



Facilities Management Services		Page	1 of 1
Project Data At-A-Glance		Effective Date	1/2/2018
		Replaces	v2
Doc Number: VHA-V05-613-FMS-FORM-PS-0002	Version: 3	Doc. Control	

COR (or Point of Contact) Name	Sam W. Gudex
COR (or POC) Extension	304-433-2524
Project Title	Chill Water Replacement to 501
Work Location	Bldg 500 Docks, Interstitial, & Tunnels to 501/502
Project Number	613 16 302
Contractor (or TBD)	Valley Engineering
Contractor Supervisor (CO if TBD)	Kathryn Leatherman
Contractor Contact Number	304-263-0811 x2083
Est. Project Start Date	9/1/2018
Est. Project Duration	9 months

Project Description
Design and construction of the replacement of the chill water main from Building 500 engineering docks, through the basement interstitial, to the end of the 501/502 service tunnels.

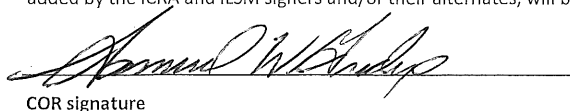
ICRA Signers		
Title	Signer/Alternate	Extension
Project Section	Project Section Supervisor Jeff Miller	4400 2072
Safety Program	Krista Bowen Kathy Flery	4715 3418
Infection Control	Shari Self Irine Smith Cynthia Moore	3626 4875 4574
Industrial Hygiene	Krista Bowen*	4715

ILSM Signers		
Title	Signer/Alternate	Extension
Project Section	Project Section Supervisor Jeff Miller	4400 2072
Safety Program	Krista Bowen Kathy Flery	4715 3418
Police Department	John Shade Benjamin Price	4110 4057
Fire Department	Eric Gray Edwin Aponte-Rivera Chris Gorman Scott Smoot	4314 4611 / 4612 4611/4612 4611/4612

*Note: Krista Bowen can also sign on behalf of Safety Office for the Pre-Construction Checklist

I acknowledge that it is my responsibility to submit signed safety documents to Contracting prior to solicitation.

I certify that all project information is correct and complete to the best of my knowledge. I will ensure the precautions listed in the ICRA and ILSM, including those added by the ICRA and ILSM signers and/or their alternates, will be upheld.



COR signature

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6/5/18

Date



Facilities Management Services		Page	1 of 2
Martinsburg VA Infection Control Risk Assessment		Effective Date	12/22/2016
Doc Number: VHA-V05-613-FMS-FORM-PS-0003		Replaces	v1
Version: 2		Doc. Control	

Project Title:	Chill Water Replacement to 501			Project Start Date:	09/01/18
Project Number:	613	16	302	Estimated Duration:	9 months
Location of Work:	Bldg 500 Docks, Interstitial, & tunnels to 501/502			COR Extension:	304-433-2524
VA COR:	Sam W. Gudex			Contractor Telephone:	304-263-0811 x2083
Contractor:	Valley Engineering			Contractor Supervisor:	Kathryn Leatherman

Please mark Construction Types and Risk

Groups with X's.

Precaution Classes will populate automatically based on this matrix.

TYPE OF CONSTRUCTION	PATIENT RISK GROUP	CLASS OF PRECAUTIONS
TYPE A	X GROUP 1: Low Risk	CLASS I
TYPE B	GROUP 2: Medium Risk	X CLASS II
X TYPE C	GROUP 3: High Risk	CLASS III

Patient Risk Group	Type of Construction		
	A	B	C
Low Risk Group	I	II	II
Medium Risk Group	I	II	III
High Risk Group	II	III	III

Class of Precaution

Type of Construction

Inspection and Non-Invasive Activities

Type A

Small scale removal of ceiling tiles for visual inspection or minor installation (limited to 1 tile per 50 sq. ft.)
Painting (but not sanding)
Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.

Type B

Small scale, short duration activities that create minimal dust.

Installation of telephone and computer cabling.
Access to chase spaces.
Cutting of walls or ceiling where dust migration can be controlled.

Type C

Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components, assemblies, or new construction.

Sanding of walls for painting or wall covering.
Removal of floor coverings, ceiling tiles, and casework
New wall construction.
Uncontained duct, HVAC, or electrical work above ceilings.
Major cabling activities, major plumbing activities (including items that expose sewage, such as work on a major stoppage.)
Any other project where high levels of dust are generated.
Any activity that cannot be completed within a single work shift/ activities that require consecutive work shifts
Activities that require heavy demolition or removal of a complete cabling system
New construction

Patient Risk Groups

Low Risk

Vacant Floor	Administrative Offices	Lobbies
Public Corridors	Elevators	Day Rooms
Canteen Retail Store	Outdoors	Non-Patient Care Space

Medium Risk

Cardiology	Outpatient Clinics	Endoscopy
Food Service/ Dietary Care	Nuclear Medicine	Laboratory (non-specimen)
Physical Therapy	Pharmacy	Radiology/MRI
Primary Care and Urgent Care	Respiratory Therapy	Interim Care/ Medical Units

High Risk

CCU/Emergency Room	Areas w/ immuno-compromised patients	Negative Pressure Isolation Rooms
Central Sterile Supply	Labor & Delivery	Protective Care 6A
Laboratories (Specimen)	Oncology	Newborn Nursery/Pediatrics
Interventional Radiology	Outpatient Surgery	Pharmacy I.V. Room
Surgical Units	Operating Rooms	Medical Units
SPD Storage/Sterilization	Post Anesthesia Care Unit	Intensive Care Units
	Bronch Suite	Endocardiography

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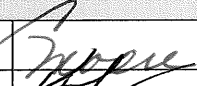
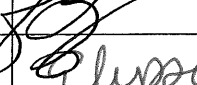
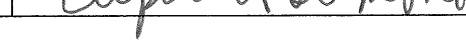
CLASS I	<ol style="list-style-type: none"> 1. Obtain infection control permit. 2. Execute work by methods to minimize raising dust from construction operations. 3. Immediately replace any ceiling tile displaced for visual inspection. 4. Clean work area upon completion of task
CLASS II	<ol style="list-style-type: none"> 1. Obtain infection control permit before construction begins. 2. Notify staff in the immediate area 3. Provide active means to prevent air-borne dust from dispersing into atmosphere. 4. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 5. Water mist work surfaces to control dust while cutting. 6. Seal unused doors with duct tape. 7. Block off and seal air vents. 8. Place dust mat at entrance and exit of work area. 9. Contain construction waste before transport in tightly covered containers. 10. Upon completion, wipe work surfaces with disinfectant, wet mop and/or vacuum with HEPA filtered vacuum.
CLASS III	<ol style="list-style-type: none"> 1. Obtain infection control permit before construction begins, and notify staff in the immediate area. 2. Complete all critical barriers or implement control cube method before construction begins. 3. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Cover transport receptacles or carts. Tape covering. 6. Seal holes, pipes, conduits and punctures appropriately. 7. Place dust mats at entrance and exit of work area. 8. Vacuum work with HEPA filtered vacuums. 9. Wet mop with disinfectant. 10. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Service. 11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste before transport in tightly covered containers.

ADDITIONAL CONCERNS

Will the project produce any fumes or vapors, or otherwise affect air quality?	YES	NO X
Will the project create vibrations that could loosen dust or other particulates, impair construction barriers, or otherwise affect areas outside of the work area?	YES	NO X
Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found? PROVIDE DETAILS	YES X	NO
Does the project involve work in any of the following locations: 4A-107, 4A-132, 4C-124, 4C-125, OR 2C-136 or any GI Suite Rooms?	YES	NO X
Does the project involve any modifications or removal of the duct work or supply/exhaust in the above locations?	YES	NO X
Does the project involve any removal or disturbance to the HVAC filters in the above locations?	YES	NO X

ADDITIONS AND/OR MODIFICATIONS TO CLASS II PRECAUTIONS

Asbestos abatement procedures will be included in the design phase of the project. Depending if asbestos is found during design asbestos testing will determine if asbestos abatement will need to be included in the construction documents.

Infection Control		Date:	6/5/18
Safety Program		Date:	6/5/18
Project Section Supervisor		Date:	6/5/18

Printed: 6/4/2018

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Facilities Management Services		Page	1 of 2
Martinsburg VA Medical Center		Effective Date	12/22/2016
Interim Life Safety Measure Permit		Replaces	v1
Doc Number: VHA-V05-613-FMS-FORM-PS-0004	Version: 2	Doc. Control	

Project Title:	Chill Water Replacement to 501		
Work Location:	Bldg 500 Docks, Interstitial, & Tunnels to 501/502		
Project Number:	613	16	302
Point of Contact:	Sam W.Gudex	Extension:	304-433-2524
Deficiency:			
Start Date:	09/01/18	Estimated Duration:	9 months

PART I: PROJECT EVALUATION Review each of the following categories and indicate whether each is acceptable to the project/Life Safety code deficiency by checking the appropriate response.

A. EXITS

1. Does the project/deficiency have the potential of affecting an exit or other components of the means of egress?	YES	NO X	N/A
2. Will affected exit be used by other than contractor personnel?	YES	NO X	N/A
3. Will alternate exit route be sufficiently marked and lit?	YES	NO X	N/A

B. EMERGENCY ACCESS

1. Does the project/deficiency have the potential of obstructing access to emergency departments, services or vehicles?	YES	NO X	N/A
2. Does the project/deficiency have the potential of obstructing access of emergency responders to the construction area?	YES	NO X	N/A

C. FIRE PROTECTION

1. Does the project/deficiency have the potential of impairing existing fire alarm, fire detection, or fire suppression systems?	YES	NO X	N/A
2. Will temporary fire protection systems be required as part of the project/deficiency?	YES	NO X	N/A

D. TEMPORARY PARTITIONS

1. Will construction involve the use of temporary partitions?	YES X	NO	N/A
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E. ADDITIONAL FIRE FIGHTING EQUIPMENT and TRAINING

1. Does the area affected by the project/deficiency warrant placement of additional fire protection equipment?	YES	NO X	N/A
2. Will additional fire safety training be required of affected personnel?	YES	NO X	N/A

F. COMBUSTIBLE FUEL LOAD LEVELS

1. Does the project/deficiency involve the storage of flammable or combustible materials?	YES	NO X	N/A
2. Does the project/deficiency have the potential of creating flammable or combustible debris?	YES	NO X	N/A

G. FIRE DRILLS

1. Does the project/deficiency warrant additional fire drills?	YES	NO X	N/A
--	-----	---------	-----

H. HAZARD SURVEILLANCE

1. Does the project/deficiency present added hazards, such as: excavations; construction/ chemical storage; or field offices, which warrant increased hazard surveillance?	YES X	NO	N/A
2. Contractor or COR is to provide Material Safety Data Sheets to the Safety Office for all chemicals, cleaning agents, solvents, etc., to be used during project. Has this been done?	YES	NO X	N/A
3. Will hazard communication training be provided, including location of spill kits, and advisement to notify Fire Department in the event of spills?	YES	NO X	N/A

I. ADDITIONAL PERSONNEL TRAINING

1. Does the project/deficiency have the potential to affect structural features of the fire safety system?	YES	NO X	N/A
2. Does the project/deficiency have the potential to affect compartmentation features of the fire safety systems?	YES	NO X	N/A

J. FACILITY-WIDE TRAINING

1. Does the project/deficiency present Life Safety Code deficiencies or construction hazards, which warrant facility-wide education of personnel concerning these Interim Life Safety Measures?	YES	NO X	N/A
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K. FIRE/SMOKE BARRIERS

1. Will the project cause penetrations to be made in Fire/Smoke Barriers?	YES X	NO	N/A
2. Will fire/smoke barriers be temporarily sealed with a UL-Listed material filler on both sides of the barrier?	YES X	NO	N/A
3. Will these temporary UL-Listed material adequately compensate for the penetrations made in the fire/smoke barriers?	YES X	NO	N/A

L. GENERAL SAFETY

1. Will the project produce significant noise levels outside the construction site?	YES	NO X	N/A
2. Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors?	YES	NO X	N/A
3. Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers?	YES	NO X	N/A

M. ACCESSIBILITY

1. Will signage be required to limit access to work area?	YES	NO X	N/A
2. Will there be sufficient clearance around the construction site to prevent tripping hazards, falling debris, or other safety concerns?	YES X	NO	N/A

N. UTILITIES

1. Will the project involve an operational shutdown or modified operation of utilities?	YES	NO	N/A
Fill out Supplemental Form C	X		

Form C

PART II: INTERIM LIFE SAFETY MEASURES: Provide a description of all items indicated as applicable in Part I. Explain Interim Life Safety measures or procedures which will then be incorporated into the project.

D.1) Temporary partitions will be required during asbestos abatement if it becomes part of the project.

K) Fire barriers will be penetrated at the ends of the interstitial. Necessary sealant will be installed daily.

N.1) Shutdowns of the chill water mains will be required during tie-ins. The schedule will be communicated to the Quadrad and affected areas as necessary.

Elysa Polomski
Construction Safety Committee Chair - ILSM Evaluator

[Signature]
Safety Program

[Signature]
Fire Chief

[Signature]
Police Service Representative

6/5/18
Date

6/5/18
Date

6/5/18
Date

6-5-18
Date

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Facilities Management Services		Page	1 of 1
Project Re-Evaluation And Review		Effective Date	12/22/2016
		Replaces	v1
Doc Number: VHA-V05-613-FMS-FORM-PS-0005	Version: 2	Doc. Control	

Project: Chill Water Replacement to 501

Projects are to be re-evaluated prior to construction and every sixty (60) days from initial start of construction to ensure all information is correct, complete, and current. Changes to the work location, construction type, or other factors necessitating any modification to the Infection Control Precautions as listed must be documented below, with approval from Infection Control, Industrial Hygiene, Safety, and Project Section.

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

COR Signature

Date

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

Circle Changes Below		
New Construction Type		
A	B	C
New Risk Group		
1	2	3
New Class of Precautions		
I	II	III

Initial and Date Below

Infection Control

Industrial Hygiene

Project Section Supervisor

Safety Program

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

COR Signature

Date

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

Circle Changes Below		
New Construction Type		
A	B	C
New Risk Group		
1	2	3
New Class of Precautions		
I	II	III

Initial and Date Below

Infection Control

Industrial Hygiene

Project Section Supervisor

Safety Program

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Facilities Management Services		Page	1 of 1
Pre-Construction Checklist		Effective Date	2/13/2017
Doc Number: VHA-V05-613-FMS-FORM-PS-0006		Replaces	v2
Version: 3		Doc. Control	

Project Title:	Chill Water Replacement to 501	Start Date:	9/1/2018	Est. Duration:	9 months
Project Location:	Bldg 500 Docks, Interstitial, & Tunnels to 501/502				
Point Of Contact:	Sam W.Gudex	P.O.C. Phone Ext.:	304-433-2524	After-Hours Contact #:	

Notice: For projects with Class II and III Infection Control precautions, work is not to begin until after checklist has been signed.

Infection Control (Construction Barriers - Containment - Ventilation)		Yes	N/A
1	Is the Infection Control Risk Assessment (ICRA) visibly posted on-site?		
2	Is the ICRA complete and up-to-date?		
3	Are the project conditions/scope the same as indicated on the signed ICRA?		
4	Have all conditions/controls indicated in the ICRA been satisfied for work to start?		
5	Have all infectious materials been removed?		
6	Have all hand-sanitizer dispensers been removed?		
7	Are sticky walk-off mats provided for access to Medical Center areas?		
8	Have provisions been made to immediately protect the ventilation/adjacent systems?		

Fire Detection and Prevention; Hazard Surveillance/ Life Safety		Yes	N/A
1	Is the Interim Life Safety Measures evaluation (ILSM) visibly posted on-site?		
2	Is the ILSM form complete and up-to-date?		
3	Are construction barriers made of fire-rated or fire-resistant materials on both sides of metal steel studs? If so, check below as applicable: <input type="checkbox"/> Smoke tight <input type="checkbox"/> 1-hour rated <input type="checkbox"/> 2-hour rated		
4	If the existing ceiling of the room is significantly breached then has the temporary construction barrier been extended to the deck above?		
5	Are means of egress clear and free of obstruction in construction and adjacent areas?		
6	Is access for fire department and emergency services clear and free of obstruction?		
7	Are all signage, exit routes, and directional chevrons appropriately in place?		
8	Are fire extinguishers readily available in construction area?		
9	Are flammables and combustibles in proper containers?		
10	Is fire sprinkler system active?		
11	Is fire alarm system active?		
12	Are smoke detectors active and uncovered?		
13	If items 9, 10 or 11 are "no", what temporary measures or fire watch will be instituted for duration of project?		

General Safety and Security		Yes	N/A
1	Has all appropriate VA-owned property been removed from the area?		
2	Has all patient-sensitive information been removed from the area?		
3	Is there proper signage in place at the entrance to the construction site denoting appropriate PPE required for entry?		
4	Is construction site entrance door metal framed, properly rated, and self-closing?		
5	Are all construction site access points closed and equipped with key access locks?		
6	Has a worksite Safety Health Officer been assigned?		

Description/Scope/Remarks/Details (To be filled out by Infection Control, Fire Department, or Safety Program Representatives)

COR Representative	(Print name and sign)	Phone extension:	Date
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Infection Control Representative	(Print name and sign)	Phone extensions: x3626; x4875; x4574
Alternate Safety Program Representative		
Fire Chief/Fire Dept. Representative	(Print name and sign)	Phone extensions: x4314; x4611; x4612
Safety Program Representative	(Print name and sign)	Phone extensions: x4582; x4715; x3418

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Utility Assessment

(Check all that apply)

<input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Medical Gas <input type="checkbox"/> Power <input type="checkbox"/> Water <input type="checkbox"/> Suction <input type="checkbox"/> Other	Type	<input type="checkbox"/> Modified <input checked="" type="checkbox"/> Shut Down <input type="checkbox"/> Other	<input type="checkbox"/> In part <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Frequent <input type="checkbox"/> Prolonged <input type="checkbox"/> Continuous	<input type="checkbox"/> Duration <input type="checkbox"/> See specific procedures for utility shut <input type="checkbox"/> Notify work areas prior to activity <input type="checkbox"/> Relocate patients/staff to another area of the facility for <input checked="" type="checkbox"/> Schedule activity during non-working hours or when <input type="checkbox"/> Other: Please explain below	Interventions Required