

Project Manual

Volume Four Contractor Procedure Manual

Grady Memorial Hospital Atlanta, Georgia

August 10, 2018



Facilities Development

PROJECT MANUAL VOLUME I

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

Issued as a Separate Manual

PROJECT MANUAL VOLUME 4

CONTRACTOR PRICEDURE MANUAL

This section contains processes and procedures that contractors will be required to participate in or implement, In addition to all stated requirements, Contractor understands and agrees that Contractor shall cooperate, participate, and comply with all administrative procedures and other processes deemed necessary by Grady Health System for the successful completion of the project.

- Contractor Work Requirements
- Badging Sign on Agreement
- Health Clearances
- Notice to Comply
- Daily Reports
- Utility Shut Down Process
- Hot Work Permit
- Above Ceiling Work Policy
- Confined Work Space Policy
- Lockout / Tag-out Policy
- Helipad Safety Management Work Rules
- MSDS
- Fire Drills
- Haz Mat
- PCRA
- ILSM
- ICRA
- Invoicing Instructions
- Pre-Move Activation Checklist
- Project Close-out



Project Name:

Project Number:

GHS Contractor Orientation & Work Rules

Contractor Badging

Without exception, Contractor / Vendor Badges are required at all times and should be worn above the waist. Badges will be issued in accordance with the GHS Badging policies.

Standards of Conduct

Always show respect for GHS patients, staff, visitors and fellow workers. Always yield to Patients, staff and visitors when using elevators, stairs and halls. Use of profane, derogatory language is prohibited.

Dress Code

Appropriate company uniforms or work clothes with no graphics or words, other than company name or logo shall be worn.

Parking

GHS does not provide on campus parking for Contractors. Contractors must provide their own parking. Contractors are not allowed to park in the loading dock area or in other open parking spots on campus. GHS will have improperly parked vehicles towed at owners expense.

Toilets

Contractors shall only use the designated toilet facilities assigned to your project.

Eating / Drinking

Contractors shall only use the designated eating /drinking areas that are available to the general public in GHS Facilities. Eating or drinking is not allowed on the project site or storage areas unless project specific GHS approved areas are designated.

Blue Safety Card

Contractor shall carry the "Blue Safety Card" at all times. The reference card contains information on Safety & Security and will be reviewed as part of this orientation.

Fire Alarms & Drills

Contractor shall respond all Building Fire Alarms and Fire Drills. As part of the Orientation you will be trained to respond to specific Safe Haven area for your Project. Additional project specific drills may also be conducted.

Hazardous Materials

Stop work & contact your Supervisor if you encounter suspected hazardous materials such as asbestos. No flammable storage is allowed onsite, The Fire Command Center and the Safety Dept. is to be made aware of all flammable materials utilized on the project. Provide MSD sheets for contractor supplied products. File GHS Hazardous Materials Import Notification Form.

Contractor Health Screenings

All Contractors working at GHS for more than 5 days must obtain The GHS required Health Screening in order to obtain a Contractor Badge

Use of Elevators

Passenger elevators are not allowed to be used for the transport of contractors tools, equipment or materials - use dedicated freight elevators only.

Smoking

Smoking is not allowed in any GHS Facility or on GHS property exterior to the buildings.

Communication Devices

Use of Cell Phones and 2-way Radios are restricted throughout GHS facilities as they may cause electromagnetic interference affecting life support and other critical equipment. Signage restricting radio transmitting devices is posted in vulnerable, sensitive areas. If in doubt, do not use and ask for guidance. Project specific rules may be implemented.

Entertainment Devices

Use of Portable / Personal music, video, voice devices with or without earphones is not allowed.

Material Handling

Tools, equipment and materials are only to be transported via project specific routes. Do not obstruct hallways, corridors or stairways with unattended tools, equipment or materials.

Personal Protective Apparel / Devices

All project sites are designated Hard Hat areas. All clothing must meet OSHA requirements. OSHA required PPD's are to be utilized without exception.

Tools, Equipment & Supplies

Contractor shall inspect all equipment to determine it is in good condition and suited for use. When using electrical equipment GFCI will be use appropriately. Contractor is responsible for the security, of its tools, equipment, supplies and equipment.

Housekeeping

Do not obstruct hallways & corridors. Keep doors closed. The construction area is to be kept in a neat condition at all times. Combustibles & trash shall be disposed of daily & the area broom swept at the end of each shift. Implement procedures to prevent the tracking of dirt, debris & dust outside of the construction area. Keep the area clean and safe. Protect all existing surfaces.



Project Name:	
Project Number:	

GHS Contractor Orientation & Work Rules

Hot Work "Burn Permits"

Contractor shall obtain and maintain "Burn Permits" in accordance with GHS procedures. Contractor will be trained on the procedures as part on this Orientation. Open flames, of any kind, welding. brazing and cutting torches as well as high dust creating activities require the permit.

Smoke Detectors

Do not disable Smoke Detectors. File a "Burn Permit' if detectors need to be disabled or removed.

Work in or Above Ceilings

Work in or above ceilings shall be competed in accordance with the GHS Ceiling Tile Policy. Contractor will be trained on the policy as part of this Orientation.

Interim Life Safety Measures (ILSM)

ILSM's are a series of administrative and physical actions that must be taken to compensate for construction activities or deficiencies. As part of this Orientation, Contractor will be trained on the GHS policy and the project specific ILSM's to be implemented.

Utility Shut Down Requests

Utilities including Mechanical, HVAC, Plumbing, Electrical and Special Systems are not to be disabled or shut down without first obtaining a Utility Shut Down Permit. Review your shutdown need with your supervision and the GHS management team. Plan your work to allow for 7 days notice for a scheduled Utility Shut Down.

Sprinkler Heads

File a "Request for Utility Shutdown" if sprinkler heads need to be disabled or removed.

Cutting & Coring

Worker must be posted to assist on the "blind side" of all coring, cutting or demolition activities. "Burn Permits" may be required.

Infection Control Risk Assessment (ICRA)

ICRA controls are a series of administrative and physical actions that must be taken to prevent the dust and debris generated during construction and renovation projects from contaminating clean or sterile patient care surfaces, supplies, equipment or air streams. As part of this Orientation, Contractor will be trained on the GHS policy and the project specific ILSM's to be implemented.

lob Specific Protocols (list all project meas	ures to be implemented)
Fire Response Measures:	
ICRA Measures Implemented:	
ILSM'S Implemented:	
_	
All non-English workers must, at all times, ha	ve direct bi-lingual supervision at the point the work is being performed.
understand and agree to shide but he above Co	Antroptor Orientation 9 Work Bules
understand and agree to abide by the above Co Contractor Name:	Worker Name:
Contractor Supt.:	Worker Signature
nterpreter:	Date:



Project Name:

Project Number:

13th Floor Specific - Contractor Orientation & Work Rules

Interaction with Patients and Staff

Contractors Staff should have no interaction with patients. Necessary communication with GHS Staff shall be either directly with the Contractors Supervision or through the GHS Project Manager or GHS Trade Superintendent

Piggybacking thru Access Doors

Contractor should pay close attention as they pass thru access doors. They should ensure that no one piggybacks thru the door with them and ensure the doors close behind them as they pass through.

Tools, Equip. & Materials - Safe Handling & Storage Open Area

Contractor will take only the minimum tools, equipment and materials required to perform a specific scope of work into the open area (not under contractor lock and key and not under the direct control of the Contractor). Tools, equipment and materials shall never be left unattended. The qualtities of tools, equipment and materials entering and leaveing the area shall be accounted for and documentated. If the scope of work requires working on a ladder or the use of multiple tools & equipment (like the use of a cart of bag to carry the tools) then, in addition to the person performing the work, another person shall be assign to watch the tools, equipment & materials while the other person performs the work. All debris shall be immediately cleaned-up.

Code Alvin

The Behavioral Health Team uses the "Code Alvin" announcement when a patient has become aggressive or has the potential to be a threat to themselves or others. Upon hearing the "Code Alvin" Contractors should stop work to make sure they are not in harms way and proceed as directed by GHS Staff or Security.

Cell Phones

Contractors should refrain form using cell phones in sight of patients. Patients may become agitated because they think someone is talking about them or taking photos of them.

Tools, Equip. & Materials - Safe Handling & Storage Contractor Controlled Area

In areas that the Contractor has under his direct control and locked at all times: The contractor shall utilize "just in time delivery", and stock only enough tools, equipment and materials for the days work. For work requiring more than one shift, with the GHS Project Managers or GHS Trade Superintendent's approval, Job Specific Protocols will be initiated which may allow for: small tools to be stored on the jobsite in a larger locked "job box", Larger equipment such as negative air machines may be allowed to remain in the space. Materials required for the next days work may be allowed to remain in the space. The qualtities of tools, equipment and materials entering and leaving the area shall be documentated on a daily basis. "Job Specific Protocols" will be documented and workers trained accordingly during this orientation. Debris shall be removed from the project at the end of the work shift and the area broom swept.

Orientated workers cleared to work on the 13th floor will be identified by distinct badge markers.				
In addition to the GHS Contractor Orientation & Work Rules , I understand and agree to abide by the above 13th Floor Specific Work Rules.				
Contractor Name: Worker Name:				
Contractor Supt.: Worker Signature				
Interpreter:	Date:			

10.14.11 1 of 1



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 #*: See attached	
Company:		
Company Supervisor:	Company Phone:	_
Signature:		
Project Name:		
Project #:		
GHS – FD Supervisor/ PM working for	or:	
Employee Issuing Badge:		
PPD Expiration Date :		

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



Employee Health Services

15th Floor (15A) 404-616-4600

Health Requirements for Grady ID Badge

The following documentation will be *required* for ID Badge Clearance

Please include a letter from the company, agency, or school indicating your name, the length of rotation/employment and the area in which you will be working.

1. MMR – Measles (Rubeola), Mumps and Rubella if born before 1/1/57

- A. Documentation of <u>ONE</u> MMR Vaccine or Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella
- B. *If born 1/1/57 or afterwards*, documentation of <u>TWO</u> MMR Vaccines or Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella

2. Varicella (Chicken Pox)

- A. History of Chicken Pox disease or
- B. Laboratory evidence of immunity to Varicella (Chicken Pox) or
- C. Documentation of **TWO** Varivax (Chicken Pox) Vaccines

3. PPD (TB Skin Testing)

- A. Documentation of **PPD within last 30 days of the start date**
 - i. (PPD are accepted by other Employee Health Services, Health Departments, Occupational Health Services, or Student Health Services)
 - ii. PPD tests can be done here at Grady for \$18.00

*PPD test results are NOT accepted from Dr.'s offices, CVS Minute Clinics, etc.

- B. If History of Positive PPD
 - i. Chest X-ray less than 12 weeks old (if no treatment) OR
 - ii. Documentation of completion of medication for Positive PPD and a chest x-ray at the time of treatment
- **4. Influenza Vaccine** is required during influenza season usually starting in September and ending in April.
- 5. Urine Drug Screen and Blood Alcohol testing as applicable



N	E TO COMPLY
CONTRACTOR:	
	DATE:
	PROJECT:
	PROJECT NUMBER:
CONTRACTOR IS HEREBY NOTIFIE	ONTRACTOR HAS:
Failed to reasonably protect existing Failed to comply with safety required Failed to comply with clean-up required Failed to comply with natural resording Failed to perform Contractor's Work Failed to supply enough properly some Failed to supply enough proper mailed to maintain the Schedule of Failed to make prompt payment of Failed to comply with laws, ordina Failed to comply with other required Failed to comply with "Contractor Contractor is hereby notified that it shall, impatisfactorily correct and cure such defective	mples, or mock-ups. and any other existing work or improvements from damage. nditions and/or equipment from damage. fronmental protection requirements. cordance with the Contract Documents. rs. oment or facilities. as under the Contract. egulations or orders of any public authority having jurisdiction. Contract Documents as described below: it Requirements". receipt of this notice, commence and diligently continue to d or unapproved work or other failure to default as indicated above, of timely commence and complete correction and cure shall entitle th
	Grady Health System (GHS)
	Project Manager GHS Facilities Development
Receipt acknowledge by :	·
Contractor	<u></u>



Prime Contractor - Daily Report

		K	eport for Date:		
					pg 1
Project Information	Instructions Received	Information Requested	<u>Manpower</u>		
			Trade	Prime	Sub.
GHS-FD Project Number:		_	Clerical		
			Engineering		
		_	Field Supervision		
Project Title			Project Management		
		_	Clean Up / GC's		
		_	Watchmen, Security		
Contractor Name			Site Prep		
		_	Demolition		
			Excavation / Backfill		
GHS-FD / Contractor Contract Number		_	Foundations		
			Structure		
Routing	Additional Work Authorized	Critical Issues	Fireproofing		
			Enclosure		
To: GHS-FD Project Manager			Water / Dampproofing		
			Masonry / Precast / Stone		
			EFIS		
From: Contractor Superintendent			Ext.Windows / Doors		
Date:			Roofing		
			Electrical / Lighting		
			HVAC		
Received GHS-FD Project Manager			Plumbing		
Date:			Fire Protection / Sprinklers		
			Interior Partitions		
			Interior D/F/H/W		
Weather	ICRA	ILSM	Ceilings / Acoustical		
	Are all Controls in Place? ☐ Yes ☐ No	Are all Controls in Place? ☐ Yes ☐ No	Floor Finishes		
Atmospheric Conditions			Wall Finishes		
A.M. P.M.	Negative Air Reading: A.M. P.M.		Voice / Data		
☐ Sunny ☐			Fire Alarm		
☐ Cloudy ☐			Nurse Call		
☐ Rain ☐			BAS		
☐ Windy ☐			Security Systems		
☐ Snow ☐			Medical Gas		
			Paving / Drives / Walks		
Ground Conditions			Hardscapes		
A.M. P.M.	-	-	Landscapes		
☐ Dry ☐			Interior Signage		
□ Wet □	Safety Issues	Clean Up	Exterior Signage		
☐ Muddy ☐	Accidents / Incidents - if Yes file Report	Properly disposed of spoils? Yes No	CFCI FF&E	i i	
☐ Frozen ☐	Yes No		OFCI FF&E		
_	☐ Personnel ☐		PunchList Work off	i i	
Temperature Range	Equipment				
High Low	Property		Tatal	i i	
			Total		



Prime Contractor Daily Report

Report for Date:

Schedule Compliance Work Activities Impacts Short Interval Progress In Progress: To Work in Progress: ☐ Yes ☐ No Is your Work on schedule? If not, what is impeding your progress? **Critical Path Progress:** Started: Prevented from Starting: ☐ Yes ☐ No Is the Impact to the Critical Path: If yes, what actions are you taking to bring your work back on schedule, & have you prepared a Schedule Recovery Plan? Major Material / Equipment: In / Out Stopped: Stopping Work: **Scheduled Utility Shutdowns** Completed: **Coordination Issues:** ☐ Yes ☐ No Request form submitted?



UTILITY SHUTDOWN PROCEDURE

CONTRACTOR SHALL NOT PERFORM WORK UNTILL THEY ARE GIVEN A FULLY EXECUTED COPY OF THE UTILITY SHUT DOWN FORM AND RELEASED BY THE GHS-FD PROJECT MANAGER (GHS-FD PM).

General Contractor (GC) and Trade Subcontractor (TC) (or Prime Contractor if there is no GC) requiring the shutdown, will meet with the GHS-FD PM 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 for any work to be done above existing ceilings
- the required manpower to complete the work
- · the ways and means
- what areas of the facility are affected by the utility shutdown in addition to the actual work area
- schedule a tentative date, shutdown time and duration.
- consult with other appropriate GHS staff for any unusual circumstances
- jointly complete the Utility Shutdown Request Form
- · GC and TC will sign and date the Utility Shutdown Request Form.

The GHS-FD PM along with the GC & TC (if necessary) will meet with the appropriate GHS-FM MEP to review and secure acceptance or make appropriate changes to the Utility Shutdown Request. Upon acceptance the GHS-FM MEP Superintendent will initial and date the Utility Shutdown Request Form and tentatively schedule the shutdown pending final execution of the form.

The GHS-FD PM, Sub and GC will sign and date the form then review the Shutdown Request with the GHS End User or his assigned representative and have them sign / date the form to agree on the terms of duration.

The GHS-FD PM will then review the Shutdown Request with the GHS-FM Director and have it signed and dated.

The GHS-FD PM will then review the Shutdown Request with the GHS-FD Director and have it signed and dated.

The GHS-FD PM will then review and obtain the approval signature and date from the GHS VP of Facilities.

The GHS FD PM will then provide a fully executed copy to the GHS-FM Director to formally schedule the work and implement the necessary / required facility wide or location specific notifications.

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 Supervision.

GHS FM Supervisor - Phone List:

HVAC / HVAC Controls & Chilled Water: Norris Campbell: 404 616 8420 Plumbing / Steam: Demetrius Johnson: 404 787 9072 Electrical/Fire Sprinkler: Kevia Morris Sr. 404 616 3963 PT System / Elevators: 404 616 7396 Lonnie Hicks: Fire Alarm: Kevia Morris Sr. 404 616 0524 Medical Gas: Demetrius Johnson: 404 787 9072



PROJECT NAME:	

GHS-FD PROJECT #

UTILITY SHUTDOWN REQUEST FORM Reason for Shutdown: Area work is to be performed: Floor Area □ Ceiling Cavity Room Cavity Other □ Ceiling Cavity Floor Area Room Cavity Other Floor Ceiling Cavity Room Cavity Area Other Floor Area Ceiling Cavity ■ Room Cavity Other **Affected Utility GHS FM Supv Shutdown Schedule** Date ■ HVAC Norris Cambell Day: Chilled Water Norris Cambell Date: ☐ Heating Water System Norris Cambell Start Time: Storm Demetrius Johnson Finish Time: Demetrius Johnson Total Duration: Sanitary Domestic Hot Water Demetrius Johnson Domestic Cold Water Demetrius Johnson Areas Affected by Shutdown ☐ Steam Demetrius Johnson Condensate Demetrius Johnson DI / RO Water Demetrius Johnson Natural Gas Demetrius Johnson Nitrogen Demetrius Johnson Nitrous Oxide Demetrius Johnson Vacuum Demetrius Johnson Demetrius Johnson Oxygen Medical Air Demetrius Johnson Normal Power Kevia Morris ■ Emergency Power Kevia Morris **Special Requirements:** Normal Lighting Kevia Morris **Emergency Lighting** Kevia Morris Pneumatic Tubes Kevia Morris Elevators Lonnie Hicks ☐ Fire Alarm System Kevia Morris Fire Supression System (Dry) Kevia Morris \square Fire Supression System (Wet) Demetrius Johnson □ Temperature Controls Norris Cambell

Company N	<u>lame</u>	Signature	<u>Date</u>	<u>Phone</u>
Sub:				_
GC:				
GHS-FD PM:				
GHS-User:		_		_
GHS-FM:	Scott Fisher			404-616-6570
GHS-FD Direct	or: Stephen Smith			404-616-3872
GHS-VP:	Carlos Ruiz			404-616-0588
CC: GHS-FD, C	GHS-FM, Project File			
	GHS FM MEP Superi	ntendent will initiate Facility Notifica	tions and Public Service	Announcements

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.

E.C.1.1.e. 2

Date Issued By Location of Hot Work Type of Hot Work Circle the appropriate answer) Welding - Cutting - Grinding - Other EXPIRES Time	Hot Work Perm	it	
Type of Hot Work	Date Issued		
Type of Hot Work Circle the appropriate answer Welding - Cutting - Grinding - Other	Issued By		
EXPIRES Time Date	Location of Hot Work		
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 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 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 Permit Ended Time Date Permit Ended Time Date Permit Ended Time Date	Type of Hot Work	(Circle the appropriate answer)	Welding - Cutting - Grinding - Other
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 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 Fire Watch Secured Time Date Permit Ended Time Date Date Date Date Permit Ended Time Date	EXPIRES	Time Date _	
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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	Warning signs posted		
Surrounding equipment is Locked Out No flammable/combustible gasses in area Confined Space Entry Permit Issued Access to work area controlled Task Started Time	Welding/cutting equipment inspected		
No flammable/combustible gasses in area Confined Space Entry Permit Issued Access to work area controlled Task Started Time	Certified Welder		
No flammable/combustible gasses in area Confined Space Entry Permit Issued Access to work area controlled Task Started Time	Surrounding equipmen	nt is Locked Out	
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	No flammable/combus	stible gasses in area	
Task Started Time			
Task Completed Time Date Fire Watch Secured Time Date Permit Ended Time Date	Access to work area controlled		
Task Completed Time Date Fire Watch Secured Time Date Permit Ended Time Date			
Task Completed Time Date Fire Watch Secured Time Date Permit Ended Time Date			
Fire Watch Secured Time	Task Started	Time	Date
Permit Ended Time Date		Time	Date
	Fire Watch Secured	Time	Date
	Permit Ended	Time	Date
IKETURN COMPLETED PERMIT TO:	Return Completed Pe		
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Administrative Policy	Page 1 of 3
Above Ceiling Tile Policy 828.07.15	Origination 7/2007 Date:
	Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

It is the policy of Grady Health System to provide a safe environment for all patients, staff visitors, contractors etc. by managing fire risks (EC.02.03.01) and reducing risks in the environment during routine maintenance, demolition, renovation or construction (EC.02.06.05).

II. PURPOSE:

The purpose of this policy is to establish procedures to monitor and guide hospital staff, vendors, contractors and sub-contractors in the process of proper closure of ceiling penetrations. Along with minimizing the risks for acquisition of healthcare associated infections (HAIs) to patients that may result when fungi or bacteria are dispersed into the air via dust during construction, renovation or routine maintenance activities.

III. 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 the safety criteria and precautions included within this policy. This policy is not limited to employees, house staff or medical staff.

IV. ADMINISTRATIVE RESPONSIBILITY:

All GHS employees, employees of affiliates doing business within GHS facilities and vendor representatives are required to comply with this policy and are responsible for enforcement of this policy.

Violators of this policy are subject to disciplinary action or may affect the status as a qualified vendor for bidding future work.



V. DEFINITIONS:

Contractor: For the purposes of this policy "Contractor" is defined as the General Contractor, Prime Contractor, Sub Contractor, Tradesmen, Mechanics, Apprentices, Laborers, and Original Equipment Manufacturer Technicians and includes GHS employees performing these tasks.

Above Ceiling Work includes the inspection, repair and installation of pipes, conduits, ducts, cables, wires, pneumatic tubes and similar building services which takes place above existing suspended ceiling tile systems. It does not include construction activities which occur before the permanent ceiling is installed in areas that are being renovated or in areas/buildings under construction.

Pre-existing Conditions: any condition at or above the ceiling level that is found to not be in compliance with GHS standards and codes.

Emergency Work: Work that is required to be performed in the event of an emergency where it is not feasible to mobilize a containment system in a timely manner.

IV. PROCEDURE:

Any Contractor needing to perform work above the suspended ceiling tile system should contact F.M. Customer Service (x-3960) to state the purpose and length of time needed for the project.

The Contractor must obtain an above ceiling work permit and post a Work in Progress sign identifying the project department and contact information. Receiving the above ceiling work permit acknowledges the life safety deficiency created and the responsibility to return the tiles to a smoke tight condition.

It is the Contractors responsibility to submit a marked floor plan identifying the work route and requesting a pre-above ceiling inspection with the project manager to identify issues of concerns.

Contractors are responsible for the reporting of breeches of any fire or smoke barrier that they create or pre-existing conditions they discover in the course of their operations to Facilities Management – Fire Command Center.

Any penetration through a rated fire assembly will require proper fire stopping with a CP25 fire caulk material. Any and all wire, cables that penetrate rated walls, floors or ceilings shall be placed in a sleeve and sealed with the proper fire stop materials and systems.

All tiles must be replaced before leaving the area at the end of the day, or when work is complete. Outside Contractors will replace broken ceiling tiles at his expense unless otherwise stipulated in the work agreement. Cards and signs must be returned to F.M. Customer Service when work is complete.

Contractors are responsible for ensuring that there is a final inspection of their work prior to closing of any ceilings. Project Managers is responsible for conducting all final quality control inspections and closing out the ceilings with the Contractor.



Containment System Requirements

Negative Pressure Containment Systems are required for accessing areas above the ceiling for all inspection, non-invasive, small scale/short duration activities which involve the opening of more than one ceiling tile per 10 tiles that are performed outside the regular Infection Control Risk Assessment parameters in the following areas:

Operating Rooms/Sterile Processing Areas Labor and Delivery Operating Rooms

Cardiac Catheterization Areas

Angiography Areas

Dialysis Oncology

Transplant Units

Anesthesia Workroom/Processing

Pharmacy Admixture Intensive Care Units

Day Surgery Emergency Room

Post Anesthesia Care Units

Labor & Delivery Rooms

Newborn Nurseries

Post-Partum

Endoscopy Areas

Short Stay

Progressive Care

Telemetry

Interventional Radiology Medical/Surgery Units Kitchen/Cafeteria

Central Processing

Upon completion of the work the area inside the barrier must be cleaned prior to removal. The Containment System must be vacuumed from the inside of the cube prior to opening.

Outside Contractors/Vendors are responsible for providing the manpower and equipment (including Containment Systems, negative air machines, HEPA vacuum, etc.) for meeting the requirements of this policy. Based upon availability, GHS Project Managers may check out GHS owned containment systems for Contractor's use. The GHS Project Manager will be responsible for maintaining the retuning the containment system to Facilities Management.

Outside Contractors/Vendors are responsible for maintaining their equipment including the replacement of the HEPA and other filters as per manufacturer's recommendations.

V. REFERENCES, CROSS REFERENCES OR REGULATORY INDEXING:

This policy is developed to guide organizational adherence to regulatory requirements of The Joint Commission:

- ❖ EC.02.03.01 The hospital manages fire risks;
- ❖ LS.03.01.10 Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat;
- ❖ EC.02.06.05 The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.





Facilities-Utilities Management	Page 1 of 3
Confined Space-828.07.10	Origination Date: 5/2001
	Revision Date 10/11 Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY:

This policy establishes procedures to comply with OSHA Standards 1910.146 Permit Required Confined Spaces, effective April 15, 1993

II. 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.

III. DEFINITIONS:

A. Confined space:

- 1. Has limited or restricted means of entry or exit. One way in and out.
- 2. Is large enough for an employee to enter and perform assigned work and is not designed for continuous occupancy.
- B. Permit-required confined space: Meets the definition of a confined space and has one or More of these characteristics:
 - 1. Contains or has the potential a hazardous atmosphere.
 - 2. Contains a material that has the potential for engulfing the entrant.
 - 3. Has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and has tapers to a smaller cross section.
 - 4. Contains any other serious safety or health hazards.
- C. TWA: Time Weighed Average: 8 hours or longer with appropriate respiratory protection.

Approved By: Craig J. Tindall, SVP Operations & Facilities

- D. STEL: Short Term Exposure Limit: up to 15 minutes.
- E. LEL Lower Exposure Limit
- F. LFL: Lower Flammability Limit.

IV. PROCEDURES

In order to perform worn in these areas, three people are needed. The responsibility of These people are as follows:

Entrant: Person entering the confined space.

- 1. Ensure permit is posted at work site.
- 2. Ensure proper protective equipment is worn.
- 3. Check safety rope is properly secured if used.
- 4. Evacuate space upon any sigh of hazard.

Attendant: Person watching the entrance to confined space.

- 1. Maintain constant contact with entrant visually or with radio.
- 2. Keep unauthorized person out of area.
- 3. Monitor hazards inside and outside of area.
- 4. Notify supervisor if hazard arises or entrant collapses.
- 5. Rescue entrant from the outside only.

Supervisor: Shop supervisor or manager responsible for monitoring the work.

- 1. Prepare Confined Space Entry Permit that simply registers the work and notifies Management (FM and Safety). This can be done with a Corrective Maintenance work order to initiate and close out the work.
- 2. Perform all air tests.
- 3. Inspect confined space for potential hazards.
- 4. Verify material stored in confined space prior to work and obtain MSDS.
- 5. Ensure entrant and attendant know hazards and responsibilities.
- 6. Verify communications work.
- 7. Ensure safety rope is securely attached to entrant and solid point outside the confined space.
- 8. Simulate retrieval after the entrant has entered the confined area, and before work commences.
- 9. Call for help, if hazard arises or entrant collapses.

A. Routine Procedure

- 1. Entrant checks confined space list to see if work area is defined, as a permit required confined space.
- 2. If area is not on list, proceed with work.
- 3. If area is not on list, inform supervisor of need to do work.
- 4. Supervisor shall conduct air tests and begin completing Confined Space Entry Permit.
- 5. Oxygen tests can be obtained from the Plumbing and Steam Plant Supervisor



(5-3962), or boiler operator or borrow an oxygen analyzer from Respiratory Care services. All other tests can be obtained from the Chief Engineer/designee.

6. Air Samples must be continuously monitored and pass the following limit: Oxygen-min>19.5%.

Oxygen-max<23.5%

Lower Flammability Limit>10%

Carbon Monoxide-25ppm

Aromatic Hydrocarbon-1 ppm-5 ppm

Hydrogen Cyanide-4.7 ppm

Hydrogen Sulphide-10 ppm TWA or 15 ppm STEL

Sulpher Dioxide-2 ppm TWA or 5 ppm Short Term Exposure Limit STEL Amonia-25 ppm TWA or 35 ppm STEL

Chlorine-0.5 ppm TWA or 1ppm STEL

- 7. If air samples do not pass any of the tests, mechanically ventilate area and retest until air tests pass.
- 8. After permissible air levels are met, mechanical ventilation is set up for entire duration of the work period.
- 9. Supervisor verifies material stored in space prior to work. If MSDS indicates potential for skin, eye or nose irritant, entrant must weat appropriate protection gear.
- 10. Supervisor verifies temperature in confined space prior to, and during, to insure that the temperature is not excessive to the point of creating a potential hazard. It the temperature is considered a potential hazard, supervisor will specify periodic breaks to avoid heat exhaustion.
- 11. Entrant ensures safety rope is secured to him and a solid point outside the confined space if used.
- 12. Attendant checks communication (radio, visual, and/or verbal) and monitors the area for hazards.
- 13. Work may commence. Attendant continually monitors entrant and keeps unauthorized persons out of the work area.

B. Emergency Procedure

- 1. In the event any hazard arises, attendants tells entrant to evacuate the confined space.
- 2. In the event the entrant collapses, or shows any sign of trouble, the attendant radios the supervisor or the Facilities Management 24/7 operation center for help notifying 911. If a telephone is available, call 911 directly with the exact location.
- 3. The supervisor, or others go to the confined space to help attendant pull entrant from the space.
- 4. UNDER NO CIRCUMSTANCES IS THE ATTENDANT OR SUPERVISOR TO ENTER THE CONFINED SPACE FOR RESCUE PURPOSES.





Facilities-Utilities Management	Page 1 of <u>45</u>
Hazardous Energy Control (Lockout/Tagout) 828.07.08	Origination Date 9/1995
020.07.00	Revision Date 11/2008 Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY

This policy establishes the minimum requirements for the Lockout and/or Tagout of energy isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked and/or tagged out before employees perform any servicing or maintenance activities where the unexpected energizing, start-up or release of stored energy could cause injury.

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

II. SCOPE

This policy and these procedures apply to all buildings under the control of Grady Health System® and areas in which Grady Health System® employees work and provide a safe, secure and comfortable environment of care for patients, staff and visitors.

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.

III. OBJECTIVES/FUNDAMENTALS

TRAINING

All new maintenance personnel will receive initial training as part of their department orientation with an entry made on the orientation checklist.

All maintenance department personnel will receive refresher training in the hazardous energy control policy/procedure as required.

TAGOUT DEVICES

Standardized tagout cards are provided for all GHS maintenance personnel. These are used whenever it is not possible to permanently isolate or render inoperative, the machine or equipment. Whenever possible, tagout devices shall be attached at the same location a lockout device would have been attached, and in such a manner that will clearly indicate that the operation or movement of energy isolating devices is prohibited.

Tagout devices must be substantial enough to prevent accidental or inadvertent removal. They must be of durable means. Tagout device attachments shall be of non-reusable type, attachable by hand, self-locking, and with a minimum unlocking strength of no less than 10 pounds, equivalent to a one piece, all-environment tolerant nylon cable tie.

The date and identity of the employee attaching the label shall be indicated on the tag out device. The device must warn against hazardous conditions, if the machine or equipment is energized.

Tagout device legends shall include the following: "Do Not Start," "Do Not Open," "Do Not Close," "Do Not Energize," and "Do Not Operate."

Following the installation of the tag out device on isolated energy devices, all potentially hazardous stored or residual energy shall be disconnected, and otherwise rendered safe. Verification of isolation shall continue until the servicing or maintenance is completed.

Only the authorizing associate can remove tag out devices. The work area shall be inspected to ensure that nonessential items have been removed and to ensure machine or equipment components are operationally intact. All affected associates shall be notified that the tagout devices have been removed.

LOCKOUT DEVICES

Lockout devices use a positive means such as a lock, either key or combination type, to hold an energy-isolating device in the safe position and prevent the energizing of a machine or equipment. Lockout devices must be substantial enough to prevent removal without the use of excessive force or unusual techniques, such as metal cutting tools, etc.

Whenever a major replacement, repair, renovation or modification of machines or equipment is performed, and whenever new machines or equipment are installed, energy isolating devices for such machines or equipment shall be designed to accept a lockout device.

Lockout devices shall indicate the date and identity of the employee applying the device(s).

Lockout devices shall be uniquely identified; shall be the only devices used for this purpose; shall not be used for any other purpose, and shall be capable of withstanding the environment to which they are exposed for the maximum period of time that exposure is



expected.

Lockout devices, where used, shall be affixed in a manner that will hold the energy-isolating device in a "safe" or "off" position. The authorizing associate shall verify isolation and de-energizing of the machine or equipment has been accomplished.

After the installation of the lockout devices on energy isolating devices, all potentially hazardous stored or residual energy shall be relieved, disconnected, and otherwise rendered safe. Verification of isolation shall be continued until the servicing or maintenance is completed.

Only the authorizing employee can remove lockout devices placed by them. The work area shall be inspected to ensure the removal of all nonessential items and to ensure that machine or equipment components are operationally intact. All affected employees shall be notified that lockout devices have been removed.

IV. PROCEDURE

Preparation for Lockout/Tagout: Conduct a survey to locate and identify all isolating devices to be certain which switches, valves (upstream & downstream) or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source may be involved.

Sequence of Lockout/Tagout System Procedure: Notify all affected employees that a lockout or tagout system is going to be used and the reason. The authorizing employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards.

If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, flip toggle switch, etc.).

Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating fly wheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, draining, etc.

Lockout and/or tagout the energy isolating devices with assigned individual lock(s) and/or tag(s).

After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate

Caution: Return operating control(s) to "neutral" or "off" position after the test. The equipment is now locked out and/or tagged out.

If the employee leaves the work area for any reason, they must recheck and verify their



tagout and/or lockout is still in place and that valves or switches are in proper position prior to resuming work on the equipment or system.

EXCEPTION

The supervisor may remove tags and/or lockout devices if the supervisor follows the tag removal steps.

Electrically powered equipment that can be rendered safe by unplugging the equipment from the power source and by the plug being under the exclusive control of the employee performing the maintenance/service task

"Hot Tap Operations" is work performed when the employee can prove that continuity of service is essential, shutdown of the system is impractical, or maintenance actions require the equipment to be energized for service or troubleshooting. Documented procedures are followed and special protective equipment used.

NOTE: When it is deemed necessary to work on an energized circuit the supervisor must be notified and a two-man procedure will be initiated. The second person will serve as a safety to de-energize the power or call for help if a problem occurs. Special protective equipment will be used.

RETURNING MACHINES/EQUIPMENT TO NORMAL OPERATIONS

After repairs and/or maintenance are complete and equipment is ready use, check the area around the machines or equipment to ensure that no one is exposed.

After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lockout/tagout devices. Operate the energy isolating devices to restore energy to the machine or equipment and verify operation.





General Safety	Page 1 of 2
Helipad Safety Management for Maintenance and Construction Activities	Origination Date: 9/2017
	Revision Date: NA

I. POLICY STATEMENT

It is the policy of the Grady Health System (hereafter GHS) to provide a means whereby patients from the scene of an accident or from another facility are received by both ground and air transport.

II. PURPOSE

The purpose of this policy is to establish guidelines for the safe and efficient management of the helicopter landing pad during construction activities occurring within vicinity of the landing pad.

III. NOTIFICATION

- 1. The paramedic Communications Coordinator (PCC) will be notified by phone or radio communication of a patient's transport.
- 2. The PCC, after being notified of the patient's transport, is responsible for notifying the Security Central Station (5-4024) of estimated time of arrival.
- 3. The Security Central Station personnel are responsible for notifying:
 - a. Plant Operations Supervisor on duty.
 - b. Physical Therapy (16th Floor) during normal operations hours.
 - c. Contractor's Field Team Leader (Phone contact number provided through FM Roof Access Permit).

IV. PROCEDURES

- 1. Before any work takes place, a CIRA (Change Impacts Risk Analysis) will be completed and approved by FM. This plan is to safeguard emergency services operations from the risk of tools, debris, equipment or personnel affecting the operation of the helicopter. The Contractor will be responsible for developing the scope of work, managing the project and assuring work is performed in compliance with all applicable codes, regulations and this policy.
- 2. ILSMs will be implemented to compensate for significant deficiencies and hazards that may be a result of ongoing work. Special consideration will be given to:
 - Maintaining exits clear and unobstructed

Approved By: EOC Committee

- Maintaining access for emergency response
- Maintain good housekeeping and storage practices
- 3. A gang box will be placed immediately adjacent to the work area. All tools not in use will be kept in gang box. Upon notification of inbound helicopter, all tools are to be immediately stowed in gang box.
- 4. There will be no staging on the roof of any debris, new materials or equipment.
- 5. A daily safety and production brief will be conducted by the Contactor.
- 6. All hands will be prepared to secure all tools and materials and evacuate the area immediately upon notification of inbound helicopter. No construction personnel are to approach the helicopter under any circumstances. Construction personnel to remain behind closed doors until helicopter departs landing pad and all clear given by FM.
- 7. No FOD (foreign Object Debris) will be left unsecured that could pose a safety threat at any time during construction activities. Contractor will maintain hourly surveillance rounds of construction areas.
- 8. FM to perform and document weekly helicopter inbound drills for construction areas.
- 9. Report all accidents, near-accidents, injuries and unsafe conditions to FM immediately.





Hazardous Material	Page 1 of 3
Accessing Safety Data Sheets (SDS) EC.02.02.01.09	Origination Date: 05/1998
	Revision Date: 10/2009 Review Date: 05/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

Grady Health System will maintain Safety Data Sheets (SDS) for each OSHA-Regulated hazardous chemical and/or product used and/or stored in the workplace. All SDSs will be readily accessible, during each work shift, to employees when they are in their work areas.

All Grady Supervisors and/or Managers and Grady Partners can request missing or updated SDSs, by

- ➤ Calling the Manufacturer's phone number listed on the container label; or
- ➤ Accessing and searching the SDS Online "BinderView" SDS Database located on the SDS Online Internet Server; or
- > Contacting the Hazardous Material Manager; or
- ➤ Call the SDS Online Fax-On-Demand server.

The "BinderView" SDS database should be used as the primary source for obtaining missing and/or updated SDSs. The SDS Fax-On-Demand server should only be used in the event of an emergency (uncontained spills or releases to hazardous chemicals and/or chemical exposures) or when access to the Internet is not available or has been disrupted.

SDSs not found on the "BinderView" SDS Database should be immediately reported, via phone or e-mail, to the Hazardous Material Manager for Grady Health System.

II. **PURPOSE:**

To ensure that Safety Data Sheets (SDS) are accessible to hospital staff for each OSHA-Regulated hazardous chemical and/or product used and/or stored in the workplace

III. SCOPE:

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

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

Approved By: EOC Committee

IV. OPERATIONAL DEFINITIONS: N/A

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.

V. ADMINISTRATIVE RESPONSIBILITY:

Employees and Staff are responsible for following the procedures and/or guidelines as outlined below.

Department heads and first line supervisors are responsible for ensuring that access to Safety Data Sheets is available to all hospital staff in their work place.

The Safety Office is responsible for monitoring operations and ensures compliance with Environment of Care Policies and Procedures. The Safety Office shall monitor and document compliance activity during hazard surveillance rounds.

VI. PROCEDURES AND/OR GUIDELINES

Accessing SDS via "BinderView" SDS Database on the SDS Online Internet Server:

- Open your Microsoft Internet Explorer and type "GradyNet" in the Address Field
- Double Click on the Quick Link "SDS ONLINE" to open the "BinderView" SDS Database
- Search the SDS Database by using the chemical name or product ID number and Manufacturer's name as written on the label of the chemical or product container.
- All SDSs are in Acrobat format, and can be opened and printed or saved to your computer.

Accessing SDSs via the SDS Online Fax-On-Demand Server:

- In the event of an emergency, please contact the Hazardous Material Manager (HMM) at (404) 319-6645 to obtain authorization to use the SDS Fax-On-Demand server. The HMM will immediately forward your call to the Fax-On-Demand Server at SDS Online. This server is available on a 24 hours a day basis.
- Information needed to request a SDS through the Fax-on-Demand Server:
 - Chemical or Product Name as it appears on the container label
 - Manufacturer Name
 - UPC (Universal Product Code) or Chemical Abstract System (CAS) Number if available
 - Fax number of the fax machine that you want the SDS information to be sent.



VII. REFERENCES, CROSS REFRENCES OR REGULATORY INDEXING:

Policy relates to and should be used in association with GHS policy EC.02.02.01.10 *Hazardous Material Inventory*", EC.02.02.01.12 "*Hazard Communication Plan*.

This policy is developed to guide organizational adherence to Joint Commission EC.02.02.01, EP#11 and with the OSHA Hazard Communication Standard (29 CFR 1910.1200(g)).





Hazardous Material	Page 1 of 9
Hazard Communication Program EC.02.02.01.12	Origination Date: 05/2001
	Revision Date: 03//2008 Review Date: 05/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

Grady Health System® (GHS) has developed and implemented a written Hazard Communication (HazCom) program to ensure that the physical and health hazards of chemicals produced or imported into GHS is evaluated, and that information concerning their hazards is transmitted to applicable employees and contractors within the GHS Workplace. This transmittal of information is accomplished by means of comprehensive hazard communication programs, which includes the listing of hazardous chemicals present, container labeling and other forms of warning, material safety data sheets and employee training.

GHS will make the written hazard communication program available, upon request, to employees, their designated representatives, the Assistant Secretary of Labor for the Occupational Safety and Health, U.S. Department of Labor and the Director for the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, in accordance with the requirements of 29 CFR 1910.1020 (e).

II. PURPOSE:

The purpose of this policy is to ensure that employees are informed of the physical and health hazards of the hazardous chemicals and products used and/or stored in their work areas and how to protect themselves from exposure utilizing primary engineering controls and/or Personal Protective Equipment (PPE).

III. BACKGROUND:

Grady Health System® (GHS) has developed and implemented a written Hazard Communication (HazCom) program to comply with applicable regulatory requirements of the OSHA Hazardous Communication Standard (29 CFR 1910.1200).

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IV. SCOPE:

The policy and procedures applies to buildings under the control of Grady and/or areas in which Grady employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady.

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

Exclusion: Pursuant to 29 CFR 1910.1200(b)(3), the Laboratory Service Department is not required to comply with GHS's Written Hazard Communication plan but will comply with the more strict OSHA Standard 29 CFR 1910.1450 "Occupational Exposure to Hazardous Chemicals in the Laboratory" as outlined in their Written Chemical Hygiene Plan.

Partial Exclusion: In work operations, where employees only handle hazardous chemicals in sealed containers which are not opened under normal conditions of use (such as are found in our Inventory, Receiving and Distribution Department), the GHS HazCom plan applies to these operations only as follows:

- > Ensures that labels on incoming containers of hazardous chemicals are not removed or defaced; and
- ➤ Maintains copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous chemicals; and
- ➤ Obtains a material safety data sheet as soon as possible for sealed containers of hazardous chemicals received without a material safety data sheet if an employee requests the material safety data sheet; and
- Ensures that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s); and
- Ensures that employees are provided with information and training in accordance with GHS written HazCom plan to the extent necessary to protect them in the event of a spill or leak of a hazardous chemical from a sealed container.

V. OPERATIONAL DEFINITIONS: N/A

VI. ADMINISTRATIVE RESPONSIBILITY:

GHS Sections/Departments

Each Unit/Clinical Manager and/or Director is responsible for:

- ➤ Approving the Initial purchase of an OSHA-Regulated hazardous chemical and/or product for use by their section and/or department; and
- Ensuring that their unit, section and/or department have the required:
 - o Storage facilities (e.g., Flammable & Corrosive Storage Cabinets Or Rooms, Explosion-Proof Refrigerators, Compressed Gas Cylinder Storage Areas); and
 - o Personal Protective Equipment (PPE); and
 - Containment equipment (e.g. Laboratory Fume Hoods & Biological Safety Cabinets) for the safe storage, handling, and use of hazardous chemicals and/or products purchased.
- ➤ Providing employees with the necessary hazard communication (HazCom) training, required under this written plan, at the time of their initial assignment and annually thereafter for hazardous chemicals and/or products used or stored in their work areas,

Approved By: EOC Committee



Safety Office:

The Hazardous Material Manager is responsible for:

- ➤ Implementing the annual Hazardous Material Inventory (HMI) program pursuant to HM Policy EC.02.01.01.10 "Hazardous Material Inventory"; and
- Managing (maintaining and updating) GHS's Online SDS Database; and

Laboratory Services:

The Chemical Hygiene Officer for Laboratory Services is responsible for implementing their Chemical Hygiene Plan in accordance with the "Occupational Exposure to Hazardous Chemicals in the Laboratory" Standard (29 CFR 1910.1450).

Material Management Department:

The Manager of Purchasing is responsible for ensuring that Purchase Orders issued for the procurement of OHSA-Regulated Hazardous Materials and/or Products will be marked with the following Statement: "Forward Safety Data Sheets (SDSs) to the attention of the Safety Office, Grady Health System, PO Box 26121, Atlanta, Georgia 30303"

The Director of Value Analysis will be responsible for ensuring that the selection of new products and/or equipment, which require a Safety Data Sheet (SDS) under the OSHA Hazard Communication Standard, will under go a detailed new product review to evaluate and minimize risks associated with handling, use, storage, and disposal of the proposed new product.

The Manager of Receiving Dock is responsible for ensuring that:

- ➤ Labels on incoming containers of hazardous materials have not removed and/or defaced; and
- ➤ SDSs, received with incoming shipments of hazardous materials, are maintained with the container and delivered to the end user, and a copy of the received SDS and receiving document faxed (ext. 5-1070) to the Safety Office; and
- > SDSs are obtained for sealed containers of hazardous materials, received without SDSs, and distributed to end users upon request; and
- > SDSs are readily accessible during each work shift to Receiving Dock employees when they are in their work areas(s); and
- ➤ Containers of hazardous chemicals and/or products received are visually inspected for signs of damage and/or release of hazardous materials prior to being transported to the end user; and
- ➤ Receiving Dock employees are provided with information and training (General Awareness) to the extent necessary to protect them in the event of a spill or leak of hazardous chemicals from a sealed container.



Facilities Development is responsible for ensuring that:

The respective Project Manager is responsible for contacting each contractor before work is started at GHS to gather and disseminate any information concerning chemical hazards that the Contractor or sub-contractor is bringing into the workplace (See GHS's Pre-Construction Risk Assessment Policy).

It is also the responsibility of the Project Managers to provide Contractors the following information:

- Notify of the toxic and hazardous materials to which they may be exposed while on the job site and how the appropriate SDSs can be obtained
- ➤ Precautionary measures that need to be taken to protect their employees and any subcontracted employees during the workplace's normal operating conditions and in foreseeable emergencies
- Explanation of the Hazardous Material labeling system used by GHS.

VII. PROCEDURES AND/OR GUIDELINES

The following procedures are used by Grady Health System to minimize the risks associated with the selecting, handling, transporting, storing, using, and disposing hazardous chemicals:

Hazard Determination

An annual Hazardous Material Inventory (HMI) is performed by each applicable Department for hazardous chemicals known to be present in the workplace using an identity that is referenced on the appropriate Safety Data Sheet (SDS). (See Hazardous Material Inventory Policy #EC.02.02.01.10)

Selecting:

Existing OSHA-Regulated Hazardous Chemical and/or Products are ordered through the GHS PeopleSoft procurement system. The Manager of the requesting Section and/or Department approves each purchase requisition for Hazardous Materials prior to submission to the Purchasing Department. Managers, who request new products and/or equipment containing hazardous chemicals, must complete and submit their request on a New/Replacement Product form to the GHS Value Analysis Program for evaluation and approval.

Handling/Receiving:

Shipments of Hazardous Material, received by GHS, are inspected for physical signs of damage (e.g., leaking or wet packages/containers, dented or crushed packages/containers) prior to being removed from the transport vehicle. Damaged hazardous material packages/containers, which are breached and/or releasing hazardous materials, will remain in the transport vehicle. Receiving Dock Staff will instruct the driver not to move the transport vehicle and will immediately notify the GHS's Hazardous Material Manager to report the spill or release of hazardous material from the damaged package.

Transportation:

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Shipments of Hazardous Materials, which are received by GHS, remain in their original Department of Transportation (DOT) Packaging while temporally being stored in the receiving areas and while in transit within the building. Shipments of hazardous materials will be delivered and/or distributed to the requesting departments on the day received. Hazardous Material shipments are transported utilizing carts and/or carriers specifically approved for this purposes and only in designated freight elevators, which are located in each building.

Storage:

Shipments of OSHA-Regulated Chemicals and/or products are stored in internal departmental stock rooms, which meet the requirements for hazardous areas as outlined in Chapter 19.3.2 "Protection from Hazards" of the NFPA 101 "Life Safety Code". Large quantities of highly hazardous chemicals and/or products are stored within the hospital in NFPA-Approved chemical storage cabinets and/or Internal HazMat storage rooms.

Departments, who are receiving hazardous materials directly from receiving or their stock room, immediately place hazardous materials packages/containers into proper storage in their areas based upon the DOT hazard class (e.g., Flammable, Corrosive, Oxidizer, Poison, Compressed Gases, Radioactive...etc.) affixed to the side of each hazardous material package/container and the storage guidelines outlined in the product's Material Safety Data Sheet.

Hazardous material packages/containers are permitted to be stored overnight in the receiving area(s) and/or in hospital basement corridors.

Using:

OSHA-Regulated chemicals and/or products are used within the hospital by technically competent staff members, which have completed their Haz-Com training at the department level in the following:

- > Operations in their work area where hazardous chemicals are present; and
- The physical and health hazards of the chemicals in the work area; and
- Methods and observations that are used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.); and
- Measures that employees can take to protect themselves from these hazards, including specific procedures that their department has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

Disposing:

Spent and/or discarded OSHA-Regulated hazardous chemicals and/or products under go a hazardous waste determination (40 CFR 262.11) to determine if the waste meets the RCRA definition of a hazardous waste. If the waste is listed by the USEPA as hazardous or the waste exhibits any hazardous waste characteristic, the hazardous waste is

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segregated and accumulated in a Satellite Accumulation Area, under the control of the generator at or near the point of waste generation. Hazardous waste is profiled and shipped off-site on a manifest, within 180 days, for treatment and proper disposal.

Non-Routine Tasks

Periodically, employees and contractors are required to perform hazardous non-routine task(s). Prior to starting work on such projects, each affected employee or contractor will be given the following information by their supervisor about hazardous chemicals to which they may be exposed during such activity. This information will include:

- > Specific hazards associated with the task to be performed; and
- ➤ Protective/safety measures the employee can take to reduce potential employee exposure; and
- Measures the company has taken to lessen the hazards including ventilation, respirators, presence of another employee, and emergency procedures; and
- Material Safety Data Sheets for each hazardous chemical or product to be used.

If the employee(s) do not understand any aspect of the above information, the Supervisor will not allow the employee to perform the task until the Supervisor can provide the employee with additional training and demonstrate that the employee fully understands the hazards associated with the non-routine task(s) to be performed.

Hazards Associated With Chemicals Contained In Unlabeled Pipes in Their Work Areas

Employees and Contractors, working on unlabeled pipes, are informed as to the hazardous substances contained within, in accordance with the following established policy.

Prior to starting work on any project involving unlabeled pipes, employees and contractors are to contact their supervisor for the following information:

- ➤ Identification of hazardous substance in the pipe; and
- > Any potential hazards; and
- ➤ Safety precautions that shall be taken to reduce the potential for employee exposure.

Multi-Employer Workplaces

Contractors, who are assigned to permanently work within the hospital and use and/or store hazardous chemicals at any facility within GHS, are required to comply with the following requirements within 15 days of commencing operation within GHS:

- 1) Participate in GHS's online New Contractor Employee Orientation; and
- 2) Submit a copy of their organization's Written Hazard Communication Program or Chemical Hygiene Plan to the Safety Office; and
- 3) Submit an Initial and thereafter an Annual Hazardous Material Inventory along with copies of SDSs for hazardous chemicals and/or products that will be used and/or stored within GHS.



Contractors are provided intranet access to GHS's SDS database located on the GradyNet. This database contains SDSs for hazardous chemicals and/or products used by GHS. Contractors will also comply with applicable requirements as outlined in GHS's Infectious Control Preconstruction Risk Assessment Policy. As part of the preconstruction risk assessment, Contractors will be informed of any necessary precautionary measures that need to be taken to protect their employees during the workplace normal operating conditions and in foreseeable emergencies and of the labeling system used in the workplace.

Labels and Other Forms of Warning

Hazardous chemical and product containers are properly labeled by the Manufacturer as to the identity of the hazardous chemical(s) contained therein; and any appropriate hazard warnings labels (e.g., pictures and symbols, or combination thereof), to provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

Existing labels on incoming containers of hazardous chemicals are not to be removed and/or defaced unless the container is immediately marked with the required container and hazard warning label information. (A photocopy of the original container and hazard-warning label is the preferred method to label portable "secondary" storage containers.)

Labels or other forms of warning will be legible, in English, and prominently displayed on the container, and readily available in the work area throughout each work shift. (Container and Warning Labels can be written in other languages as long as the information is presented in English as well.)

Container Labeling Exclusion:

Portable containers into which hazardous chemicals or products are transferred from labeled containers, and which are intended only for the immediate use of the employee, who performs the transfer, are exempt from the container-labeling requirement. (Example: Pharmaceuticals that are dispensed by a pharmacy to a health care provider for direct administration to a patient are exempted from labeling.)

Safety Data Sheets (SDS)

GHS retains and stores SDS received for each hazardous chemical and/or product used in the workplace. GHS receives SDSs from Vendors and Manufacturers during their initial shipment of the hazardous chemical and/or product; or under a separate cover letter prior to or at the time of the initial shipment of hazardous chemical and/or product.

GHS maintains in the workplace copies of the required SDSs for each hazardous chemical, and ensures that SDSs are readily accessible during each work shift to employees when they are in their work area(s). GHS uses the following mechanisms to ensure SDSs are available to employees for each hazardous chemical or product used in their work areas.



- ➤ Paper SDS Copies are some times stored in SDS Binders for immediate employee access. The SDS Binders are typically located in an employees' work areas, Unit, and/or Administrative Offices; or
- ➤ Electronic SDS Copies are stored in a Master SDS Electronic binder for immediate employee access. The SDS e-binder can be accessed from any GHS computers by double clicking on the GradyNet Quick Link entitled "SDS ONLINE" located on the GradyNet.
- ➤ Electronic SDS Copies are stored on SDS Online's Fax-On-Demand Server and are available for immediate employee access only in the event of a GradyNet Server failure or an emergency involving an employee exposure or hazardous chemical spill or release. (See HM Policy #828.03.09 "Accessing Safety Data Sheets (SDS)")

SDSs for hazardous chemicals and/or products used by GHS are readily available, upon request, to designated representatives and to the Assistant Secretary, in accordance with the requirements of 29 CFR 1910.1020(e).

Employee Information and Training

GHS provides employees and contractors with effective information and training on hazardous chemicals in their work area, at the time of their initial assignment, and annually thereafter, or whenever a new physical or health hazard that the employees have not previously been trained about is introduced into their work area.

The following information is provided to employees and contractors during their online New Employee Orientation (NEO):

- Location and availability of GHS's written hazard communication program and the annual Hazardous Material Inventory (HMI) of hazardous chemicals and products used and/or stored within their work areas, and
- ➤ Location and availability of SDSs for each hazard chemical and/or product listed and how employees can obtain and use the appropriate hazard information.
- ➤ An explanation of the labeling system used by GHS for primary and secondary containers of hazardous chemicals and/or products.

The following training is provided to each employee, working in areas where hazardous chemicals and/or products are used and/or stored, during their initial department orientation and then again annually as part of departmental training:

- > Operations in their work area where hazardous chemicals are present; and
- The physical and health hazards of the chemicals in the work area; and
- Methods and observations that are used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.); and
- Measures that employees can take to protect themselves from these hazards, including specific procedures that their department has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

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The above training is provided to each employee by their departments through the use of one or a combination of the following training methodologies:

- ➤ Class Room Instruction
- ➤ Self-Learning Packets
- ➤ Video Presentations, which are located on the GradyNet and GHS's Closed Circuit Television (CCTV)

VIII. REFERENCES, CROSS REFRENCES OR REGULATORY INDEXING:

Policy relates to and should be used in association with GHS policies EC.02.02.01.02 "Hazardous Material Container Labeling", EC.02.02.01.09 "Accessing Safety Data Sheets (SDS)", and EC.02.02.01.10 "Hazardous Material Inventory".

This policy is developed to guide organizational adherence to Joint Commission Standard EC.02.02.01, EP #1 and EP #5, and the OSHA Hazard Communication Standard (29 CFR 1910.1200).



ATTACHMENT C

FIRE DRILL EVALUATION

		Building: Area:				
		Date:/ Time:AM/PM Evaluated	d By:		· · · · · · · · · · · · · · · · · · ·	
[YES	NO	N/A	
	1.	Does construction worker know how to report a fire?				
•	2.	Does construction worker know their duties in a fire?				
	3	Does construction worker know where to find fire extinguishers and pull stations.				
	4.	Does construction worker know how to use fire extinguishers?				
	5.	Can construction worker explain evacuation procedures?				
1. 2.	Staf beg Con Nor	report a fire, pull a fire pull station if your building has a fire alarm system and to GMH Security at 9-911 after everyone is safely evacuated. If should follow the acronym RACE: Rescue, Alarm, Confine, and Extinguish. If the evacuation immediately. Alarm others by pulling alarm (if the building has off the fire by closing doors between you and the fire. Extinguish the fire if it mally do these things in this order. We the location of all fire extinguishers and pull stations in the areas of the building the stations in the areas of the building the station of all fire extinguishers.	Rescue ar one) and c is small a	ny one in all the 5- ind you c	immediate o -3333 or Sec an safely do	danger and curity.
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 no ambulatory patients. Go to the prearranged meeting place and report to the designated person.			ınd then nor		
		COMMENTS				

Conducting a Fire Drill

File folder.

2.

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.

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

- Continue to ask workers to respond to the scenario until all aspects of the drill are completed.
- 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.



GHS – Facilities Development Demolition, Construction & Renovation Projects Preconstruction Risk Assessment Manual

When planning for new construction, renovation, and major engineering projects, GHS Facilities Development (GHS-FD) uses the items delineated in this Preconstruction Risk Assessment Manual as a guide to facilitate the risk assessment process of the Environment of Care. This guide is not intended to be all-inclusive but is to be used in the analysis process, and may generate additional items as each project is unique and may present unique risk.

All assessments are to be completed by the FD GHS-FD Project Manager and *if necessary* reviewed with the appropriate GHS Department (Safety, Security, Infection Control, Emergency Management, Facilities Management, Department Representative etc) as indicated in each section.

The risk assessment shall be reviewed and accepted by the contractor at the Project Preconstruction or Bid Verification Meeting and any revisions and/or suggested changes will be so noted. Work will not begin until the document is signed by the GHS Director of Facilities Development.

All required parties shall sign and date each section in the spaces provided.

I. Risk Assessment Sections

- 1. Safety
- 2. Security
- 3. Hazardous Materials/Infection Control/Dust Containment/Airborne and Waterborne Pathogens
- 4. Emergency Preparedness
- 5. Life Safety
- 6. Medical Equipment
- 7. Utilities

1. Safety: Preconstruction Risk Assessment Form

:	ssed:
	there any notable or foreseen issues regarding safety?
	there issues regarding the following that will have to be addressed?
1.	Pedestrian traffic(interior/exterior)_No, work will be scheduled after hours
2.	Traffic flow
3.	Parking
4.	Inclement weather provisions related to risks of freezing pipes, colo air, water infiltration from roofs or sitework
	Are from 1.

Safety Pre-Construction Assessment Continued:

	ng
needs	ge (Will extra signage be required? Will there be signage that to be removed, and verified before and after it is removed?) res. Per ILSM during construction
Const	ruction/Staging
Barrie	rs/Separations
Noise	Could noise interfere with patient care? Could noise affect clinical / diagnostic procedures? Are clinical alarms audible? Are Life/Safety alarms and announcements audible?
Mitiga	tion Plan:
	Areas adjacent to the work area on the same floor & areas or some shore & below must be included in the noise review.
Vibrat	ion: Could vibration interfere with patient care? Could vibrations affect clinical procedures? Could vibrations affect diagnostic procedures?

Note: Areas adjacent to the work area on the same floor & areas on the floors above & below must be included in the vibration review.

C.	GHS-FD Project Manager:
	If Required (as determined by GHS FD Project Manager) GHS Safety Department:
	GHS Security Department: Project Location GHS Dept. Mgr.
	Contractor:
	GHS-FD Director:

2. Security: Preconstruction Risk Assessment Form

Date:	
Area	Assessed:
A.	Are there any notable or foreseen issues regarding security? Yes No If yes, what are they?
B. 1.	Are there issues regarding the following that will have to be addressed? If so describe: Deliveries
2.	Working after normal work hours
3.	Off Limit Access
4.	Keys/Locks
5.	Restroom facilities
6.	I.D.Badges
7.	Mechanical room spaces
8.	Access control/Intercom systems
9.	Video cameras
10.	High Risk Areas such as ICU, Medical Records, O.R., Infant, Pharmacy
11.	Parking
11. 12.	Barriers, Barricades, Signage
13.	Contract Police officers
14.	Other
	<u> </u>
C.	GHS-FD Project Manager:
	If Required (as determined by GHS FD Project Manager) GHS Security Department: Project Location GHS Dept. Mgr.
	Contractor:
	GHS-FD Director:

3. Hazardous Materials: Preconstruction Assessment For	<u>'m</u>
Project Name & Number: Date: Area Assessed:	
Review the GHS Hazardous Materials Import Notification Infection Control Policy (ICRA) and apply as applicable.	Form and
A. Air Are there any notable or foreseen issues regarding Hazardou may compromise air quality? Yes No If yes, what are they?	s Materials that
Are there issues regarding the following that will have to be a	ddressed?
Protective clothing such as jump suits, shoe covers etc	o.?
Need for contaminant ?	
Adjacent areas to construction site to be protected?	
Need for in-house particulate counter (set to baseline)	?

<u>Hazardous Materials</u> Pre-Construction Assessment Form Continued:

Walk off (tacky) mats to be used? Floors to remain clean?
Local area and Primary AHU Air Filters (Will extra attention be required?)*Change AHU Filters after construction is completed
Will negative pressure (relative to adjacent areas) need to be arranged for the construction site?
Is there need for additional air exchanges and/or HEPA filtration of construction site air?
Construction site traffic control has been evaluated including routing of workers and supplies through areas that do not include patient care or adjacent areas
Hepa Vacuum Cleaners - Will vacuuming need to be done daily, because of location of project? Should Wet mopping and wipe down be done in this area?
Any Asbestos & Lead paint issues?
Any special Cleaning Procedures Required?
Protection of new equipment during the construction process necessary?
Is there a need for an Anteroom to be provided during construction/renovation in sensitive areas such as O.R., Birthing Center, ICU, etc.?
Is there a need to have windows and doors be shut or taped?
Will someone need to monitor on a regular basis the air flow volumes and pressure balances? If so, appropriate responsible persons have been trained in use of flutter strips and a plan is in place for daily testing of negative pressure operation.

<u>Hazardous Materials</u> Pre-Construction Assessment Form Continued:

Need for Protective Environment rooms, Infectious Disease Isolation rooms or Protective Environment Airborne Infectious Isolation rooms? (in new or renovated spaces)
Is there an issue to address in regards to negative pressure being maintained at construction barrier entrance?
Is there an issue to address regarding "in-doors" with air being vented outside away from in-take vents? Or with "out-doors" having activity > 25' from in-take vents?
Will there be a concern regarding vehicle or equipment exhaust entering the building?
Roof work near exhausts?
B. Water Are there any notable or foreseen issues regarding Hazardous Materials that may compromise water quality or the management of "Pathogenic Biological Agents"?
Will water be disrupted?For how long?
Will project impact water consumption, water velocity or turnover in storage tanks?
Is equipment being installed designed to minimize waterborne pathogens?
Will water need to be maintained at a specific temperature?
Will a proactive system be installed to control waterborne pathogens?
At Cooling TowersAt Air Handlers/Humidifiers
At Domestic Hot Water, Abandoned Piping
Because of construction project, will there be an issue with moisture/humidity, leaks, standing water, condensation?
As a result of construction, will there be any water line "dead legs" of un-circulated water or will there be minimal usage's that would necessitate removal prior to reactivation?
Are there new water systems or parts must be certified?

Hazardous Materials Pre-Construction Assessment Form Continued:

C. Other Are there any other notable or foreseen issues regarding Hazardous Materials? Yes No If yes, what are they? Are there issues regarding MSDS/Right to Know that will have to be addressed?: Will there be construction/maintenance personnel working in hospital environment that will need to be orientated regarding special considerations that need to be taken in regards to Hazardous Materials? Will there be patients in or around the workspace that need to be informed of potential hazards? Will there be a need for visitors or staff to be around this workspace? Will there be temporary holes that need to be covered? Debris (should be removed daily, in covered container if in public corridors, trash should be in correct containers). Are construction dumpsters to be used? Will Construction Workers need to have infection control education? Construction workers needs for toilet, water, have been addressed? Should an elevator be designated for construction site? Is there a need for arrangements to be made/considered for susceptible patients? (I.C. has reviewed patient types and locations). Other _____ D. GHS-FD Project Manager: If Required (as determined by GHS FD Project Manager) GHS-Facilities Management: GHS Safety Department: Project Location Dept. Mgr: GHS Infection Control Dept. Contractor: GHS-FD Director:

4. Emergency Preparedness: Preconstruction Assessment Form Project Name & Number: Date: Area Assessed: Α. Are there any notable or foreseen issues regarding Emergency Preparedness? Yes__ No__, If yes, what are they?_____ B. Are there issues regarding the following that will have to be addressed? If so, describe: Code Grey 1: Security – Bomb Threat:_____ Code Grey 58: Security - Hostage _______ Code Orange: Haz. Mat. / Decontamination ______ Code Triage: Disaster Plan Activation_____ Code Pink: Infant Abduction: Tornado Watch / Warning: Other C. GHS-FD Project Manager: If Required (as determined by GHS FD Project Manager) GHS-Emergency Management _____ GHS Safety Department: Project Location Dept Mgr. Contractor: GHS-FD Director:

	ct Nan	ne & Number:		
Revi	Asses ew the icable.	GHS Interim Life Safety Measures Policy (ILSM) and apply as		
A.	Will ILSM's be required on this project ?			
В.		here issues regarding the following that will have to be essed?:		
	1.	Updating facility Life Safety Drawings?		
	2.	Above the Ceiling Work Policy to be implemented?		
	3.	Hot Work Permit Policy to be implemented? Welding or Soldering to be done? Contractor is required to provide a fire extinguisher and appropriate welding blankets – protection while performing a welding or soldering job.		
	4.	Will Fire Watches be required on this Project?		
	5.	Will fire truck access be hampered?		

D.

Life Safety Pre-Construction Assessment continued:

6.	Will water or pumps be affected?		
7.	Personal safety and protection attire to be worn?		
9.	Will daily worksite inspections be required?		
10.	Are there existing conditions related to JCAHO PFI's that need to be incorporated into the project? (such as sheetrock mud replacement in rated fire walls)		
11	Will the scope of work require a revision to the S.O.C.? If so, coordinate this with the Facility Management.		
12.	Evaluate the need for temporary fire extinguishers. If needed, the locations for them is to be determined, properly identifiable, accessible and inspected.		
13	Other		
GHS-FD Project Manager:			
If Required (as determined by GHS FD Project Manager) GHS-Facilities Management: GHS Safety Department: Project Location Dept Mgr: GHS Infection Control Dept:			
Cont	ractor:		
GHS	-FD Director:		

6. Medical Equipment: Preconstruction Risk Assessment Form

Date		me & Number:ssed:		
А. В.		there any notable or foreseen issues regarding Medical Equipment? No, If yes, what are they?		
C.		there issues regarding the following that will have to be ressed? If so, describe:		
	1.	Existing Medical Equipment to be moved		
	2.	New Medical Equipment coming in		
	3.	Medical Equipment to be protected during construction		
	4.	Is there a need for Medical Equipment to have special outlets, water lines, lighting or other utilities to be considered during construction?		
	5.	Other		
D.	GHS	S-FD Project Manager:		
	If Required (as determined by GHS FD Project Manager) GHS-Facilities Management: GHS Safety Department: Project Location Dept Mgr. GHS Clinical Engineering			
	Con	tractor:		
	GHS	S-FD Director:		

7. Utilities: Preconstruction Assessment Form Project Name & Number: Date: Area Assessed: Are there any notable or foreseen issues regarding utilities? A. Yes No , If yes, what are they?_____ В Are there issues regarding the following that will have to be addressed?: Electrical Distribution_____ Emergency Generators_____ Paging & Public Address_____ Nurse Call_____ Medical Gases_____ Tube System_____ Elevators _____ Chilled Water HVAC Equipment Domestic Cold Water_____

Domestic Hot Water_____

C.

<u>Utilities</u> Pre-Construction Assessment Form- continued		
Sewage		
Natural Gas		
Building Automation System		
Information Systems		
Telecommunications		
Alarm Systems (for Med Gases, Med Air, Blood Bank, Fire Alarm)		
Insure that existing utilities will be able to handle increased demand		
Underground Utilities		
GHS-FD Project Manager:		
If Required (as determined by GHS FD Project Manager) GHS-Facilities Management: GHS Safety Department: Project Location Dept Mgr. GHS IS/IT Department:		
Contractor:		
GHS-FD Director:		



Administration Policy	Page 1 of 5
Interim Life Safety Measures 828.05.09	Origination Date: 3/1995
	Revision Date: 2/04, 3/06, 8/08, 5/09, 4/13, 6/13, 8/15, 5/16

I. POLICY STATEMENT:

It is the policy of the Grady Health System to assure the safety of all building occupants during periods when significant deficiencies compromise the level of life safety protection provided by the building or during periods of construction or maintenance activities that reduce the level of life safety protection. It is the policy of the Grady Health System to ensure that life/fire safety protection of all buildings and occupants is preserved in accordance with NFPA 101®, Life Safety Code®. Interim Life Safety Measures (ILSM) will be implemented as appropriate during periods of construction or when maintenance activities or other conditions compromise fire detection, suppression, notification/alarm systems, and fire/smoke barriers. This includes obstructing a route of egress or compromising other life safety features.

II. PURPOSE:

The purpose of this policy is to provide temporary compensatory Interim Life Safety Measures designed to mitigate hazards presented by discovered or unavoidable NFPA 101®, Life Safety Code® deficiencies within the hospital. These deficiencies may, or may not be associated with construction and or maintenance activities.

Implementation of appropriate ILSM may be required in, or adjacent to all maintenance and construction activity areas. Required ILSM apply to all personnel, including service company/contracted workers and must be implemented upon project development, and continuously enforced throughout the project.

III RESPONSIBILITIES:

The Safety Office, Facilities Management, Facilities Development and the Public Safety Department (assigned duties) are responsible for the following:

- 1. Develop criteria to evaluate various NFPA 101®, Life Safety Code®, deficiencies and other hazards for determining when, and to what extent, one or more of the ILSM are applicable.
- 2. Assess hazards to determine if ILSM should be implemented.

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- 3. Implement appropriate ILSM in coordination with Infection Control, Safety, area supervisors/managers and/or vendors.
- 4. Notify and inform areas affected by ILSM.
- 5. Conduct inspections of affected areas to help determine the effectiveness of ILSM and possible need for revisions.
- 6. Create and post temporary evacuation route maps if alternate exits are required.
- 7. Provide appropriate training to areas affected by ILSM for staff knowledge and their roles in communicating with patients and visitors when applicable.
- 8. Document ILSM related activities and monitor the effectiveness of ILSM.

IV PROCEDURES:

When a life safety code deficiency is identified through maintenance or testing activities, or an incident,a "Life Safety Code" (LSC) designated work order will be created.

An assessment tool/guide (attachment A) is used to evaluate the severity of each situation to determine if the degree of hazard presented by the LSC deficiency warrants ILSM, and what specific measures may be required to minimize the effects of the deficiency.

The Interim Life Safety Measures monitoring checklist (attachment B) and evaluation record (attachment C), used in construction and renovation sites, aids in identifying the deficiency and determining and the effectiveness of the ILSM in place. The Facilities Development Project Management Staff will conduct the inspections of the construction area and completion of the ILSM checklist. Inspections are conducted Monday through Friday, excluding GHS holidays, while active construction is being performed.

If the life safety deficiency is not corrected withinin 45 days, due to the availability of parts, access, etc., the deficiency will be uploaded to The Joint Commission extranet site, and a Plan for Improvement (PFI) will be created.

Upon identification, a life safety code deficiency will be assessed. If the deficiency is deemed not significant and can be corrected by the close of the next business day after the discovery, this will be considered an immediate correction of the deficiency and no ILSM assessment will be required.

*Exception: if the fire alarm or suppression system is inoperable for more than 4 hours within a 24 hr period, then the Atlanta Fire Department will be notified and an in-house/hospital fire watch implemented.

V. ASSESSMENT CRITERIA:

Interim Life Safety Measures may apply when any of the following conditions are found based on the following evaluation criteria:

1. Emergency exits are obstructed.

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- 2. Fire detection, suppression or alarm systems are inoperable or impaired.
- 3. Current fire-fighting equipment is insufficient.
- 4. Temporary construction partitions are not smoke tight or made of non-combustible or limited combustible materials.
- 5. Increased risks of fire is present in buildings, on grounds, and with equipment, giving special attention to construction and storage areas, excavation activities, and field activity requiring increased surveillance.
- 6. Increase in the building's flammability and combustible fire load.
- 7. Building deficiencies, including structural impairment, hazards, and temporary measures implemented require additional education or hazardous rounding to promote awareness of fire and life safety activities.

VI. IMPLEMENTATION CRITERIA:

The Life Safety Standards will be evaluated during periods when the NFPA 101[®], *Life Safety Code*[®], is not met or during periods of maintenance activities using the following measures:

The hospital will implement it's written interim life safety measure policy that covers situations when NFPA 101[®], *Life Safety Code*[®] deficiencies cannot be immediately corrected or during periods of construction or maintenance activities that affect compliance.

- 1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a **fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building**. Notification and fire watch times are documented.
- 2. The hospital posts signage identifying the **location of alternate exits** to everyone affected.
- 3. The hospital will implement its written interim life safety measure policy which covers situations when Life Safety Code deficiencies can not be immediately corrected or during periods of construction. This policy includes criteria for evaluation when and to what extent the hospital follows special measures to compensate for increased life safety risk.
- 4. The hospital will **inspect obstructed exits** in affected areas on a daily basis as determined by the criteria based in the policy.
- 5. The hospital will provide **temporary**, **but equivalent**, **fire alarm and detection systems** for use when the fire system is impaired, as determined by the criteria based in the policy. The hospital may decide to implement a 24 hour fire watch, per policy, in lieu of a temporary fire detection system. The fire department shall be notified.



- 6. The hospital will provide **additional fire-fighting equipment** as determined by the criteria based in the policy.
- 7. The hospital will use **temporary construction partitions** that are smoke-tight, and made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The use of these partitions will be determined by the criteria based in the policy.
- 8. The hospital will **increase surveillance** of buildings, grounds and equipment, giving special attention to construction areas and storage, and excavation/field offices. The need for increase surveillance is based upon the criteria of the policy.
- 9. The hospital will **enforce storage**, **housekeeping and debris-removal practices** to reduce the building's flammable and combustible fire load to the lowest feasible level based upon criteria in the policy.
- 10. The hospital will provide **additional training** to those who work in the facility on the use of fire-fighting equipment. The need for additional training will be based off the criteria in the policy.
- 11. The hospital will **conduct 1 additional fire drill per shift per quarter** based off of the criteria contained the policy.
- 12. The hospital will **inspect and test temporary systems monthly** and document the date of the test. The need for the test is based off the criteria in the policy.
- 13. The hospital will **conduct education to promote awareness** of building impairments and deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education and training will be based on the criteria in the hospital's policy.
- 14. All exits shall remain clear and unobstructed. If **alternate exits** have been designated, affected staff and vendor employees will receive training from the Safety Department and/or Facility/ Construction Development Project Management prior to the start of the activity. Free and unobstructed access to emergency response services and access for other emergency forces such as the Atlanta Fire Department or Police Department will be maintained.

VII. FIRE ALARM / FIRE SUPPRESSION (FAFS) MAINTENANCE & INSPECTIONS:

All fire alarm and suppression systems shall be kept clean and maintained in working order.

If a temporary system is required, prior written notification shall be given to the Construction Development Project Manager, Facilities Management, and Safety Management. The temporary system must comply with all current codes and be inspected and tested at least monthly.

Approved By: EOC Committee



Scheduled maintenance and inspections and requested repairs are performed by the Department of Facilities Management and qualified vendors. The FAFS systems and components and their related maintenance procedures and histories are tracked in a Computer Maintenance Management System (CMMS).

VIII. TRAINING:

Staff and service vendor employees will be trained by Safety Management to compensate for any special impairment to structural or compartmentalization features of the hospital. Safety training regarding ILSM is provided to all staff upon request, and as appropriate, to promote awareness of any LSC deficiencies. ILSM are posted in areas that require a deversion from normal practice or access.

IX. DOCUMENTATION:

All maintenance and repair activities performed on the FAFS are archived in the CMMS. All ILSM documentation is maintained in binders in the Facilities Management Department. All criteria follows NFPA & TJC guidelines.

X. REFERENCES, CROSS REFRENCES OR REGULATORY INDEXING:

This policy is developed to guide the organizational adherence to the current Georgia state approved NFPA 101®, Life Safety Code®.





INTERIM LIFE SAFETY MEASURES MATRIX GUIDE (Attachment B)

Into	Interim Life Safety Measure													
Matrix to be used as a guide for selecting the applicable ILSM measure needed to compensate for a Life Safety Code deficiency and/or hazard(s) posed by code deficiencies, construction or maintenance and testing activities. Circle all ILSM that will be implemented	Emergency Forces Notified and Fire Watch Initiated	2) Post Signage identifying location of alternate exits	3Inspect exits in affected area on a daily basis	4) Provide Temporary alarm/detection system or fire watch	5) Provide additional firefighting equipment	6) Use Temporary Construction Partitions	7) Increase Hazard Surveillance	8) Enforce storage, housekeeping and debris removal	9) Provide additional training on fire-fighting	10) Conducting 1 Additional Drill Per Shift	11) Inspects temporary systems monthly	12) Educate staff on deficiencies/hazards	13) Trains staff to compensate for impaired fire safety features	14) Prohibiting Smoking
Code Deficiencies														
Patient room door latching problem								X				X		X
*Lacking a code complying smoke or fire barrier							X	X		X		X	X	X
Fire exit stairs discharge not properly maintained			X									X		X
Excessive travel distance to an approved exit							X	X				X		X
Lack of two remote exits			X				X	X				X		X
Non-7conforming building construction type							X	X						X
Improperly protected vertical openings							X	X						X
Large penetrations in fire barriers							X	X		X		X	X	X
Corridor walls do not extend to the structure							X	X		X		X		X
Hazardous areas not properly protected							X	X				X		X
Construction Related Issues														
Blocking off an approved exit		X	X				X	X				X		X
Rerouting of traffic to the emergency room		X												X
Major renovation of an occupied floor			X		X	X	X	X	X	X		X	X	X
**Replacing fire alarm system (out of service)	X			X	X		X	X		X		X	X	X
**Installing a sprinkler system (out of service)	X			X	X		X	X		X		X	X	X
Significantly modifying smoke or fire barrier walls						X	X	X				X		X
Adding an addition to an existing structure			X		X	X	X	X	X	X		X	X	X
Maintenance and Testing														
**Taking a fire alarm system out-of-service	X				X		X	X	X				X	X
**Taking a sprinkler system out-of-service	X				X		X	X	X				X	X
Disconnecting alarm devices							X	X				X		X
Hot Work			X		X		X	X				X		X

Note: Although the items indicated have usual applicability, each ILSM must be examined on a case by case basis, and consideration given to the specific conditions encountered. Re-evaluate as changes occur in the construction/renovation project.

- * Fire/Smoke door missing, not closing/latching or penetration > 10 sq. ft in sprinkler area, or > 5 sq. ft in an un-sprinkled area.
- ** If fire detection or suppression system is to be out for more than four hours in a twenty-four-hour period

Assessment by and date:	Implementation date:	Anticipated completion date:
PFI/WO/Project #:	Project description and location:	



INTERIM LIFE SAFETY MEASURES EVALUATION (Attachment A)

This evaluation/criteria is to be used to analyze/evaluate areas in or adjacent to, construction or areas where NFPA 101, *Life Safety Code, 2000* edition deficiencies have been discovered. A significant answer to one or more of the following questions indicates the need for implementing the appropriate Interim Life Safety Measures. Consideration should also be given to the scope of operations in the affected department or area(s) and as well as the acuity of the patients treated or housed in these areas. Refer to the Interim Life Safety Measures Matrix as a guide to help determine which Interim Life Safety Measures may be appropriate given the level of hazard presented by the deficiency.

Location:	Floor:		Duration:	
Project:	PN:	PFI / WO # Ident	tifier:	
Criteria	Significant	Non- Significant	Comments	
Compromise or alter the integrity of exit access, exit, or exit discharge features.				
Compromise the integrity of the building's "defend in place" compartmental features. (i.e., fire barriers, smoke barriers, floor slabs, corridor walls. This would include removing a fire or smoke door in an active wall or creating an opening of >10 sq. feet in a slab or barrier in a sprinkled area, or > 5 sq. ft in an un-sprinkled area.				
Impair the building fire alarm, fire detection, or fire suppression system.				
Involve temporary sources of ignition (i.e., cutting/welding/plumbers torch operation), or other operations using flame or producing sparks. Involves the presence of large quantities (more than 64 cubic feet) of combustibles and debris to				
be left on site. Note: If one or more criteria are determined to be signifi implemented in the affected area as appropriate.	cant, utilize the ILS	M Matrix Guide to help de	etermine what Interim Life Safety Measures may be	
Assessment completed by:		equired [] ILSM are n		

Grady Health System Public Safety Department / Facilities Development ILSM - Blocked Exits Inspection Log - ATTACHMENT D

Location



Signature

Use this checklist to inspect and confirm that the ISLM's are intact for the specifc location and per the specific criteria outlined. Location shall be inspected once each weekend day or holiday

Time

Name

Use back of form to note any deficiencies and corrective measures taken

Date

	 	
	ll .	
spection Criteria:		

Grady Health System - Interim Life Safety Inspection Checklist – Attachment "C"

PFI / WO or Project #	Location: Use back of page to identify by ILSM # any red Impending Actions or Corrective Measure Imp																				
* To be completed in accordance with the Interim Life Safety Measures Policy	ľ	Monda	y	1	Tuesda	y	W	ednesd	lay	Т	hursda	ny		Friday	,	S	aturda	ıy	\$	Sunday	7
Check the appropriate response – compliant?	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building. Notification and fire watch times are documented.																					
The hospital post signage identifying the location of alternate exits to everyone affected.																					
3. The hospital will inspect obstructed exits in affected areas on a daily basis as determined by the criteria based in the policy.																					
4. The hospital will provide temporary but equivalent fire alarm and detection systems for use when a fire system is impaired as determined by the criteria based in the policy.																					
5. The hospital will provide additional fire-fighting equipment as determined by the criteria based in the policy.																					
6. The hospital will use temporary construction partitions that are smoke-tight, or made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The use of these partitions will be determined by the criteria based in the policy.																					
7. The hospital will increase surveillance of buildings, grounds and equipment, giving special attention to construction areas and storage, excavation and field offices. The need for increased surveillance is based upon the criteria of the policy.																					
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10. The hospital will conduct 1 additional fire drill per shift per quarter based off of the criteria contained the policy.																					
11. The hospital will inspect and test temporary systems monthly and document the date of the test. The need for the test is based off the criteria in the policy.																					
12. The hospital will conduct education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education will be based on the criteria in the hospital's policy.																					
13. The hospital will train those who work in the facility to compensate for impaired structural or compartmental fire safety features. The need for the training is based off the criteria in the policy.																					
14. Smoking in the construction site and adjacent areas is prohibited and the hospital smoking policy is being followed.																					
Date: Inspected By:																					



GHS-FACILITIES DEVELOPMENT INFECTION CONTROL MANUAL HOSPITAL RENOVATION AND CONSTRUCTION

I. POLICY

Grady Health System (GHS) Infection Control Policy #320 establishes the need to minimize the impact of construction activities, and to establish 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.
- 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.
 - 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.

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.
- 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.
- 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.

- 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.

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

- 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 contractors(s) on the proper procedure to follow when addressing the potential issues. Potential IAQ situations could include but is not limited to the following:

- 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.

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 <u>must</u> 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 Facilities Development.

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 RISK GROUPS:

Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
 All Operating Room/Sterile Processing Areas Labor and Delivery Operating Rooms All Cardiac Cautherization and Angiography Areas Dialysis Oncology Transplant Units Anesthesia Workroom/Process ing Pharmacy Admixture Intensive Care Units Day Surgery 	 Emergency Room Post Anethesia Care Units Labor and Delivery Newborn Nurseries Post Partum All Endoscopy Areas Short Stay Progressive Care Telemetry Interventional Radiology 	All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab)	 ➢ Office areas ➢ Non-patient areas.

CONSTRUCTION ACTVITY→	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.

GHS – FACILITIES DEVELOPMENT INFECTION CONTROL MANUAL

INFECTION CONTROL RISK GROUPS:

	Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
	All Operating Room/Sterile Processing Areas Labor and Delivery Operating Rooms All Cardiac Cautherization and Angiography Areas Dialysis Oncology Transplant Units Anesthesia Workroom/Process ng Pharmacy Admixture Intensive Care Units Day Surgery	 Emergency Room Post Anethesia Care Units Labor and Delivery Newborn Nurseries Post Partum All Endoscopy Areas Short Stay Progressive Care Telemetry Interventional Radiology 	All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab)	 Office areas Non-patient areas.
>		>	>	

CONSTRUCTION	TYPE	TYPE	TYPE	TYPE
ACTVITY →	" A "	"B"	"C"	"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



	Project Requirements
Class I	Execute work by methods to minimize raising dust
Date	from construction activities.
Date:	2. Immediately replace any ceiling tile displaced for
Initials:	visual inspection.
Class II	Provide active means to prevent air-borne dust from
Doto	dispensing into atmosphere.
Date:	2. Water mist work surfaces to control dust while cutting.
Initials:	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.
Class III	1. Notify/Consult GHS Epidemiology before construction
Data	begins.
Date:	2. Isolate HVAC system in area where work is being
Initials:	done to prevent contamination of duct system.
	Complete all critical barriers before construction begins.
	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.

GHS – FACILITIES DEVELOPMENT INFECTION CONTROL MANUAL

01 11/	
Class IV 1	 Notify/Consult Epidemiology before construction begins.
	 Isolate HVAC system in area where work is being done to prevent contamination of duct system Complete all critical barriers before construction begins .
5 6 7 8 9	 Maintain negative air pressure within work site utilizing 95% efficient final filters equipped air handling units. Seal holes, pipes conduits, and punctures appropriate. Personnel must wear cloth or paper coveralls that are removed each time they leave the work site. 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. Wet mop and/or vacuum area daily. Contain construction waste before transports in tightly covered containers. Cover transport receptacles and carts. Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department Remove barrier materials carefully to minimize spreading of dirt and debris associated with
	construction.

ADDITIONAL REQUIREME	NTS:		

Project Nive	mber & Naı		Contrac		Monitoring Checklist	Assessment By:
roject Nu				roject Manager		Assessment Date:
Required	ICRA	Requirements			Corrective Measures Implemented	Documentation / Comments / Impending Actions
ICRA	Number	i oquiono no	Compliant with ICRA? Yes No			
class I	1	Execute work by methods that minimize raising dust from construction activities				
	2	Immediately replace any ceiling tile displaced for visual inspection.				
Class II	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 in tightly covered containers before transporting.				
	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 area where work is being performed				

		ICRA Imp	leme	ntation	Monitoring Checklist	
Project Nu	mber & Nar	me:	Contrac	tor:		Assessment By:
Project Loc	ation:		GHS Pr	oject Manage	er:	Assessment Date:
Required ICRA	ICRA Number	Requirements	Compliant with ICRA?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		
Class III	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				
	4	Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.				
	5	Wet mop and / or vacuum are daily				
	6	Contain construction waste in tightly covered containers before transporting.				
	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.				

Project Nu	mber & Nar		Contractor:	Monitoring Checklist	Assessment By:		
Project Loc		ne.	GHS Project Manage	er:	Assessment Date:		
Required ICRA	ICRA Number	Requirements	Compliant with ICRA? Yes No	Corrective Measures Implemented	Documentation / Comments / Impending Actions		
Class IV	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					
	4	Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.					
	5	Seal holes, pipes, conduits, and punctures with appropriate materials					
	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 changed each time the worker exits the work site.					
	8	Wet mop and / or vacuum are daily					
	9	Contain construction waste in tightly covered containers before transporting.					
	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.			3 of		

Grady

SCHEDULE B

INVOICING INSTRUCTIONS

This letter serves as guidelines for your firm when invoicing Grady Health Systems for services rendered. Your invoice package should be sent via email to fdinvoices@gmh.edu with a copy to your Grady Facilities Development Project Manager.

Prior to submitting your 1st invoice, you must submit a "Schedule of Values" for the GHS PM's approval. The "Schedule of Values" must list your Diversity Suppliers and the value of their contracts.

Your invoice packages should contain the following items when submitted:

- Your invoice document (each with a unique invoice number)
 - Grady's Project and PO number referenced on invoice document.
 - Name of Project and Location on invoice document
 - Name of Grady's Project Manager on invoice document.
 - Period of services rendered on invoice document.
- > The Application & Certificate for Payment and Continuation Sheet (Attachment A)
 - Grady's Project and PO number referenced on the Application for Payment
 - · Contractors Invoice Number referenced on the Application for Payment
- Schedule of Values (or Continuation Sheet see above)
- Diverse Supplier Report (also, report in the GHS online reporting system)
- Sworn Statement (Attachment B)
- Progress billing: Interim Waivers and Release Documents (Attachments C & D)
- Final Billing: Final Waivers and Release Documents (Attachments E, F, G & H)

Progress payment. Contractor shall submit for progress payments as follows:

- 1. Draft copy should be submitted to the Grady PM on or before the twenty fifth (25^{the}) day of every month.
- 2. Following PM's approval. Final copy should be submitted to fdinvoices@gmh.edu and Grady PM on or before the 30th day of every month.
- 3. The payment cycle in your contract will start the date your approved invoice package is received by GHS Facilities Development.

Invoices should **NOT** be sent to Grady's Accounts Payable Department. 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 a Grady PM. The following mailing address should be used on the invoicing documents:

Grady Health System Facilities Development 80 Jesse Hill Jr. Drive, SE PO Box 26083 Atlanta, GA 30303



ATTACHMENT A

APPLICATION AND CERTIFICATE FOR PAYMENT SHEET A PAGE ONE OFPAGES _____ TO: Grady Health System PROJECT: APPLICATION NO: APLICATION DATE: FROM (CONTRACTOR): PROJECT NO.: PERIOD TO: GHS PO NUMBER: GHS PROJECT MANAGER: CONTRACTOR'S INVOICE NO: The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief CONTRACTOR'S APPLICATION FOR PAYMENT the Work covered by this Application for Payment has been completed in accordance with the Contract Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, 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 **Sheet B,** is attached. due. 1. ORIGINAL CONTRACT SUM\$ 2. Net change by Change Orders \$ CONTRACTOR: 3. CONTRACT SUM TO DATE (Line 1 ±2)\$ By: Date: 4. TOTAL COMPLETED & STORED TO DATE\$_ (Column G on Sheet B) State of:_____ County of:_____ Subscribed and sworn to before me this _____ day of____, 5. **RETAINAGE:** a. _____% of Completed Work (Column D + E on Sheet B) b. - % of Stored Material Notary Public: (Column F on Sheet B) My Commission expires: Total Retainage (Line 5a + 5b or Total in Column I of Sheet B)\$ 6. TOTAL EARNED LESS RETAINAGE \$ CERTIFICATE FOR PAYMENT (Line 4 less Line 5 Total) 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT In accordance with the Contract Documents, based on on site observations and the data comprising the above (Line 6 from prior **Certificate**) \$_____ application, GHS-FD certifies that 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 8. CURRENT PAYMENT DUE\$ Contractor is entitled to payment of the AMOUNT CERTIFIED. 9. BALANCE TO FINISH, PLUS RETAINAGE \$ AMOUNT CERTIFIED\$ (Line 3 less Line 6) (Attach explanation if amount certified differs from the amount applied for) **CHANGE ORDER SUMMARY ADDITIONS DEDUCTIONS GHS FacilitiesDevelopment:** Total changes approved in Date: previous applications by Owner

TOTALS

Total approved this application

NET CHANGES by Change Order

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	В	С	D	E	F	G		Н	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULE D 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

ATTACHMENT B

SWORN STATEMENT

STATE OF:
COUNTY
OF:
being duly sworn, deposes and says that he/she/is/makes this affidavit on behalf of, who is the contractor 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:
Deponent further says that the Contractor has not employed, or procured material from or subcontracted with, any person 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, thisday ofof 20
Notary PublicCounty of
My Commission expires, 20

ATTACHMENT C

CONTRACTOR'S INTERIM WAIVER AND RELEASE UPON PAYMENT (Georgia) (O.C.G.A. § 44-14-366)

OWNER:	
CONTRACTOR:	
PROJECT NAME:	
STATE OF GEORGIA COUNTY OF	
THE UNDERSIGNED CONTRACTOR HAS BEEN EMPLOYED BY	
THE UNDERSIGNED CONTRACTOR HAS BEEN EMPLOYED BY	
MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS	
COUNTY OF AND IS OWNED BY (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED A	ĪS
LOCATED IN THE CITY OF , COUNTY OF	
, AND IS OWNED BY	
(NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED A	S
FOLLOWS:	
(DESCRIBE THE PROPERTY UPON WHICH THE IMPROVEMENTS WERE MADE BY USING EITHER	: A
METES AND BOUNDS DESCRIPTION, THE LAND LOT DISTRICT, BLOCK AND LOT NUMBER, O	
STREET ADDRESS OF THE PROJECT.)	
UPON THE RECEIPT OF THE SUM OF \$, THE CONTRACTO	ıR
WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON TH	IF
FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIA	
BOND THROUGH THE DATE OF, 201_ AND EXCEPTING THOSE RIGHTS AN	
LIENS THAT THE CONTRACTOR MIGHT HAVE IN ANY RETAINED AMOUNTS, ON ACCOUNT O)F
LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT O	
SAID(SPECIFY OWNER) FOR SAID BUILDING OR PREMISES.	
 · · · · · · · · · · · · · · · · ·	

Signatory's Initials:_____

CONTRACTOR, HAS PLACED HIS HAND AND	,	
SWORN TO AND SUBSCRIBED BEFORE ME THIS, 201	CONTRACTOR:	
NOW I DV DV DV DV	BY: (PRINT NAME)	
NOTARY PUBLIC	ITS: (TITLE) ADDRESS:	
MY COMMISSION EXPIRES:		

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE BEEN PAID IN FULL THE AMOUNT STATED ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 60 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE EITHER AN AFFIDAVIT OF NONPAYMENT OR A CLAIM OF LIEN PRIOR TO THE EXPIRATION OF SUCH 60 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FACE OF THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. SECTION 44-14-366.

ATTACHMENT D

SUBCONTRACTOR/SUPPLIER'S INTERIM WAIVER AND RELEASE UPON PAYMENT (Georgia) (O.C.G.A. § 44-14-366)

OWNER:
SUBCONTRACTOR/SUPPLIER:
PROJECT NAME:
STATE OF GEORGIA COUNTY OF
THE UNDERSIGNED SUBCONTRACTOR/SUPPLIER HAS BEEN EMPLOYED BY
MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS
PROJECT), WHICH IS LOCATED IN THE CITY OF
(DESCRIBE THE PROPERTY UPON WHICH THE IMPROVEMENTS WERE MADE BY USING EITHER A METES AND BOUNDS DESCRIPTION, THE LAND LOT DISTRICT, BLOCK AND LOT NUMBER, OF STREET ADDRESS OF THE PROJECT.)
UPON THE RECEIPT OF THE SUM OF \$

Signatory's Initials:

SUBCONTRACTOR/SUPPLIER, HAS PLACED	HIS HAND AND SEAL THIS DAY OF
, 201	
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF, 201	SUBCONTRACTOR/SUPPLIER:
	BY: (PRINT NAME)
NOTARY PUBLIC	ITS: (TITLE)
	ADDRESS:
MY COMMISSION EXPIRES:	

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE BEEN PAID IN FULL THE AMOUNT STATED ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 60 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE EITHER AN AFFIDAVIT OF NONPAYMENT OR A CLAIM OF LIEN PRIOR TO THE EXPIRATION OF SUCH 60 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FACE OF THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. SECTION 44-14-366.

ATTACHMENT E

<u>CONTRACTOR'S</u> <u>WAIVER AND RELEASE UPON FINAL PAYMENT (Georgia)</u> (O.C.G.A. § 44-14-366)

OWNER:						
CONTRACTO	PR:					
PROJECT NA	ME:					
STATE OF GE	EORGIA					
THE	UNDERSIGNED	(SPECIFY OWNE	ER OR CON	TRACTOR) TO FURNISH	[
CONSTRUCTION	ON OF IMPROVEME				OR LABOR) FO	
CONSTRUCTION	ON OF IMPROVEME _(TITLE OF THE PRO, COUNTY OF	NIS KNOWN AS DIECT), WHICH IS LO	OCATED II	N THE CIT	Y OF	
	, COUNTY OF		, ANI	O IS OWNE	D BY	
DESCRIBED A	S FOLLOWS:	(NAME_C	OF OWNER	R) AND M	ORE PARTICU	JLARLY
METES AND B STREET ADDR	IE PROPERTY UPON V BOUNDS DESCRIPTION ESS OF THE PROJEC	ON, THE LAND LOT T.)	DISTRICT	, BLOCK A	ND LOT NUM	BER, OR
	THE RECEIPT O					
CONTRACTOR THE FOREGO MATERIAL BO	R WAIVES AND RELE DING DESCRIBED PI OND ON ACCOUNT D TO OR ON ACCOU	CASES ANY AND ALL ROPERTY OR ANY OF LABOR OR MA	LIENS OR RIGHTS FERIALS,	CLAIMS C AGAINST OR BOTH,	OF LIENS IT HA ANY LABOR FURNISHED	AS UPON AND/OR BY THE
PROPERTY.				(31 201		
				Signator	y's Initials:	

IN WITNESS WHEREOF, THE UNDERS CONTRACTOR, HAS PLACED HIS HAND AND SI	IGNED, ACTING FOR AND ON BEHALF OF THE EAL THIS DAY OF, 201
SWORN TO AND SUBSCRIBED BEFORE ME THIS, 201	CONTRACTOR:
NOTARY PUBLIC	BY: (PRINT NAME) ITS: (TITLE)
MY COMMISSION EXPIRES:	ADDRESS:

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE BEEN PAID IN FULL THE AMOUNT STATED ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 60 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE EITHER AN AFFIDAVIT OF NONPAYMENT OR A CLAIM OF LIEN PRIOR TO THE EXPIRATION OF SUCH 60 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FACE OF THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. SECTION 44-14-366.

ATTACHMENT F

GENERAL CONTRACTOR'S FINAL AFFIDAVIT (Georgia) (O.C.G.A. § 44-14-361.2)

OWNER:
GENERAL CONTRACTOR:
PROJECT NAME:
PROPERTY:
STATE OF GEORGIA COUNTY OF
Before me, the undersigned Notary Public, personally appeared the undersigned, who having been first duly sworn, deposes and says under oath as follows:
(1) The undersigned warrants and represents that he has full authority to execute this General Contractor's Final Affidavit for the General Contractor.
(2) Unless otherwise stated herein, the undersigned has personal knowledge of the facts sworn to in this General Contractor's Final Affidavit and such facts are true and correct.
(3) The General Contractor has performed all of the work required by the contract with the(Specify Owner). To the best of the undersigned's knowledge, all of the work has been completed in accordance with the terms and conditions of the contract with(Specify Owner), and all plans and specifications for the project, including any written Change Orders executed in accordance with the Contract Documents. The representations and warranty made in the Paragraph (3) are solely for the benefit of the Owner, and no other party may claim any rights, as a third party beneficiary or otherwise, based hereon.

The Property is more fully described in the "Property Description," if attached hereto as an

addendum. Any and all contractors, subcontractors, materialmen and suppliers who have provided labor, materials

(4)

or services for use or incorporation into the improvements t and Suppliers" attached hereto as an addendum. General C laborers, suppliers, materialmen and others furnishing labor reasonable value of all labor, material or services furnished.	ontractor has paid in full all contractors, subcontractors, material or services to the Property the agreed price or. The General Contractor further certifies that the eed price or reasonable value of all labor, material, and the Property. There are no pending or unresolved claims,					
materials or services furnished for the construction of any in	and furnishings have been paid for in full, and there are					
(6) To the best of the undersigned's knowled from personal injury or death to any employees, subcontrac Contractor's activities or construction work on the Property						
(7) To the best of the undersigned's knowled Lien, or any suits or claims for payment, loss or damage of lien upon the Property as of the date of this General Contract	•					
(8) This General Contractor's Final Affidavit acknowledgement of, final payment under the contract betw (Specify Owner). This General Contractor's Final Affidavit may be relied upon unconditionally by the Owner.	veen the General Contractor and the					
(9) Deponent is executing this General Contractor for the extremely and on behalf of the General Contractor for the extremely from the (Specify Owner).	actor's Final Affidavit, pursuant to O.C.G.A. § 44-14-xpress purpose of inducing and receiving final payment					
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF, 201	CONTRACTOR:					
NOTARY PUBLIC MY COMMISSION EXPIRES:	BY: (PRINT NAME) ITS: (TITLE) ADDRESS:					

ATTACHMENT G

Contractor's Affidavit of Payment of Debts and Claims

The undersigned Contractor on the job of Grady Health System located at [Insert Address of Project Site], hereby certifies that, except as listed below, he has paid in full or otherwise satisfied all obligations for all materials and equipment furnished, for all Work, labor and services performed, and for all known indebtedness and claims against Contractor for damages arising in any manner in connection with performance of the Contract Documents for the job known as [Insert Name Per Task Order] for which the Grady Health System or its property might in any way be held responsible.

The only exceptions to Contractor's certification are those set forth below, if any: [Owner reserves the right to withhold payment or require Contractor to file a release bond to satisfy mechanics' liens and stop notices.]

Name

Amount

I affirm under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Executed this ______ day of ______, ____.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF ______, 201___.

BY: (PRINT NAME) _______
ITS: (TITLE) _______
ADDRESS: ______

ATTACHMENT H

Contractor's Affidavit of Waivers and Releases

The undersigned Contractor on the job known as [Insert Name Per Task Order] for Grady Health System located at [Insert Address of Project Site], hereby certifies that, except as listed below, it has secured a final lien waiver from every person entitled to assert against Owner or Owner's property a mechanics' lien or stop notice arising in any way in connection with performance of the Contract Documents referenced above.

in any way in connection with performance of the Contract Documents referenced above.

The only exceptions to Contractor's certification are those set forth below, if any: [Owner reserves the right to withhold payment or require Contractor to file a release bond to satisfy mechanics' liens and stop notices.]

Name

Amount

I affirm under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Executed this ______ day of ______, ____.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ___ DAY OF ______, 201__.

BY: (PRINT NAME) ______
ITS: (TITLE) ______
ADDRESS: _______

MY COMMISSION EXPIRES:

SWORN STATEMENT

STATE OF:
COUNTY
OF:
being duly sworn, deposes and says that he/she/is/makes this affidavit on behalf of, who is the contractor 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:
Deponent further says that the Contractor has not employed, or procured material from or subcontracted with, any person 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, thisday ofof 20
Notary PublicCounty of
My Commission expires, 20



APPLICATION AND CERTIFICATE FOR PAYMENT SHEET A PAGE ONE OF PAGES PROJECT: APPLICATION NO: TO: Grady Health System APLICATION DATE: FROM (CONTRACTOR): PROJECT NO.: PERIOD TO: GHS PO NUMBER: GHS PROJECT MANAGER: CONTRACTOR'S INVOICE NO: The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief CONTRACTOR'S APPLICATION FOR PAYMENT the Work covered by this Application for Payment has been completed in accordance with the Contract Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Sheet B. is attached. Payment were issued and payments received from the Owner, and that current payment shown herein is now due. 1. ORIGINAL CONTRACT SUM\$ 2. Net change by Change Orders \$______ CONTRACTOR: 3. CONTRACT SUM TO DATE (Line 1 ±2)\$ Date: 4. TOTAL COMPLETED & STORED TO DATE\$ (Column G on Sheet B) State of:_____ County of: ____ 5. RETAINAGE: a. % of Completed Work Subscribed and sworn to before me this _____ day of , (Column D + E on Sheet B) b. - % of Stored Material Notary Public: (Column F on Sheet B) My Commission expires: Total Retainage (Line 5a + 5b or Total in Column I of Sheet B)\$ 6. TOTAL EARNED LESS RETAINAGE \$ CERTIFICATE FOR PAYMENT (Line 4 less Line 5 Total) 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT In accordance with the Contract Documents, based on on site observations and the data comprising the above (Line 6 from prior Certificate)\$ application, GHS-FD certifies that 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 8. CURRENT PAYMENT DUE\$_______\$ Contractor is entitled to payment of the AMOUNT CERTIFIED. 9. BALANCE TO FINISH, PLUS RETAINAGE\$ AMOUNT CERTIFIED\$_____ (Line 3 less Line 6) (Attach explanation if amount certified differs from the amount applied for) **CHANGE ORDER SUMMARY** ADDITIONS **DEDUCTIONS GHS Facilities Development:** Total changes approved in By: Date: previous applications by Owner Total approved this application 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.

TOTALS

NET CHANGES by Change Order



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	В	С	D	Е	F	G		Н	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULE D 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



Project Name / #:	
Project Manager.	

PRE-MOVE and OCCUPANCY CHECKLIST

E-MOVE and OCCUPANCY CHECKLIST Project Location:						
Administrative Activities	B.I.C.	Target Start	Date Completed	Sig n - Off By	N/A	REMARKS:
Confirmation of AHJ Acceptance						
State Fire Marshall						
City / County Final Inspections						
Georgia DCH						
He alth Department						
Other						
Other						
Confirmation of MEP Commissioning / System / Equipment	Ac c e p ta no	e e				
Ele c tric a l - No rm a l Po w e r Distrib utio n						
Ele c tric a l - G e ne ra to r Po w e r Distrib utio n						
Ele c tric a l - Branc h C irc uit Lighting						
Ele c tric a l - Branch Circ uit Power						
HVAC - Equipment						
HVAC - Branch Distribution						
Hyd ro nic s - Ba la nc e d						
Air flow - Balanced						
Duc ts Cle a ne d						
BAS - Complete & Operational						
Mechanical-Equipment						
Mechanical-Piping (heating, cooling & nat gas)						
Fire Sprinkler - Equipment						
Fire Sprinkler-Piping and Heads						
Med Gas - Equipment						
Med Gas-Piping						
Plumbing - Equipment						
Plumbing - Piping & Fixtures						
Domestic Water-Flushed						
Domestic Water-Clomated						
Fire Alarm System - Head End and Graphics						
Fire Alarm System - Wiring and Devices						
Se c unity Systems - Complete						
Nurse Call - Equipment						
Nurse Call-Wiring & Devices						
IS∕ IT - Equipment						
IS/IT-Wiring & Devices						
Pne um a tic Tlube Systems - Complete						
PA System - Complete						
Ele va to rs - C o m p le te						
CCTV						
Other						
Other						
Equipment added to FM PM list						
Exit Signs						
List						
List List						
List						



Project Name / #:	
Project Manager:	

All Contractor Debris Removed

PRE-MOVE and OCCUPANCY CHECKLIST		Pro je c t L	ocation:			
Inspection Activities	BLC.	Target Start	Date Completed	Sig n - Off By	N/A	REMARKS:
Confirm a tion of Integrity of Rated Construction Walls						
Flo o rs C e iling s						
Do o rs						
Confirm a tion of HVAC operation Tempered Air Exhaust Ducts Cleaned Tstats and controls						
Confirm a tion of IS/IT Equipment Operation						
Servers / Switches / local UPS Phones CPUs Wire less Access points						
Confirmation of Security Systems Operation Special Keypads Card Access Cameras						
Confirmation of FA System Functionality All Devices						
Confirm a tion of Nurse Call Operation						
All De vices Confirmation of PA System Operation						
All De vices All required and scheduled PM's completed						
List						
List List						
List List						
Other						
Exte rio r Wind o w s Inta c t						
Interior Borrowed lights Intact All Contractor Tools Removed						
All Contractor Materials Removed						



Project Name / #:	
Project Manager.	

PRE-MOVE and OCCUPANCY CHECKLIST

					-				
Ac tiva ti	on Activities		BIC.	Tanget Stant	Date Completed	Sign - Off By	N/A	REM A RKS:	
Physic	a l Enviro nm e nt								
Tilysk	Final Clean								
	Floors Waxe d		-						
	Paper Products Stocked								
	So a p / Lo tio ns Sto c ke d								
	O the r								
	Other								
Sa fe ty									
	Final Safe ty Inspection								
	Fire Evac Maps								
n .	Other								
Epi	Tradition of the								
	Final Inspection								
C.ED.	Other								
C.ED.	Clinic al Equipment and Systen	ns Functional							
	Bed Management	ns runc do na i							
	List		-						
	List								
P.T. Sta	a tio ns								
	Tube Stations Functional and I	Pmarammad							
	Other	-			-				
Non C	linic a l FF&E Insta lle d								
No n-C	List								
	List				-				
Consu	mables - Stocked			·					
Consu	List								
IS/ IT				·					
20 11	Pho ne s								
	Computers								
	W.A.P.								
	EPIC								
	Kro no s								
	Other								
Tra in in	_								
	Fire Safety/Evac								
	Clinic al Equipment								
	P.TSta tions								
	PA Syste m								
	Nurse Call System								
	CCTV Systems		<u> </u>						
	Med Gas								
	Se c urity								
	*								
	Other								
Other									
	List List								
	List								
	List						-		
	List								
	List								

Project Location:



CLOSE-OUT PROCEDURE

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. <u>Trade Contractor Close-Out Process</u> 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

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.

of outstanding Agency Approvals.

A schedule of all Owner Training to take place. The List of Finish Material used in the Project

- 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
\Box	Owner Training Register
	All Agency final reviews, permit sign-offs, certifications, and Certificate of Occupancy
	Final Document and Turnover Registers
\square .	Final Payment Request with all required supporting documentation.

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

E. Final Trade Contractor Payment Request Processing:

F. <u>Trade Contractor Close-Out Packet:</u>

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



LIST OF TECHNICAL SUBMITTALS

Project:	Contractor:
Date:	Contract #:
The following is a list of technical Spec. Section:	data required by the specifications: Submittal Required
Submitted By: Contractor:	A/E Review / Approval (if required) A/E:
By: Date:	By:
Received By:	
GHS Facilities Development: By: Date:	Datas



LIST OF TESTING REQUIREMENTS

Project:		Contractor:		
Date:		Contract #:		
The following is a list o	f testing required by the s	necifications:		
Spec. Section:	Test Required:	Manufacture's Fa	ctory or Fiel	d Test:
			М	F
			М	F
			М	F
			М	F
			М	F
			М	F
			М	F
			М	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
			M	F
Submitted By:		A/E Review / Approval (if req	uired)	
<u></u>		A/E:		
Date:		Date:		
Received By:				
GHS Facilities Developm	nent:	GHS Facilities Management:		
By:		Ву:		
Data		Date:		



LIST OF TRAINING REQUIREMENTS

Project:	Contractor:
Date:	Contract #:
The following is a list of training requ	uired by the specifications:
Spec. Section:	Training Requirements:
<u> </u>	
<u> </u>	
<u> </u>	
	
Submitted By:	A/E Review / Approval (if required)
Contractor:	∧ / □ ·
Bv.	Bv.
Date:	 Date:
Date.	
Received By:	
GHS Facilities Development:	GHS Facilities Management:
R _V ·	Rv:
Date:	Date:



LIST OF CLOSEOUT DOCUMENTS REQUIRED BY TECHNICAL SPEC.'S

Project:	Contractor:
Date:	Contract #:
_	from the technical specifications necessary for (includes special warrantees & guarantees): Documents Required:
Submitted By: Contractor: By: Date:	By:
Received By: GHS Facilities Development: By: Date:	GHS Facilities Management: By: Date:



LIST OF AGENCY APPROVALS REQUIRED FOR COMPLETION

Project:	Contractor:
Date:	Contract #:
The following is a list of agency appro Agency:	vals required to obtain substantial completion: Required Document:
Agency.	nequired bocument.
	 -
	
	
	_
	
	
Submitted By:	A/E Review / Approval (if required)
Contractor:	∧ /⊏·
By:	
Date:	Dato:
Received By:	
GHS Facilities Development:	GHS Facilities Management:
D _V .	Dve
Date:	Data:



EQUIPMENT / SYSTEMS ACCEPTANCE

Project: Inspection Date:			Contract #:					
								Equip Designation:
Location:								
Pre-Turnover Checklist:								
Submittal Required:	Υ	Ν	N/A	Submittal Approved:	Υ	Ν	N/A	
Factory Test Required:	Υ	Ν	N/A	Factory Test Approved:	Υ	Ν	N/A	
O&M Manuals Submitted:	Υ	Ν	N/A	O&M's Approved:	Υ	Ν	N/A	
Check / Test / Startup:	Υ	N	N/A	Factory Rep Required:	Υ	N	N/A	
The above equipment is be	ina tur	med o	over to the Ov	wner for the start of guarantee per	riod wh	ich co	mmen	red
	-			Equipment is accepted unco			Y	N
The above equipment is co	ndition	nally a	ccepted pen	ding completion of the following:			Υ	N
The above equipment is co	nditior	nally a	ccepted pen	ding completion of the following:			Y	N
				ding completion of the following:	::		Y	N
The above equipment is Re					::			
The above equipment is Re	ejected	d and		new Equipment Acceptance Test	:		Y	N
The above equipment is Re Acknowledged: Factory Tech:	ejected	d and	will require a	new Equipment Acceptance Test Contractor:			Y	N
The above equipment is Re Acknowledged: Factory Tech: By:	ejected	d and	will require a	new Equipment Acceptance Test Contractor: By:			Y	N
The above equipment is Re Acknowledged: Factory Tech: By: Date:	ejected	d and	will require a	new Equipment Acceptance Test Contractor: By:			Y	N
The above equipment is Re Acknowledged: Factory Tech: By: Date: GHS Facilities Development	ejected	d and	will require a	new Equipment Acceptance Test Contractor: By: Date:			Y	N



OWNER TRAINING REGISTER

Project: Training Date:			Contractor:				
			Contract #:				
Equip Designation:			Model # Serial #				
Location:							
Pre-Training Checklist:							
Submittal Required:	Υ	Ν	N/A	Submittal Approved:	Υ	Ν	N/A
Factory Test Required:	Υ	Ν	N/A	Factory Test Approved:	Υ	Ν	N/A
O&M Manuals Submitted:	Υ	Ν	N/A	O&M's Approved:	Υ	Ν	N/A
Equipment Accepted:	Υ	N	N/A	Factory Rep Required:	Υ	N	N/A
Participants:							
Training Completed in Acco	ordano	ce with	the Contract	Requirements:			Y N
Acknowledged:							
Factory Tech:				Contractor:			
Ву:				Ву:			
Date:				Date:			
GHS Facilities Developmen	nt:			GHS Facilities Manageme	ent / Cli	nical E	Engineering:
By:				Ву:			
Date:				Data:			
							



FINAL DOCUMENT & TURNOVER REGISTER

Project: Date:	Contract #:
The above named Contractor is submitting / turning	g 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: Description:	Section:
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:



LIST OF SPARE PARTS

Project: Date:		Contractor: Contract #:
The fellowing is a "		d by the energifications.
Spec. Section:	st of spare parts require Quantity:	Description:
opec. occilon.	Guarity.	везоприон.
Submitted By:		A/E Review / Approval (if required)
Submitted By: Contractor:		Λ/Γ.
		Λ/Γ.
Contractor:		A/E:
Contractor:		A/E:
Contractor: By: Date:		A/E:
Contractor: By: Date: Received By:		A/E: By: Date:



LIST OF FINISH MATERIALS USED IN PROJECT

Project:		Contractor:				
Date:		Contract #:				
The following is a lie	t finish materials used in tl	no project.				
Product	Manufacturer	Catalog Number	Color			
			-			
	-					
	-					
			-			
Submitted By:		A/E Review / Approval (if	required)			
Contractor:		A/E:				
Date:		Date:				
Received By:						
GHS Facilities Develo	pment:	GHS Facilities Management				
Зу:		Ву:				
Date:		 Date:				



LIST OF DOCUMENTS REQUIRED FOR FINAL PAYMENT

Project: Date:	Contract #:
The following is a list of documents from the ger Article:	neral conditions required to produce final payment: Documents Required:
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:



TRADE CONTRACTOR CONTRACT CLOSE-OUT CHECKLIST

Project: Date:	Contract #:
The following should be used to insure the Trade	Contract is ready for Release of Final Payment
Certificate of Substantial Completion	Final Payment Application
As built record Documents	Consent or Surety to Final Payment
O&M Manuals	All COP's are processed & C.O.'s executed
Keys, Maintenance stock & Spare Parts	All Claims are resolved
Equipment & System Acceptance Forms	Verify CMIC Accounting matches Pay App
Agency Permits & Certificates rec'd to date	Confirm the Pay App is notarized
Finish Materials List	Verify Final Conditional Waiver is included
Certificate of Punchlist Completion	Verify Final Sworn Statement is included
Guarantees & Warrantees	Final Check Processing
Owner Training Register	Release Final Check upon receipt of:
Final Agency Permits & Certificates	Final Unconditional Waiver
Final Document Turn Over Registers	Final Release
GHS Facilities Development PM: By: Date:	GHS Facilities Development Accountant: By: Date:



EQUIPMENT / SYSTEMS O&M MANUAL CHECKLIST

Project:	Contractor:			
Inspection Date:	Contract #:			
Equip Designation:	Model #			
	Serial #			
Location:				
Item:		Re	quire	ed?
Complete operating instructions, including description of eac controls, start-up, shut-down, seasonal changeover, etc for		Υ	N	NA
Legible copies of all "As Built" field installation drawings.		Υ	Ν	NA
Equipment cuts & descriptive literature		Υ	Ν	NA
Complete parts list		Υ	Ν	NA
Internal wiring and control diagrams		Υ	Ν	NA
Factory and Field test reports and data, including balancing	reports	Υ	Ν	NA
Operating characteristics, performance data, ratings and curperformance curves, tank volume Vs height curves or tables		Υ	N	NA
Complete list of all belt drives listing drive size, bore size, ke replacement bet number	yway dimensions and manufactures	Υ	N	NA
Controls Diagrams, sequence of operation diagrams and lac	dder diagrams.	Υ	Ν	NA
Instrument Calibration Data		Υ	Ν	NA
Executed Equipment / System Acceptance (Form F)		Υ	Ν	NA
Executed Owner Training Register (Form G)		Υ	Ν	NA
Spare parts inventory		Υ	Ν	NA
Service or Maintenance Contracts		Υ	Ν	NA
Service and Maintenance schedule and log - including date	equipment placed in service	Υ	Ν	NA
Dated warrantees and/or guarantees		Υ	Ν	NA
Title Page with Job name and number, Contractors/Subcontaddress and phone numbers. Index page	tractors/Vendors contact person,	Υ	N	NA
Other		Υ	N	NA
Acknowledged:				
Factory Tech:	Contractor:			
Ву:	Ву:			
Date:	Date:			
GHS Facilities Development:	GHS Facilities Management:			
Ву:	Ву:			
Date:	Date:			