Pre-Construction/Safety Risk Assessment

Location of Construction (Bldg. No. /Room No.)**:** **Building 1 Section C Courtyard**	Project No**.: 578-14-2-6098-0462**

Project Title**: Sewer Repairs**	
Project Coordinator**: Joseph Tumpis**	Project Start Date**: 17-Nov-2014**
Contractor Performing Work**: Master DB**	Estimated Duration**: 2 weeks**
Supervisor: **Mark Benson**	Telephone: **708-202-2224**

Description of Project:
Dig up collapsed sewer line and replace. Restore courtyard area.

Construction Activities

The following projects do not require completion of the Pre-Construction/Safety Risk Assessment form:

1. Painting and installation of new wallpaper in business offices and non-patient areas.
2. Painting in a patient room, if closed for painting and less than 3 square feet of wall area is to be patched and painted. Contractor shall replace the air filter for the room's air conditioning unit upon completion of painting.
3. Installation of a soap dispenser/needle box/paper towel holder in a patient room
4. Repair of a window blind.
5. Ceiling tile replacement for areas less than ten (10) 2' x 2' tiles, if not in business offices and non-patient areas.
6. Ceiling tile replacement for areas less than five (5) 2' x 2' tiles in a patient area, if patient is out of the immediate area and clean up can be accomplished before patient returns.
7. Minimal repair of Nurse Call System/TV/Bed/Telephone.
8. Checking or replacing of electric outlet.
9. Replacing a light bulb.
10. Unstopping sink/commode with no water on floor.
11. Unstopping commode when water on floor requires maintenance to have Housekeeping clean area immediately.
12. Repair of a medical gas outlet. (Front Body)
13. Taking air balance measurement readings.
14. Checking air conditioning unit/system.
15. Intermediate jobs that create a moderate amount of dust inside the room with negative air pressure maintained in the room via use of HEPA-equipped unit with minimum 10 ACH and all air discharged outside. The HEPA unit must continue running 2 hours after completion of job and Housekeeping must clean room before the HEPA unit is removed from room. All work and use of HEPA unit must be documented and copies forwarded to Infection Prevention and Safety. **NOTE: All duct vents to be sealed off during work!**

Yes	No	
		Will there be noise generated that will impact a department adjacent to, above, or below the construction area?
		a. If so, these departments must be notified.
		b. How are you going to reduce the noise to an acceptable level?
Yes	No	**Will there be vibration generated that will impact a department adjacent to, above, or below the construction area?**
		a. If so, these departments must be notified each time this type of work will be performed.
		b. How are you going to reduce the vibration to an acceptable level?

Yes	No	**Are Emergency Procedures in place and posted on each job for accidental events that could greatly impact Patient Care or Life Safety to the facility?**
		Typically included items in these procedures are: • Emergency telephone numbers of key departments. • A contingency plan describing the location of main valves, switches, and controls. • A contingency plan for unexpected outages.

Environment

Yes	No	**Are any of the following environmental hazards present?**
		Will hazardous chemicals be used on this project? How will fumes and odors be controlled? ***Material Safety Data Sheets (MSDS) are required.*** Reference: Hazard Communication Program 578-03-001-034 (R-1) dated January 13, 2012
		Is asbestos abatement required on this job? ***If so, notify Safety at the Pre-Construction Meeting.*** Reference: Asbestos Management Program 578-03-001-046 (R-1) dated January 30, 2012
		Will there be hot work (welding, brazing, soldering) done on this project? If so, then a Hot Work Permit must be posted on the job site. All hot work must have a fire watch assigned to each area while the hot work is being performed. Reference: Cutting, Welding, and other Hot work Policy 578-03-001-089 (R-2)
		Will there be work performed above the ceiling? Will repair/construction activities involve penetration in to existing walls, ceilings, door frames, or doors? If so, must apply for an Above Ceiling Entry and Wall Construction Permit. Reference: Above Ceiling Entry and Wall Construction Permits 578-07-001-102 (R-2) dated December 27, 2011
		Will confined space entry be required on this project? If so, the VAMC Confined Space Entry Program must be followed. Reference: Confined Space Program 578-12-138S-047 dated May 2, 2012

Utility Failures

Yes	No	**Will any of the following systems be out of service at any time during the project?**
		• Fire alarm ***(For outages greater than 4 hours, Interim Life Safety Measures must be implemented.)***
		• Sprinkler (***For outages greater than 4 hours, Interim Life Safety Measures must be implemented.)***
		• Electrical
		• Domestic water ***(For outages greater than 2 weeks, affected domestic water systems will be flushed 5 times the plumbing volume to ensure no residual contaminants i.e. Legionella.)***
		• Oxygen
		• Sewage
		• HVAC
		* The contractor must provide the COR a minimum of 3 weeks' notice prior to a scheduled utility outage.

Yes	No	
		Will there be any work that will require activation of the Interim Life Safety Measures (ILSM) during this project? Other work may require ILSMs, but typical work requiring ILSM implementation are: • Any construction that impacts an exit or stairs • Any construction that impacts major breaches in a fire or smoke wall • Taking the main fire protection system out of service (sprinkler) • Taking the main fire alarm system out of service • Taking the "area" fire or fire alarm systems out of service for more than 4 hours within a 24-hour period **Implementation of the ILSM requires a fire watch and the ILSM forms to be completed.**

Additional Safety Concerns

Yes	No	
		Will construction affect exit routes from occupied areas adjacent to construction site?
		Will the project affect traffic patterns in area? ***If yes, explain plan.***
		Will the project involve the deployment of a crane to deliver equipment over occupied facilities? • Must submit a *Lift Safety Plan* and the Hines VA Hospital Planned Critical Lift Plan & Crane Permit to the Safety Office for approval a minimum of 3 weeks prior to the arrival of the crane on Hines VA Hospital. Follow the Safety Office's *Lift Safety Plan* format and include the following information: crane specifications, crane inspection list, and crane staff training record/certification. Contractors shall maintain and present the following items prior to crane start (items can be kept in crane cab): crane certifications, crane registration, fire extinguisher, and crane operating and safety manual.
		The following must be completed prior to any construction activities:
		• Construct separation walls prior to project start. • Fire protection systems must remain intact. • Provide extra fire extinguishers in work areas. • Maintain exit lights in work area. • Maintain negative air pressure in construction area (24/7) throughout project duration. • Maintain means to monitor and ensure negative pressure via barometer / magnahelix. • There cannot be any return air from within the construction area to the rest of the building. • Redirect egress routes; do not allow egress routes to pass through construction areas. • Provide and maintain "Construction Area-Do No Enter" signs on doors leading into the construction area. • Maintain up-to-date daily logs and maintain a current Hot Work Permit. • Provide and install no-slip mats at doors exiting construction area. • All debris removal must be by covered cart. • Maintain a clean and orderly work area. • Determine how, if at all, this project will affect the departments above, below, and adjacent to this project?

Air Quality and Infection Prevention

Construction activity types are defined by the amount of dust that is generated, the duration of the activity, and the amount of shared HVAC systems. Contact Hines VA's Safety and Infection Prevention Departments if any activity is questionable under these guidelines.

Yes	No	
		Will dust be generated during this project? ***If yes, explain location of and plan for interim dust barriers or attach floor plan with barriers clearly marked.***
		Is work occurring in an area defined by Infection Control as being at risk for Tuberculosis? ***If yes, explain location of and plan for notification of floor staff and PPE for assigned contractors, attach floor plan with barriers clearly marked.***
		Will debris removal be necessary? ***If yes, explain plan for debris removal and control.***
		Negative airflow ventilation and filtration in place and assessed for effectiveness.
		Exhaust fans in-place and functioning.
		Air supply duct to area closed and HEPA filtration unit in-place and functioning in adjacent patient care area?
		Will work be done in a sterile area? ***If so, how will sterile atmosphere be maintained (to include access in/out of the work area)?***

Type A		**Inspections and Non-Invasive Activities or Small Scale/Short Duration Activities. (Refer to Infection Control Risk Assessment for Type Selection)**
Yes	No	
		Removal of ceiling tiles for visual inspection (limited to 1 tile per 50 square feet)
		Painting (excludes sanding)
		Wall covering—Describe work to be done:
		Electrical trim work. Describe:
		Minor plumbing. Describe:
Type B		**Small Scale, Short Duration Activities that create minimal dust. (Refer to Infection Control Risk Assessment for Type Selection)**
Yes	No	
		Installation of telephone and computer cabling
		Access to chase spaces
		Sanding of walls for painting or wall covering (minor repairs—excludes sanding for drywall finishing)
Type C		**Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. (Refer to Infection Control Risk Assessment for Type Selection)**
Yes	No	
		Sanding of walls--drywall finishing
		Removal of ☐floor coverings ☐ceiling tiles ☐casework Describe:
		Cutting of walls or ceiling. Describe:
		New wall construction
		Minor ductwork or electrical work above ceilings
		Major cabling activities
		Activity cannot be completed within a single work shift
Type D		**Major demolition and Construction Projects. (Refer to Infection Control Risk Assessment for Type Selection)**
Yes	No	
		Will require heavy demolition or removal of a complete ceiling system
		New construction

Contractor Signature	COR / CSO Signature	Safety Signature
Date:	Date:	Date:

Safety Service Recommendations (as needed):