
Project Manual

Volume Four
Contractor Procedure Manual

Grady Health System
Atlanta, Georgia

Date: April 22, 2009

PROJECT MANUAL VOLUME 1

BIDDING REQUIREMENTS

Issued as Separate Manual.

PROJECT MANUAL VOLUME 2

CONTRACT FORMS AND CONDITIONS OF THE CONTRACT

Issued as Separate Manual.

PROJECT MANUAL VOLUME 3

TECHNICAL SPECIFICATIONS

(insert your table of contents here)

PROJECT MANUAL VOLUME 4

CONTRACTOR PRICEDURE MANUAL

This section contains processes and procedures that contractors will be required to implement

Contractor Work and Permit Requirements

Area _____ Project Name _____ Project No. _____ Project Manager _____

Hospitality Program: Quality care for our patients is the key component in everything we do. Our Hospitality Program is centered around the values of safety, service, friendliness, helpfulness, courtesy, communications, response, privacy, dignity, respect, listening and professionalism. The purpose of this pledge is to let you know, for your acknowledgement, that everyone working in Grady Hospital has a stake in quality patient care, patient comfort and patient safety. By supporting these values, you will have a direct impact on our patients.

<p>BADGE REQUIREMENTS Obtain Vendor Badge (must present valid Picture ID and Project No. to FM Customer Service). A TB Skin Test (PPD) is required, if on site for three or more days. A PPD is best obtained through any county health department at the expense of the contracting company. Written proof is required.</p>	<p>INFECTION CONTROL All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day. No eating or drinking in hospital occupied work areas. All evidence of eating or breaks taken on a secured construction site must be removed before end of day. Maintain appropriate construction barriers.</p>
<p>PERMITS Area work permits, hot work permits and utilities shutdown requests must be secured prior to starting work.</p>	<p>SHUTDOWNS No mechanical or electrical systems may be shutdown or turned off for any reason without the GHS Project Manager and Facilities Management (FM) assistance. Plan your work so that seven (7) calendar days notice should be given for all shutdowns whenever possible. Request for Utilities Shutdown Permit required.</p>
<p>INSURANCE Vendor must have proof of liability and workman's compensation insurance on site, prior to beginning work.</p>	<p>CEILING TILES Replace all ceiling tiles by the end of the day, even if work is not completed. Area involving ceiling or ceiling tile removal for access to work or inspection will be tagged with the project permit number, GHS Project Manager's name and contact number. Damaged or discolored tiles should be noted before the project begins, or the contractor will be held responsible. Ceilings that are out for long periods of time must have protection or approval from Epidemiology/ Safety to protect patient's health and welfare. See FM Ceiling Tile Policy</p>
<p>FIRE SAFETY Communicate to the FCC, ext. 5-3956, the area where you will be working: 7 A, B, C, etc. Approved barriers must be in place <u>prior</u> to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers. All workers must respond to building alarms and drills to designated Safe Areas. All workers must sign Fire Drill Participation Forms with GHS staff.</p>	<p>SAFETY Contractors are to provide fully charged, with pull pin seal, approved (must have a current inspection/service tag) fire extinguishers in the construction areas. Be conscious of all signage and surroundings. Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces construction areas. All clothing must meet OSHA requirements.</p>
<p>FIRE STOP Cover all wall or slab holes with temporary covers to maintain compartment integrity. After task completed, penetrations must be permanently sealed with Fire Stop. Communicate to GHS Project Manager any penetrations and/or repairs. The GHS Project Manager or FM Representative must inspect all patched penetrations prior to covering. Vendor must have been trained in application of fire stop. See FM Penetration Policy</p>	<p>CUTTING & CORING Worker must be posted to assist on "blind side" of coring, cutting, or demolition.</p>
<p>SMOKING No smoking in any building at any time. Use dedicated smoking areas outside of building.</p>	<p>SECURITY AND STORAGE Immediate work area secured to keep all others out. Secure all equipment when not in use or attended. Work with GHS Facility Development if project storage space is needed for overnight, or any length of time. Stairwell travel should allow re-entry on most floors. Some stairwell doors may be alarmed for emergency exiting only. Assigned access cards and keys are for the contractor's use only. No "piggy-backing" is allowed. All assigned keys must be turned over to the foreman/project manager at the end of the day.</p>
<p>COMMUNICATION DEVICES Use of cell phones restricted throughout the hospital. Cellular telephones and 2-way radios may cause electromagnetic interference affecting life support and other critical equipment. Vulnerable, sensitive areas have signage restricting radio-transmitting devices within that vicinity. If in doubt, ask or don't use.</p>	<p>UTILITIES All equipment (power cords, tools, ladders, etc.) must be inspected and warranted to be in good condition by the vendor prior to use at GHS. When using electrical equipment, a GFCI will be used appropriately. Tools and Supplies Vendor is responsible for the security of its equipment, supplies and tools. GHS does not replace lost, misplaced or stolen items.</p>
<p>HOUSEKEEPING Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces and construction area. The construction area shall be kept in a neat condition at all times. Combustible boxes and scrap materials shall be disposed of daily. Provisions shall be made to avoid the tracking of dust outside of the construction area. Trash is not to be left at any entry. Contractors will not use hospital equipment to clean up their projects.</p>	

<p>PARKING The GHS-PM will designate available parking areas for contractor employees. Parking space at GHS is limited and workers may be required to park some distance from their work place. Violation of this requirement will result in towing of the vehicle at the owner's expense.</p> <hr/> <p>ELEVATORS Contractors shall move material in an elevator specifically designated by GHS-PM. This elevator shall be designated the "Construction" elevator. The contractors are required to vertically migrate through the building using the stairs or construction elevators.</p>	<p>HAZARDOUS MATERIALS Before starting any work within GHS, conformation must come from the Asbestos Coordinator, Tyrone Williams (x5-9650), that the area is free of Asbestos Containing Material (ACM). ACM or presumed ACM is regulated by the Environmental Protection Agency (EPA) and must not be disturbed by non-asbestos abatement contractors. Work through project managers to insure compliance. No flammable storage on site. The Fire Command Center (FCC) and the Safety Department must be aware of all flammable products brought into Grady needed for task. Material Safety Data Sheets must be made available upon request, for contractor supplied products and materials.</p>
<p>OPEN FLAMES/HOT WORK Open flames of any kind require a burn permit obtained through the GHS Project Manager. This applies to cutting and welding forms. A vendor supplied current "ABC" fire extinguisher shall be kept at the work site at all times. Approved barriers are required for arc welding.</p>	<p>SCHEDULING Any work needing to be performed outside of regular hours (0700-1700) or on weekends, must be pre-scheduled (requested in writing) through the GHS Project Manger one week in advance. Any secured areas, (i.e. 4th and 13th floors or locked offices), will not allow access and will need to be scheduled 48 hours in advance for work to be done in these areas.</p>
<p>SMOKE DETECTORS A network of smoke detectors protects Grady, which send a signal to the Fire Command Center (FCC). Dust, fumes, smoke, water and heat can set off the detectors. Plan your work so that seven (7) days notice can be given to temporarily take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. FM may temporarily disconnect smoke alarms.</p>	<p>OCCUPIED AREAS It is expected that contractor employees working in occupied areas, including, corridors, be sensitive to patients, staff and the public. Yelling, foul language, dirt and debris without barricades, unattended ladders, toolboxes and materials are not permitted.</p>
<p>STANDARDS OF CONDUCT Use dedicated elevators for the transportation of equipment. Always yield to Grady patients, staff and daily business. Follow GHS directives during emergency responses and drills. Use of profane and abusive language is prohibited. No profane or derogatory verbiage on apparel. Radios are NOT permitted.</p>	<p>TOILETS Contractor personnel shall only utilize staff toilets as directed by your Supervisor. It is expected that use of toilets by contractor personnel will not result in any additional cleaning requirements.</p>
<p>GHS/GHS TELEPHONE NUMBERS Frequently used numbers inside GHS: GHS Plant Operations/Facility Management: 5-3960 GHS Facilities Development: 5-4291 Compliance Coordinator Manager: 5-7356 Safety Office: 5-1783 Plant Operations: Duty Engineer: 404-837-0005 GHS Emergency: 911 Cardiac Arrest: 5-5555 Fire Commander Center: 5-3956 Environmental Services (Housekeeping): 5-4065 Public Safety (Security) 5-4024</p> <p>The Prefix 5 is in lieu of 404-616- for in-house telephones</p> <hr/> <p>Dress Code Appropriate company uniform or work clothes with no graphics or words, other than vendor company name and logo shall be worn.</p>	<p>INTERIM LIFE SAFETY MEASURES These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include:</p> <ol style="list-style-type: none"> 1. Ensuring that exits provide free and unobstructed egress. 2. Ensuring free and unobstructed access to emergency departments. 3. Ensuring that fire alarm, detection, and suppression systems are not impaired. 4. Ensuring that temporary construction partitions are smoke tight and non-combustible. 5. Providing additional fire-fighting equipment and personnel training. 6. Prohibiting smoking in or near construction areas. 7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices. 8. Conducting additional fire drill(s) each quarter. 9. Increasing hazard surveillance of buildings, grounds and equipment. 10. Training personnel when structural features are compromised. 11. Conducting organization wide safety programs to ensure awareness of hazards. 12. All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day.

FIRE SAFETY MEASURES: In the event of a fire, the following steps should be taken:

Rescue anyone in immediate danger.

Alert/alarm by activating the nearest pull station (typically located at most stairwells or near elevator lobbies).

Contain the fire by closing doors, windows and turning off fans

Extinguish the fire as time permits, and continue to evacuate (use **PASS** - Pull the pin, **A**im at the fire base, **S**queeze the trigger and **S**pray in a sweeping motion).

CONCURRENCE: I HAVE READ, UNDERSTAND AND PLEDGE TO SUPPORT PATIENT CARE AS OUTLINED ABOVE. I UNDERSTAND FAILURE TO COMPLY WITH THESE REQUIREMENTS CAN RESULT IN DISMISSAL FROM THE PREMISES.

SIGNATURE: _____

DATE: _____

COMPANY NAME: _____

DATE: _____



Grady Health System – 80 Jesse Hill Jr. Drive, SE – Box 26083 – Atlanta, GA. 30303-3801

**Grady Health System Facility Development
Contractor Badge Sign-On Agreement**

The following individual has agreed to be issued a Grady Health System Facility Development contractor badge. By accepting this badge, this person agrees to abide by all Grady Health System rules and regulations, as well as all “*Contractor’s requirements addressed in the Contractor Work and Permit Requirements*”, while conducting business on Grady Health System property. Badges should be returned when work is completed, failure to do so will result in holding of retainage.

BADGE#: _____ **Date Issued:** _____

Name: _____

Home Address: _____

Phone: _____ **Picture ID #*:** _____

Company: _____

Company Supervisor: _____ **Company Phone:** _____

Signature: _____

Project Name: _____

Project #: _____

GHS – FD Supervisor/ PM working for: _____

Employee Issuing Badge: _____

PPD Expiration Date: _____

* Types of ID Accepted: US Drivers License, State Picture ID, Military ID, Alien Registration Card (Green Card).

NOTICE TO COMPLY

CONTRACTOR:

DATE: October 21, 2008

PROJECT: _____

JOB NUMBER: _____

CONTRACTOR IS HEREBY NOTIFIED THAT CONTRACTOR HAS:

- Failed to supply enough competent supervision and project management.
- Failed to timely furnish shop drawings, data, samples, or mock-ups.
- Failed to reasonably protect Contractor's work and any other existing work or improvements from damage.
- Failed to reasonably protect existing facility conditions and/or equipment from damage.
- Failed to comply with safety requirements.
- Failed to comply with clean-up requirements.
- Failed to comply with natural resource and environmental protection requirements.
- Failed to perform Contractor's Work in strict accordance with the Contract Documents.
- Failed to supply enough properly skilled workers.
- Failed to supply enough proper materials, equipment or facilities.
- Failed to maintain the Schedule of Work.
- Failed to make prompt payment of its obligations under the Contract.
- Failed to comply with laws, ordinances, rules, regulations or orders of any public authority having jurisdiction.
- Failed to comply with other requirements of the Contract Documents as described below:
- Failed to comply with "Contractor Work & Permit Requirements".

Contractor is hereby notified that it shall, immediately upon receipt of this notice, commence and diligently continue to satisfactorily correct and cure such defective, condemned or unapproved work or other failure to default as indicated above, and particularly described if necessary, below. Failure to timely commence and complete correction and cure shall entitle the Grady Health System to all remedies permitted under the Contract.

ITEM/DESCRIPTION AND LOCATION:

Grady Health System (GHS)

Project Manager
GHS Facilities Development

Receipt acknowledge by :

Contractor

Date



Report for Date: _____

Project Information

GHS-FD Project Number: _____

Project Title _____

Contractor Name _____

GHS-FD / Contractor Contract Number _____

Material Received

Equipment In / Out

Manpower	Prime	Sub.
Trade		
Clerical		
Engineering		
Field Supervision		
Project Management		
Clean Up / GC's		
Watchmen, Security		
Site Prep		
Demolition		
Excavation / Backfill		
Foundations		
Structure		
Fireproofing		
Enclosure		
Water / Dampproofing		
Masonry / Precast / Stone		
EFIS		
Ext.Windows / Doors		
Roofing		
Electrical / Lighting		
HVAC		
Plumbing		
Fire Protection / Sprinklers		
Interior Partitions		
Interior D/F/H/W		
Ceilings / Acoustical		
Floor Finishes		
Wall Finishes		
Voice / Data		
Fire Alarm		
Nurse Call		
BAS		
Security Systems		
Medical Gas		
Paving / Drives / Walks		
Hardscapes		
Landscapes		
Interior Signage		
Exterior Signage		
CFCI FF&E		
OFCI FF&E		
PunchList Work off		
Total		

Routing

To: GHS-FD Project Manager _____

From: Contractor Superintendent _____

Date: _____

Received GHS-FD Project Manager _____

Date: _____

Instructions Received

Information Requested

Weather

Atmospheric Conditions

A.M.		P.M.
<input type="checkbox"/>	Sunny	<input type="checkbox"/>
<input type="checkbox"/>	Cloudy	<input type="checkbox"/>
<input type="checkbox"/>	Rain	<input type="checkbox"/>
<input type="checkbox"/>	Windy	<input type="checkbox"/>
<input type="checkbox"/>	Snow	<input type="checkbox"/>

Ground Conditions

A.M.		P.M.
<input type="checkbox"/>	Dry	<input type="checkbox"/>
<input type="checkbox"/>	Wet	<input type="checkbox"/>
<input type="checkbox"/>	Muddy	<input type="checkbox"/>
<input type="checkbox"/>	Frozen	<input type="checkbox"/>

Temperature Range

High _____ Low _____

Additional Work Authorized

Critical Issues

Safety Issues

Accidents / Incidents - if Yes file Report

Yes		No
<input type="checkbox"/>	Personnel	<input type="checkbox"/>
<input type="checkbox"/>	Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Property	<input type="checkbox"/>

ILSM

Are all Controls in Place? Yes No

Work Activities
In Progress:

Started:

Stopped:

Completed:

Impacts
To Work in Progress:

Prevented from Starting:

Stopping Work:

Coordination Issues:

Schedule Compliance
Short Interval Progress

 Is your Work on schedule? Yes No

If not, what is impeding your progress?

Critical Path Progress:

 Is the Impact to the Critical Path: Yes No

If yes, what actions are you taking to bring your work back on schedule, & have you prepared a Schedule Recovery Plan?

Clean Up

 Have you accumulated and properly disposed of spoils from today's work activities? Yes No

Scheduled Utility Shutdowns

 Request form submitted? Yes No

UTILITY SHUTDOWN PROCEDURE

ONLY ORIGINAL DOCUMENTS (No Faxes) WITH ORIGINAL SIGNATURES WILL BE PROCESSED.

Trade Subcontractor (T Sub.) requiring the shutdown, will meet with the GHS Facilities Maintenance Supervisor (GHS FM Supv). at least 7 days in advance of the projected utility shut down. At that meeting they will determine:

- the exact scope of work
- identify the work area
- walk the space if necessary
- review existing plans if available and necessary
- consult with the GHS Asbestos manager (GHS A Man.) for any work to be done above existing ceilings
- the required manpower to complete the work
- the ways and means
- what areas of the hospital are affected by the utility shutdown in addition to the actual work area
- schedule a tentative shutdown time and date
- consult with the GHS-FD Project Manager for any unusual circumstances
- jointly complete the Utility Shutdown Request Form
- GHS FM Supv. Will initial and date the document, and the Trade Subcontractor will sign and date it.

Immediately after that meeting the Trade Subcontractor will meet with the General Contractor's Superintendent (GC Supt.), and the GHS Project Manager or his assigned representative, and review the Shutdown Request. The GC Supt. will sign and date the document.

The GHS-FD PM will review the Shutdown Request and submit it to the GHS General Services Division. Grady Administration will approve, sign & date the Shutdown Request and forward it to the GHS-FD PM.

The GHS-FD PM will return the approved Shutdown Request to the GHS FM MEP Superintendent for GHS user group notification and schedule the Utility Shutdown as approved.

The GHS FM MEP Superintendent will forward copies of the fully executed Shutdown Request to GHS Customer Service for public service announcement.

The GHS FM MEP Superintendent will sign and return the Shutdown Request to the GHS-FD PM upon completion of the user group notification process.

The GHS-FD PM will forward a copy of the executed Shutdown Request to the GC Supt., who will notify the Trade Subcontractor that the work will be allowed to progress as scheduled.

No shutdown work will be allowed to commence without full time direct onsite supervision by the General Contractors Superintendent who will be wholly responsible for all onsite incident response and mitigation. A "Crash Cart" is required at all floors where work is to be performed. The actual "turning of the valve" and "turning off of the breakers", and tag-out will be done by the GHS FM Supv.

GHS FM Supervisor - Phone List:

HVAC / Chilled Water:	Will Roddy:	404 616 3964
Plumbing / Steam:	Larry New:	404 616 3962
Electrical / PT Tube / Elevators:	Henry Chastine :	404 616 3963
Fire Alarm / Sprinkler & HVAC Controls:	Joe Heffron:	404 616 0524
Medical Gas:	James Turnispeed:	404 616 0317
FM MEP Superintendent	Joe Rothwell	404 616 5198

The Individual GHS Facilities Maintenance Supervisors will be available for direct consultation with individual Trade Subcontractors between the hours of 8:30 am to 9:30 am Monday, Wednesday, and Friday. Please call ahead of time to secure you consultation time – do not just "drop in" Additional consultations will be handled on an "as available" basis. Please call ahead to see what times may or may not be available.

PROJECT NAME: _____

GHS-FD PROJECT # _____

UTILITY SHUTDOWN REQUEST FORM

Reason for Shutdown: _____

Area work is to be performed:

_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____

<u>Affected Utility</u>	<u>GHS FM Supv</u>	<u>Date</u>
<input type="checkbox"/> HVAC	_____ Will Roddy	_____
<input type="checkbox"/> Chilled Water	_____ Will Roddy	_____
<input type="checkbox"/> Heating Water System	_____ Will Roddy	_____
<input type="checkbox"/> Storm	_____ Larry New	_____
<input type="checkbox"/> Sanitary	_____ Larry New	_____
<input type="checkbox"/> Domestic Hot Water	_____ Larry New	_____
<input type="checkbox"/> Domestic Cold Water	_____ Larry New	_____
<input type="checkbox"/> Steam	_____ Larry New	_____
<input type="checkbox"/> Condensate	_____ Larry New	_____
<input type="checkbox"/> DI / RO Water	_____ Larry New	_____
<input type="checkbox"/> Natural Gas	_____ Larry New	_____
<input type="checkbox"/> Nitrogen	_____ James Turnispeed	_____
<input type="checkbox"/> Nitrous Oxide	_____ James Turnispeed	_____
<input type="checkbox"/> Vacuum	_____ James Turnispeed	_____
<input type="checkbox"/> Oxygen	_____ James Turnispeed	_____
<input type="checkbox"/> Medical Air	_____ James Turnispeed	_____
<input type="checkbox"/> Normal Power	_____ Henry Chastine	_____
<input type="checkbox"/> Emergency Power	_____ Henry Chastine	_____
<input type="checkbox"/> Normal Lighting	_____ Henry Chastine	_____
<input type="checkbox"/> Emergency Lighting	_____ Henry Chastine	_____
<input type="checkbox"/> Pneumatic Tubes	_____ Henry Chastine	_____
<input type="checkbox"/> Elevators	_____ Henry Chastine	_____
<input type="checkbox"/> Fire Alarm System	_____ Joe Heffron	_____
<input type="checkbox"/> Fire Supression System	_____ Joe Heffron	_____
<input type="checkbox"/> Temperature Controls	_____ Joe Heffron	_____
<input type="checkbox"/> _____	_____	_____

Shutdown Schedule

Day: _____
Date: _____
Start Time: _____
Finish Time: _____
Total Duration: _____

Areas Affected by Shutdown

Special Requirements:

<u>Authorizations</u>			
<u>Company Name</u>	<u>Name</u>	<u>Date</u>	<u>Phone</u>
Sub: _____	_____	_____	_____
GC: _____	_____	_____	_____
GHS: Terri James	_____	_____	_____
GHS: Tom Arrendale	_____	_____	_____
GHS-FM: Don Robida	_____	_____	_____
GHS-FD PM	_____	_____	_____
CC: GHS-FD, GHS-FM, Project File	_____	_____	_____

GHS FM MEP Superintendent will forward to GHS Customer Service for Public Service Announcement

GRADY HEALTH SYSTEM HOT WORK PERMITS			
Policy #: 828.07.11	Revised: 5/01	Origination: 2/91	Category: Utilities Mgt.

I. POLICY

This policy establishes procedures allowing hot work to be performed in a safe and effective manner. This policy applies to routine maintenance, renovation, and new construction performed by in-house or contract personnel.

II. SCOPE

All personnel performing hot work at Grady Health System (GHS).

III. PROCEDURES

A. For the purposes of this policy, the following definitions apply:

1. Burn Permit: This form is to be completed by a Facilities Management or Facilities Development Project Manager. It must contain the work to be performed, nature of the work, the fire alarm point or zones disabled, the time period of the work, the name of the employee completing the form, the name of the employee or company performing the work, and a safety check list to be completed after work is finished.
2. Fire Alarm Point or Zone: An alpha-numeric name assigned to an alarm initiating device or group of devices, i.e. duct detectors, smoke detectors, flow switches, beam detectors, or heat detectors.
3. A burn permit must be completed by a Facilities Management or Facilities Development Project Manager prior to beginning work. The fire alarm point or zone must be disabled prior to the burn permit being issued.
4. The burn permit must be kept in the area the work is taking place. If hot work or work creating excessive dust is occurring without a burn permit, work will be immediately stopped by either Safety, Facilities Management, Facilities Development or Project Manager.
5. It is the responsibility of the employee who disables a point and/or issues a burn permit to ensure the point is enabled and/or the burn permit turned in.
6. If the employee is ending his shift, it is his responsibility to delegate this task to the individual on the next shift. Upon returning to work the next day, the employee must check if the point of zone is enabled and/or burn permit turned in. If the delegated employee failed to perform this task, it is to be reported to the supervisor.
7. Upon completion of work, the area shall be checked by the employee or company performing the work and the safety checklist completed.
8. Failure to follow these procedures will result in disciplinary action.

Hot Work Permit		
Date Issued		
Issued By		
Location of Hot Work		
Type of Hot Work	(Circle the appropriate answer) Welding - Cutting - Grinding - Other	
EXPIRES	Time _____ Date _____	
Job Description		
Safety Requirements - required to be established & maintained		
The person issuing this permit has required the following safety precautions as indicated by his/her initials that the following circled items have been established prior to issuing this permit. Items that do not apply will be marked N/A	Initials of Issuing Authority	
No flammables/combustibles within 35 ft or ILSM		
Charged Extinguisher in work area		
Fire Watch(es) briefed & stationed		
Adequate ventilation established		
Welding curtains or shields if applicable		
Respirators used if applicable		
Hot Work Personal Protective Equipment		
Warning signs posted		
Welding/cutting equipment inspected		
Certified Welder		
Surrounding equipment is Locked Out		
No flammable/combustible gasses in area		
Confined Space Entry Permit Issued		
Access to work area controlled		
Task Started	Time _____	Date _____
Task Completed	Time _____	Date _____
Fire Watch Secured	Time _____	Date _____
Permit Ended	Time _____	Date _____
Return Completed Permit to:		

SCHEDULE B

INVOICING INSTRUCTIONS

Please send all invoices for payment to:

Grady Health Systems
Attn: Facilities Development Accountant
80 Jesse Hill Jr. Drive, SE
PO Box 26083
Atlanta, GA 30303

This letter serves as guidelines for your firm when invoicing Grady Health Systems for services rendered. Your invoice package should be sent to the above address with a copy to the Facilities Development Project Manager.

Your invoice packages should contain the following items when submitted:

- Your invoice document
- ALL invoices should be rounded to the nearest dollar
- The Application & Certificate for Payment and Continuation Sheet
- Sworn Statement
- Lien Waiver for the final payment of a contract ONLY.
- Grady's Project and Contract Number reference on invoice document.
- Grady's Project and Contract Number referenced on the Application for Payment
- Contractors Invoice Number referenced on the Application for Payment (unique number for each pay application)
- Name of Project and Location.
- Name of Grady's Project Manager on invoice document.
- Period of services rendered.

Invoices should **NOT** be sent to Grady Accounts Payable. Failure to provide the information required on your invoices will result in delays. Improper invoices will be returned to your accounting department. Grady requires invoices and does not pay from statements. Should you have any questions regarding these invoicing instructions, please contact PM or Grady's FD Accountant.

APPLICATION AND CERTIFICATE FOR PAYMENT *SHEET A*

TO (OWNER):

PROJECT:

APPLICATION NO:

FROM (CONTRACTOR):

PROJECT NO.:

APPLICATION DATE:

PERIOD TO:

GHS PO NUMBER:

GHS PROJECT MANAGER:

CONTRACTOR'S INVOICE NO:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, **Sheet B**, is attached.

1. ORIGINAL CONTRACT SUM\$ _____
2. Net change by Change Orders \$ _____
3. CONTRACT SUM TO DATE (Line 1 ±2) \$ _____
4. TOTAL COMPLETED & STORED TO DATE \$ _____
(Column G on Sheet B)
5. RETAINAGE:
 - a. ____ % of Completed Work \$ _____
(Column D + E on Sheet B)
 - b. - % of Stored Material \$ _____
(Column F on Sheet B)
 - Total Retainage (Line 5a + 5b or
Total in Column I of Sheet B) \$ _____
6. TOTAL EARNED LESS RETAINAGE \$ _____
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior **Certificate**) \$ _____
8. CURRENT PAYMENT DUE \$ _____
9. BALANCE TO FINISH, PLUS RETAINAGE \$ _____
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous applications by Owner		
Total approved this application		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public: _____

My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on site observations and the data comprising the above application, GHS-FD certifiesthat to the best of our knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED\$ _____

(Attach explanation if amount certified differs from the amount applied for)

GHS Facilities Devolpment:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment acceptance are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

SHEET B

PAGE OF PAGES

Grady Health Systems Document APPLICATION AND CERTIFICATE FOR PAYMENT Sheet A, containing Contractor's signed Certification is attached.

In tabulation below, amounts are stated to the nearest dollar.

Use column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER:

APPLICATION DATE:

PERIOD TO:

GHS PO NUMBER:

CONTRACTORS INVOICE NO:

PROJECT NO:

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D+E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D or E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	%(G/C)	BALANCE TO FINISH (C-G)	RETAINAGE

SWORN STATEMENT

STATE OF: Georgia

COUNTY OF:

_____ being duly sworn, deposes and says that he/she/is/makes this affidavit on behalf of _____, who is The contract for the construction of the building situated on the following described property, viz;:

that the following is a statement of the number and names of every sub-contractor and laborer in our employ in connection with said building and every person furnishing materials therefore; that the amounts due or to become due to such subcontractors, laborers and persons for work done and materials furnished at the date hereof, is correctly and fully set forth opposite their names, respectively, in said statement to-wit:

NO.	NAME	LABOR OR MATERIAL	AMOUNT

Deponent further says that the Contractor has not employed, or procured material from or subcontracted with, any persons or persons other than those above mentioned and owes no moneys for labor upon material for the construction of said building other than the sums above set forth.

Subscribed and sworn to before me, this _____ - day of _____ of 200_

Notary Public _____ County of _____

My Commission expires _____, 200_

SWORN STATEMENT

**CONTRACTOR'S
AFFIDAVIT OF FULL CONDITIONAL RELEASE OF LIENS**

To Agent: Grady Health Systems

For Property Owned by: Fulton-Dekalb Hospital Authority (D/B /A Grady Health System)

CONTRACT NO.

CONTRACT DATE:

PROJECT:
(name, address)
CONTRACT FOR:

State of: Georgia

County of: _____

The undersigned, Conditions of the Small Project Version Master Contract for Construction, hereby certifies that to the best of his knowledge, information and belief, except as listed below, the Full Releases or Waivers of Lien attached hereto include the Contractor, all subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens against any property of the Owner arising in any manner out of the performance of the Contract referenced above to the amount of:

\$ _____
_____ date

EXCEPTIONS: (If none, write "none". If required by the Owner, the Contractor shall furnish bond satisfactory to the Owner for each exception.)

SUPPORTING DOCUMENTS ATTACHED HERETO:

1. Contractor's Partial Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Partial Releases or Waivers of Liens from the Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.

CONTRACTOR: _____

Address: _____

By: _____

Subscribed and sworn to me this
_____ day of _____ 20 ____

Notary Public:

My Commission Expires: _____, 20 ____.

Grady Health System® Operational Policy

POLICY TITLE: Interim Life Safety Measures (ILSM)

TRACKING NUMBER:

SECTION:

AUTHOR DEPARTMENT: Facilities Management

ORIGINATION DATE: 03.95

REVISION DATE(S): 02.04, 03.06, 08.08



Grady Health System®

PURPOSE:

The Interim Life Safety Measure policy is written to specify the process at Grady Health System (GHS) for assessment, evaluation and implementation of Interim Life Safety Measures (ILSM) during construction or renovation, and building maintenance. This policy applies to all contractors, sub-contractors, and maintenance personnel who work within the complex regardless of the originator of the contract services as well as to GHS personnel directly performing work.

SCOPE:

This policy and these procedures applies to all buildings under the control of Grady Health System® and areas in which Grady Health System® employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady Health System®.

Any individual or organization entering into the Grady Health System® must comply with this policy. This policy is not limited to employees, house staff or medical staff.

OPERATIONAL DEFINITIONS:

1. Interim Life Safety Measures are actions and procedures required to temporarily compensate for significant hazards posed by Life Safety Code deficiencies and construction hazards. **Any Life Safety deficiency that can not be completed within 45 days of identification will be added to the eSOC and ePFI.** Interim Life Safety Measures are as follows:

ILSM #1 Ensure free and unobstructed exits. Personnel receive additional training when alternate exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times. Means of exiting construction areas are inspected daily.

ILSM #2 Ensure free and unobstructed access to emergency services, and for fire, police, and other emergency forces.

ILSM#2.1 Emergency force notification is intact.

- ILSM #3 Ensure the fire alarm detection and suppression systems are not impaired and are in good working order. A temporary but equivalent system is provided when fire system is impaired and is documented that it is inspected and tested monthly. Before the fire alarm systems are taken out of service, plans are taken to compensate, including notification of appropriate authority having jurisdiction (i.e., local fire department, insurance carrier, etc.)
- ILSM #4 Ensure temporary construction partitions are smoke tight and built of non-combustible materials that will not contribute to the development or spread of fire. Construction area is properly restricted from the rest of the facility with appropriate signage, and access to the construction area is limited to authorized personnel.
- ILSM #5 Ensure additional fire-fighting equipment and in-use training is provided to personnel. Indicate inspection date of fire extinguishing equipment.
- ILSM #6 Ensure smoking is prohibited throughout the facilities, all construction areas, and adjacent areas.
- ILSM #7 Ensure storage, housekeeping, and debris removal practices are enforced to reduce the flammability and combustibility fire load of the building to the minimum necessary to conduct daily operations. Maintain a clean and orderly construction site and remove all combustible construction debris daily.
- ILSM #8 Ensure a minimum of two fire drills per quarter, per shift are conducted.
- ILSM #8.1 Conduct 2 fire drills per shift in local area.
- ILSM #9 Increase hazard surveillance of building, grounds and equipment, with special attention to excavations, construction areas, construction storage and field offices. If required, establish a fire watch program, and train personnel to the nature of the job and work in progress.
- ILSM #10 Train personnel to compensate for impaired structural or compartmentalization features of fire safety.
- ILSM #11 Conduct facility wide safety education programs to ensure awareness of life safety code deficiencies, construction hazards, Interim Life Safety Measures, and Infection Control Measures.
- ILSM#11.1 Conduct additional training of incident response team.

PROCEDURES:

INTERIM LIFE SAFETY MEASURE ASSESSMENT, IMPLEMENTATION and DOCUMENTATION

1. Specific Life Safety Code Deficiencies
 - a. For Life Safety Code deficiencies identified as part of building maintenance audit and facility review process, an ILSM assessment will be conducted utilizing the ILSM Assessment form and five criteria (attachment A),

- b. Once the ILSM Assessment form is complete for the specific LSC deficiency in question, a determination will be made whether or not to implement ILSMs for that deficiency and associated area,
- c. Using the ILSM Implementation Evaluation Matrix (Attachment B), identify the type of LSC deficiency, construction related issue or maintenance/testing issue and then determine the Interim Life Safety Measure(s) that require implementation,
- d. Documentation of the ILSM implementation will be kept and provided to the Life Safety Engineer or applicable Facilities Management representative for archiving along with the original LSC deficiency information.

2. Renovation and Construction Projects

- a. For renovation and construction projects, an ILSM assessment will be conducted and ILSMs implemented per the above process,
- b. An Interim Life Safety Checklist/Schedule (Attachment C) will be used as a guideline for inspecting the construction area on a routine basis,
- c. Inspection of the construction area and completion of the ILSM Checklist will be performed daily.
- d. ILSM specifications (01501) shall be included in all construction project manuals in Division 1 – General Requirements.
- e. Upon completion of the project, ILSM checklist and documentation of the implementation of ILSMs will be archived into the Facilities Development primary construction project file and the corresponding Facilities Management ILSM file.

Approved By:

President and Chief Executive Officer

Date:

Executive Vice President and Chief Operating Officer

Date:

Sr. Vice President, Medical Affairs and Chief Medical Officer

Date:

Sr. Vice President, Patient Care and Chief Nursing Officer

Date:

Senior Vice President and Chief Legal Counsel

Date:

Vice President, Human Resources

Date:

Initiating Senior Vice President or Vice President

Date:

INTERIM LIFE SAFETY MEASURE ASSESSMENT FORM

Appendix A

The criteria below are used to conduct an initial assessment of Life Safety Code deficiencies identified through Building Maintenance activities or related to a renovation or construction project. Consideration should be given to the scope of operations in the area, the level of staff activity, and the acuity of patient treatment in the area.

Area: _____ Project Name: _____

Date Assessed: _____ PFI or WO Unique ID# _____

Assessed By: _____

Criteria	YES	NO	Findings / Comments	ILSM Needed?
The issue alters or significantly compromises exit access, exiting, or exit discharge building elements				
Significant compromise of building compartmentation including fire or smoke walls, floor / ceiling assemblies, corridor walls, use area doors, or other defend in place elements				
The issue impairs the building fire alarms or sprinkler systems for more than 4 hours in a 24-hour period.				
The activity includes significant ignition sources such as cutting, welding, or other operations using flame or producing sparks.				
The activity includes large quantities of combustible materials, flammable materials, or generation of large amounts of dust and debris.				
Other Factors:				

Findings: ILSM are required

ILSM are not necessary

Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction		Interim Life Safety Measures													
		a)=ILSM #1-GHS Policy Ensuring egress	b)=ILSM #2-GHS Policy Emergency forces access	b.1)=ILSM #2.1-GHS Policy Emergency forces notification	c)=ILSM #3-GHS Policy Ensuring operational life safety systems	d)=ILSM #4-GHS Policy Temporary construction barriers	e)=ILSM #5-GHS Policy Additional fire fighting equipment	f)=ILSM #6-GHS Policy Prohibiting smoking	g)=ILSM #7-GHS Policy Controlling combustible loading	h)=ILSM #8-GHS Policy Conducting 2 fire drills per shift in all areas	h.1)=ILSM #8.1-GHS Policy Conducting 2 fire drills per shift in local area	i)=ILSM #9-GHS Policy Increased hazard surveillance	j)=ILSM #10-GHS Policy Compartmentation training of personnel	k)=ILSM #11-GHS Policy Conducting organizational training on life safety	k.1)=ILSM #11.1-GHS Policy Conducting additional training of incident response team
Code Deficiencies															
1)	Patient room door latching failure						X	X	X		X	X	X		
2)	Lacking a code complying smoke barrier						X	X			X	X	X		X
3)	Fire exit stairs discharge improperly			X				X		X			X	X	X
4)	Excessive travel distance to an approved exit							X	X		X	X			
5)	Lack of two remote exits							X	X		X	X	X		X
6)	Nonconforming building construction type						X	X	X	X		X		X	
7)	Improperly protected vertical opening							X	X	X		X	X		
8)	Large penetrations in fire barriers							X	X		X	X	X		X
9)	Corridor walls do not extend to the structure							X	X		X	X	X		
10)	Hazardous areas not properly protected							X	X			X			
Construction related Issues															
11)	Blocking off an approved exit	X		X				X	X		X	X	X		X
12)	Rerouting of traffic to emergency room		X	X											
13)	Major renovation of an occupied floor	X			X	X	X	X	X		X	X	X		
14)	Replacing fire alarm system (out of service)			X	X			X	X	X		X			X
15)	Installing sprinkler system (out of service)			X	X		X	X	X	X		X		X	
16)	Significantly modifying smoke or fire barrier walls					X		X	X		X	X	X		
17)	Adding an addition to an existing structure	X	X	X	X	X		X		X				X	X
Maintenance and Testing															
18)	Taking a fire alarm system out of service (4 hour or longer)			X	X			X							X
19)	Taking a sprinkler system out of service (4 hours or longer)			X	X			X							X
20)	Disconnecting alarm devices			X				X			X				

ILSM Implementation Monitoring Checklist

Project Number & Name: _____

Monitoring By: _____

Project Location: _____

Monitoring Date: _____

Required ILSM	ILSM Number	ILSM	Compliant with ILSM?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		

	1	Ensure free and unobstructed exits. Personnel receive additional training when alternate exits are designated. Building or areas under construction must maintain escape routes for construction workers at all times. Means of exiting construction area are inspected daily.				
	2	Ensure free and unobstructed access to emergency services, and for fire, police and other emergency forces.				
	2.1	Emergency force notification.				
	3	Ensure the fire alarm detection and suppression systems are not impaired and are in good working order. A temporary but equivalent system is provided when fire system is impaired and is documented that it is inspected and tested monthly. Before the fire alarm systems are taken out of service, plans are taken to compensate, including the notification of appropriate authority having jurisdiction (i.e., local fire department, insurance carrier, etc.).				
	4	Ensure temporary construction partition are smoke tight and built of non-combustible materials that will not contribute to the development or spread of fire. Construction area is properly restricted from the rest of the facility with appropriate signage, and access to the construction area is limited to authorized personnel.				
	5	Ensure additional fire fighting equipment and in-use training is provided to personnel. Indicate inspection date of fire extinguishing equipment.				

ILSM Implementation Monitoring Checklist

Project Number & Name: _____

Monitoring By: _____

Project Location: _____

Monitoring Date: _____

Required ILSM	ILSM Number	ILSM	Compliant with ILSM?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		

	6	Ensure smoking is prohibited throughout the facilities, all construction areas and adjacent areas.				
	7	Ensure storage, housekeeping and debris removal practices are enforced to reduce the flammability and combustible fire load of the building to minimum necessary to conduct daily operations. Maintain a clean and orderly construction site and remove all combustible construction debris daily.				
	8	Ensure a minimum of two fire drills per quarter, per shift are conducted and complete Fire Drill Evaluation Sheets.				
	8.1	Conduct two fire drills per quarter, per shift in the local area.				
	9	Increase hazard surveillance of building, grounds and equipment, with special attention to excavations, construction areas, construction storage and field offices. If required, establish a fire watch program, and train personnel to the nature of the job and work in progress.				
	10	Train personnel to compensate for impaired structural or compartmentalization features of fire safety.				

ILSM Implementation Monitoring Checklist

Project Number & Name: _____

Monitoring By: _____

Project Location: _____

Monitoring Date: _____

Required ILSM	ILSM Number	ILSM	Compliant with ILSM?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		

	11	Conduct facility wide safety education programs to ensure awareness of life safety code deficiencies, construction hazards, Interim Life Safety Measures and Infection Control Measures.				
--	----	--	--	--	--	--

	11.1	Conduct additional training of incident response team.				
--	------	--	--	--	--	--

Additional Comments (reference ILSM number in text)

ATTACHMENT C

FIRE DRILL EVALUATION

Building: _____ Area: _____

Date: ____/____/____ Time: _____AM/PM Evaluated By: _____

Table with 5 rows and 4 columns (Question, YES, NO, N/A). Questions include: Does construction worker know how to report a fire? Does construction worker know their duties in a fire? Does construction worker know where to find fire extinguishers and pull stations? Does construction worker know how to use fire extinguishers? Can construction worker explain evacuation procedures?

ANSWERS:

- 1. To report a fire, pull a fire pull station if your building has a fire alarm system and call 5-3333 to report a fire. Follow up with a call to GMH Security at 9-911 after everyone is safely evacuated.
2. Staff should follow the acronym RACE: Rescue, Alarm, Confine, and Extinguish. Rescue any one in immediate danger and begin evacuation immediately. Alarm others by pulling alarm (if the building has one) and call the 5-3333 or Security. Confine the fire by closing doors between you and the fire. Extinguish the fire if it is small and you can safely do so. Normally do these things in this order.
3. Know the location of all fire extinguishers and pull stations in the areas of the building you use or frequent.
4. Staff should know the acronym PASS: Pull, Aim, Squeeze, and Sweep. Pull the pin. Aim at the base of the flames. Squeeze the handle. Sweep back and forth.
5. Evacuate those exposed to the fire first. After removing those closest to the fire, evacuate ambulatory patients and then non-ambulatory patients. Go to the prearranged meeting place and report to the designated person.

COMMENTS

Answer all questions Yes, No, or N/A (not applicable). Explain all "NO" responses and document instruction given. File in Primary File folder.

Conducting a Fire Drill

- 1. Pick a worker at random and give them a scenario to respond to. The person should be able to explain the appropriate response to the question or questions.
2. Continue to ask workers to respond to the scenario until all aspects of the drill are completed.
3. Conduct 2 fire drills per shift per quarter.

If you or any of your staff have questions, please call the Code Compliance Manager at 5-7356.

ATTACHMENT D
HAZARDOUS MATERIALS IMPORT NOTIFICATION FORM

**GRADY HEALTH SYSTEM®
PRE-CONSTRUCTION RISK ASSESSMENT FOR
HAZARDOUS MATERIALS**

POLICY #	REVISED:	ORIGINATION:	CATEGORY:
828.03.13		12-02	Hazardous Materials

POLICY

All Contractors, accepting award letters for project work involving construction or renovation at any Grady Health System property, will be evaluated by their Project Manager for the importation and use of hazardous chemicals or products containing hazardous chemicals (Regulated Hazardous Materials) utilizing Grady’s Interim Life Safety Measures (ILSM) Policy #828.05.09.

If the Project Manager suspects that the Contractor will be importing a Regulated Hazardous Material meeting one or more of the regulated categories of Hazardous Material found in Section IIB, the Project Manager will require the Contractor to complete and submit the Grady Hazardous Materials Import Notification form. (See Attachment A)

SCOPE

This hazardous materials procedural policy applies to all Project Managers (Grady Health System or Grady Partners Crothall, Morrison, and Millennium) and all contractors and sub-contractors (Contractors) performing construction or renovation work involving the use of Regulated Hazardous Materials on any GHS property (e.g., Grady Memorial Hospital and Hughes Spalding Hospital, all GHS Neighborhood Clinics, the Crestview Long-term Care & Rehabilitation Facility, and any other Grady owned facility).

RESPONSIBILITIES:

- A. Project Managers will:
1. Follow procedures outlined in GHS Life Safety Policy #828.05.09 (ILSM)
 2. Submit copy of Preliminary Life Safety Assessment form to the Safety Office when Preliminary Assessment indicates that a Contractor will be importing Regulated Hazardous Materials that fall into one or more of the hazardous materials categories found in Section 3 of GHS Life Safety Policy #828.05.09
 3. Provide Contractors, who intend to import Regulated Hazardous Materials with a copy of Grady’s Pre-construction Risk Assessment for Regulated Hazardous Materials Policy # 828.03.13 and instruct the Contractor to complete Section I, Section IIB, Section III and Section IV of the Hazardous Material Import Notification (HMIN) form

4. Forward all completed HMIN forms and all requested Materials Safety Data Sheets (MSDSs) to the Hazardous Materials Manager (HMM) for review and evaluation
5. Upon request by HMM, schedule and attend pre-construction risk assessment meeting between Contractor and the HMM
6. Maintain all HMIN forms, submitted by Contractors under their supervision, as an “on-site” Hazardous Materials Inventory until completion of contractual services

B. All Contractors, importing Regulated Hazardous Materials, will:

1. Complete Section I, Section II, Section III and Section IV of the HMIN form
2. Sign completed form and return form with attached MSDSs to their Project Manager.

C. The Hazardous Materials Manager will:

1. Review all MSDSs for Regulated Hazardous Materials listed on the Contractor’s HMIN form to ensure that:
 - a. Adequate on-site storage is available for all Regulated Hazardous Materials brought onto GHS property by Contractors.

(The on-site use and storage of Contractor’s hazardous chemicals and hazardous products shall comply with use and storage requirements outlined in NFPA 30.)

- b. Use of Regulated Hazardous Materials imported by Contractors will not create hazardous materials exposure issues for Visitors, Patients, Hospitals Staff, or Contractor Employees.

The Contractors’ use of any OSHA regulated hazardous chemicals or products, on any property of Grady Health System, will comply with the following applicable Standards and Regulations:

- 1) OSHA’s Occupational Safety and Health Standards (29 CFR 1910) pertaining to the use of OSHA regulated chemical and products (*e.g. Subpart G “Occupational Health and Environment Control”, Subpart H “Hazardous Materials”, Subpart I “Personal Protective Equipment”, and Subpart Z “Toxic and Hazardous Substances”*);
- 2) NFPA 30 (Chapters 1, 4, 5, and 6) pertaining to the use and storage of flammable and combustible liquids; and
- 3) EPA’s Rules for Small Quantity Hazardous Waste Generator (40 CFR 262.34(d))

- c. All Hazardous Waste, generated by the Contractor's use of imported Regulated Hazardous Materials, is properly managed in accordance with USEPA Rules for Hazardous Waste Generators (40 CFR 262).
2. Review each HMIN form within three business days of receipt from the Project Manager and e-mail approve of the Contractor's request to importation, use, and/or storage Hazardous Material to the Project Manager.
3. If additional information is required to fully evaluate the risk involved in the Contractor's use and storage of imported Hazardous Materials, the Hazardous Materials Manager will request the Project Manager to make arrangements for a Pre-Construction Risk Assessment Meeting.
4. Pre-Construction Risk Assessment Meeting are documented and copies of the Pre-Construction Risk Assessments are distributed to the Project Manager, Contractor, and GHS's Risk Management and Corporate Compliance Departments

EMERGENCY EXEMPTION TO IMPORT NOTIFICATION FOR REGULATED HAZARDOUS MATERIALS:

A. The Contractor will:

1. Immediately notify their Project Manager, should project conditions require the immediate (*Emergency*) importation of a Regulated Hazardous Material; and
2. Submit MSDS(s) for Regulated Hazardous Material imported to their Project Manager immediately upon importation.

B. Project Manager will:

1. Immediately notify the HMM, via e-mail, upon receiving Contractor notification of intent to import a Regulated Hazardous Material under this “*Emergency*” exemption; and
2. Provide the following information to the HMM, within 72 hours, for each hazardous chemical or product imported:
 - a. Chemical or product name;
 - b. Quantity imported;
 - c. Copy of MSDS;
3. Add all Regulated Hazardous Materials imported under this exemption to the Contractor’s on-site hazardous materials inventory.

INSTRUCTIONS: HAZARDOUS MATERIALS IMPORT NOTIFICATION FORM

Section I: Contact Information

The Contractor will provide the following information:

- Contractor Project Manager's name
- Company name
- Company address
- Company phone number

The Project Manager will provide the following information:

- Project or P.O. number
- Grady Project Manager's name
- Extension Number for Grady Project Manager

Section II: Hazardous Materials Import Notification

The Contractor will:

- Check any or all of the applicable boxes that best describe the Category of Regulated Hazardous Materials to be imported; and
- Sign and date the form; and
- Complete Section III.

Section III: Listing of Hazardous Materials to be imported"

The Contractor will provide the following information:

- Name of hazardous chemical or product to be imported
- Quantity of hazardous chemical or product to be imported
- Is Personnel Protection Equipment (PPE) required for use of imported Regulated Hazardous Materials?
- Are Material Safety Data Sheet (MSDS) available? (*MSDSs for each imported Regulated Hazardous Material must be attached to the Hazardous Material Import Notification form.*)
- Will the use of imported Regulated Hazardous Materials generate any Hazardous Waste?

The Project Manager will provide the following information:

- Name of Building where Regulated Hazardous Materials will be used.
- Location (Floor and Wing, or Room Number) where Regulated Hazardous Materials will be used.
- Appropriate storage: Is appropriate storage available for the imported Regulated Hazardous Materials pursuant to NFPA 30 and NFPA 99 requirements?

Section IV: Intended Use of Hazardous Chemicals or Products Imported

The Contractor will provide a brief description of the process(es) or intended use of Regulated Hazardous Materials to be imported onto GHS property.

HAZARDOUS MATERIALS IMPORT NOTIFICATION FORM			
I. CONTACT INFORMATION		Project #	Contact Phone Number(s)
GHS Project Manager			()
Contractor's Project Manager			()
Contractor/Vendor Name			
Address/City/State/Zip			
II. HAZARDOUS MATERIALS IMPORT NOTIFICATION			
My Company will import, use and/or store the following Categories of Hazardous Materials on property owned or operated by Grady Health System.			
<input type="checkbox"/>	Flammable Liquids (Class I or II) or any Products with a Flash Point 140° F (e.g. <i>Paint Thinner, Spray Gun Cleaners, High VOC Paints and Varnishes containing more than 50% solvent by weight, solvent-based Paint Deglosser and Adhesives containing more than 25% non-chlorinated solvent by weight</i>)		
<input type="checkbox"/>	Corrosive Liquids (Acids or Bases) or any Products with a pH 2 or 12 (e.g. <i>Muriatic Acid, Caustic Drain Cleaners, Battery Acid, Paint Remover, Metal Descalers</i>)		
<input type="checkbox"/>	Chlorinated Solvents or any Products containing chlorinated solvents (e.g. <i>Methylene Chloride, Tri or Tetrachloroethylene, Paint stripper, and Adhesives containing more than 10% chlorinated solvents by weight</i>)		
<input type="checkbox"/>	Reactive Chemicals or Products that are Air, Water, Heat or Shock Sensitive (e.g. <i>Explosives or Products containing Isocyanate and/or Cyanides, Styrene, Methyl Methacrylate, (i.e. Concrete and poly-urethane foam sealants)</i>)		
<input type="checkbox"/>	Any Chemical, Product or Device containing Elemental Mercury or Mercury Compounds		
<input type="checkbox"/>	Known or Suspect Human Carcinogens: Any Chemical or Product containing a chemical regulated by an OSHA Occupational Exposure Standard (29 CFR 1910, Subpart Z "Toxic and Hazardous Substances") (e.g. <i>Acrylonitrile, Asbestos, Inorganic Arsenic, Benzene, Coal Tar (e.g. Hot Asphalt and Roofing Tar Products), Ethylene Oxide, Formaldehyde, Lead, Cadmium, Methylene Chloride, Vinyl Chloride</i>)		

**GRADY HEALTH SYSTEM®
INTERIM LIFE SAFETY MEASURES (ILSM)**

Policy # 828.05.09

Rev: 02/04, 05/01

Origination: 03/95

Category: Fire Prevention

Signature: _____ Date: _____

III. LIST OF HAZARDOUS MATERIALS TO IMPORTED	BE	The following information will be provided for all Regulated Hazardous Materials.						
		<i>(To be Completed By Contractor)</i>				<i>(To be Complete by Project Manager)</i>		
		Quantity	PPE Required	MSDS Attached	Hazardous Waste Generated	Building Location	Use Location	Proper NFPA Storage Available
		(P or G)	(Y or N)	(Y or N)	(Y or N)	(Building Name)	(Floor/Wing)	(Y or N)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
IV. INTENDED USE OF HAZARDOUS MATERIALS TO BE IMPORTED								
(Please provide a brief describe of how the above Regulated Hazardous Materials will be used in the work place)								

**GRADY HEALTH SYSTEM®
INTERIM LIFE SAFETY MEASURES (ILSM)**

Policy # 828.05.09	Rev: 02/04, 05/01	Origination: 03/95	Category: Fire Prevention
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**GHS-FACILITIES DEVELOPMENT
INFECTION CONTROL POLICY
HOSPITAL RENOVATION AND CONSTRUCTION**

I. POLICY

This Grady Health System (GHS) policy establishes the processes to prevent the dust and debris generated during construction and renovation projects from contaminating clean or sterile patient care surfaces, supplies or equipment. It also prevents the acquisition of nosocomial infection inpatients during hospital renovation or construction activities and to ensure patients, visitors and staff are protected from unnecessary exposure to potentially infectious agents.

II. SCOPE

1. All renovation or construction projects will be reviewed with Epidemiology prior to the start of the project.
2. This policy applies to all construction workers, including subcontractors who will follow the infection control procedures described below. Exceptions to the policy will be made on a case by case basis in collaboration with Grady Health System (GHS) Epidemiology and personnel based on the scope of the project.

III. PROCEDURES

PLANNING PHASE

GHS Epidemiology personnel will be involved in the planning phases for all hospital renovation and construction projects specific to the following major components:

- a. Staff traffic patterns for the duration of the project.
- b. Relocation decisions regarding patient care areas, storage areas, etc.
- c. Air handling systems.
- d. Isolation rooms (number, placement, etc.).
- e. Handwashing facilities.

INFECTION CONTROL POLICY

- f. Water supply and plumbing.
 - g. Waste containment, transport, disposal.
 - h. Selection of finishes and surfaces.
 - i. Accommodation of personal protection equipment supplies.
2. When possible, major projects should be scheduled during the winter when the risk is lower for Aspergillus and other potentially pathogenic fungus.
 3. Prior to the start of the renovation or construction project, hospital personnel must remove any medical waste, including sharps containers, from the areas to be renovated or undergo construction.
 4. The GHS Epidemiology Department will be notified all potential Indoor Air Quality (IAQ) conditions. This could include, but is not limited to, the following:
 - Mold growing on construction material (drywall, etc.).
 - Slime growing in stagnant water locations.
 - Any other bacterium or fungi that is prevalent in the construction area.

OPERATIONAL PHASE

1. Integrity of Barrier Walls.
 - a. The integrity of the barrier walls will assure a complete seal of the construction zone from adjacent areas.
 - b. Barrier walls for major, long-term projects shall be of rigid construction (sheetrock sealed with duct tape or spackling compound). Barriers must have a closable door through which workers access the site.
 - c. A sign should be posted by the entrance stating that this is a construction zone and only authorized persons may enter the area.
 - d. Plastic sheeting sealed with duct tape can be used for small, short projects (<1 week) if it meets the local fire codes.
 - e. Barrier walls must be dust proof with airtight seals maintained at the full perimeter of the walls as well as all penetrations.

INFECTION CONTROL POLICY

2. Dust control

- a. Selected air intakes, especially those near excavation areas, may need to be shut down to prevent large amounts of dust from entering the air handling system.
- b. Air ducts in the construction area may need to be shut down to prevent dust from traveling “downstream” to other areas in the hospital
- c. (*Engineering or maintenance personnel*) must check air filters frequently during construction and renovation and change them when necessary.
- d. Demolition debris will be removed in covered carts using specific traffic patterns determined by the GHS Project Manager in conjunction with GHS Epidemiology.
- e. All windows must remain closed.
- f. Exterior window seals must be assured to minimize infiltration of outside excavation debris.
- g. The area inside the barrier must be cleaned and vacuumed before the barrier is removed.
- h. The area must be cleaned and vacuumed again after the barrier is removed.
- i. In areas caring for immunocompromised patients (critical care units, oncology, renal transplant floor, surgery, etc.) additional dust control measures are required.
 - 1) Negative air pressure within the construction zone should be monitored with an alarm device that will be maintained and monitored by construction personnel.
 - 2) Optimally, construction zone air will be exhausted directly with no potential for recirculation. If existing duct is used for the exhaust, a pre-filter and a high efficiency filter (95%) will also be added prior to exhaust to prevent contamination of the duct.
 - 3) Before the ceiling is entered, a barrier must be erected that reaches from the floor to the ceiling, surrounds the affected area entirely, and is sealed with duct tape at the ceiling, floor and sides.

INFECTION CONTROL POLICY

- 4) Existing air ducts and the space above the ceiling tiles must be cleaned with a HEPA-filtered vacuum before undertaking any project that involves opening these areas.
 - 5) If workers must transverse patient-care areas, they must remove dust from their bodies and clothes and then put on gowns, shoe covers and head covers before walking through the unit.
 - 6) Tool carts should be cleaned before entering the unit. Before removing carts and equipment from inside the barrier, the construction crew should clean the items and cover them with a clean sheet, or plastic cover.
 - 7) If the air quality cannot be assured near the construction zone, units caring for immunocompromised patients must be moved temporarily to other areas of the hospital and non-emergency admissions of immunocompromised patients may need to be delayed.
3. Cleaning
- a. The construction zone will be cleaned and vacuumed by the contractors daily or more frequently as needed to minimize the dust.
 - 1) The area just outside the door to the construction site will be wet mopped at least daily.
 - 2) A high-efficiency particulate air (HEPA)-filtered vacuum should be used to clean carpeting near the construction area.
 - b. Walk off mats or adhesive strips will be placed outside the door of the construction area to trap dust.
 - c. Environmental Services will be responsible for the routine cleaning of adjacent areas.
 - d. GHS Environmental Services is responsible for the terminal cleaning of the construction zone prior to the opening of the newly renovated or construction area.

INFECTION CONTROL POLICY

4. Traffic

- a. Designated entry/exit procedures will be defined for each construction project. An entrance, elevator and a hallway that should not be used by patients, visitors, or healthcare workers should be designated for the construction workers to use.
- b. Debris should be removed through a window, if possible, when construction occurs above the first floor.
- c. Debris shall be transported in containers with tightly fitting lids or covered with a damp sheet.
- d. Debris should be moved through adjacent areas during periods of least activity and must not be hauled through patient care areas.
- e. Debris should be removed as it is created and not allowed to accumulate.
- f. All egress paths will be free of debris.
- g. Unauthorized personnel will not be allowed to enter the construction zone.

5. Contractor Personnel Requirements

- a. Personnel will wear clean clothes.
- b. Personal protective equipment (protective face shield and gloves) will be utilized as appropriate to the task at hand.
- c. Contractors entering the Operating Room suite will be provided scrub attire or a disposable jump suit, which needs to be removed prior to exiting the work area.
- d. All contractors will have received training on bloodborne and airborne pathogens before working in the hospital if there is any likelihood of exposure.

6. Potential IAQ Problems

GHS Epidemiology will be made aware of any potential IAQ situations as soon as they are discovered. GHS Epidemiology will consult with contractor(s) on the proper procedure to follow when addressing the potential issues. Potential IAQ situations could include but is not limited to the following:

INFECTION CONTROL POLICY

- a. culturing for microorganisms, bacteria, etc.
- b. air sampling.
- c. removal of affected material.
- d. cleaning and disinfecting the area in question.
- e. replacement of affected material
- f. re-culturing and air sampling of affected areas(s)

Note: The cost for any of the above procedures will be the responsibility of the contractor(s).

7. Environmental Monitoring

- a. Based upon the scope of the project, GHS Epidemiology personnel will plan for environmental monitoring as necessary, such as: counts of particulate and biological matter, water cultures, the frequency of monitoring and evaluation of results.
- b. Any plan for environmental monitoring must be approved by the Infection Control chairperson or designee.

8. Policy Implementation

Contractors and subcontractors not in compliance with infection control policies shall be subject to removal from the project and shall bear the cost of remedial corrective measures.

COMPLETION PHASE

1. After completion of construction, ensure the ventilation is balanced to design specifications. Filters will be visually inspected for plugging or leakage.
2. The area will be thoroughly cleaned before being placed into service.
3. Water supply lines will be flushed before placing newly renovated or constructed areas into service.
4. Certification that water supply lines have been disinfected in accordance with State and local ordinances may be required.

INFECTION CONTROL POLICY

COMPLIANCE MONITORING

Weekly compliance monitoring will be conducted by the contractors designee. The following parameters will be monitored:

1. Air handling.
2. Integrity of barrier walls.
3. Dress code.
4. Dust control.
5. Noise.
6. Traffic control.

ADMINISTRATIVE RESPONSIBILITY

GHS Project Manager, consulting with GHS Epidemiology is responsible for the enforcement of these Infection Control policies and procedures.

INFECTION CONTROL/CONSTRUCTION WORKSHEET

Using the “Construction Activity type” and “Infection Control Risk Group”, find the class on the “Construction Activity/Infection Control Matrix”. **If the matrix class is a III or IV, GHS Epidemiology/Infection Control must be consulted prior to any construction activity.**

The chart on page 12 lists the minimum preventive measures that are to be taken for each class. Note that Class III and IV have a place for GHS Epidemiology/Infection Control to sign off on. These projects require the Construction Survey Tool be completed and Epidemiology to sign off prior to construction activity. The completed Construction Survey Tools will be kept by GHS Epidemiology for at least the duration of the project.

CONSTRUCTION ACTIVITY TYPES:

Type A	Inspection and Non-Invasive Activities. Includes, but is not limited to, removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet, painting (but not sanding), wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings or other than for visual inspection.
Type B	Small scale, short duration activities which create minimal dust. Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
Type C	Any work which generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to sanding of walls for painting or wall covering, removal of floor coverings, ceiling tiles and casework, new construction, minor duct work or electrical work above ceilings, major cabling activities, and any activity which cannot be completed within a single work shift.
Type D	Major demolition and construction projects. Includes, but is not limited to activities which require consecutive work shifts, requires heavy demolition or removal of a complete cabling system, and new construction.

INFECTION CONTROL POLICY

INFECTION CONTROL RISK GROUPS:

Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
<ul style="list-style-type: none"> ➤ All Operating Room/Sterile Processing Areas ➤ Labor and Delivery Operating Rooms ➤ All Cardiac Cauterization and Angiography Areas ➤ Dialysis ➤ Oncology ➤ Transplant Units ➤ Anesthesia Workroom/Processing ➤ Pharmacy Admixture ➤ Intensive Care Units ➤ Day Surgery 	<ul style="list-style-type: none"> ➤ Emergency Room ➤ Post Anesthesia Care Units ➤ Labor and Delivery ➤ Newborn Nurseries ➤ Post Partum ➤ All Endoscopy Areas ➤ Short Stay ➤ Progressive Care ➤ Telemetry ➤ Interventional Radiology 	<ul style="list-style-type: none"> ➤ All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab) 	<ul style="list-style-type: none"> ➤ Office areas ➤ Non-patient areas.
➤	➤	➤	

CONSTRUCTION ACTIVITY→	TYPE "A"	TYPE "B"	TYPE "C"	TYPE "D"
RISK LEVEL↓				
GROUP 1	III	III	IV	IV
GROUP 2	II	III	III	IV
GROUP 3	I	II	III	IV
GROUP 4	I	II	II	III

CONSTRUCTION CLASS

**GHS-FACILITIES DEVELOPMENT
INFECTION CONTROL CONSTRUCTION TOOL**

Project Name:	Project Number:
Location of Construction:	Project Start Date:
Project Manager	Telephone:
Contractor Performing Work	Estimated Duration:
Infection Control Contact:	Telephone: Fax:

Yes	No	Construction Activity
		TYPE A: Inspection, non-invasive activity
		TYPE B: Small scale, short duration, minimal dust
		TYPE C: Activity that generate to high levels of dust, requires more than one work shift for completion
		TYPE D: Major duration and construction activities requiring consecutive work shifts.

INFECTION CONTROL POLICY

INFECTION CONTROL RISK GROUPS:

Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
<ul style="list-style-type: none"> ➤ All Operating Room/Sterile Processing Areas ➤ Labor and Delivery Operating Rooms ➤ All Cardiac Cauterization and Angiography Areas ➤ Dialysis ➤ Oncology ➤ Transplant Units ➤ Anesthesia Workroom/Processing ➤ Pharmacy Admixture ➤ Intensive Care Units ➤ Day Surgery 	<ul style="list-style-type: none"> ➤ Emergency Room ➤ Post Anesthesia Care Units ➤ Labor and Delivery ➤ Newborn Nurseries ➤ Post Partum ➤ All Endoscopy Areas ➤ Short Stay ➤ Progressive Care ➤ Telemetry ➤ Interventional Radiology 	<ul style="list-style-type: none"> ➤ All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab) 	<ul style="list-style-type: none"> ➤ Office areas ➤ Non-patient areas.
➤	➤	➤	

CONSTRUCTION ACTIVITY→ RISK LEVEL↓	TYPE "A"	TYPE "B"	TYPE "C"	TYPE "D"
GROUP 1	III	III	IV	IV
GROUP 2	II	III	III	IV
GROUP 3	I	II	III	IV
GROUP 4	I	II	II	III

Project Requirements	
<u>Class I</u> Date: Initials:	<ol style="list-style-type: none"> 1. Execute work by methods to minimize raising dust from construction activities. 2. Immediately replace any ceiling tile displaced for visual inspection.
<u>Class II</u> Date: Initials:	<ol style="list-style-type: none"> 1. Provide active means to prevent air-borne dust from dispensing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block and seal air vents. 5. Wipe work surfaces with wet cloth. 6. Contain construction waste before transporting in tightly covered containers. 7. Wet mop and/or vacuum before leaving work area. 8. Place dust mat at entrance and exit of work area. 9. Remove or isolate HVAC system in areas where work is being performed.
<u>Class III</u> Date: Initials:	<ol style="list-style-type: none"> 1. Notify/Consult GHS Epidemiology before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers before construction begins (Refer to Class II Barriers). 4. Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units. 5. Wet mop and/or vacuum area daily. 6. Contain construction waste before transporting in tightly covered containers. 7. Cover transport receptacles and carts. 8. Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department. 9. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.

INFECTION CONTROL POLICY

<p><u>Class IV</u></p> <p>Date:</p> <p>Initials:</p>	<ol style="list-style-type: none"> 1. Notify/Consult Epidemiology before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system 3. Complete all critical barriers before construction begins (Refer to Class II barriers). 4. Maintain negative air pressure within work site utilizing 95% efficient final filters equipped air handling units. 5. Seal holes, pipes conduits, and punctures appropriate. 6. Personnel must wear cloth or paper coveralls that are removed each time they leave the work site. 7. All personnel entering the work site are required to wear shoe covers. Shoe covers must be changes each time the worker exits the work site. 8. Wet mop and/or vacuum area daily. 9. Contain construction waste before transports in tightly covered containers. 10. Cover transport receptacles and carts. 11. Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department 12. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
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ADDITIONAL REQUIREMENTS:

A. General Requirements

The Project Manager is to prepare the Contracts with complete Close-Out information, in order to signal initiation of Close-Out from the very start of a Trade Contractors effort.

At the 90% Document Review the Project Manager will review specific Close-Out documentation requirements with the GHS FM Group. (See Project Startup Procedure).

As individual Trade Contracts approach completion, the Project Manager will commence the Close-Out Documentation Process in accordance with this guideline. 75% completion will be used as the milestone for organizing a Trade Contractor Close-Out meeting.

B. Trade Contractor Close-Out Documentation Preparation

Directions: Review the following checklist to assure all necessary information has been included in the Trade Contractor Close-Out Documentation.

1. Checklist applicable to EACH separate Contract issued.

- Project Manager reviews the Trade Contract for Close-Out Procedures prior to execution.
- Project Manager reviews the General Conditions of the Contract and the Technical Specifications for Deliverables, and Close-Out Requirements and Obligations.
- Project Manager completely documents all Bid Verification Conferences along with Any Close-Out related bid qualifications
- The approved Trade Contractor Submittal Register is included in the Close-Out File
Note: *If possible obtain the Submittal Register and the Schedule of Values prior to executing the Contract*
- The prepared Contract Close-Out Checklist is included in the Close-Out File.

2. Trade Contractor Close Out File:

- A separate file is established to house all the Trade Contract Close-Out Documents

3. Trade Contractor Close Out Packet:

- The Trade Contractor Close-Out Packet has been organized and contains, at a minimum or as applicable to specific Contract Deliverables and Requirements and Obligations, the items listed in the Trade Contractor Close-Out Checklist.

C. Trade Contractor Close-Out Meeting Preparation

Directions: Proper preparation is necessary to assure the effectiveness of the Contractor Close-Out Meeting. Review the following checklist to assure all necessary information has been included in the meeting, and prepare a Contract specific Close-Out meeting agenda.

1. The following documentation has been reviewed:

- Contract Close-Out Procedure and Flowcharts
- Contractor Close-Out File
- Contractor Close-Out Packet

2. Review the following schedule items for ability to meet Substantial Completion:

- Accepted schedule for completion of the Project.
- Any sequential Owner occupancy requirements of time frames have been taken into consideration, along with any OFOI FF&E issues.
- Owner's Security, Housekeeping and IT/IS departments are notified of beneficial occupancy date.

3. Review the Trade Contractors Cost and Change Status reports for the following:

- Outstanding Change Orders
- Pending Costs
- Bulletin Quotes
- Amount Billed and Paid to Date
- Retention Amount
- Claims or Disputes
- Surety Release Requirements

4. Quality Performance Review:

- The quality expectations of GHS, the Project A/E and the User are being achieved.
- Contractor responsibilities for clean-up at completion of the Project have been defined.
- The current Trade Contractor's status of non-conforming conditions has been reviewed and a punchlist work-off plan has been implemented.

5. Close-Out Documentation Review:

- Close-Out documentation recorded to date (Project files).
- Submittal Status (Form A)
- As-Built & record documents Status
- Schedule of Testing (Form B)
- Schedule of Training (Form C)
- Schedule for Equipment and Systems Acceptance and Certifications
- Final Agency inspections, approvals, permit sign-offs, TCO's, CO's and certifications requirements are understood and scheduled. (Form E)
- The List of Documents required for final payment is understood (Form K)
- The Spare Parts List is reviewed and accepted. (Form I)
- The List of Finish materials used in the Project is reviewed and accepted. (Form J)
- The List of Close-Out documents required by Technical Spec's, i.e. special warrantees (Form D)

6. Training and Equipment / System Acceptance Review:

- Testing Requirements List (Form B) is reviewed, accepted and testing acknowledged complete or scheduled.
- Training Requirements List (Form C) is reviewed, accepted.
- Owner Training Register (Form G) preliminary information is entered, participants identified and training scheduled.
- Equipment / System Acceptance (Form F) **criteria is determined for each separate piece of equipment or system and documented as an attachment to Form F.** Preliminary information is entered into Form F, the participants identified and the Acceptance Demonstration / Test scheduled.
- O&M Manuals requirements for each piece of equipment are reviewed (Form M) and scheduled for turnover.
- Tools, spare parts, and lubricants are scheduled for turnover. (Form I)
- Review specific product warranties, guarantees, bonds, and service agreements. (Form D).
- Pre-Turnover equipment Check / Test/ and Start-Up is scheduled

7. Review Final Document & Turnover Procedure:

- Final Document Turnover Register (Form H) cover sheet required for each item turned over.
- Itemized listing required for like items i.e.: key number listing.
- Establish schedule for turnover and who will receive and acknowledge each item.
- Establish where items will be accepted and stored.

8. Review Final Billing and waiver / release process:

- The List of Documents required for final payment is understood (Form K)
- Obtain GHS Facilities Development Accounting Departments Concurrence.

9. Trade Contractor Close-Out Meeting Attendees:

- Owners User Group Representative
- A/E Team and Consultants
- GHS Facilities Development Project Manager
- GHS Facilities Maintenance personal as required
- GHS Facilities Development Accountant

D. Trade Contractor Close-Out Process

- 1 Substantial Completion - As the Trade Contractor nears completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall submit the following to the GHS PM for review and acceptance:**
- A request for Substantial Completion
 - A itemized listing of all incomplete work, the mutually acceptable values of each item, and a detailed work-off schedule and manpower loaded work plan.
 - The following Documentation, which is the minimum that is acceptable for Substantial Completion.
 - As-built records
 - O&M Manuals
 - Keys, maintenance stock, and spare parts
 - Equipment & System Acceptance forms
 - Permits and Certifications received to date, including a Temporary Certificate of Occupancy and a list of outstanding Agency Approvals,
 - A schedule of all Owner Training to take place.
 - The List of Finish Material used in the Project
- 1.1. Upon Consultation with the A/E the GHS PM will issue a Certificate of Substantial Completion. All Warrantees and Guarantees shall start upon issuance of the Certificate of Substantial Completion.**
- 2 Final Completion - Upon Completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall request a walk through of the space to obtain final acceptance of the Work and that the punchlist is complete.**
- 2.1 The GHS PM along with the A/E shall conduct the walk through and upon acceptance provide the Trade Contractor with a Certificate of Punchlist Completion.**
- 2.2 The Trade Contractor shall prepare a Final Payment Request to the GHS PM for review and processing in accordance with the Final Payment Processing Procedure included in the Trade Contractor Close-Out Packet. The GHS PM will process the Final Payment Request after all of the following are completed:**
- The submission of all required documents not previously provided in the Substantial Completion process outlined above:
 - Guarantees and Warranties
 - Owner Training Register
 - All Agency final reviews, permit sign-offs, certifications, and Certificate of Occupancy
 - Final Document and Turnover Registers
 - Final Payment Request with all required supporting documentation.

E. Final Trade Contractor Payment Request Processing:

1. Upon receipt of the Trade Contractors Request for Final Payment Application, the GHS PM shall:

- Bonded Projects – Obtain Consent of Surety Company to Final Payment.
- Validate that all Change Orders have been executed and that there are no outstanding Change Order requests or backcharge issues.
- Verify paid to date and retention amounts are correct with the GHS Facilities Development Accountant.
- Verify that the Final Conditional Waiver and Sworn Statement are complete.
- Confirm that the Pay Request is notarized.
- Complete the Trade Contractor Contract Close-Out Checklist (Form L).

2. The GHS PM upon completion of the above requirements shall process the Final Payment to the Trade Contractor, and shall release the Final Check upon receipt of:

- Final Unconditional Waiver
- Final Release

F. Trade Contractor Close-Out Packet:

Directions: *The following information is provided as a reference guide to be used when assembling Trade Contractor Close-Out Packets. A sample packet is included with this procedure.*

The packet is to be prepared for each Trade Contractor forwarded to the Trade Contractor along with the Trade Contractor Start-Up Packet. The packet should be placed in the Trade Contractor Close out file for use during the Trade Contractor Close-Out meeting.

Table of Contents

1. Narrative of Trade Contractor Close-Out Procedure.
2. Trade Contractor Close-Out Procedure Flowchart.
3. Form A - List of Technical Submittals
4. Form B – List of Testing Requirements
5. Form C – List of Training Requirements
6. Form D – List of Close-Out Documents required by Technical Specifications
7. Form E - List of Agency Approvals Required for Completion
8. Form F – Equipment / System Acceptance
9. Form G – Owner Training Register
10. Form H – Final Document & Turnover Register
11. Form I – List of Spare Parts
12. Form J – List of Finish Materials used in Project
13. Form K – List of Documents required for Final Payment
14. Form L – Trade Contractor Contract Close-Out Checklist
15. Form M – Equipment / Systems O&M manual Checklist
16. Consent of Surety to Reduction in or Partial Release of Retainage
17. Consent of Surety to Final Payment
18. Certificate of Substantial Completion
19. Certificate of Punchlist Completion
20. Contractor's Application and Certificate for Payment
21. Sworn Statement
22. Partial Conditional Waiver
23. Final Unconditional Waiver
24. Final Release

Project: _____

Contractor: _____

Inspection Date: _____

Contract #: _____

Equip Designation: _____

Model # _____

Serial # _____

Location: _____

Pre-Turnover Checklist:

Submittal Required: Y N N/A

Submittal Approved: Y N N/A

Factory Test Required: Y N N/A

Factory Test Approved: Y N N/A

O&M Manuals Submitted: Y N N/A

O&M's Approved: Y N N/A

Check / Test / Startup: Y N N/A

Factory Rep Required: Y N N/A

The above equipment is being turned over to the Owner for the start of guarantee period, which commenced at the date of substantial completion _____. Equipment is accepted unconditionally: Y N

The above equipment is conditionally accepted pending completion of the following: Y N

The above equipment is Rejected and will require a new Equipment Acceptance Test: Y N

Acknowledged:

Factory Tech: _____

Contractor: _____

By: _____

By: _____

Date: _____

Date: _____

GHS Facilities Development:

GHS Facilities Management / Clinical Engineering:

By: _____

By: _____

Date: _____

Date: _____



Project: _____

Contractor: _____

Date: _____

Contract #: _____

The above named Contractor is submitting / turning over for Owners use the following:

- As-Built Drawings
- O & M Manuals
- Spare Parts
- Excess Materials
- Keys

- Guarantee / Warranty
- Certifications
- Permits
- Agency Approvals
- Other _____

Storage Location: _____

Reference:

Specifications: _____ Section: _____

Description: _____

Submitted By:

Contractor: _____
By: _____
Date: _____

A/E Review / Approval (if required)

A/E: _____
By: _____
Date: _____

Received By:

GHS Facilities Development:
By: _____
Date: _____

GHS Facilities Management:
By: _____
Date: _____

Project: _____**Contractor:** _____**Date:** _____**Contract #:** _____**The following should be used to insure the Trade Contract is ready for Release of Final Payment**

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Substantial Completion | <input type="checkbox"/> Final Payment Application |
| <input type="checkbox"/> As built record Documents | <input type="checkbox"/> Consent or Surety to Final Payment |
| <input type="checkbox"/> O&M Manuals | <input type="checkbox"/> All COP's are processed & C.O.'s executed |
| <input type="checkbox"/> Keys, Maintenance stock & Spare Parts | <input type="checkbox"/> All Claims are resolved |
| <input type="checkbox"/> Equipment & System Acceptance Forms | <input type="checkbox"/> Verify CMIC Accounting matches Pay App |
| <input type="checkbox"/> Agency Permits & Certificates rec'd to date | <input type="checkbox"/> Confirm the Pay App is notarized |
| <input type="checkbox"/> Finish Materials List | <input type="checkbox"/> Verify Final Conditional Waiver is included |
| <input type="checkbox"/> Certificate of Punchlist Completion | <input type="checkbox"/> Verify Final Sworn Statement is included |
| <input type="checkbox"/> Guarantees & Warrantees | <input type="checkbox"/> Final Check Processing |
| <input type="checkbox"/> Owner Training Register | <input type="checkbox"/> Release Final Check upon receipt of: |
| <input type="checkbox"/> Final Agency Permits & Certificates | <input type="checkbox"/> Final Unconditional Waiver |
| <input type="checkbox"/> Final Document Turn Over Registers | <input type="checkbox"/> Final Release |

GHS Facilities Development PM:
By: _____
Date: _____**GHS Facilities Development Accountant:**
By: _____
Date: _____

Project: _____

Contractor: _____

Inspection Date: _____

Contract #: _____

Equip Designation: _____

Model # _____

Serial # _____

Location: _____

Item:	Required?		
Complete operating instructions, including description of each system operation , location of all controls, start-up, shut-down, seasonal changeover, etc for all components installed.	Y	N	NA
Legible copies of all "As Built" field installation drawings.	Y	N	NA
Equipment cuts & descriptive literature	Y	N	NA
Complete parts list	Y	N	NA
Internal wiring and control diagrams	Y	N	NA
Factory and Field test reports and data, including balancing reports	Y	N	NA
Operating characteristics, performance data, ratings and curves, including pump head and performance curves, tank volume Vs height curves or tables	Y	N	NA
Complete list of all belt drives listing drive size, bore size, keyway dimensions and manufactures replacement bet number	Y	N	NA
Controls Diagrams, sequence of operation diagrams and ladder diagrams.	Y	N	NA
Instrument Calibration Data	Y	N	NA
Executed Equipment / System Acceptance (Form F)	Y	N	NA
Executed Owner Training Register (Form G)	Y	N	NA
Spare parts inventory	Y	N	NA
Service or Maintenance Contracts	Y	N	NA
Service and Maintenance schedule and log - including date equipment placed in service	Y	N	NA
Dated warrantees and/or guarantees	Y	N	NA
Title Page with Job name and number, Contractors/Subcontractors/Vendors contact person, address and phone numbers. Index page	Y	N	NA
Other	Y	N	NA

Acknowledged:
Factory Tech: _____

Contractor: _____

By: _____

By: _____

Date: _____

Date: _____

GHS Facilities Development: _____

GHS Facilities Management: _____

By: _____

By: _____

Date: _____

Date: _____