap which may generate publicity or high visibility.
- E. Accident/Incident Criticality Categories:
- No impact - near miss incidents that should be investigated but are not required to be reported to the VA;
  - Minor incident/impact - incidents that require first aid or result in minor equipment damage (less than \$5000). These incidents must be investigated but are not required to be reported to the VA;
  - Moderate incident/impact - Any work-related injury or illness that results in (a) through (g) below. These incidents must be investigated and are required to be reported to the VA;
    - a. Days away from work (any time lost after day of injury/illness onset);
    - b. Restricted work;
    - c. Transfer to another job;
    - d. Medical treatment beyond first aid;
    - e. Loss of consciousness;
    - f. A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it did not result in (a) through (e) above or,
    - g. Any incident that leads to major equipment damage (greater than \$5000).
  - Major incident/impact - Any mishap that leads to fatalities, hospitalizations, amputations, and losses of an eye as a result of contractors' activities. Or any incident which leads to major property damage (greater than \$20,000) and/or may generate publicity or high visibility. These incidents must be investigated and are required to be reported to the VA as soon as practical, but not later than 2 hours after the incident.
- F. 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.

- G. Refer to specification Section 01 00 00 GENERAL REQUIREMENTS for additional requirements pertaining to safety.

### **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 COR.

### **1.4 SUBMITTALS**

- A. Accident Prevention Plan IAW Section 1.5
- B. Activity Hazard Analysis IAW Section 1.7
- C. Proof of Competency for specific tasks to include:
- OSHA Cards (10 or 30 hours as applicable)
  - Crane Certifications (crane operator, rigger, crane signal person, crane annual inspection, lift plan)
  - Confined Space
  - Power Industrial Truck (PIT)
  - Scaffolds
  - Fall Protection
  - Excavation
  - Hazardous Materials Removal (Lead, Asbestos, PCBs, Silica, etc.)
  - Lockout/Tagout (electrical, machine, equipment)
  - NFPA 70E
  - Explosive actuated tools

### **1.5 PRECONSTRUCTION RISK ASSESSMENT (PCRA)**

- A. Safety Narrative:
- This project will require coordination to ensure hospital functions are not impaired during construction to include warehouse and food

and nutrition services, life safety features are maintained and staff/patients are not exposed.

- NOTE: If a Guideline is not met, additional actions are required based upon the risk assessment. If required, additional safety actions shall be performed and implemented PRIOR to start of work involving locations affected by the assessment.
- NOTE: All required ILSM's shall be in accordance with the facility ILSM Policy and developed separate from this assessment. If required, ILSM's shall be performed and implemented PRIOR to start of work involving locations affected by the ILSM.]

B. General Safety:

- Air Quality: Will there be any compromise to the quality of building air?
  - a. Asbestos
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen, Warehouse, Corridor
    - 3) Control Activities Needed: Abatement plan needed to detail removal of cork, flooring, ceiling and TSI material. Needs to include how egress maintained.
  - b. Lead
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen, Corridor
    - 3) Control Activities Needed: Plan needs to address how dust generated from disturbance and demo of glazed tiles will be controlled.
  - c. Dust
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen, Warehouse, Corridor
    - 3) Control Activities Needed: Plan needs to address control of dust generated from demo and construction.
  - d. Other Hazardous Chemicals
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Refrigerant
    - 3) Control Activities Needed: Plan needs to address the removal of existing coolers/freezer refrigerants and recharging of new coolers/freezer.

- Ventilation: Will there be any compromise to the building ventilation or air handling systems?
  - 1) Concern: Yes
  - 2) Area/Equipment Impacted: Kitchen
  - 3) Control Activities Needed: Plan needs to address the isolation of system that enters work area.
- Moisture & Temperature: Are there any anticipated moisture or temperature concerns?
  - 1) Concern: No
- Utilities: Are there any anticipated utility disruptions?
  - a. Communication/Telephone
    - 1) Concern: No
  - b. Electrical Systems
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: MCC-3
    - 3) Control Activities Needed: Plan will require coordination for electrical shutdown to tie in new coolers. Plan needs to detail how Boiler Plant power will be maintained during change over and impact of shutdown.
  - c. Security Systems
    - 1) Concern: No
  - d. Steam Systems
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: TBD
    - 3) Control Activities Needed: TBD
  - e. HVAC
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen
    - 3) Control Activities Needed: Isolate system from work area.
  - f. Medical Gases/Vacuum
    - 1) Concern: No
  - g. Natural Gas
    - 1) Concern: No
  - h. Sewer/Sanitary
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen

- 3) Control Activities Needed: Plan needs to address coordination of tie in.
- i. Water
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen
    - 3) Control Activities Needed: Plan needs to address any tie ins/shut downs.
  - j. Other
    - Noise: Will there be any unusually loud or high-pitched noise levels anticipated?
      - 1) Concern: Yes
      - 2) Area/Equipment Impacted: Desk 4, PET Suite, OEF/OIF
      - 3) Control Activities Needed: COR will need to provide communication to impacted departments and coordinate demo/construction to minimize patient care.
    - Vibration: Will vibration levels be excessive to affect the operation of hospital type equipment or machinery?
      - 1) Concern: Yes
      - 2) Area/Equipment Impacted: Desk 4, PET Suite, OEF/OIF
      - 3) Control Activities Needed: COR will need to provide communication to impacted departments and coordinate demo/construction to minimize patient care.
    - Emergency Management: Does construction present any conflicts or challenges to the facility EM Plan?
      - 1) Concern: Yes
      - 2) Area/Equipment Impacted: 96 Hours of Food Capacity
      - 3) Control Activities Needed: N&F will need to ensure we have at least 96 hours of food stores.
    - Security: Will the construction anticipate general security concerns?
      - 1) Concern: Yes
      - 2) Area/Equipment Impacted: Kitchen, Warehouse, VCS Warehouse
      - 3) Control Activities Needed: Kitchen stairwell alarm will need to be disabled. Will need to coordinate work in Canteen Store room (during refrigeration line removal) and warehouse to ensure contractor is accompanied.

- Other Anticipated Hazards Not Listed Elsewhere
  - a. Off-tour Construction necessary?
    - 1) Concern: Yes
  - b. Permit Required Confined Space (PRCS) Entry necessary?
    - 1) Concern: Yes
  - c. Welding, cutting or brazing necessary that requires Hot Work permit?
    - 1) Concern: Yes
  - d. Potential exposure to BBP or other infectious agents?
    - 1) Concern: No
  - e. Excavation of soil?
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Site Work outside of kitchen to install concrete sidewalk to access the temporary coolers and concrete pad for new refrigeration system. Additional demo may be required depending on ASU project.
  - f. Work on live electrical systems or hot taps?
    - 1) Concern: No, Will not be permitted.
  - g. Work on energized non-electrical systems?
    - 1) Concern: No, Will not be permitted.
  - h. Lift of materials with crane?
    - 1) Concern: Yes
    - 2) Area/Equipment Impacted: Kitchen, Outside kitchen
    - 3) Control Activities Needed: Lift may be needed to install new cooler/freezer units.

C. Life Safety:

- Exit Routes (Means of Egress Components)
  - a. Exit from occupied areas will remain unchanged?
    - 1) Met: No
    - 2) Actions Required: Kitchen will not have exit through construction space. Access to temporary coolers must ensure a usable egress path.
    - 3) ILSM Required: Yes
  - b. Exit stairs will remain unobstructed and fire separated?
    - 1) Met: Yes
    - 2) Actions Required: Refrigeration piping must be removed from outside stairwell.

- 3) ILSM Required: No
- Fire Protection Systems
  - a. Fire alarm devices will remain functional & in-service throughout construction?
    - 1) Met: No
    - 2) Actions Required: Relocate 3 strobe/speakers to ensure coverage of kitchen and work area.
    - 3) ILSM: No
  - b. Sprinkler systems will remain functional & in-service throughout construction?
    - 1) Met: No
    - 2) Actions Required: If sprinklers are taken out of service, barrier must be 2 hour fire wall to separate construction area from occupied space.
    - 3) ILSM: No
  - c. Fire Suppression systems (non-sprinkler) will remain functional & in-service throughout construction?
    - 1) Met: Not Applicable
  - d. FDC's will remain functional & unobstructed?
    - 1) Met: Not Applicable
- Smoke and Fire Barriers
  - a. All fire and smoke barriers will remain intact throughout?
  - b. All vertical openings will remain intact throughout?
- Construction Spaces
  - a. Will be separated by non-combustible, smoke tight partitions?
  - b. Will be separated by a fire rated barrier?
  - c. At least 2 accessible and unobstructed exits are provided?
  - d. Excessive distance to exits?
  - e. Hazardous area protected?
- General
  - a. Access to the Emergency Dept. will remain unobstructed?
  - b. Access for emergency responders will remain unchanged?
  - c. Load bearing building assemblies are maintained throughout?

#### **1.6 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:

- 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.
- Address both the Prime Contractors and the subcontractors work operations.
- State measures to be taken to control hazards associated with materials, services, or equipment provided by suppliers.
- 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) VAWNYHS Contractor Orientation training is required. Training at the time of initial hire or assignment to the project or

proof of current training evidenced by a valid picture contractor badge is required before working on the project. Training is provided by VA Safety Office or their designee. Contract employees must provide proof of the OSHA 10-hour Construction Safety training to participate in the orientation class. Upon completion of the training, workers will be issued a picture contractor badge from the Police. This badge must be worn at all times when at the facility. Badge expires after 3 years and must be renewed.

- 3) 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.
  - 4) Procedures for ongoing safety and health training for supervisors and employees shall be established to address changes in site hazards/conditions.
  - 5) OSHA 10-hour training is required for all workers on site and the OSHA 30-hour training is required for Trade Competent Persons (CPs)
- 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 and Reporting. The Contractor shall conduct mishap investigations of all Moderate and Major as well as all High Visibility Incidents. The APP shall include accident/incident investigation procedure & identify person(s) responsible to provide the following to the COR:
- 1) Exposure data (man-hours worked);
  - 2) Accident investigation reports;

- 3) Project site injury and illness 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, patient, and public safety 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) Infection Control (Permit Required - issued by COR prior to start of work);
  - 3) Contingency for severe weather;
  - 4) Fire Prevention/Life Safety (Permit Required - issued by COR prior to start of work);
  - 5) Medical Support;
  - 6) Posting of emergency telephone numbers;
  - 7) Prevention of alcohol and drug abuse;
  - 8) Site sanitation (housekeeping, drinking water, toilets);
  - 9) Night operations and lighting;
  - 10) Hazard communication program;
  - 11) Welding/Cutting "Hot" work (Permit Required - issued by COR prior to start of work);
  - 12) Electrical Safe Work Practices (Electrical LOTO/NFPA 70E);
  - 13) General Electrical Safety
  - 14) Hazardous energy control (Machine LOTO);
  - 15) Site-Specific Fall Protection & Prevention;
  - 16) Excavation/trenching (Permit Required - issued by COR prior to start of work);
  - 17) Asbestos abatement (Permit Required - issued by COR prior to start of work);
  - 18) Lead abatement;
  - 19) Crane Critical lift (Permit Required - issued by COR prior to start of work);
  - 20) Respiratory protection;
  - 21) Health hazard control program;
  - 22) Radiation Safety Program, including Class 3b Lasers (Permit Required - issued by COR prior to start of work);

- 23) Abrasive blasting;
  - 24) Heat/Cold Stress Monitoring;
  - 25) Crystalline Silica Monitoring (Assessment);
  - 26) Demolition plan (to include engineering survey);
  - 27) Formwork and shoring erection and removal;
  - 28) Precast Concrete.
  - 29) Public (Mandatory compliance with ANSI/ASSE A10.34-2012).
- C. Submit the APP to the COR for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES fifteen (15) calendar days prior to the date of the preconstruction conference for acceptance. Work cannot proceed without an accepted APP.
- D. Once accepted by the COR and the Facility Safety Officer, the APP and attachments will be posted in a visible location on the jobsite and 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 COR and Facility Safety Officer. 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 immediately upon 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.

#### **1.7 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.
- B. AHAs shall define the activities being performed and identify the work sequences, the specific anticipated hazards (to workers on the job site as well as the VAWNYHS staff, patients, and visitors), 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 COR and Facility Safety Officer 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.
- 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.
  - 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.
  - Submit AHAs to the COR for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES for review at least twenty-one (21) calendar days prior to the start of each phase. 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.
  - 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.

- 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 COR.

#### **1.8 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. The Preconstruction Conference shall be scheduled with the COR prior to work commencement. Before the Preconstruction Conference can be scheduled, the APP and all AHAs must be submitted to and approved by the COR.
- 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, COR, and Facility Safety Officer 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 fourteen (14) 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.

#### **1.9 "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). However, the SSHO has be a separate qualified individual from the Prime Contractor's Superintendent and/or Quality Control Manager with duties only as the SSHO.
- 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 1.10 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).

#### **1.10 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 Prime Contractor 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 SSHO and CPs shall have completed the OSHA 30-hour Construction Safety course within the past three (3) years from the start of the project.
- 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 completed within the past three (3) years from the start of the project. They shall also have 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 COR for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES fifteen (15) calendar days prior to the date of the preconstruction conference for acceptance. The training records include but are NOT limited to the following:
- OSHA 30 hour and 10 hours cards as stated above and in the 010000 GENERAL REQUIREMENTS Specifications section 1.1 E.
  - Certificates for competent person training for a specific aspect of the project. Example: Asbestos Remediation or Crane Lift
  - A resume or synopsis with a work history and specific experience to show that the contractor and sub-contractor has specific experience as required above.
  - Any and ALL certifications as required above to demonstrate that the contractor and prime contractor have specific experience for this project. Provide All certificates as stated above to the VA for the VA Safety Office to review and approve.
  - NO work shall commence until Safety has approved all documents as required in this specification.
- F. Prior to any worker for the contractor or subcontractors beginning work, they shall undergo a safety briefing provided by the Prime Contractor 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 COR that individuals have undergone contractor's safety briefing.

- G. VAWNYHS Safety Office will conduct site specific safety training for all contractor and subcontractor personnel (to include the Prime Contractor SSHO) performing work at VAWNYHS locations. Proof of OSHA training (Submittal 1.4C.1) must be submitted prior to attending this training session. Training will cover safety and health concerns specific to the facility and the work environment, emergency management, security, infection control, campus polices such as NO smoking on campus, parking, using VAWNYHS facilities, etc. Upon completion of the training, workers MAY be issued a picture contractor badge from the Police IF the machine is working. This badge must be worn at all times when at the facility. Badge expires after 3 years and must be renewed.
- H. Ongoing safety training will be accomplished in by the Prime Contractor SSHO the form of weekly documented safety meeting.

#### **1.11 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 the/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 COR.
- B. A Certified Safety Professional (CSP) with specialized knowledge in construction safety, a certified Construction Safety and Health Technician (CSHT) or other qualified professional shall randomly conduct a monthly site safety inspection. The CSP or CSHT can be a corporate safety professional or independently contracted. The CSP or CSHT will provide their certificate number on the required report for verification as necessary.
  - This person shall provide their qualifications in a submittal for approval prior to work commencing. If they do not meet requirements

the submittal will be rejected. Provide submittals that include but not limited to; resume, references, degrees, certificates, licenses, etc. Results of the inspection will be documented with tracking of the identified hazards to abatement.

- The COR will be notified immediately prior to start of the inspection and invited to accompany the inspection.
- Identified hazard and controls will be discussed to come to a mutual understanding to ensure abatement and prevent future reoccurrence.
- A report of the inspection findings with status of abatement will be provided to the COR within one week of the onsite inspection.

#### **1.12 ACCIDENTS, OSHA 300 LOGS, AND MAN-HOURS**

- A. The prime contractor shall establish and maintain an accident reporting, recordkeeping, and analysis system to track and analyze all injuries and illnesses, high visibility incidents, and accidental property damage (both government and contractor) that occur on site. Notify the COR as soon as practical, but no more than four hours after any accident meeting the definition of a Moderate or Major incident, High Visibility Incidents, or any weight handling and hoisting 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 COR determines whether a government investigation will be conducted.
- B. Conduct an accident investigation for all Minor, Moderate and Major incidents as 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 (or equivalent) and provide the report to the COR within five (5) calendar days of the accident. The COR will provide copies of any required or special forms.
- C. A summation of all Minor, Moderate, and Major incidents experienced on site by the contractor and associated sub-contractors for each month will be provided to the COR monthly. The contractor and associated sub-

contractors' OSHA 300 logs will be made available to the COR as requested.

#### **1.13 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:
- Hard Hats - unless written authorization is given by the Facility Safety Officer and COR in circumstances of work operations that have limited potential for falling object hazards such as during finishing work or minor remodeling, must be worn by each person on the site. 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.
  - Safety glasses - unless written authorization is given by the Facility Safety Officer and COR in circumstances of no eye hazards, appropriate safety glasses meeting the ANSI Z.87.1 standard must be worn by each person on site.
  - 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 Facility Safety Officer and COR.
  - Hearing protection - Use personal hearing protection at all times in designated noise hazardous areas or when performing noise hazardous tasks.

#### **1.14 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. Exterior construction activities causing disturbance of soil or creates dust in some other manner must be controlled.
- 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 Infection Control Officer via COR 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 Infection Control Officer via COR. 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 1 and 2, however, work outside the primary project scope area may vary. The required infection control precautions with each class are as follows: negative pressure alarms.

- Class I requirements:
  - a. During Construction Work:
    - 1) Notify the COR.
    - 2) Execute work by methods to minimize raising dust from construction operations.
    - 3) Ceiling tiles: Immediately replace a ceiling tiles displaced for visual inspection. No more than 1 ceiling tile can be removed at any time in patient care areas.
  - b. Upon Completion:
    - 1) Clean work area upon completion of task
    - 2) Notify the COR
- Class II requirements:
  - a. During Construction Work:
    - 1) Notify the COR.
    - 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 COR.
- Class III requirements:
    - a. During Construction Work:
      - 1) Obtain permit from the Infection Control Officer via COR.
      - 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. Tape covering unless solid lid.
    - b. Upon Completion:
      - 1) Do not remove barriers from work area until completed and thoroughly cleaned project is inspected by the COR and Infection Control Officer.
      - 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 COR.
- Class IV requirements:
    - a. During Construction Work:
      - 1) Obtain permit from the Infection Control Officer via COR
      - 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 (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) 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 thoroughly cleaned and completed project is inspected by the COR and Infection Control Officer.
      - 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. Tape covering 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 COR.

C. Barriers shall be erected as required based upon classification (Class III & IV worksites require barriers). Barriers shall be constructed as follows:

- Class III and IV (Single Room) - closed door with masking tape applied over the frame and door is acceptable for projects that can be contained in a single room.
- Where dust control is the only hazard for construction, demolition or reconstruction not capable of containment within a single room, and an agreement is reached with the COR and Infection Control Officer:
  - a. Airtight plastic barrier that extends from the floor to ceiling. Seams must be sealed with duct tape to prevent dust and debris from escaping.
- Class III 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. Drywall barrier erected with joints covered or sealed to prevent dust and debris from escaping.
  - b. Seal all penetrations in existing barrier airtight
  - c. Barriers at penetration of ceiling envelopes, chases and ceiling spaces to stop movement air and debris
  - d. At elevators shafts or stairways within the field of construction, overlapping flap minimum of two feet wide of polyethylene enclosures for personnel access.
- Class IV 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. Drywall barrier erected with joints covered or sealed to prevent dust and debris from escaping.
  - b. Seal all penetrations in existing barrier airtight

- c. Barriers at penetration of ceiling envelopes, chases and ceiling spaces to stop movement air and debris
  - d. Anteroom or double entrance openings that allow workers to remove protective clothing or vacuum off existing clothing
  - e. At elevators shafts or stairways within the field of construction, overlapping flap minimum of two feet wide of polyethylene enclosures for personnel access.
- D. Products and Materials:
- Sheet Plastic: Fire retardant polystyrene, 6-mil thickness meeting local fire codes
  - Barrier Doors: Self Closing Two-hour fire-rated
  - Dust proof two-hour fire-rated drywall
  - 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 prefilter 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.
  - Exhaust Hoses: Heavy duty, flexible steel reinforced; Ventilation Blower Hose
  - Adhesive Walk-off Mats: Provide minimum size mats of 24 inches x 36 inches
  - Disinfectant: Hospital-approved disinfectant or equivalent product
  - Portable Ceiling Access Unit for access to ceiling tiles in occupied patient care areas
- E. 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. Proof of training will be a picture contractor badge issued by the VA Police.
- F. A dust control program will be established 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.

- G. Medical center Infection Control personnel will monitor for airborne disease (e.g. aspergillosis) during construction. Infection Control will maintain surveillance of patient bacteria laboratory reports and monitor for concerns. A particle count baseline will be established by the Safety Department prior to the start of work and reevaluated periodically during the construction to determine impact of construction activities on indoor air quality. Contractor will need to identify additional dust control measures if particle levels increase or patient bacteria laboratory reports show trending of disease.
- H. In general, the following preventive measures shall be adopted during construction to keep down dust and prevent mold.
- 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.
  - Exhaust hoses shall be exhausted so that dust is not reintroduced to the medical center.
  - 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.
  - 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. Contain debris as it is created. Transport these outside the construction area in containers with tightly fitting lids. Removal of debris must be coordinated with COR to minimize impact on patients and facility operations.
  - The contractor shall not haul debris through patient-care areas without prior approval of the COR 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 before container leaves the work area. All equipment, tools, material, etc.

transported through occupied areas shall be made free from dust and moisture by vacuuming and wipe down.

- 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.
- 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:

- 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.
- 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.
- All new air ducts shall be cleaned prior to final inspection.

J. Exterior Construction

- 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.
- Dust created from disturbance of soil such as from vehicle movement will be wetted with use of a water truck as necessary.
- 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.

K. **Refer to the 010000 GENERAL REQUIREMENTS and contract drawings for ICRA requirements.** The use of a **telescoping containment booth with HEPA**

**filtration** for ALL work above the ceiling is required on this project (NOT just abatement). If a telescoping booth cannot be used, the contractor shall build a 6-mil plastic containment with HEPA filtrations for work behind walls, above ceilings or any other hazardous work area. Provide all shop drawings and submittals for approvals on containment systems prior to commencement of work.

#### **1.15 TUBERCULOSIS SCREENING, COVID-19 AND INFLUENZA REQUIREMENTS**

- A. Based on the VAWNYHS Tuberculosis Pre-Construction Risk Assessment for the transmission of Tuberculosis (TB) to the contracted construction workers, a pre-placement tuberculin screening is not required.
- B. Refer to the Section 01 00 00 GENERAL REQUIREMENTS for COVID-19 requirements for this contract.
- C. Refer to the Section 01 00 00 GENERAL REQUIREMENTS for influenza vaccination requirements for this contract.

#### **1.16 FIRE SAFETY**

- A. 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 COR and Facility Safety Officer 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.
  - **Refer to the Section 01 00 00 GENERAL REQUIREMENTS section 1.4, sections "N" and "O" for HOT WORK (Burn Permit) and fire alarm bypass daily. The contractor shall also reference the contract drawings.**
- B. 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. Temporary Facilities: 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:
  - For construction efforts lasting less than one work shift:
    - a. Install and maintain temporary construction partitions to provide smoke-tight separations between construction and adjoining areas. Airtight plastic barrier must extend from the floor to ceiling. Seams must be sealed with duct tape to prevent dust and debris from escaping.
    - b. Sheet Plastic must be fire retardant polystyrene, 6-mil thickness meeting local fire codes.

- For construction efforts lasting more than one work shift and where sprinkler coverage is maintained throughout the project:
  - a. Install and maintain temporary one-hour fire rated construction partitions to provide smoke-tight separations between construction areas and adjoining areas. Extend the partitions through suspended ceilings to floor slab deck or roof. Seal joints and penetrations. At door openings, install Class C,  $\frac{3}{4}$  hour fire/smoke rated doors with self-closing devices.
  - b. Maintain integrity of existing two-hour fire-rated barriers as shown on drawings such as exit stair enclosures, exit passageways, fire-rated enclosures of hazardous areas, horizontal exits, smoke barriers, vertical shafts and openings enclosures.
  - c. Close openings in smoke barriers and fire-rated construction assemblies to maintain fire ratings. Seal penetrations with listed through-penetration firestop materials in accordance with Section 07 84 00, FIRESTOPPING and as specified in 1.14. S. Fire Stopping.
- For construction efforts lasting more than one work shift and where sprinkler coverage is not maintained throughout project:
  - a. Install and maintain temporary two-hour fire rated construction partitions to provide smoke-tight separations between construction areas and adjoining areas. Extend the partitions through suspended ceilings to floor slab deck or roof. Seal joints and penetrations. At door openings, install Class C,  $1\frac{1}{2}$  hour fire/smoke rated doors with self-closing devices.
  - b. Maintain integrity of existing two-hour fire-rated barriers as shown on drawings such as exit stair enclosures, exit passageways, fire-rated enclosures of hazardous areas, horizontal exits, smoke barriers, vertical shafts and openings enclosures.
    - **CRITICAL: ALL fire and smoke barriers shall be filled with a UL approved system as soon as any pipe is installed and or removed. The fire barrier shall be sealed that day before the contractor moves on to the next location. Provide submittals for approval.**
  - c. Close openings in smoke barriers and fire-rated construction assemblies to maintain fire ratings. Seal penetrations with listed through-penetration firestop materials in accordance with

Section 07 84 00, FIRESTOPPING and as specified in 1.14. R. Fire Stopping.

- 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 COR.
- G. Egress Routes for Construction Workers: Maintain free and unobstructed egress. SSHO will inspect egress routes daily. SSHO will report findings and corrective actions weekly to the COR.
- 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 for the duration of the construction effort whether work is actively being done or not.
- 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. Ensure interim life safety measures approved by Faculty Safety Officer and COR are in place for impairments more than 4 hours in a 24-hour period. Request interruptions in accordance with Article, OPERATIONS AND STORAGE AREAS, and coordinate with COR.
- K. Fire Alarm Notification Devices: Construction area must maintain at least one audiovisual notification device and one pull station in the means of egress to allow communication of fire alarm information in the event of a fire or establish equivalent notification system that complies with 29 CFR 1926.150.
- L. Smoke Detectors: To prevent accidental operation, smoke detectors will be removed in the construction area. Heat detectors will be installed to comply with NFPA 72. Heat detectors must be programmed into the facility fire system. Coordinate with the COR.
- M. Hot Work: Perform and safeguard hot work operations in accordance with NFPA 241 and NFPA 51B. All hot work will require a permit. All hot work permits expire at the end of the work day. Coordinate with and obtain a permit from the COR at least two [2] hours in advance. Designate

contractor's responsible project-site SSHO to monitor hot work activities.

- N. Fire Hazard Prevention and Safety Inspections: Inspect entire construction areas weekly. Coordinate with, and report findings and corrective actions weekly to COR.
- O. Smoking: Smoking is prohibited except in designated smoking areas.
- P. Impaired Areas: 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.
- Q. Firestopping:
  - All structural elements exposed as part of the construction effort shall have fireproofing reapplied as soon as practicable.
  - All penetrations through floors, walls, and ceilings (discovered during demolition and created during construction) must be sealed and/or repaired as soon as practicable.

#### **1.17 ELECTRICAL**

- A. All electrical work shall comply with NFPA 70 (NEC), NFPA 70B, NFPA 70E, 29 CFR Part 1910 Subpart J - General Environmental Controls, 29 CFR Part 1910 Subpart S - Electrical, and 29 CFR 1926 Subpart K in addition to other references required by contract.
- B. All qualified persons performing electrical work under this contract shall be licensed journeyman or master electricians. All apprentice electricians performing under this contract shall be deemed unqualified persons unless they are working under the immediate supervision of a licensed electrician or master electrician.
- C. All electrical work will be accomplished de-energized and in the Electrically Safe Work Condition (refer to NFPA 70E for Work Involving Electrical Hazards, including Exemptions to Work Permit). Any Contractor, subcontractor or temporary worker who fails to fully comply with this requirement is subject to immediate termination in accordance with FAR clause 52.236-5(c). Only in rare circumstance where achieving an electrically safe work condition prior to beginning work would increase or cause additional hazards, or is infeasible due to equipment design or operational limitations is energized work permitted. The COR with approval of the Medical Center Director will make the determination if the circumstances would meet the exception outlined above. An AHA and permit specific to energized work activities will be

developed, reviewed, and accepted by the VA prior to the start of that activity.

- Development of a Hazardous Electrical Energy Control Procedure is required prior to de-energization. A single Simple Lockout/Tagout Procedure for multiple work operations can only be used for work involving qualified person(s) de-energizing one set of conductors or circuit part source. Task specific Complex Lockout/Tagout Procedures are required at all other times.
  - Verification of the absence of voltage after de-energization and lockout/tagout is considered "energized electrical work" (live work) under NFPA 70E, and shall only be performed by qualified persons wearing appropriate shock protective (voltage rated) gloves and arc rated personal protective clothing and equipment, using Underwriters Laboratories (UL) tested and appropriately rated contact electrical testing instruments or equipment appropriate for the environment in which they will be used.
  - Personal Protective Equipment (PPE) and electrical testing instruments will be readily available for inspection by the COR.
- D. Before beginning any electrical work, an Activity Hazard Analysis (AHA) will be conducted to include Shock Hazard and Arc Flash Hazard analyses (NFPA Tables can be used only as a last alternative and it is strongly suggested a full Arc Flash Hazard Analyses be conducted). Work shall not begin until the AHA for the work activity has been accepted by the COR 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.
- E. Ground-fault circuit interrupters. GFCI protection shall be provided where an employee is operating or using cord- and plug-connected tools related to construction activity supplied by 125-volt, 15-, 20-, or 30-ampere circuits. Where employees operate or use equipment supplied by greater than 125-volt, 15-, 20-, or 30- ampere circuits, GFCI protection or an assured equipment grounding conductor program shall be implemented in accordance with NFPA 70E - 2015, Chapter 1, Article 110.4(C) (2).

**1.18 FALL PROTECTION (IF NEEDED)**

- A. All work with a fall protection threshold of greater than 6 feet (1.8 m) shall comply with 29 CFR 1926 Subpart M, L, and R as applicable. A

site specific written fall protection plan shall be submitted as part of the APP and must be reviewed by the COR for acceptance.

B. The following hierarchy shall be followed in selecting appropriate fall protection:

- Guard rail systems
- Safety net systems
- Personal fall arrest systems
- Positioning device systems
- Controlled access zone
- Safety monitoring systems
- Fall protection while using a ladder will be governed by the OSHA requirements.

#### **1.19 SCAFFOLDS AND OTHER WORK PLATFORMS**

A. All scaffolds and other work platforms construction activities shall comply with 29 CFR 1926 Subpart L.

B. The following hierarchy and prohibitions shall be followed in selecting appropriate work platforms.

- Scaffolds, platforms, or temporary floors shall be provided for all work except that can be performed safely from the ground or similar footing.
- 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.
- Ladder jacks, lean-to, and prop-scaffolds are prohibited.
- Emergency descent devices shall not be used as working platforms.

C. 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:

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

D. 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.

**1.20 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 1.17 to include NFPA 70E and other VA specific requirements discussed in the section.

**1.21 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 COR for review and acceptance.

**1.22 WELDING AND CUTTING**

- A. As specified in section 1.16, Hot Work: Perform and safeguard hot work operations in accordance with NFPA 241 and NFPA 51B. Coordinate welding and cutting with COR in accordance with section 1.16.

**1.23 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
- F. Portable ladders, used as temporary access, shall extend at least 3 ft (0.9 m) above the upper landing surface.
- 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.
  - 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.

#### **1.24 FLOOR AND 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 Section 1.24, Paragraph C.2 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.
- Covers shall be capable of supporting, without failure, at least twice the weight of the worker, equipment and material combined.
  - 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.
  - 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.
  - Non-load-bearing skylights shall be guarded by a load-bearing skylight screen, cover, or railing system along all exposed sides.
  - Workers are prohibited from standing/walking on skylights.

#### **1.25 WASTE DISPOSAL**

- A. Dispose of waste and debris in accordance with NFPA 241.
- Remove from buildings daily.
  - All dumpsters must be 10 feet from exterior of buildings. Exact placement of dumpsters to be coordinated in Accident Prevention Plan (Section 1.5).

- B. Dispose of waste in accordance with all applicable federal and state regulations, including but not limited to 40 CFR and 6 NYCRR.
- C. The contractor will provide copies of associated bills of lading and hazardous waste manifests to the facility Environmental Engineer/Green Environmental Management (GEMS) Coordinator for filing. The contractor will also provide copies of disposal documentation for Asbestos Containing Material (ACM) to the Environmental Engineer/GEMS Coordinator for filing.

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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. <a href="http://www.aluminum.org">http://www.aluminum.org</a>
AABC	Associated Air Balance Council <a href="http://www.aabchq.com">http://www.aabchq.com</a>
AAMA	American Architectural Manufacturer's Association <a href="http://www.aamanet.org">http://www.aamanet.org</a>
AAN	American Nursery and Landscape Association <a href="http://www.anla.org">http://www.anla.org</a>
AASHTO	American Association of State Highway and Transportation Officials <a href="http://www.aashto.org">http://www.aashto.org</a>
AATCC	American Association of Textile Chemists and Colorists <a href="http://www.aatcc.org">http://www.aatcc.org</a>
ACGIH	American Conference of Governmental Industrial Hygienists <a href="http://www.acgih.org">http://www.acgih.org</a>
ACI	American Concrete Institute <a href="http://www.aci-int.net">http://www.aci-int.net</a>
ACPA	American Concrete Pipe Association <a href="http://www.concrete-pipe.org">http://www.concrete-pipe.org</a>
ACPPA	American Concrete Pressure Pipe Association <a href="http://www.acppa.org">http://www.acppa.org</a>
ADC	Air Diffusion Council <a href="http://flexibleduct.org">http://flexibleduct.org</a>
AGA	American Gas Association <a href="http://www.aga.org">http://www.aga.org</a>
AGC	Associated General Contractors of America <a href="http://www.agc.org">http://www.agc.org</a>

AGMA American Gear Manufacturers Association, Inc.  
<http://www.agma.org>

AHAM Association of Home Appliance Manufacturers  
<http://www.aham.org>

AIA American Institute of Architects  
<http://www.aia.org>

AISC American Institute of Steel Construction  
<http://www.aisc.org>

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 <a href="http://www.asme.org">http://www.asme.org</a>
ASSE	American Society of Sanitary Engineering <a href="http://www.asse-plumbing.org">http://www.asse-plumbing.org</a>
ASTM	American Society for Testing and Materials <a href="http://www.astm.org">http://www.astm.org</a>
AWI	Architectural Woodwork Institute <a href="http://www.awinet.org">http://www.awinet.org</a>
AWS	American Welding Society <a href="http://www.aws.org">http://www.aws.org</a>
AWWA	American Water Works Association <a href="http://www.awwa.org">http://www.awwa.org</a>
BHMA	Builders Hardware Manufacturers Association <a href="http://www.buildershardware.com">http://www.buildershardware.com</a>
BIA	Brick Institute of America <a href="http://www.bia.org">http://www.bia.org</a>
CAGI	Compressed Air and Gas Institute <a href="http://www.cagi.org">http://www.cagi.org</a>
CGA	Compressed Gas Association, Inc. <a href="http://www.cganet.com">http://www.cganet.com</a>
CI	The Chlorine Institute, Inc. <a href="http://www.chlorineinstitute.org">http://www.chlorineinstitute.org</a>
CISCA	Ceilings and Interior Systems Construction Association <a href="http://www.cisca.org">http://www.cisca.org</a>
CISPI	Cast Iron Soil Pipe Institute <a href="http://www.cispi.org">http://www.cispi.org</a>
CLFMI	Chain Link Fence Manufacturers Institute <a href="http://www.chainlinkinfo.org">http://www.chainlinkinfo.org</a>
CPMB	Concrete Plant Manufacturers Bureau <a href="http://www.cpmc.org">http://www.cpmc.org</a>

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/>

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>

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>

SCMA Southern Cypress Manufacturers Association  
<http://www.cypressinfo.org>

SDI Steel Door Institute  
<http://www.steeldoor.org>

SOI Secretary of the Interior  
[http://www.cr.nps.gov/local-law/arch\\_stnds\\_8\\_2.htm](http://www.cr.nps.gov/local-law/arch_stnds_8_2.htm)

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  
New Brighton, MN 55112  
(612) 633-4334

WWPA Western Wood Products Association  
<http://www.wwpa.org>

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**SECTION 01 74 19**  
**CONSTRUCTION WASTE MANAGEMENT**

**PART 1 - GENERAL**

**1.1 DESCRIPTION**

- A. This section specifies the requirements for the management of non-hazardous building construction and demolition waste.
- B. Waste disposal in landfills shall be minimized to the greatest extent possible. Of the inevitable waste that is generated, as much of the waste material as economically feasible shall be salvaged, recycled or reused.
- C. Contractor shall use all reasonable means to divert construction and demolition waste from landfills and incinerators, and facilitate their salvage and recycle not limited to the following:
  - 1. Waste Management Plan development and implementation
  - 2. Techniques to minimize waste generation
  - 3. Sorting and separating of waste materials
  - 4. Salvage of existing materials and items for reuse or resale
  - 5. Recycling of materials that cannot be reused or sold
- D. At a minimum, the following waste categories shall be diverted from landfills:
  - 1. Soil
  - 2. Inerts (eg, concrete, masonry and asphalt)
  - 3. Clean dimensional wood and palette wood
  - 4. Green waste (biodegradable landscaping materials)
  - 5. Engineered wood products (plywood, particle board and I-joists, etc)
  - 6. Metal products (eg, steel, wire, beverage containers, copper, etc)
  - 7. Cardboard, paper and packaging
  - 8. Bitumen roofing materials
  - 9. Plastics (eg, ABS, PVC)
  - 10. Carpet and/or pad
  - 11. Gypsum board
  - 12. Insulation
  - 13. Paint
  - 14. Fluorescent lamps

**1.2 RELATED WORK**

- A. Section 01 00 00, GENERAL REQUIREMENTS.
- B. Section 02 41 00, DEMOLITION.

### 1.3 QUALITY ASSURANCE

- A. Contractor shall practice efficient waste management when sizing, cutting and installing building products. Processes shall be employed to ensure the generation of as little waste as possible. Construction /Demolition waste includes products of the following:
1. Excess or unusable construction materials
  2. Packaging used for construction products
  3. Poor planning and/or layout
  4. Construction error
  5. Over ordering
  6. Weather damage
  7. Contamination
  8. Mishandling
  9. Breakage
- B. Establish and maintain the management of non-hazardous building construction and demolition waste set forth herein. Conduct a site assessment to estimate the types of materials that will be generated by demolition and construction.
- C. Contractor shall develop and implement procedures to recycle construction and demolition waste to a minimum of 50 percent.
- D. Contractor shall be responsible for implementation of any special programs involving rebates or similar incentives related to recycling. Any revenues or savings obtained from salvage or recycling shall accrue to the contractor.
- E. Contractor shall provide all demolition, removal and legal disposal of materials. Contractor shall ensure that facilities used for recycling, reuse, and disposal shall be permitted for the intended use to the extent required by local, state, federal regulations. The Whole Building Design Guide website <http://www.wbdg.org/tools/cwm.php> provides a Construction Waste Management Database that contains information on companies that haul, collect, and process recyclable debris from construction projects.
- F. Contractor shall assign a specific area to facilitate separation of materials for reuse, salvage, recycling, and return. Such areas are to be kept neat and clean and clearly marked in order to avoid contamination or mixing of materials.

- G. Contractor shall provide on-site instructions and supervision of separation, handling, salvaging, recycling, reuse and return methods to be used by all parties during waste generating stages.
- H. Record on daily reports any problems in complying with laws, regulations and ordinances with corrective action taken.

#### **1.4 TERMINOLOGY**

- A. Class III Landfill: A landfill that accepts non-hazardous resources such as household, commercial and industrial waste resulting from construction, remodeling, repair and demolition operations.
- B. Clean: Untreated and unpainted; uncontaminated with adhesives, oils, solvents, mastics and like products.
- C. Construction and Demolition Waste: Includes all non-hazardous resources resulting from construction, remodeling, alterations, repair and demolition operations.
- D. Dismantle: The process of parting out a building in such a way as to preserve the usefulness of its materials and components.
- E. Disposal: Acceptance of solid wastes at a legally operating facility for the purpose of land filling (includes Class III landfills and inert fills).
- F. Inert Backfill Site: A location, other than inert fill or other disposal facility, to which inert materials are taken for the purpose of filling an excavation, shoring or other soil engineering operation.
- G. Inert Fill: A facility that can legally accept inert waste, such as asphalt and concrete exclusively for the purpose of disposal.
- H. Inert Solids/Inert Waste: Non-liquid solid resources including, but not limited to, soil and concrete that does not contain hazardous waste or soluble pollutants at concentrations in excess of water-quality objectives established by a regional water board, and does not contain significant quantities of decomposable solid resources.
- I. Mixed Debris: Loads that include commingled recyclable and non-recyclable materials generated at the construction site.
- J. Mixed Debris Recycling Facility: A solid resource processing facility that accepts loads of mixed construction and demolition debris for the purpose of recovering re-usable and recyclable materials and disposing non-recyclable materials.

- K. Permitted Waste Hauler: A company that holds a valid permit to collect and transport solid wastes from individuals or businesses for the purpose of recycling or disposal.
- L. Recycling: The process of sorting, cleansing, treating, and reconstituting materials for the purpose of using the altered form in the manufacture of a new product. Recycling does not include burning, incinerating or thermally destroying solid waste.
  - 1. On-site Recycling - Materials that are sorted and processed on site for use in an altered state in the work, i.e. concrete crushed for use as a sub-base in paving.
  - 2. Off-site Recycling - Materials hauled to a location and used in an altered form in the manufacture of new products.
- M. Recycling Facility: An operation that can legally accept materials for the purpose of processing the materials into an altered form for the manufacture of new products. Depending on the types of materials accepted and operating procedures, a recycling facility may or may not be required to have a solid-waste facilities permit or be regulated by the local enforcement agency.
- N. Reuse: Materials that are recovered for use in the same form, on-site or off-site.
- O. Return: To give back reusable items or unused products to vendors for credit.
- P. Salvage: To remove waste materials from the site for resale or re-use by a third party.
- Q. Source-Separated Materials: Materials that are sorted by type at the site for the purpose of reuse and recycling.
- R. Solid Waste: Materials that have been designated as non-recyclable and are discarded for the purposes of disposal.
- S. Transfer Station: A facility that can legally accept solid waste for the purpose of temporarily storing the materials for re-loading onto other trucks and transporting them to a landfill for disposal; or recovering some materials for re-use or recycling.

### 1.5 SUBMITTALS

- A. In accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES, furnish the following:
- B. Prepare and submit to the COR a written demolition debris management plan. The plan shall include, but not be limited to, the following information:
  - 1. Procedures to be used for debris management
  - 2. Techniques to be used to minimize waste generation
  - 3. Analysis of the estimated job site waste to be generated:
    - a. List of each material and quantity to be salvaged, reused, and recycled
    - b. List of each material and quantity proposed to be taken to a landfill
  - 4. Detailed description of the Means/Methods to be used for material handling
    - a. On site: Material separation, storage, protection where applicable
    - b. Off site: Transportation means and destination. Include list of materials:
      - 1) Description of materials to be site-separated and self-hauled to designated facilities
      - 2) Description of mixed materials to be collected by designated waste haulers and removed from the site
    - c. The names and locations of mixed debris reuse and recycling facilities or sites
    - d. The names and locations of trash disposal landfill facilities or sites
    - e. Documentation that the facilities or sites are approved to receive the materials
- C. Designated Manager responsible for instructing personnel, supervising, documenting and administer over meetings relevant to the Waste Management Plan.
- D. Monthly summary of construction and demolition debris diversion and disposal, quantifying all materials generated at the work site and disposed of or diverted from disposal through recycling.

## **1.6 APPLICABLE PUBLICATIONS**

- A Publications listed below form a part of this specification to the extent referenced. Publications are referenced by the basic designation only. In the event that criteria requirements conflict, the most stringent requirements shall be met.
- B. U.S. Green Building Council (USGBC):  
LEED Green Building Rating System for New Construction

## **1.7 RECORDS**

Maintain records to document the quantity of waste generated; the quantity of waste diverted through sale, reuse, or recycling; and the quantity of waste disposed by landfill or incineration. Records shall be kept in accordance with the LEED Reference Guide and LEED Template.

## **PART 2 - PRODUCTS**

### **2.1 MATERIALS**

- A. List of each material and quantity to be salvaged, recycled, and reused.
- B. List of each material and quantity proposed to be taken to a landfill.
- C. Material tracking data: Receiving parties, dates removed, transportation costs, weight tickets, tipping fees, manifests, invoices, net total costs or savings.

## **PART 3 - EXECUTION**

### **3.1 COLLECTION**

- A. Provide all necessary containers, bins and storage areas to facilitate effective waste management.
- B. Clearly identify containers, bins and storage areas so that recyclable materials are separated from trash and can be transported to respective recycling facility for processing.
- C. Hazardous wastes shall be separated, stored, disposed of according to local, state, federal regulations.

### **3.2 DISPOSAL**

- A. Contractor shall be responsible for transporting and disposing of materials that cannot be delivered to a source-separated or mixed materials recycling facility to a transfer station or disposal facility that can accept the materials in accordance with state and federal regulations.
- B. Construction or demolition materials with no practical reuse or that cannot be salvaged or recycled shall be disposed of at a landfill or incinerator.

### 3.3 REPORT

- A. With each application for progress payment, submit a summary of construction and demolition debris diversion and disposal including beginning and ending dates of period covered.
- B. Quantify all materials diverted from landfill disposal through salvage or recycling during the period with the receiving parties, dates removed, transportation costs, weight tickets, manifests, invoices. Include the net total costs or savings for each salvaged or recycled material.
- C. Quantify all materials disposed of during the period with the receiving parties, dates removed, transportation costs, weight tickets, tipping fees, manifests, and invoices. Include the net total costs for each disposal.

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**SECTION 02 41 00**  
**DEMOLITION**

**PART 1 - GENERAL**

**1.1 DESCRIPTION:**

This section specifies demolition and removal of buildings, portions of buildings, utilities, other structures and debris from trash dumps shown.

**1.2 RELATED WORK:**

- A. Section 01 00 00, GENERAL REQUIREMENTS.
- B. Section 01 35 26, SAFETY REQUIREMENTS.
- C. Section 02 82 11, TRADITIONAL ASBESTOS ABATEMENT.
- D. Section 01 74 19, CONSTRUCTION WASTE MANAGEMENT.

**1.3 PROTECTION:**

- A. Perform demolition in such manner as to eliminate hazards to persons and property; to minimize interference with use of adjacent areas, utilities and structures or interruption of use of such utilities; and to provide free passage to and from such adjacent areas of structures. Comply with requirements of GENERAL CONDITIONS Article, ACCIDENT PREVENTION.
- B. Provide safeguards, including warning signs, barricades, temporary fences, warning lights, and other similar items that are required for protection of all personnel during demolition and removal operations. Comply with requirements of Section 01 00 00, GENERAL REQUIREMENTS.
- C. Maintain fences, barricades, lights, and other similar items around exposed excavations until such excavations have been completely filled.
- D. Provide enclosed dust chutes with control gates from each floor to carry debris to truck beds and govern flow of material into truck. Provide overhead bridges of tight board or prefabricated metal construction at dust chutes to protect persons and property from falling debris.
- E. Prevent spread of flying particles and dust. Sprinkle rubbish and debris with water to keep dust to a minimum. Do not use water if it results in hazardous or objectionable condition such as, but not limited to: ice, flooding, or pollution. Vacuum and dust the work area daily.

- F. In addition to previously listed fire and safety rules to be observed in performance of work, include following:
1. Maintain at least one stairway in each structure in usable condition to highest remaining floor. Keep stairway free of obstructions and debris until that level of structure has been removed.
  2. Wherever a cutting torch or other equipment that might cause a fire is used, provide and maintain fire extinguishers nearby ready for immediate use. Instruct all possible users in use of fire extinguishers.
  3. Keep hydrants clear and accessible at all times. Prohibit debris from accumulating within a radius of 4500 mm (15 feet) of fire hydrants.
- G. Before beginning any demolition work, the Contractor shall survey the site and examine the drawings and specifications to determine the extent of the work. The contractor shall take necessary precautions to avoid damages to existing items to remain in place, to be reused, or to remain the property of the Medical Center; any damaged items shall be repaired or replaced as approved by the COR. The Contractor shall coordinate the work of this section with all other work and shall construct and maintain shoring, bracing, and supports as required. The Contractor shall ensure that structural elements are not overloaded and shall be responsible for increasing structural supports or adding new supports as may be required as a result of any cutting, removal, or demolition work performed under this contract. Do not overload structural elements. Provide new supports and reinforcement for existing construction weakened by demolition or removal works. Repairs, reinforcement, or structural replacement must have COR's approval.
- H. The work shall comply with the requirements of Section 01 00 00, GENERAL REQUIREMENTS and Section 01 35 26, SAFETY REQUIREMENTS.

**PART 2 - PRODUCTS (NOT USED)**

**PART 3 - EXECUTION**

**3.1 DEMOLITION:**

- A. Completely demolish and remove buildings and structures, including all appurtenances related or connected thereto, as noted below:
1. As required for installation of new utility service lines.
  2. To full depth within an area defined by hypothetical lines located 1500 mm (5 feet) outside building lines of new structures.

- B. Debris, including brick, concrete, stone, metals and similar materials shall become property of Contractor and shall be disposed of by him daily, off the Medical Center property to avoid accumulation at the demolition site. Materials that cannot be removed daily shall be stored in areas specified by the COR. Break up concrete slabs below grade that do not require removal from present location into pieces not exceeding 600 mm (24 inches) square to permit drainage. Contractor shall dispose debris in compliance with applicable federal, state or local permits, rules and/or regulations.
- C. In removing buildings and structures of more than two stories, demolish work story by story starting at highest level and progressing down to third floor level. Demolition of first and second stories may proceed simultaneously.
- D. Remove and legally dispose of all materials, other than earth to remain as part of project work, from any trash dumps shown. Materials removed shall become property of contractor and shall be disposed of in compliance with applicable federal, state or local permits, rules and/or regulations. All materials in the indicated trash dump areas, including above surrounding grade and extending to a depth of 1500mm (5feet) below surrounding grade, shall be included as part of the lump sum compensation for the work of this section. Materials that are located beneath the surface of the surrounding ground more than 1500 mm (5 feet), or materials that are discovered to be hazardous, shall be handled as unforeseen. The removal of hazardous material shall be referred to Hazardous Materials specifications.
- E. Remove existing utilities as indicated or uncovered by work and terminate in a manner conforming to the nationally recognized code covering the specific utility and approved by the COR. When Utility lines are encountered that are not indicated on the drawings, the COR shall be notified prior to further work in that area.

**3.2 CLEAN-UP:**

On completion of work of this section and after removal of all debris, leave site in clean condition satisfactory to COR. Clean-up shall include off the Medical Center disposal of all items and materials not required to remain property of the Government as well as all debris and rubbish resulting from demolition operations.

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**SECTION 02 82 11**  
**TRADITIONAL ASBESTOS ABATEMENT**  
**REVISION FEBRUARY 2021**

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**SECTION 02 82 11  
TRADITIONAL ASBESTOS ABATEMENT**

**PART 1 - GENERAL**

**1.1 SUMMARY OF THE WORK**

**1.1.1 CONTRACT DOCUMENTS AND RELATED REQUIREMENTS**

Drawings, general provisions of the contract, including general and supplementary conditions and other Division 01 specifications, shall apply to the work of this section. The contract documents show the work to be done under the contract and related requirements and conditions impacting the project. Related requirements and conditions include applicable codes and regulations, notices and permits, existing site conditions and restrictions on use of the site, requirements for partial owner occupancy during the work, coordination with other work and the phasing of the work. In the event the Asbestos Abatement Contractor discovers a conflict in the contract documents and/or requirements or codes, the conflict must be brought to the immediate attention of the COR for resolution. Whenever there is a conflict or overlap in the requirements, the most stringent shall apply. Any actions taken by the Contractor without obtaining guidance from the COR shall become the sole risk and responsibility of the Asbestos Abatement Contractor. All costs incurred due to such action are also the responsibility of the Asbestos Abatement Contractor.

**1.1.2 EXTENT OF WORK (SCOPE OF WORK FOR ASBESTOS REMOVAL)**

A. Below is a brief description of the estimated quantities of asbestos containing materials to be abated. These quantities are for informational purposes only and are based on the best information available at the time of the specification preparation. The Contractor shall satisfy himself as the actual quantities to be abated. Nothing in this section may be interpreted as limiting the extent of work otherwise required by this contract and related documents.

- **The contractor shall remove all Asbestos Containing Material (ACM) as identified on the contract drawings. The contractor shall refer to ALL drawings to identify ACM to be removed, specific drawings to refer to include and are NOT limited to; PL-030 and the demolition drawings.**
- There shall be NO work in Building 5 on this contract.
- **There is only a Two (2) month window where the contractor shall get ALL ACM removed for this contract as this is the timeframe that the**

**VA has an air monitor on staff. The Abatement contractor shall execute all of the asbestos work in that timeframe and provide a schedule for review and approval prior to proceeding.**

- B. Removal, clean-up and disposal of asbestos containing materials (ACM) and asbestos/waste contaminated elements in an appropriate regulated area.

**1.1.3 RELATED WORK**

- A. Section 07 84 00, FIRESTOPPING.
- B. Section 02 41 00, DEMOLITION.
- C. Division 22, PLUMBING.

**1.1.4 TASKS**

The work tasks are summarized briefly as follows:

- A. Pre-abatement activities including pre-abatement meeting(s), inspection(s), notifications, permits, submittal approvals, regulated area preparations, emergency procedures arrangements, and standard operating procedures for asbestos abatement work.
- B. Abatement activities including removal, encapsulation, clean-up and disposal of ACM waste, recordkeeping, security, monitoring, and inspections.
- C. Cleaning and decontamination activities including final visual inspection, air monitoring and certification of decontamination.

**1.1.5 CONTRACTORS USE OF PREMISES**

- A. The Contractor and Contractor's personnel shall cooperate fully with the VA representative/consultant to facilitate efficient use of buildings and areas within buildings. The Contractor shall perform the work in accordance with the VA specifications, drawings, phasing plan and in compliance with any/all applicable Federal, identified State and Local regulations and requirements.
- B. The Contractor shall use the existing facilities in the building strictly within the limits indicated in contract documents as well as the approved pre-abatement work plan. Asbestos abatement drawings of partially occupied buildings will show the limits of regulated areas; the placement of decontamination facilities; the temporary location of bagged waste ACM; the path of transport to outside the building; and the temporary waste storage area for each building/regulated area. Any variation from the

arrangements shown on drawings shall be secured in writing from the VA representative through the pre-abatement plan of action.

### **1.2 VARIATIONS IN QUANTITY**

The quantities and locations of ACM as indicated on the drawings and the extent of work included in this section are estimated which are limited by the physical constraints imposed by occupancy of the buildings.

Accordingly, minor variations (+/- 5%) in quantities of ACM within the regulated area are considered as having no impact on contract price and time requirements of this contract. Where additional work is required beyond the above variation, the contractor shall provide unit prices for newly discovered materials and those prices shall be used for additional work required under the contractor. Unit prices are to be provided before the commencement of the work.

### **1.3 STOP ASBESTOS REMOVAL**

If the COR; their field representative; or the VPIH/CIH presents a written Stop Asbestos Removal Order, the Contractor/Personnel shall immediately stop all asbestos removal and maintain HEPA filtered air flow and adequately wet any exposed ACM. The Contractor shall not resume any asbestos removal activity until authorized to do so by the VA. A stop asbestos removal order may be issued at any time the VA determines abatement conditions/activities are not within specification requirements. Work stoppage will continue until conditions have been corrected to the satisfaction of the VA. Standby time and costs for corrective actions will be borne by the Contractor, including the industrial hygienist's time. The occurrence of any of the following events shall be reported immediately by the Contractor's competent person in writing to the VA representative and shall require the Contractor to immediately stop asbestos removal/disturbance activities and initiate fiber reduction activities:

- A.  $\geq$  0.01 f/cc outside a regulated area or  $>$ 0.05 f/cc inside a regulated area;
- B. breach/break in regulated area barrier(s);
- C. less than -0.02" WCG pressure in the regulated area;
- D. serious injury/death at the site;
- E. fire/safety emergency at the site;
- F. respiratory protection system failure;
- G. power failure or loss of wetting agent; or
- H. any visible emissions observed outside the regulated area.

## **1.4 DEFINITIONS**

### **1.4.1 GENERAL**

Terminology and definitions inherent with asbestos abatement projects can be found in the definitions section 40 CFR Part 763, 29 CFR 1926.1101 and 12 NYCRR 56 definitions.

### **1.4.2 GLOSSARY**

Authorized person - Any person authorized by the VA, the Contractor, or government agency and required by work duties to be present in regulated areas.

Authorized visitor - Any person approved by the VA; the contractor; or any government agency having jurisdiction over the regulated area.

Building/facility owner's Authorized Representative. A licensed asbestos contractor firm contractually responsible for execution of any building owner's responsibility, as required by this Part, during any phase of an asbestos project at the building owner's building/structure.

Contractor's Competent person - In addition to the definition in 29 CFR 1926.32(f), one who is capable of identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them, as specified in 29 CFR 1926.32(f); in addition, for Class I and II work who is specially trained in a training course which meets the criteria of EPA's Model Accreditation Plan (40 CFR 763) for supervisor.

Firestopping - Material used to close the open parts of a structure in order to prevent a fire from spreading.

Project Monitor - Person hired by the VA who meets the definition requirements of OSHA as a "Competent Person" at 29 CFR 1926.1101 (b); has completed EPA/NYS DOL approved courses for air sampling technician and project monitor; has formal training in respiratory protection and waste disposal; and has a minimum of four projects of similar complexity with this project of which at least three projects serving as the project monitor.

Operations Work Plan - Asbestos work procedures required to be submitted by the contractor before work begins.

VA Authorized Representative. A licensed asbestos contractor firm contractually responsible for execution of any VA's responsibility during any phase of an asbestos project in a VA structure/building.

VA COR - The VA official responsible for on-going project work.

#### 1.4.3 REFERENCED STANDARDS ORGANIZATIONS

The following acronyms or abbreviations as referenced in contract/specification documents are defined to mean the associated names. Names and addresses may be subject to change.

- A. VA Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420
- B. AIHA American Industrial Hygiene Association  
2700 Prosperity Avenue, Suite 250  
Fairfax, VA 22031  
703-849-8888
- C. ANSI American National Standards Institute  
1430 Broadway  
New York, NY 10018  
212-354-3300
- D. ASTM American Society for Testing and Materials  
1916 Race St.  
Philadelphia, PA 19103  
215-299-5400
- E. CFR Code of Federal Regulations  
Government Printing Office  
Washington, DC 20420
- F. CGA Compressed Gas Association  
1235 Jefferson Davis Highway  
Arlington, VA 22202  
703-979-0900
- G. CS Commercial Standard of the National Institute of Standards and Technology (NIST)  
U. S. Department of Commerce  
Government Printing Office  
Washington, DC 20420
- H. EPA Environmental Protection Agency  
401 M St., SW  
Washington, DC 20460  
202-382-3949

- I. MIL-STD Military Standards/Standardization Division  
Office of the Assistant Secretary of Defense  
Washington, DC 20420
- J. MSHA Mine Safety and Health Administration  
Respiratory Protection Division  
Ballston Tower #3  
Department of Labor  
Arlington, VA 22203  
703-235-1452
- K. NIST National Institute for Standards and Technology  
U. S. Department of Commerce  
Gaithersburg, MD 20234  
301-921-1000
- L. NEC National Electrical Code (by NFPA)
- M. NEMA National Electrical Manufacturer's Association  
2101 L Street, N.W.  
Washington, DC 20037
- N. NFPA National Fire Protection Association  
1 Batterymarch Park  
P.O. Box 9101  
Quincy, MA 02269-9101  
800-344-3555
- O. NIOSH National Institutes for Occupational Safety and Health  
4676 Columbia Parkway  
Cincinnati, OH 45226  
513-533-8236
- P. OSHA Occupational Safety and Health Administration  
U.S. Department of Labor  
Government Printing Office  
Washington, DC 20402
- Q. UL Underwriters Laboratory  
333 Pfingsten Rd.  
Northbrook, IL 60062  
312-272-8800
- R. USA United States Army  
Army Chemical Corps

Department of Defense  
Washington, DC 20420

S. New York State Department of Labor

## **1.5 APPLICABLE CODES AND REGULATIONS**

### **1.5.1 GENERAL APPLICABILITY OF CODES, REGULATIONS, AND STANDARDS**

- A. All work under this contract shall be done in strict accordance with all applicable Federal, identified State, and local regulations, standards and codes governing asbestos abatement, and any other trade work done in conjunction with the abatement. All applicable codes, regulations and standards are adopted into this specification and will have the same force and effect as this specification.
- B. The most recent edition of any relevant regulation, standard, document or code shall be in effect. Where conflict among the requirements or with these specifications exists, the most stringent requirement(s) shall be utilized.

### **1.5.2 ASBESTOS ABATEMENT CONTRACTOR RESPONSIBILITY**

The Asbestos Abatement Contractor (Contractor) shall assume full responsibility and liability for compliance with all applicable Federal, identified State and Local regulations related to any and all aspects of the abatement project. The Contractor is responsible for providing and maintaining training, accreditations, medical exams, medical records, personal protective equipment as required by applicable Federal, identified State and Local regulations. The Contractor shall hold the VA and VA Authorized Representatives harmless for any Contractor's failure to comply with any applicable work, packaging, transporting, disposal, safety, health, or environmental requirement on the part of himself, his employees, or his subcontractors. The Contractor will incur all costs of the Contractor's Competent Person, including all sampling/analytical costs to assure compliance with OSHA requirements. In addition, any costs (labor, materials, and air sampling labor and analysis) after a failed final clearance will be the responsibility of the Contractor.

### **1.5.3 FEDERAL REQUIREMENTS**

Federal requirements which govern asbestos abatement include, but are not limited to, the following regulations.

- A. Occupational Safety and Health Administration (OSHA)
  - 1. Title 29 CFR 1926.1101 - Construction Standard for Asbestos
  - 2. Title 29 CFR 1910.132 - Personal Protective Equipment

3. Title 29 CFR 1910.134 - Respiratory Protection
  4. Title 29 CFR 1926 - Construction Industry Standards
  5. Title 29 CFR 1910.20 - Access to Employee Exposure and Medical Records
  6. Title 29 CFR 1910.1200 - Hazard Communication
  7. Title 29 CFR 1910.151 - Medical and First Aid
- B. Environmental Protection Agency (EPA):
1. 40 CFR 61 Subpart A and M (Revised Subpart B) - National Emission Standard for Hazardous Air Pollutants - Asbestos.
  2. 40 CFR 763.80 - Asbestos Hazard Emergency Response Act (AHERA)
- C. Department of Transportation (DOT)
- Title 49 CFR 100 - 185 - Transportation

#### **1.5.4 STATE REQUIREMENTS**

State requirements that apply in part or in whole to asbestos, include, but are not limited to, the following:

- A. 6 New York Code of Rules & Regulations Part 364 Waste Transporter Permits
- B. 6 NYCRR Part 360 Solid Waste Management Facilities

#### **C. 12 NYCRR Part 56, Asbestos**

#### **1.5.5 STANDARDS**

- A. Standards which govern asbestos abatement activities include, but are not limited to, the following:
1. American National Standards Institute (ANSI) Z9.2-79 - Fundamentals Governing the Design and Operation of Local Exhaust Systems Z88.2 - Practices for Respiratory Protection.
  2. Underwriters Laboratories (UL) 586-90 - UL Standard for Safety of HEPA Filter Units, 7th Edition.
- B. Standards which govern encapsulation work include, but are not limited to the following:
1. American Society for Testing and Materials (ASTM)
- C. Standards which govern the fire and safety concerns in abatement work include, but are not limited to, the following:
1. National Fire Protection Association (NFPA) 241 - Standard for Safeguarding Construction, Alteration, and Demolition Operations.
  2. NFPA 701 - Standard Methods for Fire Tests for Flame Resistant Textiles and Film.
  3. NFPA 101 - Life Safety Code

#### **1.5.6 EPA GUIDANCE DOCUMENTS**

EPA guidance documents which discuss asbestos abatement work activities are listed below. These documents are made part of this section by reference. EPA publications can be ordered from (800) 424-9065.

- A. Guidance for Controlling ACM in Buildings (Purple Book) EPA 560/5-85-024
- B. Asbestos Waste Management Guidance EPA 530-SW-85-007
- C. A Guide to Respiratory Protection for the Asbestos Abatement Industry EPA-560-OPTS-86-001
- D. Guide to Managing Asbestos in Place (Green Book) TS 799 20T July 1990

#### **1.5.7 NOTICES**

- A. Send written notification as required by the EPA prior to beginning any work on ACM.
- B. Provide notification of asbestos work to VA COR prior to any work commencing.
- C. Copies of notifications shall be submitted to the VA for the facility's records concurrently with notification to the EPA and Building occupants.

#### **1.5.8 PERMITS/LICENSES**

- A. The contractor shall apply for and have all required permits and licenses to perform asbestos abatement work as required by Federal and State regulations.

#### **1.5.9 VA RESPONSIBILITIES**

Prior to commencement of work:

- A. Notify occupants adjacent to regulated areas of project dates and requirements for relocation, if needed. Arrangements must be made prior to starting work for relocation of desks, files, equipment and personal possessions to avoid unauthorized access into the regulated area.
- B. The VA's Authorized Representative shall have three (3) years of project monitoring and air sampling experience for asbestos abatement projects; was project monitor for three (3) asbestos abatement projects which are similar in size and complexity as this project; has completed the EPA/NYS DOL training requirements/accreditation and refreshers for Air Sampling Technician and Project Monitor; and has appropriate medical/respiratory protection records/documentation.
- C. Ensure that the VA's Authorized Representative provides results of background air sampling to the Contractor that includes location of samples, person who collected the samples, equipment utilized and method of analysis. During abatement, VA's Authorized Representative will submit

results of any bulk material analysis and air sampling data collected during the course of the abatement to the Contractor. This information shall not release the Contractor from any responsibility for OSHA compliance.

#### **1.5.10 SITE SECURITY**

- A. Regulated area access is to be restricted to authorized, trained/accredited and protected personnel. This may include Contractor employees, employees of Subcontractors, VA employees and representatives, and any other designated individuals.
- B. Entry into the regulated area by unauthorized individuals shall be reported immediately to the Contractor's Competent Person by anyone observing the entry. The Contractor's Competent Person shall immediately notify the VA COR.
- C. A sign-in sheet shall be maintained in the clean room of the decontamination unit. Anyone who enters the regulated area must record their name, affiliation, date, time in, and time out for each entry.
- D. Access to the regulated area shall be through a single decontamination unit. All other access (doors, windows, hallways, etc.) shall be sealed or locked to prevent entry to or exit from the regulated area. The only exceptions for this requirement are the waste/equipment load-out area during the removal of containerized asbestos waste from the regulated area, and emergency exits. Emergency exits shall not be locked from the inside, however, they shall be sealed with poly sheeting and taped until needed.
- E. The Contractor's Competent Person shall control site security during abatement operations and in the off-shift. The entrance shall be secured against and/or locked to prevent unauthorized personnel from entering.
- F. The Contractor will have the VA's assistance enforcement of restricted access to the regulated area.

#### **1.5.11 EMERGENCY ACTION PLAN AND ARRANGEMENTS**

- A. An Emergency Action Plan shall be developed prior to commencing abatement activities and shall be agreed to by the Contractor and the VA. The Plan shall meet the requirements of 29 CFR 1910.38 (a) ;(b).
- B. Emergency procedures shall be in written form and prominently posted in the clean room and equipment room of the decontamination unit. Prior to entering the regulated area everyone must read and sign these procedures to acknowledge understanding of the regulated area layout, location of emergency exits and emergency procedures.

- C. Emergency planning shall include written procedures on how to notify police, fire, and emergency medical personnel in an emergency; layout of regulated area showing access and barriers that may affect response capabilities.
- D. Emergency planning shall include written procedures to address fire, explosion, hazardous atmospheres, electrical hazards, slips/trips and falls, confined spaces, and heat stress illness hazards as applicable.
- E. All Contractor employees must be trained in emergency procedures to include evacuation procedures in the event of workplace emergencies.
  - 1. For non life-threatening situations - employees injured or otherwise incapacitated shall decontaminate following normal procedures with assistance from fellow workers, if necessary, before exiting the regulated area to obtain proper medical treatment.
  - 2. For life-threatening injury or illness, worker shall be decontaminated after measures to stabilize the injured worker, remove them from the regulated area, and secure proper medical treatment.
- F. Telephone numbers of any/all emergency response personnel shall be prominently posted in the clean room, along with the location of the nearest telephone.
- G. The Contractor shall provide verification of first aid/CPR training for personnel responsible for providing first aid/CPR. OSHA requires medical assistance within 3-4 minutes of a life-threatening injury/illness. Bloodborne Pathogen training shall also be verified for those personnel required to provide first aid/CPR.
- H. The Emergency Action Plan shall provide for a Contingency Plan in the event that an incident occurs that may require the modification of the standard operating procedures during abatement. Such incidents include, but are not limited to, fire; accident; power failure; negative pressure failure; and supplied air system failure. The Contractor shall detail procedures to be followed in the event of an incident assuring that asbestos abatement work is stopped and wetting is continued until correction of the problem.

#### **1.5.12 PRE-ABATEMENT MEETING**

The Contractor and Contractor's Competent Person shall meet with the VA Certified Industrial Hygienist to discuss and determine procedures to be used during the project as well as submittals that will be required prior to starting work.

## **1.6 PROJECT COORDINATION**

The following are the minimum administrative and supervisory personnel necessary for coordination of the work.

### **1.6.1 PERSONNEL**

- A. Contractor's Competent Person(s) is responsible for compliance with these specifications and all other applicable requirements.
- The prime contractor's competent person shall have the 40-hour Asbestos Abatement Supervisor training as stated in the 01 00 00 GENERAL REQUIREMENTS and 01 35 26 SAFETY REQUIREMENTS specifications, completed in the past 3-years. The prime contractor competent person shall supervise the sub-contractors and report to the VA COR.
  - The foreman for the abatement company (sub-contractor) shall have a 40-hour Asbestos Abatement Supervisor training completed in the past 3-years.
- B. Non-supervisory personnel shall consist of an adequate number of qualified personnel to meet the schedule requirements of the project.
- C. Minimum qualifications for Contractor and Contractor personnel are:
1. The Contractor has conducted within the last three (3) years, three (3) projects of similar complexity and dollar value as this project; has not been cited and penalized for serious violations of asbestos regulations in the past three (3) years; has adequate liability/occurrence insurance for asbestos work; is licensed in applicable states; has adequate and qualified personnel available to complete the work; has comprehensive standard operating procedures for asbestos work; has adequate materials, equipment and supplies to perform the work.
  2. The Contractor's Competent Person has four (4) years of abatement experience of which two (2) years were as a Project Supervisor; meets the OSHA definition of a Competent Person; has been the Project Supervisor on two (2) projects of similar size and complexity as this project; has completed EPA/NYS DOL training requirements/accreditation(s) and refreshers for Contractor/Supervisor; and has all required OSHA documentation related to medical and respiratory protection.
  3. The Abatement Personnel shall have completed the EPA/NYS DOL training requirements/accreditation(s) and refreshers for worker course; have

training on the standard operating procedures of the Contractor; have one year of asbestos abatement experience; have applicable medical and respiratory protection documentation; have current NYSDOL certificate.

## **1.7 RESPIRATORY PROTECTION**

### **1.7.1 GENERAL - RESPIRATORY PROTECTION PROGRAM**

The Contractor shall develop and implement a Respiratory Protection Program (RPP) which is in compliance with the most current OSHA requirements found at 29 CFR 1926.1101 and 29 CFR 1910.134. ANSI Standard Z88.2-1992 provides excellent guidance for developing a respiratory protection program. All respirators used must be NIOSH approved for asbestos abatement activities. The written respiratory protection shall, at a minimum, contain the requirements found at 29 CFR 1910.134 (c) (1) (i - ix) - Respiratory Protection Program.

## **1.8 WORKER PROTECTION**

### **1.8.1 TRAINING OF ABATEMENT PERSONNEL**

Prior to beginning any abatement activity, all personnel shall be trained in accordance with OSHA 29 CFR 1926.1101(k) (9) and EPA/NYS/DOL requirements for asbestos abatement. Training shall have been conducted by a third party, EPA/NYS approved trainer.

### **1.8.2 MEDICAL EXAMINATIONS**

Medical examinations meeting the requirements of 29 CFR 1926.1101 (m) shall be provided for all personnel working in the regulated area, regardless of exposure levels. A current physician's written opinion as required by 29 CFR 1926.1101 (m) (4) shall be provided for each person.

### **1.8.3 PERSONAL PROTECTIVE EQUIPMENT**

Provide whole body clothing, head coverings, gloves and foot coverings and any other personal protective equipment as determined by conducting the hazard assessment required by OSHA at 29 CFR 1910.132(d). The Contractor's Competent Person shall ensure the integrity of personal protective equipment worn for the duration of the project.

### **1.8.4 REGULATED AREA ENTRY PROCEDURE**

The Contractor's Competent Person shall ensure that each time workers enter the regulated area, they comply with the requirements in 12 NYCRR Part 56-8.3(a).

### **1.8.5 PERSONAL DECONTAMINATION PROCEDURE**

The Contractor's Competent Person shall require all personnel to adhere to the requirements in 12 NYCRR Part 56-8.3(a) (2).

#### **1.8.6 REGULATED AREA REQUIREMENTS**

The Contractor's Competent Person shall meet all requirements of 29 CFR 1926.1101 (o) and assure that all requirements for regulated areas at 29 CFR 1926.1101 (e) are met. All personnel in the regulated area shall not be allowed to eat, drink, smoke, chew tobacco or gum, apply cosmetics, or in any way interfere with the fit of their respirator.

#### **1.9 DECONTAMINATION FACILITIES**

##### **1.9.1 DESCRIPTION**

Each regulated area will have a with personnel (PDF) and waste/equipment decontamination facilities (WEDF) or a combination PEF/WEDF facility. Ensure that the PDF are the only means of ingress and egress to the regulated area and that all equipment, bagged waste, and other material exit the regulated area only through the WEDF.

##### **1.9.2 GENERAL REQUIREMENTS**

All personnel entering or exiting a regulated area must go through the PDF and shall follow the requirements of 12 NYCRR Part 56-8.3(a) (2). All waste, equipment and contaminated materials must exit the regulated area through the WEDF and be decontaminated in accordance with 12 NYCRR Part 56-8.9. The PDF/WEDF will be constructed in accordance with the requirements of 12 NYCRR Part 56-7.5. If the building adjacent area is occupied, construct a solid barrier on the occupied side(s) to protect the sheeting and reduce potential for non-authorized personnel entering the regulated area. All decontamination construction materials will be of Class A rated.

##### **1.9.3 TEMPORARY FACILITIES TO THE PDF AND WEDF**

The Contractor's Competent Person shall work with the COR to ensure temporary utilities are available for use in the restricted area. Backflow prevention must be provided at the point of connection to the VA water system. Water supply must be of adequate pressure and meet requirements of 29 CFR 1910.141(b). All electrical devices in the restricted area will be attached to a ground fault circuit interruption (GFCI). A sub-panel should provide temporary power.

#### **PART 2 - PRODUCTS, MATERIALS AND EQUIPMENT**

##### **2.1 MATERIALS AND EQUIPMENT**

##### **2.1.1 GENERAL REQUIREMENTS**

Prior to the start of work, the contractor shall provide and maintain a sufficient quantity of materials and equipment to assure continuous and efficient work throughout the duration of the project. Work shall not

start unless the following items have been delivered to the site and the Contractor's Competent Person has submitted verification to the VA's representative.

- A. All materials shall be delivered in their original package, container or bundle bearing the name of the manufacturer and the brand name (where applicable).
- B. Store all materials subject to damage off the ground, away from wet or damp surfaces and under cover sufficient enough to prevent damage or contamination. Flammable materials cannot be stored inside buildings. Replacement materials shall be stored outside of the regulated area until abatement is completed.
- C. The Contractor shall not block or hinder use of buildings by patients, staff, and visitors to the VA in partially occupied buildings by placing materials/equipment in any unauthorized place.
- D. The contractor's Competent Person shall inspect for damaged, deteriorating or previously used materials. Such materials shall not be used and shall be removed from the worksite and disposed of properly.
- E. Polyethylene sheeting in the regulated area and PDF/WEDF shall be a minimum of 6-mils. And fire retardant.
- F. The method of attaching polyethylene sheeting shall be agreed upon in advance by the Contractor and the VA and selected to minimize damage to equipment and surfaces. Method of attachment may include any combination of moisture resistant duct tape, furring strips, spray glue, staples, nails, screws, lumber and plywood for enclosures or other effective procedures capable of sealing polyethylene to dissimilar finished or unfinished surfaces under both wet and dry conditions.
- G. Installation and plumbing hardware, showers, hoses, drain pans, sump pumps and waste water filtration system shall be provided by the Contractor.
- H. An adequate number of HEPA vacuums, scrapers, sprayers, nylon brushes, brooms, disposable mops, rags, sponges, staple guns, shovels, ladders and scaffolding of suitable height and length as well as meeting OSHA requirements, fall protection devices, water hose to reach all areas in the regulated area, airless spray equipment, and any other tools, materials or equipment required to conduct the abatement project. All electrically operated hand tools, equipment, electric cords shall be connected to GFCI protection.

- I. Special protection for objects in the regulated area shall be detailed (e.g., plywood over carpeting or hardwood floors to prevent damage from scaffolds, water and falling material).
- J. Disposal bags - 2 layers of 6 mil, for asbestos waste shall be pre-printed with labels, markings and address as required by OSHA, EPA and DOT regulations.
- K. The VA shall be provided a copy of the chemical inventory for all hazardous chemicals under OSHA 29 CFR 1910.1200 - Hazard Communication. Material Safety Data Sheets (MSDS) must be maintained in the work area. Chlorinated compounds shall not be used with any spray adhesive or other product. The contractor shall ensure appropriate encapsulant(s) is provided.
- L. OSHA DANGER demarcation signs, as many and as required by OSHA 29 CFR 1926.1101(k) (7) shall be provided and placed by the Contractor's Competent Person. All other posters and notices required by Federal and State regulations shall be posted in the Clean Room.
- M. Adequate and appropriate PPE for the project and number of personnel/shifts shall be provided. All personal protective equipment issued must be based on a hazard assessment conducted under 29 CFR 1910.132(d).

#### **2.1.2 NEGATIVE PRESSURE FILTRATION SYSTEM**

The Contractor shall maintain a negative air pressure, relative to areas outside of the enclosure in accordance with 12 NYCCR Part 56-7.8.

#### **2.1.3 DESIGN AND LAYOUT**

Before start of work submit the design and layout of the regulated area, PDF/WEDF, and the negative air machines. The submittal shall indicate the number of, location of and size of negative air machines. The point(s) of exhaust, air flow within the regulated area, anticipated negative pressure differential, and supporting calculations as well as the method of supplying power to the units and designation/location of the panels shall be submitted`.

#### **2.1.4 NEGATIVE AIR MACHINES (HEPA UNITS)**

When required for compliance with 29 CFR 1926.1101, the negative air machine must comply with the following:

- A. Negative Air Machine Cabinet: The cabinet shall be constructed of steel or other durable material capable of withstanding potential damage from rough handling and transportation. The width of the cabinet shall be less than

30" in order to fit in standard doorways. The cabinet must be factory sealed to prevent asbestos fibers from being released during use, transport, or maintenance. Any access to and replacement of filters shall be from the inlet end. The unit must be on casters or wheels.

- **Refer to Drawing PL501 for HEPA filtration unit required for this project or approved equal.**

- B. Negative Air Machine Fan: The rating capacity of the fan must indicate the CFM under actual operating conditions. Manufacturer's typically use "free-air" (no resistance) conditions when rating fans. The fan must be a centrifugal type fan.
- C. Negative Air Machine Final Filter: The final filter shall be a HEPA filter. The filter media must be completely sealed on all edges within a structurally rigid frame. The filter shall align with a continuous flexible gasket material in the negative air machine housing to form an air tight seal. Each HEPA filter shall be certified by the manufacturer to have an efficiency of not less than 99.97% when challenged with 0.3  $\mu\text{m}$  dioctylphthalate (DOP) particles. Testing shall have been done in accordance with Military Standard MIL-STD-282 and Army Instruction Manual 136-300-175A. Each filter must bear a UL586 label to indicate ability to perform under specified conditions. Each filter shall be marked with the name of the manufacturer, serial number, air flow rating, efficiency and resistance, and the direction of test air flow.
- D. Negative Air Machine Pre-filters: The pre-filters, which protect the final HEPA filter by removing larger particles, are required to prolong the operating life of the HEPA filter. Two stages of pre-filtration are required. A first stage pre-filter shall be a low efficiency type for particles 10  $\mu\text{m}$  or larger. A second stage pre-filter shall have a medium efficiency effective for particles down to 5  $\mu\text{m}$  or larger. Pre-filters shall be installed either on or in the intake opening and the second stage filter must be held in place with a special housing or clamps.
- E. Negative Air Machine Instrumentation: Each unit must be equipped with a gauge to measure the pressure drop across the filters and to indicate when filters have become loaded and need to be changed. A table indicating the cfm for various pressure readings on the gauge shall be affixed near the gauge for reference or the reading shall indicate at what point the filters shall be changed, noting cfm delivery. The unit must have an elapsed time meter to show total hours of operation.

- F. Negative Air Machine Safety and Warning Devices: An electrical/ mechanical lockout must be provide to prevent the fan from being operated without a HEPA filter. Units must be equipped with an automatic shutdown device to stop the fan in the event of a rupture in the HEPA filter or blockage in the discharge of the fan.
- G. Negative Air Machine Electrical: All electrical components shall be approved by the National Electrical Manufacturer's Association (NEMA) and Underwriter's Laboratories (UL). Each unit must be provided with overload protection and the motor, fan, fan housing, and cabinet must be grounded.

#### **2.1.5 PRESSURE DIFFERENTIAL**

The fully operational negative air system within the regulated area shall continuously maintain a pressure differential of -0.02" water column gauge. The Contractor's Competent Person shall be responsible for providing, maintaining, and documenting the negative pressure and air changes as required by 12 NYCCR 56-7.3 and this specification.

#### **2.1.6 MONITORING**

The pressure differential shall be continuously monitored and recorded between the regulated area and the area outside the regulated area with a monitoring device that incorporates a strip chart recorder. The strip chart recorder shall become part of the project log and shall indicate at least -0.02" water column gauge for the duration of the project.

#### **2.1.7 TESTING THE SYSTEM**

The Contractor's Competent Person will demonstrate and document the operation and testing of the negative pressure system to the VA using smoke tubes and a negative pressure gauge. Testing must be done initially and at the start of each work shift.

#### **2.1.8 DEMONSTRATION OF THE NEGATIVE AIR PRESSURE SYSTEM**

The demonstration of the operation of the negative pressure system to the VA shall include, but not be limited to, the following:

- A. Plastic barriers and sheeting move lightly in toward the regulated area.
- B. Curtains of the decontamination units move in toward regulated area.
- C. There is a noticeable movement of air through the decontamination units. Use the smoke tube to demonstrate air movement from the clean room to the shower room to the equipment room to the regulated area.
- D. Use smoke tubes to demonstrate air is moving across all areas in which work is to be done. Use a differential pressure gauge to indicate a negative pressure of at least -0.02" across every barrier separating the

regulated area from the rest of the building. Modify the system as necessary to meet the above requirements.

#### **2.1.9 USE OF SYSTEM DURING ABATEMENT OPERATIONS**

Use of the negative air system will comply with the requirements in 29 CFR 1926.1101, asbestos, paragraph (g) (5) (i) and 12 NYCRR Part 56-7.8, Engineering Controls.

#### **2.1.10 DISMANTLING THE SYSTEM**

After satisfactory completion of the final visual and final air clearance and approval by the VA representative, the units may be shut down. The units shall have been **completely decontaminated**, all pre-filters removed and disposed of as asbestos waste, asbestos labels attached and the units inlet/outlet sealed with 2 layers of 6 mil poly.

### **2.2 CONTAINMENT BARRIERS AND COVERINGS IN THE REGULATED AREA**

#### **2.2.1 GENERAL**

The regulated work area will be established and the work area prepared in accordance with the requirements of 29 CFR 1926.1101 (e) and/or 12 NYCRR Part 56-7. Should areas adjacent to the regulated area become contaminated, work shall immediately cease and the contaminated areas cleaned up at no additional cost to the VA.

#### **2.2.2 CONTROLLING ACCESS TO THE REGULATED AREA**

Access to the regulated area shall comply with 29 CFR 1926.1101 (j) (1) and/or 12 NYCRR Part 56-8.3. Any alternate method must be submitted for VA written approval.

#### **2.2.3 FIRESTOPPING**

- A. Through penetrations caused by cables, cable trays, pipes, sleeves must be firestopped with a fire-rated firestop system providing an airtight seal.
- B. Firestop materials that are not equal to the wall or ceiling penetrated shall be brought to the attention of the VA Representative. The contractor shall list all areas of penetration, the type of sealant used, and whether or not the location is fire rated. Any discovery of penetrations during abatement shall be brought to the attention of the VA representative immediately. All walls, floors and ceilings are considered fire rated unless otherwise determined by the VA Representative or Fire Marshall.
- C. Any visible openings whether or not caused by a penetration shall be reported by the Contractor to the VA Representative for a sealant system determination. Firestops shall meet ASTM E814 and UL 1479 requirements for the opening size, penetrant, and fire rating needed.

## **2.3 MONITORING, INSPECTION AND TESTING**

### **2.3.1 GENERAL**

- A. Project monitoring of the abatement work will be conducted by an independent third party consultant. The VA representative is responsible for arranging for these services. The independent third party consultant must follow the monitoring protocol established in 12 NYCRR Part 56 as well as the necessary inspections of the work site and recordkeeping. The cost of the air monitoring services will be borne by the VA except for any repeat of final inspection and testing that may be required due to unsatisfactory initial results. Any repeated final inspections and/or testing, if required, will be paid for by the Contractor.
- B. Personal air monitoring is the responsibility of Abatement Contractor and must comply with 29 CFR 1926.1101(f).
- C. If fibers counted during abatement work, either inside or outside the regulated area, utilizing the NIOSH 7400 air monitoring method, exceed the specified respective limits, the Contractor shall stop work. The Contractor may request confirmation of the results by analysis of the samples by TEM. Request must be in writing and submitted to the VA's representative. Cost for the confirmation of results will be borne by the Contractor for both the collection and analysis of samples and for the time delay that may/does result for this confirmation.

### **2.3.2 SCOPE OF SERVICES OF THE PROJECT MONITOR**

- A. The purpose of the work of the Project Monitor is to: assure quality; adherence to the specification; resolve problems; prevent the spread of contamination beyond the regulated area; and assure clearance at the end of the project. In addition, their work includes performing the final inspection and testing to determine whether the regulated area or building has been adequately decontaminated. All air monitoring is to be done utilizing PCM/TEM. The Project monitor perform monitoring and inspections in accordance with 12 NYCRR Part 56.
- B. All documentation, inspection results and testing results generated by the Project Monitor will be available to the Contractor for information and consideration. The Contractor shall cooperate with and support the Project Monitor for efficient and smooth performance of their work.
- C. The monitoring and inspection results of the Project Monitor will be used by the VA to issue any Stop Removal orders to the Contractor during abatement work and to accept or reject a regulated area or building as decontaminated.

### **2.3.3 MONITORING, INSPECTION AND TESTING BY CONTRACTOR'S COMPETENT PERSON**

The Contractor's Competent person will ensure that personal air monitoring is conducted in accordance with 29 CFR 1926.1101(f). The Contractor's Competent Person will perform inspection and testing of the work areas as described in 12 NYCRR Part 56. Documentation will be maintained in accordance with 12 NYCRR Part 56-7.3, Asbestos Abatement Contractor Daily Project Log. In addition, the following items will be included in the log:

- A. Visual inspection by Project Monitor.
- B. Copies of all asbestos waste shipment records.
- C. A copy of the asbestos pre-construction asbestos survey.
- D. The quantity and location of asbestos that was removed.

### **2.4 OPERATIONS WORK PLAN**

The Contractor must develop an Operations Work Plan in printed form consisting of text, diagrams, sketches, and pictures that establish and clearly explain the procedures to be followed during all phases of the work by the Contractor's personnel. The Operations Work Plan must be modified as needed to address specific requirements of this project and the specifications. The Operations Plan shall be submitted for review and approval prior to the start of any abatement work. The minimum topics and areas to be covered by the Operations Plan are:

- A. Personnel Qualifications
- B. Contractor Qualifications
- C. Copy of worker's Medical Surveillance Records
- D. Fire Alarm and Emergency Action Plan/Contingency Plans and Arrangements
- E. Security and Safety Procedures
- F. Copy of Respirator fit tests and training
- G. Personal Protective Equipment to be used on the project
- H. Boundaries of the Regulated Area and location of any temporary walls.
- I. Proposed location and construction of storage facilities and field office
- J. Location of water and electrical connections to building services
- K. Waste transport routes through the building to the waste storage container
- L. Location of the Decontamination Facilities and Entry/Exit Procedures
- M. Location of Negative Pressure Systems
- N. Removal Procedures for ACM to include any Phasing that may need be done
- O. Removal of Contaminated Soil (if applicable)
- P. Final disposal location of ACM waste/equipment.

## **2.5 SUBMITTALS**

- A. Operations Work Plan
- B. Site Specific Safety Plan with task hazard analysis
- C. A list of and verification of training for all personnel in the OSHA 10-hour construction safety training course. Contractor's Competent Person must show verification of the OSHA 30-hours construction safety training course.

### **2.5.1 PRE-START MEETING SUBMITTALS**

Submit to the VA a minimum of 14 days prior to the pre-start meeting the following for review and approval. Meeting this requirement is a prerequisite for the pre-start meeting for this project:

- A. Operations Work Plan
- B. Proof that the required permits, site location and arrangements for transport and disposal of asbestos containing/contaminated materials have been made including copies of the NYS Waste Transporter Permit (6 NYCRR part 364) handling procedures and other federal or state required permits.
- C. Submit required notifications and arrangements made with regulatory agencies having regulatory jurisdiction.
- D. Submit the name, address and verification of the laboratory and/or personnel to be used for analysis of air samples. Include the accreditation of the analytical laboratory (ELAP and/or NVLAP certificates).
- E. Submit qualifications verification: Submit the following evidence of qualifications. Make sure that all references are current and verifiable by providing current phone numbers and documentation.
  - 1. Asbestos Abatement Company: Project experience within the past 3 years; listing projects first most similar to this project: Project Name; Type of Abatement; Duration; Cost; Reference Name/Phone Number; Final Clearance; Completion Date
  - 2. List asbestos regulatory citations, penalties, damages paid and legal actions taken against the company in the last 3 years. Provide copies and all information needed for verification.

### **2.5.2 SUBMITTALS DURING ABATEMENT**

- A. The Contractor's Competent Person shall maintain and submit a daily log that meets the requirements of 12 NYCRR 56, Asbestos, Subpart 56-7.3.

- B. During the project, legible copies of the following items must be maintained at the job site, and available for review:
1. The company's operations work plan.
  2. The company's respiratory protection program.
  3. Material safety data sheets for all substances to be used on the project.
  4. A copy of the "Certificate of Worker's Acknowledgment" for all persons to be employed on the project.
  5. NYS DOL Asbestos Handling Certifications (DOH 442) for all persons employed on the project (likeness on photographs must be clear).
  6. The supervisor's daily log with entry/exit logs organized by date.
  7. Daily sign-in log.
  8. Any and all changes to the Contract should any occur.
  9. Personal sampling results and chains of custody within 24 hours of sampling.

**2.5.3 SUBMITTALS AT COMPLETION OF ABATEMENT**

- A. The Contractor shall submit a project report consisting of the following:
1. Copy of the daily logbook.
  2. Work area daily entry/exit logs.
  3. Personnel paperwork for each Employee actually utilized on project including:
    - a. Copy of valid respirator fit test issued within the twelve month period preceding the conclusion of abatement.
    - b. Copy of Certifying Physicians report indicating ability to safely don respiratory protection issued within the previous 12 month period.
    - c. An affidavit indicating completion of training and certification of each Contractor's employee employed on the project.
  4. Personal air sampling records including chain-of-custody forms and laboratory results. These records must also include the accreditation of the analytical laboratory (ELAP or NVLAP certificates).
  5. All receipted waste shipment records and completed trucking/manifest forms which have been signed and certified by the Landfill's Owner/Manager as having accepted the shipped waste.
  6. A certificate of completion signed and dated by the Contractor, in accordance with Attachment #1.

**PART 3 - EXECUTION**

**3.1 PRE-ABATEMENT ACTIVITIES**

**3.1.1 PRE-ABATEMENT MEETING**

The VA representative, upon receipt, review, and substantial approval of all pre-abatement submittals and verification by the Contractor's Competent Person that all materials and equipment required for the project are on the site, will arrange for a pre-abatement meeting between the Contractor, the Contractor's Competent Person, the Project Monitor, and the VA representative(s). The purpose of the meeting is to discuss any aspect of the submittals needing clarification or amplification and to discuss any aspect of the project execution and the sequence of the operation. The Contractor shall be prepared to provide any supplemental information/documentation to the VA's representative regarding any submittals, documentation, materials or equipment. Upon satisfactory resolution of any outstanding issues, the VA's representative will issue a written order to proceed to the Contractor. No abatement work of any kind described in the following provisions shall be initiated prior to the VA written order to proceed.

**3.1.2 PRE-ABATEMENT INSPECTIONS AND PREPARATIONS**

Before any work begins on the construction of the regulated area, the Contractor will:

- A. Conduct a space-by-space inspection with an authorized VA representative and prepare a written inventory of all existing damage in those spaces where asbestos abatement will occur. Still or video photography may be used to supplement the written damage inventory. Document will be signed and certified as accurate by both parties.
- B. The VA Representative, the Contractor, and the Project Monitor must be aware of 10/95 A/E Quality Alert indicating the failure to identify asbestos in the areas listed. Make sure these areas are looked at/reviewed on the project: Lay-in ceilings concealing ACM; ACM behind walls/windows from previous renovations; inside chases/walls; transite piping/ductwork/sheets; behind radiators; roofing materials; below window sills; water/sewer lines; electrical conduit coverings; crawl spaces (previous abatement contamination); flooring/mastic covered by carpeting/new flooring; exterior insulated wall panels; on underground fuel tanks; steam line trench coverings.
- C. Ensure that all furniture, machinery, equipment, curtains, drapes, blinds, and other movable objects required to be removed from the regulated area

have been cleaned and removed or properly protected from contamination. Removal shall be coordinated with VAMC and Contractor.

- D. If present and required, remove and dispose of carpeting from floors in the regulated area.
- E. Inspect existing firestopping in the regulated area. Correct as needed.

### **3.1.3 PRE-ABATEMENT CONSTRUCTION AND OPERATIONS**

- A. Perform all preparatory work for the first regulated area in accordance with the approved work schedule and with this specification.
- B. Upon completion of all preparatory work, the Project Monitor will inspect the work and systems and will notify the VA's representative when the work is completed in accordance with this specification.

### **3.2 ASBESTOS ABATEMENT**

- A. Asbestos abatement will comply with the submitted and approved Operations Work Plan. Compliance with the regulatory requirements of 29 CFR 1926.1101 is mandatory. Any aspect of asbestos abatement not directly addressed in the Operations Work Plan will be done in accordance with 12 NYCRR 56. Deviations from the established regulatory procedures of 12 NYCRR 56 and OSHA require the approval of the VA Representative and the Project Monitor.
- B. Insure safe temporary power sources include GFCI protection in accordance with all applicable electrical code requirements and OSHA requirements for temporary electrical systems. Electricity shall be provided by the VA.
- C. Shut down and lock out heating, cooling, and air conditioning system (HVAC) components that are in, supply or pass through the regulated area. Investigate the regulated area and agree on pre-abatement condition with the VA's representative. Seal all intake and exhaust vents in the regulated area with duct tape and 2 layers of 6-mil poly. Also, seal any seams in system components that pass through the regulated area. Remove all contaminated HVAC system filters and place in labeled 6-mil polyethylene disposal bags for staging and eventual disposal as asbestos waste.
- D. The Contractor shall provide sanitary facilities for abatement personnel and maintain them in a clean and sanitary condition throughout the abatement project.
- E. The VA will provide water for abatement purposes. The Contractor shall connect to the existing VA system. The service to the shower(s) shall be supplied with backflow prevention.

- F. Access to the regulated area shall be permitted only through the PDF. All other means of access shall be closed off by proper sealing and DANGER signs posted on the clean side of the regulated area where it is adjacent to or within view of any occupiable area. An opaque visual barrier of 6 mil poly shall be provided so that the abatement work is not visible to any building occupants. If the area adjacent to the regulated area is accessible to the public, construct a solid barrier on the public side of the sheeting for protection and isolation of the project. The barrier shall be constructed with nominal 2" x 4" (50mm x 100mm) wood or metal studs 16" (400mm) on centers, securely anchored to prevent movement and covered with a minimum of 1/2" (12.5mm) plywood. Any alternative method must be given a written approval by the VA's representative.
- G. If the regulated area barrier is breached in any manner that could allow the passage of asbestos fibers or debris, the Contractor's Competent Person shall immediately stop work, continue wetting, and proceed to extend the regulated area to enclose the affected area as per procedures described in this specification. If the affected area cannot be enclosed, decontamination measures and cleanup shall start immediately. All personnel shall be isolated from the affected area until decontamination/cleanup is completed as verified by visual inspection and air monitoring. Air monitoring at completion must indicate background levels.
- H. All floors within 10' of glovebag work shall be covered with 2 layers of 6 mil fire retardant poly.
- I. The Contractor's Competent Person shall assure the wetting of ACM meets the definition of "adequately wet" in the EPA NESHAP's regulation and OSHA's "wet methods" for the duration of the project. A removal encapsulant may be used instead of amended water with written approval of the VA's representative.
- J. Dispose of waste ACM and debris which is packaged in accordance with these specifications, OSHA, EPA and DOT. The landfill requirements for packaging must also be met. Disposal shall be done at the approved landfill. Disposal of non-friable ACM shall be done in accordance with applicable regulations.
- K. Air testing and other requirements which must be met before release of the Contractor and re-occupancy of the regulated area space are specified in Final Testing Procedures.

- L. The Project Monitor will perform a thorough and detailed visual inspection after each phase of cleaning to determine whether there is any visible residue in the regulated area. If the final visual inspection is acceptable, the Project Monitor will perform clearance sampling using aggressive clearance as detailed in 40 CFR 763 Subpart E (AHERA) Appendix A(III) (B) (7) (d) unless other methods are approved by the VA Representative and the Project Monitor.

### **3.3 AIR SAMPLING AND ANALYSIS**

#### **A. Area Air Sampling and Analysis (if required)**

1. The VA shall be responsible for hiring an independent third party firm to perform the required area air sampling and analysis.
2. The Contractor is required to ensure cooperation of its personnel with the Project Monitor for general air sampling, and testing of each work area after completion of asbestos work prior to removal of containment barriers.
3. Air samples shall be analyzed using Phase Contrast Microscopy (PCM) in accordance with NYSDOL Industrial Code Rule 56 and NIOSH method 7400 except final clearance air samples which will use Transmission Electron Microscopy (TEM).
4. Turn-around time for laboratory analysis of area air samples shall not exceed 24 hours. Copies of all area air monitoring results shall be immediately transmitted to the VA or their Representative.
5. If final air clearance is unsatisfactory, the Contractor shall be responsible for recleaning the area and for any and all costs incurred for additional air monitoring.

#### **B. Personal Air Sampling.**

1. Contractor will be responsible for personal air monitoring of workers and short term excursion level testing. Signed copies of the laboratory results shall be provided to the Authority or their Representative within 24 hours for evaluation and action if required.
2. All personal samples shall be collected and analyzed according to the OSHA recognized method by the contractor's certified and approved analytical firm. The analysis of personal air samples shall be conducted by an approved laboratory, subject to approval of the VA or their Representative.

### **3.3.1 LABORATORY TESTING OF SAMPLES**

The services of an AIHA accredited laboratory will be employed by the Project Monitor to perform analysis of the air samples. Samples analysis results should be received within 24 hours. A complete record, certified by the laboratory, of all air monitoring tests and results will be furnished to the VA's representative and the Contractor.

### **3.4 ABATEMENT CLOSEOUT AND CERTIFICATE OF COMPLIANCE**

#### **3.4.1 COMPLETION OF ABATEMENT WORK**

After thorough decontamination, and satisfactory compliance with the clearance criteria the following will be completed:

- A. Remove all equipment, materials, and debris from the project area.
- B. Package and dispose of all asbestos waste as required.
- C. Repair or replace all interior finishes damaged during the abatement work.
- D. Fulfill other project closeout requirements as specified elsewhere in this specification.

#### **3.4.2 CERTIFICATE OF COMPLETION BY CONTRACTOR**

The Contractor's Competent Person shall complete and sign the "Certificate of Completion" in accordance with Attachment 1 at the completion of the abatement and decontamination of the regulated area.

#### **3.4.3 WORK SHIFTS**

Refer to the following locations for work shifts on this contract:

- 010000 **GENERAL REQUIREMENTS Specifications for work hours**
- **ICRA Drawings in the contract drawings for the exact locations and shifts required.**
- **Areas where patient live will have a later start time in the ICRA Drawings and 010000 GENERAL REQUIREMENTS specifications.**
- **NOT all work on this project is Monday through Friday. There is off hours work required in this contract and the abatement contractor shall refer to the drawings and specifications identified above for scheduling.**

(ATTACHEMENTS FOLLOW)

**ATTACHMENT #1**

**CERTIFICATE OF COMPLETION**

DATE:

PROJECT NAME:

VAMC/ADDRESS:

1. I certify that I have personally inspected, monitored and supervised the abatement work of (specify regulated area or Building):  
which took place from / / / to / /
2. That throughout the work all applicable requirements/regulations and the VA's specifications were met.
3. That any person who entered the regulated area was protected with the appropriate personal protective equipment and respirator and that they followed the proper entry and exit procedures and the proper operating procedures for the duration of the work.
4. That all employees of the Contractor engaged in this work were trained in respiratory protection, were experienced with abatement work, had proper medical surveillance documentation, were fit-tested for their respirator, and were not exposed at any time during the work to asbestos without the benefit of appropriate respiratory protection.
5. That I performed and supervised all inspection and testing specified and required by applicable regulations and VA specifications.
6. That the conditions inside the regulated area were always maintained in a safe and healthy condition and the maximum fiber count never exceeded 0.5 f/cc, except as described below.
7. That the negative pressure system was installed, operated and maintained in order to provide a minimum of 4 actual air changes per hour with a continuous -0.02" of water column pressure.

Signature/Date:

Signature/Date:

**ATTACHMENT #2**

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT**

PROJECT NAME:

DATE:

PROJECT ADDRESS:

ABATEMENT CONTRACTOR'S NAME:

WORKING WITH ASBESTOS CAN BE HAZARDOUS TO YOUR HEALTH. INHALING ASBESTOS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCERS. IF YOU SMOKE AND INHALE ASBESTOS FIBERS YOUR CHANCES OF DEVELOPING LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC. Your employer's contract with the owner for the above project requires that: You must be supplied with the proper personal protective equipment including an adequate respirator and be trained in its use. You must be trained in safe and healthy work practices and in the use of the equipment found at an asbestos abatement project. You must receive/have a current medical examination for working with asbestos. These things shall be provided at no cost to you. By signing this certificate you are indicating to the owner that your employer has met these obligations.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators and have been informed of the type of respirator to be used on the above indicated project. I have a copy of the written Respiratory Protection Program issued by my employer. I have been provided for my exclusive use, at no cost, with a respirator to be used on the above indicated project.

TRAINING COURSE: I have been trained by a third party, State/EPA accredited trainer in the requirements for an AHERA/OSHA Asbestos Abatement Worker training course, 32 hours minimum duration. I currently have a valid State accreditation certificate. The topics covered in the course include, as a minimum, the following:

- Physical Characteristics and Background Information on Asbestos
- Potential Health Effects Related to Exposure to Asbestos
- Employee Personal Protective Equipment
- Establishment of a Respiratory Protection Program
- State of the Art Work Practices
- Personal Hygiene
- Additional Safety Hazards
- Medical Monitoring
- Air Monitoring
- Relevant Federal, State and Local Regulatory Requirements, Procedures, and Standards
- Asbestos Waste Disposal

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which was paid for by my employer. This examination included: health history, occupational history, pulmonary function test, and may have included a chest x-ray evaluation. The physician issued a positive written opinion after the examination.

Signature:

Printed Name:

Social Security Number:

Witness:

**ATTACHMENT #3**

**AFFIDAVIT OF MEDICAL SURVEILLANCE, RESPIRATORY PROTECTION AND  
TRAINING/ACCREDITATION**

VA PROJECT NAME AND NUMBER:

VA MEDICAL FACILITY:

ABATEMENT CONTRACTOR'S NAME AND ADDRESS:

1. I verify that the following individual

Name:

Social Security Number:

Who is proposed to be employed in asbestos abatement work associated with the above project by the named Contractor, is included in a medical surveillance program in accordance with 29 CFR 1926.1101(m), and that complete records of the medical surveillance program as required by 29 CFR 1926.1101(m)(n) and 29 CFR 1910.20 are kept at the offices of the Contractor at the following address.

Address:

2. I verify that this individual has been trained, fit-tested and instructed in the use of all appropriate respiratory protection systems and that the person is capable of working in safe and healthy manner as expected and required in the expected work environment of this project.
3. I verify that this individual has been trained as required by 29 CFR 1926.1101(k). This individual has also obtained a valid State accreditation certificate. Documentation will be kept on-site.
4. I verify that I meet the minimum qualifications criteria of the VA specifications for a CPIH.

Signature of CPIH:

Date:

Printed Name of CPIH:

Signature of Contractor:

Date:

Printed Name of Contractor:



**Attachment #5**

**Asbestos Bid (Part of Base Bid)**

BID OF \_\_\_\_\_  
(NAME OF BIDDER)

This bid is submitted to:

\_\_\_\_\_

In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

- (a) BIDDER has examined the site, the building, and locality where the Work is to be performed, the legal requirements (federal, state, and local laws, ordinances, rules, and regulations) and the conditions affecting cost, progress, or performance of the Work and has made such independent investigations as BIDDER deems necessary;

The Base Bid stated herein is subject to the following Unit Price additions to or deductions from said Base Bid for quantities identified, which may increase or reduce those indicated or required by the Contract Documents at the time of submission of the Proposal.

<b>UNIT OF WORK</b>	<b>UNIT</b>	<b>UNIT PRICE</b>
Class I Asbestos Work (Pipe Insulation on Pipe ≤4" diameter)	Linear Foot	Add/Deduct \$/_____/Linear Foot
Class I Asbestos Work (Pipe Insulation on Pipe >4" diameter)	Linear Foot	Add/Deduct \$/_____/Linear Foot
Class I Asbestos Work (Insulated Fittings/Joints on Pipe ≤4" diameter)	Each	Add/Deduct \$/_____/Fitting
Class I Asbestos Work (Insulated Fittings/Joints on Pipe >4" diameter)	Each	Add/Deduct \$/_____/Fitting

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