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
### 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.
GHS Contractor Orientation & Work Rules

**Job Specific Protocols (list all project measures to be implemented)**

- **Fire Response Measures:**
- **ICRA Measures Implemented:**
- **ILSM’S Implemented:**

All non-English workers must, at all times, have direct bi-lingual supervision at the point the work is being performed.

---

**I understand and agree to abide by the above Contractor Orientation & Work Rules**

Contractor Name: Worker Name:
Contractor Supt.: Worker Signature
Interpreter: Date:

---

**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.
## 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
Contractors 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 qualities of tools, equipment and materials entering and leaving the area shall be accounted for and documented. 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 qualities of tools, equipment and materials entering and leaving the area shall be documented 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.

## Job Specific Protocols (list all project measures to be implemented)

---

All non-English workers must, at all times, have direct bi-lingual supervision at the point the work is being performed.

---

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
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: ________________________________

Employee Issuing Badge: _____________________________________________

PPD Expiration Date: ___________________

* Types of ID Accepted: US Drivers License, State Picture ID, Military ID, Alien Registration Card (Green Card).
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 **ONE** MMR Vaccine or Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella
   B. *If born 1/1/57 or afterwards*, documentation of **TWO** 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
NOTICE TO COMPLY

CONTRACTOR:

DATE:___________

PROJECT:

PROJECT NUMBER:

CONTRACTOR IS HEREBY NOTIFIED THAT CONTRACTOR HAS:

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

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

ITEM/DESCRIPTION AND LOCATION:

Grady Health System (GHS)

Project Manager
GHS Facilities Development

Receipt acknowledge by:

Contractor Date

Grady Health System, 80 Jesse Hill Jr. Dr. SE – Box 26083, Atlanta, GA 30335, 404-616-4291, Fax 404-616-3355
# Prime Contractor - Daily Report

**Report for Date:** ________________

## Project Information
- **GHS-FD Project Number:** ______
- **Project Title:**
- **Contractor Name:**
- **GHS-FD / Contractor Contract Number:**

## Instructions Received

<table>
<thead>
<tr>
<th>Trade</th>
<th>Prime</th>
<th>Sub.</th>
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<tbody>
<tr>
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## Information Requested

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<tr>
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## Manpower

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<tbody>
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</table>

## Routing

**To:** GHS-FD Project Manager

**From:** Contractor Superintendent

**Date:** ________________

**Received GHS-FD Project Manager**

**Date:** ________________

## Trade Prime Sub.

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

<table>
<thead>
<tr>
<th>Atmospheric Conditions</th>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloudy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snow</td>
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<table>
<thead>
<tr>
<th>Ground Conditions</th>
<th>A.M.</th>
<th>P.M.</th>
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</thead>
<tbody>
<tr>
<td>Dry</td>
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<td></td>
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<tr>
<td>Wet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muddy</td>
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<td></td>
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<tr>
<td>Frozen</td>
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</table>

<table>
<thead>
<tr>
<th>Temperature Range</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
</table>

## ICRA

- **Are all Controls in Place?**
  - Yes [ ]
  - No [ ]

- **Negative Air Reading:**
  - A.M.: ______
  - P.M.: ______

## ILSM

- **Are all Controls in Place?**
  - Yes [ ]
  - No [ ]

## Safety Issues

**Accidents / Incidents - if Yes file Report**

- Personnel [ ]
- Equipment [ ]
- Property [ ]

## Clean Up

- **Properly disposed of spoils?**
  - Yes [ ]
  - No [ ]

## Critical Issues

- ________________
- ________________
- ________________

All information provided is summary in nature. You must comply with the formal notification provisions of the Agreement between Owner and Contractor.
<table>
<thead>
<tr>
<th>Work Activities</th>
<th>Impacts</th>
<th>Schedule Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Progress:</td>
<td>To Work in Progress:</td>
<td>Short Interval Progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is your Work on schedule?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not, what is impeding your progress?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Started:</td>
<td>Prevented from Starting:</td>
<td>Critical Path Progress:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is the Impact to the Critical Path?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If yes, what actions are you taking to bring your work back on schedule, &amp; have you prepared a Schedule Recovery Plan?</td>
</tr>
<tr>
<td>Stopped:</td>
<td>Stopping Work:</td>
<td></td>
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<tr>
<td>Completed:</td>
<td>Coordination Issues:</td>
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<td></td>
<td></td>
<td>Major Material / Equipment: In / Out</td>
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<tr>
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<tr>
<td></td>
<td></td>
<td>Scheduled Utility Shutdowns</td>
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<tr>
<td></td>
<td></td>
<td>Request form submitted?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
UTILITY SHUTDOWN PROCEDURE

CONTRACTOR SHALL NOT PERFORM WORK UNTIL THEY ARE GIVEN A FULLY EXECUTED COPY OF THE UTILITY SHUTDOWN 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:

• 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: Lonnie Hicks: 404 616 7396
Fire Alarm: Kevia Morris Sr. 404 616 0524
Medical Gas: Demetrius Johnson: 404 787 9072
**UTILITY SHUTDOWN REQUEST FORM**

**Project Name:**

**GHS-FD Project #**

**Reason for Shutdown:**

**Area work is to be performed:**

<table>
<thead>
<tr>
<th>Floor</th>
<th>Area</th>
<th>Ceiling Cavity</th>
<th>Room Cavity</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Affected Utility**

- [ ] HVAC
- [ ] Chilled Water
- [ ] Heating Water System
- [ ] Storm
- [ ] Sanitary
- [ ] Domestic Hot Water
- [ ] Domestic Cold Water
- [ ] Steam
- [ ] Condensate
- [ ] DI / RO Water
- [ ] Natural Gas
- [ ] Nitrogen
- [ ] Nitrous Oxide
- [ ] Vacuum
- [ ] Oxygen
- [ ] Medical Air
- [ ] Normal Power
- [ ] Emergency Power
- [ ] Normal Lighting
- [ ] Emergency Lighting
- [ ] Pneumatic Tubes
- [ ] Elevators
- [ ] Fire Alarm System
- [ ] Fire Suppression System (Dry)
- [ ] Fire Suppression System (Wet)
- [ ] Temperature Controls

**GHS FM Supv**

- Norris Campbell
- Demetrius Johnson
- Kevia Morris
- Lonnie Hicks

**Date**

- Norris Campbell
- Demetrius Johnson
- Kevia Morris
- Norris Campbell

**Shutdown Schedule**

- Day: [ ]
- Date: [ ]
- Start Time: [ ]
- Finish Time: [ ]
- Total Duration: [ ]

**Areas Affected by Shutdown**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Special Requirements:**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Company Name**

- Sub:
- GC:
- GHS-FD PM:
- GHS-User:
- GHS-FM: Scott Fisher
- GHS-FD Director: Stephen Smith
- GHS-VP: Carlos Ruiz
- CC: GHS-FD, GHS-FM, Project File

**Authorizations**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**GHS FM MEP Superintendent will initiate Facility Notifications and Public Service Announcements**
I. POLICY
This policy establishes procedures allowing hot work to be performed in a safe and effective manner. This policy applies to routine maintenance, renovation, and new construction performed by in-house or contract personnel.

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

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

1. Burn Permit: This form is to be completed by a Facilities Management or Facilities Development Project Manager. It must contain the work to be performed, nature of the work, the fire alarm point or zones disabled, the time period of the work, the name of the employee completing the form, the name of the employee or company performing the work, and a safety check list to be completed after work is finished.

2. Fire Alarm Point or Zone: An alpha-numeric name assigned to an alarm initiating device or group of devices, i.e. duct detectors, smoke detectors, flow switches, beam detectors, or heat detectors.

3. A burn permit must be completed by a Facilities Management or Facilities Development Project Manager prior to beginning work. The fire alarm point or zone must be disabled prior to the burn permit being issued.

4. The burn permit must be kept in the area the work is taking place. If hot work or work creating excessive dust is occurring without a burn permit, work will be immediately stopped by either Safety, Facilities Management, Facilities Development or Project Manager.

5. It is the responsibility of the employee who disables a point and/or issues a burn permit to ensure the point is enabled and/or the burn permit turned in.

6. If the employee is ending his shift, it is his responsibility to delegate this task to the individual on the next shift. Upon returning to work the next day, the employee must check if the point of zone is enabled and/or burn permit turned in. If the delegated employee failed to perform this task, it is to be reported to the supervisor.

7. Upon completion of work, the area shall be checked by the employee or company performing the work and the safety checklist completed.

8. Failure to follow these procedures will result in disciplinary action.
# Hot Work Permit

<table>
<thead>
<tr>
<th>Date Issued</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued By</td>
<td></td>
</tr>
<tr>
<td>Location of Hot Work</td>
<td></td>
</tr>
<tr>
<td>Type of Hot Work</td>
<td>(Circle the appropriate answer) Welding - Cutting - Grinding - Other</td>
</tr>
<tr>
<td>EXPIRES</td>
<td>Time___________ Date _____________</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Task Started</th>
<th>Time___________ Date __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Completed</td>
<td>Time___________ Date __________</td>
</tr>
<tr>
<td>Fire Watch Secured</td>
<td>Time___________ Date __________</td>
</tr>
<tr>
<td>Permit Ended</td>
<td>Time___________ Date __________</td>
</tr>
</tbody>
</table>

Return Completed Permit to:
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.

Approved By: EOC Committee
**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 returning 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.
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
Confined Space-828.07.10

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 work 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 sign 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.

Approved By: Craig J. Tindall, SVP Operations & Facilities
Confined Space-828.07.10

(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
   Ammonia-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 wear 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. If 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.**

Approved By: Craig J. Tindall, SVP Operations & Facilities
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.
Hazardous Energy Control (Lockout/Tagout)

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:

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
Hazardous Energy Control (Lockout/Tagout)

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
Hazardous Energy Control (Lockout/Tagout)

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.
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.
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:
  o Chemical or Product Name as it appears on the container label
  o Manufacturer Name
  o UPC (Universal Product Code) or Chemical Abstract System (CAS) Number if available
  o Fax number of the fax machine that you want the SDS information to be sent.
VII. REFERENCES, CROSS REFERENCES 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)).
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).
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:
  - Storage facilities (e.g., Flammable & Corrosive Storage Cabinets Or Rooms, Explosion-Proof Refrigerators, Compressed Gas Cylinder Storage Areas); and
  - 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 undergo 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 been 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 sub-contracted 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:

Approved By: EOC Committee
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
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 pre-construction 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 sometimes 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.

Approved By: EOC Committee
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 REFERENCES 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).
# FIRE DRILL EVALUATION

Building: _________________________  Area: ____________________________  
Date: ____/____/____  Time:______AM/PM  Evaluated By:_______________

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does construction worker know how to report a fire?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Does construction worker know their duties in a fire?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Does construction worker know where to find fire extinguishers and pull stations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Does construction worker know how to use fire extinguishers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Can construction worker explain evacuation procedures?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANSWERS:**

1. To report a fire, pull a fire pull station if your building has a fire alarm system and call 5-3333 to report a fire. Follow up with a call to GMH Security at 9-911 after everyone is safely evacuated.

2. Staff should follow the acronym RACE: Rescue, Alarm, Confine, and Extinguish. Rescue any one in immediate danger and begin evacuation immediately. Alarm others by pulling alarm (if the building has one) and call the 5-3333 or Security. Confine the fire by closing doors between you and the fire. Extinguish the fire if it is small and you can safely do so. Normally do these things in this order.

3. Know the location of all fire extinguishers and pull stations in the areas of the building you use or frequent.

4. Staff should know the acronym PASS: Pull, Aim, Squeeze, and Sweep. Pull the pin. Aim at the base of the flames. Squeeze the handle. Sweep back and forth.

5. Evacuate those exposed to the fire first. After removing those closest to the fire, evacuate ambulatory patients and then non-ambulatory patients. Go to the prearranged meeting place and report to the designated person.

**COMMENTS**

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

**Conducting a Fire Drill**

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

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

1. Safety: Preconstruction Risk Assessment Form

Project Name & Number: ____________________________________________
Date: ______________________________
Area Assessed: __________________________________________________

A. Are there any notable or foreseen issues regarding safety?
Yes__ No___, If yes, what are they? __________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

B. Are there issues regarding the following that will have to be addressed?
If so, describe:

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, cold air, water infiltration from roofs or sitework ______________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Safety Pre-Construction Assessment Continued:

5. Lighting ________________________________________________

6. Signage (Will extra signage be required? Will there be signage that needs to be removed, and verified before and after it is removed?) _____yes. Per ILSM during construction_____________________

7. Construction/Staging____________________________________

8. Barriers/Separations_____________________________________

   Could noise affect clinical / diagnostic procedures? ______
   Are clinical alarms audible? ______________________
   Are Life/Safety alarms and announcements audible? _____
   Mitigation Plan:_________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

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

    Could vibrations affect clinical procedures? ____________
    Could vibrations affect diagnostic procedures? _________
    Mitigation Plan:_______________________________________
    _____________________________________________________
    _____________________________________________________
    _____________________________________________________

    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: ____________________
Preconstruction Risk Assessment

2. Security: Preconstruction Risk Assessment Form

Project Name & Number: ________________________________________
Date: _________________________________
Area Assessed: ________________________________________

A. Are there any notable or foreseen issues regarding security?
   Yes__ No__ If yes, what are they? ________________________________________
   ___________________________________________________
   ___________________________________________________

B. Are there issues regarding the following that will have to be addressed? If so describe:
   1. 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_______________________________________________________
   12. Barriers, Barricades, Signage___________________________________
   13. Contract Police officers _______________________________________
   14. Other_______________________________________________________

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: ________________________________
Preconstruction Risk Assessment

3. Hazardous Materials: Preconstruction Assessment Form

Project Name & Number: ____________________________________________
Date: ___________________________________________________________ 
Area Assessed: ___________________________________________________

Review the GHS Hazardous Materials Import Notification Form and Infection Control Policy (ICRA) and apply as applicable.

A. Air
Are there any notable or foreseen issues regarding Hazardous Materials that may compromise air quality?
Yes__ No__ If yes, what are they?
_______________________________________________________________
_______________________________________________________________

Are there issues regarding the following that will have to be addressed?

   Protective clothing such as jump suits, shoe covers etc.?__________
           __________________________________________________________________

   Need for contaminant? __________________________________________________________________

   Adjacent areas to construction site to be protected?____________________
           __________________________________________________________________

   Need for in-house particulate counter (set to baseline)?_______________
           __________________________________________________________________
Hazardous Materials 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.__________________________________________________________
Hazardous Materials 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 Towers ___________________________________________________
At 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: ______________________
Preconstruction Risk Assessment

4. Emergency Preparedness: Preconstruction Assessment Form

Project Name & Number: _________________________________________
Date: _________________________________________________________
Area Assessed: _________________________________________________

A. 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: ___________________________
Preconstruction Risk Assessment

5. Life Safety: Preconstruction Assessment Form

Project Name & Number: __________________________________________
Date:    ____________________________
Area Assessed:    ____________________________

Review the GHS Interim Life Safety Measures Policy (ILSM) and apply as applicable.

A. Will ILSM’s be required on this project ?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

B. Are there issues regarding the following that will have to be addressed?:

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? ______________________
   ___________________________________________________________________
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________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

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: ________________________________________
Preconstruction Risk Assessment

6. Medical Equipment: Preconstruction Risk Assessment Form

Project Name & Number: __________________________________________
Date: ____________________________
Area Assessed: __________________________________________

A. Are there any notable or foreseen issues regarding Medical Equipment?
   B. Yes__ No__, If yes, what are they? ______________________________

C. Are there issues regarding the following that will have to be addressed? 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-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 ______________________________

   Contractor: ______________________________

   GHS-FD Director: ______________________________
Preconstruction Risk Assessment

7. Utilities: Preconstruction Assessment Form

Project Name & Number: __________________________________________
Date:    ____________________________  
Area Assessed:  __________________________________________

A. Are there any notable or foreseen issues regarding utilities?  
Yes__ No__, If yes, what are they?________________________________________
________________________________________________________
________________________________________________________

B 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__________________________________________________
Steam_____________________________________________________
Chilled Water_______________________________________________
HVAC Equipment____________________________________________
Domestic Cold Water________________________________________
Domestic Hot Water_________________________________________
Utilities Pre-Construction Assessment Form - continued

Sewage

Natural Gas

Building Automation System

Information Systems

Telecommunications


Insure that existing utilities will be able to handle increased demand

Underground Utilities

C. 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: ______________________
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.

Approved By: EOC Committee
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 within 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.

Approved By: EOC Committee
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 REFERENCES 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)**

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

<table>
<thead>
<tr>
<th>Code Deficiencies</th>
<th>1) Emergency Forces Notified and Fire Watch Initiated</th>
<th>2) Post Signage identifying location of alternate exits</th>
<th>3) Inspect exits in affected area on a daily basis</th>
<th>4) Provide Temporary alarm/detection system or fire watch</th>
<th>5) Provide additional firefighting equipment</th>
<th>6) Use Temporary Construction Partitions</th>
<th>7) Increase Hazard Surveillance</th>
<th>8) Enforce storage, housekeeping and debris removal</th>
<th>9) Provide additional training on fire-fighting</th>
<th>10) Conducting 1 Additional Drill Per Shift</th>
<th>11) Inspect temporary systems monthly</th>
<th>12) Educate staff on deficiencies/hazards</th>
<th>13) Trans staff to compensate for impaired fire safety features</th>
<th>14) Prohibiting Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient room door latching problem</td>
<td>X</td>
<td>X</td>
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<tr>
<td>*Lacking a code complying smoke or fire barrier</td>
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<td>Excessive travel distance to an approved exit</td>
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<td>Lack of two remote exits</td>
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<td>Non-7-conforming building construction type</td>
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<td>Improperly protected vertical openings</td>
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<td>Large penetrations in fire barriers</td>
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<td>Corridor walls do not extend to the structure</td>
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<tr>
<td>Hazardous areas not properly protected</td>
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<tr>
<td><strong>Construction Related Issues</strong></td>
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<td>Blocking off an approved exit</td>
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<td>Rerouting of traffic to the emergency room</td>
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<td>Major renovation of an occupied floor</td>
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<td><strong>Replacing fire alarm system (out of service)</strong></td>
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<td><strong>Installing a sprinkler system (out of service)</strong></td>
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<td>Significantly modifying smoke or fire barrier walls</td>
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<tr>
<td>Adding an addition to an existing structure</td>
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<td><strong>Maintenance and Testing</strong></td>
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<tr>
<td><strong>Taking a fire alarm system out-of-service</strong></td>
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<tr>
<td><strong>Taking a sprinkler system out-of-service</strong></td>
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<td>Disconnecting alarm devices</td>
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<td>Hot Work</td>
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</table>

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: ___________________________
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 # Identifier: ______________________________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Significant</th>
<th>Non-Significant</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compromise or alter the integrity of exit access, exit, or exit discharge features.</td>
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<tr>
<td>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 &gt;10 sq. feet in a slab or barrier in a sprinkled area, or &gt; 5 sq. ft in an un-sprinkled area.</td>
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<tr>
<td>Impair the building fire alarm, fire detection, or fire suppression system.</td>
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<td>Involve temporary sources of ignition (i.e., cutting/welding/plumbers torch operation), or other operations using flame or producing sparks.</td>
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<tr>
<td>Involves the presence of large quantities (more than 64 cubic feet) of combustibles and debris to be left on site.</td>
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</table>

Note: If one or more criteria are determined to be significant, utilize the ILSM Matrix Guide to help determine what Interim Life Safety Measures may be implemented in the affected area as appropriate.

Assessment completed by: _________________________________ Date: __________________

Findings: [ ] ILSM are required [ ] ILSM are not necessary
**Grady Health System**  
**Public Safety Department / Facilities Development**  
**ILSM - Blocked Exits Inspection Log - ATTACHMENT D**

Use this checklist to inspect and confirm that the ISLM's are intact for the specific location and per the specific criteria outlined. Location shall be inspected once each weekend day or holiday. Use back of form to note any deficiencies and corrective measures taken.

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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</table>

**Inspection Criteria:**
| PFI / WO or Project # | Location: | Use back of page to identify by ILSM # any required Documentation, Comments, Impending Actions or Corrective Measure Implemented. |

<p>| * To be completed in accordance with the Interim Life Safety Measures Policy |
| Check the appropriate response – compliant? |</p>
<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>2. The hospital post signage identifying the location of alternate exits to everyone affected.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>3. The hospital will inspect obstructed exits in affected areas on a daily basis as determined by the criteria based in the policy.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>5. The hospital will provide additional fire-fighting equipment as determined by the criteria based in the policy.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>8. 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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>9. 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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>10. The hospital will conduct 1 additional fire drill per shift per quarter based off of the criteria contained the policy.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Smoking in the construction site and adjacent areas is prohibited and the hospital smoking policy is being followed.</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Date: 
Inspected By: 
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.

5/16 under review
g. Waste containment, transport, disposal.

h. Selection of finishes and surfaces.

i. Accommodation of personal protection equipment supplies.

2. When possible, major projects should be scheduled during the winter when the risk is lower for Aspergillus and other potentially pathogenic fungus.

3. Prior to the start of the renovation or construction project, hospital personnel must remove any medical waste, including sharps containers, from the areas to be renovated or undergo construction.

4. The GHS Epidemiology Department will be notified all potential Indoor Air Quality (IAQ) conditions. This could include, but is not limited to, the following:

   • Mold growing on construction material (drywall, etc.).
   • Slime growing in stagnant water locations.
   • Any other bacterium or fungi that is prevalent in the construction area.

**OPERATIONAL PHASE**

1. Integrity of Barrier Walls.

   a. The integrity of the barrier walls will assure a complete seal of the construction zone from adjacent areas.

   b. Barrier walls for major, long-term projects shall be of rigid construction (sheetrock sealed with duct tape or spackling compound). Barriers must have a closable door through which workers access the site.

   c. A sign should be posted by the entrance stating that this is a construction zone and only authorized persons may enter the area.

   d. Plastic sheeting sealed with duct tape can be used for small, short projects (<1 week) if it meets the local fire codes.

   e. Barrier walls must be dust proof with airtight seals maintained at the full perimeter of the walls as well as all penetrations.
2. Dust control

a. Selected air intakes, especially those near excavation areas, may need to be shut down to prevent large amounts of dust from entering the air handling system.

b. Air ducts in the construction area may need to be shut down to prevent dust from traveling “downstream” to other areas in the hospital.

c. (Engineering or maintenance personnel) must check air filters frequently during construction and renovation and change them when necessary.

d. Demolition debris will be removed in covered carts using specific traffic patterns determined by the GHS Project Manager in conjunction with GHS Epidemiology.

e. All windows must remain closed.

f. Exterior window seals must be assured to minimize infiltration of outside excavation debris.

g. The area inside the barrier must be cleaned and vacuumed before the barrier is removed.

h. The area must be cleaned and vacuumed again after the barrier is removed.

i. In areas caring for immunocompromised patients (critical care units, oncology, renal transplant floor, surgery, etc.) additional dust control measures are required.

1) Negative air pressure within the construction zone should be monitored with an alarm device that will be maintained and monitored by construction personnel.

2) Optimally, construction zone air will be exhausted directly with no potential for recirculation. If existing duct is used for the exhaust, a pre-filter and a high efficiency filter (95%) will also be added prior to exhaust to prevent contamination of the duct.

3) Before the ceiling is entered, a barrier must be erected that reaches from the floor to the ceiling, surrounds the affected area entirely, and is sealed with duct tape at the ceiling, floor and sides.
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
   a. Personnel will wear clean clothes.
   b. Personal protective equipment (protective face shield and gloves) will be utilized as appropriate to the task at hand.
   c. Contractors entering the Operating Room suite will be provided scrub attire or a disposable jump suit, which needs to be removed prior to exiting the work area.
   d. All contractors will have received training on bloodborne and airborne pathogens before working in the hospital if there is any likelihood of exposure.

6. Potential IAQ Problems
   GHS Epidemiology will be made aware of any potential IAQ situations as soon as they are discovered. GHS Epidemiology will consult with 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.
GHS – FACILITIES DEVELOPMENT INFECTION CONTROL MANUAL

COMPLIANCE MONITORING

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

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

ADMINISTRATIVE RESPONSIBILITY

GHS Project Manager, consulting with GHS Epidemiology is responsible for the enforcement of these Infection Control policies and procedures.
**INFECTION CONTROL/CONSTRUCTION WORKSHEET**

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

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

**CONSTRUCTION ACTIVITY TYPES:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A</td>
<td>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.</td>
</tr>
<tr>
<td>Type B</td>
<td>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.</td>
</tr>
<tr>
<td>Type C</td>
<td>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.</td>
</tr>
<tr>
<td>Type D</td>
<td>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.</td>
</tr>
</tbody>
</table>
## INFECTION CONTROL RISK GROUPS:

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

### CONSTRUCTION ACTIVITY

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>TYPE “A”</th>
<th>TYPE “B”</th>
<th>TYPE “C”</th>
<th>TYPE “D”</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
<td>III</td>
<td>III</td>
<td>IV</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 2</td>
<td>II</td>
<td>III</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 3</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 4</td>
<td>I</td>
<td>II</td>
<td>II</td>
<td>III</td>
</tr>
</tbody>
</table>

CONSTRUCTION CLASS
# GHS-FACILITIES DEVELOPMENT
## INFECTION CONTROL CONSTRUCTION TOOL

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Project Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Construction:</td>
<td>Project Start Date:</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Contractor Performing Work</td>
<td>Estimated Duration:</td>
</tr>
<tr>
<td>Infection Control Contact:</td>
<td>Telephone:        Fax:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Construction Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TYPE A: Inspection, non-invasive activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TYPE B: Small scale, short duration, minimal dust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TYPE C: Activity that generate to high levels of dust, requires more than one work shift for completion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TYPE D: Major duration and construction activities requiring consecutive work shifts.</td>
</tr>
</tbody>
</table>
INFECTION CONTROL RISK GROUPS:

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>Medium High</td>
<td>Medium</td>
<td>Lowest</td>
</tr>
<tr>
<td>➢ All Operating</td>
<td>➢ Emergency Room</td>
<td>➢ All other</td>
<td>➢ Office areas</td>
</tr>
<tr>
<td>Room/Sterile</td>
<td>➢ Post Anesthesia Care</td>
<td>patient care</td>
<td>➢ Non-patient</td>
</tr>
<tr>
<td>Processing Areas</td>
<td>➢ Labor and Delivery</td>
<td>units (not in</td>
<td>areas.</td>
</tr>
<tr>
<td></td>
<td>➢ All Cardiac</td>
<td>Group 1 or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Catherization and</td>
<td>Group 2, e.g.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Dialysis</td>
<td>Rehab)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Transplant Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Anesthesia Workroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Processing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Pharmacy Admixture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Intensive Care Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Day Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONSTRUCTION ACTIVITY→

<table>
<thead>
<tr>
<th>RISK LEVEL↓</th>
<th>TYPE “A”</th>
<th>TYPE “B”</th>
<th>TYPE “C”</th>
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<tbody>
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<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 4</td>
<td>I</td>
<td>II</td>
<td>II</td>
<td>III</td>
</tr>
</tbody>
</table>
## Project Requirements

### Class I

<table>
<thead>
<tr>
<th>Date:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Execute work by methods to minimize raising dust from construction activities.
2. Immediately replace any ceiling tile displaced for visual inspection.

### Class II

<table>
<thead>
<tr>
<th>Date:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Provide active means to prevent air-borne dust from dispensing into atmosphere.
2. Water mist work surfaces to control dust while cutting.
3. Seal unused doors with duct tape.
4. Block and seal air vents.
5. Wipe work surfaces with wet cloth.
6. Contain construction waste before transporting in tightly covered containers.
7. Wet mop and/or vacuum before leaving work area.
8. Place dust mat at entrance and exit of work area.
9. Remove or isolate HVAC system in areas where work is being performed.

### Class III

<table>
<thead>
<tr>
<th>Date:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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.
| Class IV | 1. Notify/Consult Epidemiology before construction begins. |
| Date: | 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system |
| Initials: | 3. Complete all critical barriers before construction begins. |
|          | 4. Maintain negative air pressure within work site utilizing 95% efficient final filters equipped air handling units. |
|          | 5. Seal holes, pipes conduits, and punctures appropriate. |
|          | 6. Personnel must wear cloth or paper coveralls that are removed each time they leave the work site. |
|          | 7. All personnel entering the work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work site. |
|          | 8. Wet mop and/or vacuum area daily. |
|          | 9. Contain construction waste before transports in tightly covered containers. |
|          | 10. Cover transport receptacles and carts. |
|          | 11. Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department |
|          | 12. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. |

**ADDITIONAL REQUIREMENTS:**
<table>
<thead>
<tr>
<th>Class</th>
<th>ICRA Number</th>
<th>Requirements</th>
<th>Compliant with ICRA?</th>
<th>Corrective Measures Implemented</th>
<th>Documentation / Comments / Impending Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>1</td>
<td>Execute work by methods that minimize raising dust from construction activities</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Immediately replace any ceiling tile displaced for visual inspection.</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class II</td>
<td>1</td>
<td>Provide active means to prevent air-borne dust from dispensing into atmosphere</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Water mist work surfaces to control dust while cutting.</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Seal unused doors with duct tape</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Block and seal air vents</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Wipe work surfaces with wet cloth</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Contain construction waste in tightly covered containers before transporting.</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Wet mop and / or vacuum before leaving work area</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Place dust mat at entrance and exit of work area</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Remove or isolate HVAC system in area where work is being performed</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ICRA Implementation Monitoring Checklist

<table>
<thead>
<tr>
<th>Required ICRA Number</th>
<th>Requirements</th>
<th>Compliant with ICRA?</th>
<th>Corrective Measures Implemented</th>
<th>Documentation / Comments / Impending Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class III</strong></td>
<td>1 Notify / Consult GHS Epidemiology before construction begins.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Isolate HVAC system in area where work is being done to prevent contamination of duct system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Complete all critical barriers before construction begins</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Wet mop and / or vacuum are daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 Contain construction waste in tightly covered containers before transporting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Cover transport receptacles and carts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class IV</td>
<td>Required ICRA Number</td>
<td>Requirements</td>
<td>Compliant with ICRA?</td>
<td>Corrective Measures Implemented</td>
</tr>
<tr>
<td>----------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Notify / Consult GHS Epidemiology before construction begins.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Isolate HVAC system in area where work is being done to prevent contamination of duct system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Complete all critical barriers before construction begins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Seal holes, pipes, conduits, and punctures with appropriate materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Personnel must wear cloth or paper coveralls that are removed each time they leave the work site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Wet mop and / or vacuum are daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Contain construction waste in tightly covered containers before transporting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Cover transport receptacles and carts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 (25th) 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
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: Grady Health System

FROM (CONTRACTOR):

APPLICATION NO:

PROJECT NO:

APPLICATION DATE:

PERIOD TO:

GHS PO NUMBER:

GHS PROJECT MANAGER:

CONTRACTOR’S INVOICE NO:

CONTRACTOR’S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM ...........................................$

2. Net change by Change Orders ...................................... $  

3. TOTAL COMPLETED & STORED TO DATE (Line 1 ±2) .............$

   (Column G on Sheet B)

4. RETAINAGE:
   a. % of Completed Work $ 
   (Column D + E on Sheet B)
   b. % of Stored Material $ 
   (Column F on Sheet B)
   Total Retainage (Line 5a + 5b or Total in Column I of Sheet B) $ 

5. TOTAL EARNED LESS RETAINAGE ................................ $ 

   (Line 4 less Line 5 Total)

6. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) ........................................... $ 

7. CURRENT PAYMENT DUE ............................................ $ 

8. BALANCE TO FINISH, PLUS RETAINAGE ........................ $ 

   (Line 3 less Line 6)

   CHANGE ORDER SUMMARY| ADDITIONS| DEDUCTIONS
   -------------------------|---------|---------
   Total changes approved in previous applications by Owner
   Total approved this application
   TOTALS

   NET CHANGES by Change Order

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

CONTRACTOR:

By: __________________________ Date: __________________________

State of: ______________________ County of: ______________________

Subscribed and sworn to before me this ______ day of ______,  
Notary Public: __________________________

My Commission expires: __________________________

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on site observations and the data comprising the above application, GHS-FD 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 Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..................................................... $

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

GHS FacilitiesDevelopment:

By: __________________________ Date: __________________________

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

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM NO.</td>
<td>DESCRIPTION OF WORK</td>
<td>SCHEDULE D VALUE</td>
<td>WORK COMPLETED FROM PREVIOUS APPLICATION (D+E)</td>
<td>WORK COMPLETED THIS PERIOD</td>
<td>MATERIALS PRESENTLY STORED (NOT IN D or E)</td>
<td>TOTAL COMPLETED AND STORED TO DATE (D+E+F)</td>
<td>% (G/C)</td>
<td>BALANCE TO FINISH (C-G)</td>
</tr>
</tbody>
</table>

APPLICATION NUMBER:  
APPLICATION DATE:  
PERIOD TO:  
GHS PO NUMBER:  
CONTRACTORS INVOICE NO:  
PROJECT NO:
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, this ___________ day of ___________ of 20 ___.

Notary Public __________________________
County 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 __________________________ (SPECIFY OWNER) TO FURNISH __________________________ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS __________________________ (TITLE OF THE PROJECT), WHICH IS LOCATED IN THE CITY OF __________________________, COUNTY OF __________, AND IS OWNED BY __________________________ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS 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, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF $____________________________, THE CONTRACTOR WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND THROUGH THE DATE OF __________________, 201__ AND EXCEPTING THOSE RIGHTS AND LIENS THAT THE CONTRACTOR MIGHT HAVE IN ANY RETAINED AMOUNTS, ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF SAID __________________________ (SPECIFY OWNER) FOR SAID BUILDING OR PREMISES.

Signatory’s Initials: __________
IN WITNESS WHEREOF, THE UNDERSIGNED, ACTING FOR AND ON BEHALF OF THE CONTRACTOR, HAS PLACED HIS HAND AND SEAL THIS ___ DAY OF ____________, 201__.

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

____________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES: ____________________________

CONTRACTOR:

BY: (PRINT NAME) ____________________________
ITS: (TITLE) ____________________________
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 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 ________
________________________ (NAME OF CONTRACTOR) TO FURNISH
________________________ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS ________
(TITLE OF THE PROJECT), WHICH IS LOCATED IN THE CITY OF _____________, COUNTY OF ________, AND IS OWNED BY _____________ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS 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, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF $________________________, THE SUBCONTRACTOR/SUPPLIER WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND THROUGH THE DATE OF _________________, 201__, AND EXCEPTING THOSE RIGHTS AND LIENS THAT THE SUBCONTRACTOR/SUPPLIER MIGHT HAVE IN ANY RETAINED AMOUNTS, ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF THE CONTRACTOR (OR OTHER PERSON WITH WHOM SUBCONTRACTOR/SUPPLIER HAS A CONTRACT) FOR SAID BUILDING OR PREMISES.

Signatory’s Initials: _____________
IN WITNESS WHEREOF, THE UNDERSIGNED, ACTING FOR AND ON BEHALF OF THE
SUBCONTRACTOR/SUPPLIER, HAS PLACED HIS HAND AND SEAL THIS ___ DAY OF
______________, 201___.

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

____________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES:
_______________________________

SUBCONTRACTOR/SUPPLIER:

BY: (PRINT NAME) ___________________________
ITS: (TITLE) ___________________________
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 E

CONTRACTOR'S WAIVER AND RELEASE UPON FINAL 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 _____________________ (SPECIFY OWNER OR CONTRACTOR) TO FURNISH ____________________________________________ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS ____________________ (TITLE OF THE PROJECT), WHICH IS LOCATED IN THE CITY OF _____________ _____________, COUNTY OF _____________, AND IS OWNED BY ______________ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS 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, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF $________________________, THE CONTRACTOR WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF SAID _____________________ (SPECIFY OWNER) FOR SAID PROPERTY.

Signatory’s Initials: __________
IN WITNESS WHEREOF, THE UNDERSIGNED, ACTING FOR AND ON BEHALF OF THE CONTRACTOR, HAS PLACED HIS HAND AND SEAL THIS ___ DAY OF ____________, 201__.

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

NOTARY PUBLIC

MY COMMISSION EXPIRES:

________________________

CONTRACTOR:

BY: (PRINT NAME) ____________________  
ITS: (TITLE) ________________________  
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.
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.

(4) 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
or services for use or incorporation into the improvements to the Property are listed in the “List of Subcontractors and Suppliers” attached hereto as an addendum. General Contractor has paid in full all contractors, subcontractors, laborers, suppliers, materialmen and others furnishing labor, material or services to the Property the agreed price or reasonable value of all labor, material or services furnished. The General Contractor further certifies that the _______________ (Specify Owner) has paid in full the agreed price or reasonable value of all labor, material, and services used in, or incorporated into, the improvements to the Property. There are no pending or unresolved claims, disputes or other matters regarding any person or entity that furnished labor, material or services to the Property.

(5) To the best of the undersigned’s knowledge, there are no unpaid bills of any nature for labor, materials or services furnished for the construction of any improvements to the Property required by the contract with the _______________ (Specify Owner). All fixtures and furnishings have been paid for in full, and there are no retention of title contracts regarding any goods or personal property installed at the Property required by the Contract with the _______________ (Specify Owner).

(6) To the best of the undersigned’s knowledge, there are no unsatisfied claims for damages resulting from personal injury or death to any employees, subcontractors, or the public at large arising out of any of General Contractor’s activities or construction work on the Property.

(7) To the best of the undersigned’s knowledge, there are no Claims of Lien, Preliminary Notices of Lien, or any suits or claims for payment, loss or damage of any kind, nature or description which might constitute a lien upon the Property as of the date of this General Contractor’s Final Affidavit.

(8) This General Contractor’s Final Affidavit is executed in conjunction with, and in acknowledgement of, final payment under the contract between the General Contractor and the _______________ (Specify Owner). This General Contractor’s Final Affidavit is specifically made for the benefit of the Owner and may be relied upon unconditionally by the Owner.

(9) Deponent is executing this General Contractor’s Final Affidavit, pursuant to O.C.G.A. § 44-14-361.2, for and on behalf of the General Contractor for the express purpose of inducing and receiving final payment from the _______________ (Specify Owner).

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

____________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES:

____________________________________

CONTRACTOR:

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.]

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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<tbody>
<tr>
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</table>

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__.

____________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES: ______________________

CONTRACTOR:

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.

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.]

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<tr>
<th>Name</th>
<th>Amount</th>
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</table>

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 ________________, 20__.

____________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES:

____________________________________
CONTRACTOR:

BY: (PRINT NAME) _____________________
ITS: (TITLE) _________________________
ADDRESS: ___________________________
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount Due</th>
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<tbody>
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</tbody>
</table>

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, this_________day of_________of 20___.

Notary Public_____________, County of ________________
My Commission expires____________________, 20
**APPLICATION AND CERTIFICATE FOR PAYMENT**

**SHEET A**

**TO:** Grady Health System  
**PROJECT:**

**APPLICATION NO.:**

**APPLICATION DATE:**

**FROM (CONTRACTOR):**

**PROJECT NO.:**

**PERIOD TO:**

**GHS PO NUMBER:**

**GHS PROJECT MANAGER:**

**CONTRACTOR’S APPLICATION FOR PAYMENT**

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

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

**CHANGE ORDER SUMMARY**

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<thead>
<tr>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<tr>
<td>Total changes approved in previous applications by Owner</td>
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<tr>
<td>Total approved this application</td>
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<tr>
<td><strong>TOTALS</strong></td>
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<tr>
<td><strong>NET CHANGES by Change Order</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

**CONTRACTOR:**

By: __________________________ Date: ______________

State of: __________________ County of: ______________

Subscribed and sworn to before me this ______ day of ______, ________

Notary Public: __________________________

My Commission expires: __________________________

**CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on site observations and the data comprising the above application, GHS-FD 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 Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED** ................................................................. $ ______________

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

**GHS Facilities Development:**

By: __________________________ Date: ______________

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

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
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<td>DESCRIPTION OF WORK</td>
<td>SCHEDULE D VALUE</td>
<td>WORK COMPLETED FROM PREVIOUS APPLICATION (D+E)</td>
<td>WORK COMPLETED THIS PERIOD</td>
<td>MATERIALS PRESENTLY STORED (NOT IN D or E)</td>
<td>TOTAL COMPLETED AND STORED TO DATE (D+E+F)</td>
<td>% (G/C)</td>
<td>BALANCE TO FINISH (C-G)</td>
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APPLICATION & CERTIFICATE FOR PAYMENT

00621-2
# PROJECT ACTIVATION CHECKLIST

## Administrative Activities

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<th>Remarks</th>
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<td>Confirmation of MEP Commissioning / System / Equipment Acceptance</td>
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<td>Electrical - Generator Power Distribution</td>
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<td>Electrical - Branch Circuit Lighting</td>
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<td><strong>Confirmation of Nurse Call Operation</strong></td>
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### Physical Environment

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<th>REMARKS</th>
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### Safety

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### Epi

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### P.T. Stations

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### Non-Clinical FF&E Installed

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### Consumables - Stocked

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### Other

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**Project Name / #:**

**Project Manager:**

**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. Trade Contractor Close-Out Process

1. **Substantial Completion** - As the Trade Contractor nears completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall submit the following to the GHS PM for review and acceptance:

   - A request for Substantial Completion
   - A itemized listing of all incomplete work, the mutually acceptable values of each item, and a detailed work-off schedule and manpower loaded work plan.
   - The following Documentation, which is the minimum that is acceptable for Substantial Completion.

   - As-built records
   - O&M Manuals
   - Keys, maintenance stock, and spare parts
   - Equipment & System Acceptance forms
   - Permits and Certifications received to date, including a Temporary Certificate of Occupancy and a list of outstanding Agency Approvals,
   - A schedule of all Owner Training to take place.
   - The List of Finish Material used in the Project

1.1. **Upon Consultation with the A/E** the GHS PM will issue a Certificate of Substantial Completion. All Warranties and Guarantees shall start upon issuance of the Certificate of Substantial Completion.

2. **Final Completion** - Upon Completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall request a walk through of the space to obtain final acceptance of the Work and that the punchlist is complete.

2.1. The GHS PM along with the A/E shall conduct the walk through and upon acceptance provide the Trade Contractor with a Certificate of Punchlist Completion.

2.2. **The Trade Contractor shall prepare a Final Payment Request to the GHS PM for review and processing in accordance with the Final Payment Processing Procedure included in the Trade Contractor Close–Out Packet.** The GHS PM will process the Final Payment Request after all of the following are completed:

   - The submission of all required documents not previously provided in the Substantial Completion process outlined above:
     - Guarantees and Warranties
     - Owner Training Register
     - All Agency final reviews, permit sign-offs, certifications, and Certificate of Occupancy
     - Final Document and Turnover Registers
     - Final Payment Request with all required supporting documentation.
E. Final Trade Contractor Payment Request Processing:

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

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

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

   - Final Unconditional Waiver
   - Final Release
F. Trade Contractor Close-Out Packet:

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

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

Table of Contents

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
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 data required by the specifications:

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Submitted By:  A/E Review / Approval ( if required )
Contractor:  A/E: 
By:  By: 
Date:  Date: 

Received By:
GHS Facilities Development:  GHS Facilities Management:
By:  By: 
Date:  Date: 

Technical submittals - Form A  12.21.17
**LIST OF TESTING REQUIREMENTS**

Project:  
Contractor:  
Date:  
Contract #:  

The following is a list of testing required by the specifications:

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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:  

12.21.17
# LIST OF TRAINING REQUIREMENTS

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Submitted By:

Contractor: ___________________  A/E: ___________________
By: ___________________  By: ___________________
Date: ___________________  Date: ___________________

Received By:

GHS Facilities Development: ___________________  GHS Facilities Management: ___________________
By: ___________________  By: ___________________
Date: ___________________  Date: ___________________
The following is a list of documents from the technical specifications necessary for Contractor to accomplish close-out (includes special warranties & guarantees):

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<tr>
<th>Spec. Section</th>
<th>Documents Required</th>
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Submitted By:
Contractor: ____________________________  A/E: ____________________________
By: ____________________________  By: ____________________________
Date: ____________________________  Date: ____________________________

Received By:
GHS Facilities Development: ____________________________  GHS Facilities Management: ____________________________
By: ____________________________  By: ____________________________
Date: ____________________________  Date: ____________________________
The following is a list of agency approvals required to obtain substantial completion:

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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:  

12.21.17
The above equipment is being turned over to the Owner for the start of guarantee period, which commenced at the date of substantial completion ______________. Equipment is accepted unconditionally: Y N

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

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

Acknowledged:

Factory Tech: ___________________________ Contractor: ___________________________
By: ___________________________ By: ___________________________
Date: ___________________________ Date: ___________________________

GHS Facilities Development: GHS Facilities Management / Clinical Engineering:
By: ___________________________ By: ___________________________
Date: ___________________________ Date: ___________________________
**Project:**

**Training Date:**

**Contractor:**

**Contract #:**

**Equip Designation:**

**Model #:**

**Serial #:**

**Location:**

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**Pre-Training Checklist:**

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<tr>
<td>Equipment Accepted</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submittal Approved</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factory Test Approved</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>O&amp;M's Approved</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Factory Rep Required</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
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</tbody>
</table>

**Participants:**

---

Training Completed in Accordance with the Contract Requirements: **Y**  **N**

**Acknowledged:**

**Factory Tech:**

**Contractor:**

**By:**

**By:**

**Date:**

**Date:**

**GHS Facilities Development:**

**GHS Facilities Management / Clinical Engineering:**

**By:**

**By:**

**Date:**

**Date:**

---

Owner training register - Form G

12.21.17
The above named Contractor is submitting / turning over for Owners use the following:

- As-Built Drawings
- O & M Manuals
- Spare Parts
- Excess Materials
- Keys
- Guarantee / Warranty
- Certifications
- Permits
- Agency Approvals
- Other

Storage Location:

Reference:
Specifications: ___________________________ Section: ________________
Description: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Submitted By:
Contractor: ____________________________ A/E Review / Approval ( if required )
By: ____________________________ A/E: ____________________________
Date: ____________________________ By: ____________________________

Received By:
GHS Facilities Development: ____________________________ GHS Facilities Management:
By: ____________________________ By: ____________________________
Date: ____________________________ Date: ____________________________

Final turnover register - Form H 12.21.17
The following is a list of spare parts required by the specifications:

<table>
<thead>
<tr>
<th>Spec. Section:</th>
<th>Quantity:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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:  

Spare Parts List - Form I  
12.21.17
<table>
<thead>
<tr>
<th>Product</th>
<th>Manufacturer</th>
<th>Catalog Number</th>
<th>Color</th>
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</thead>
<tbody>
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</table>

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 finish materials - Form J  12.21.17
## LIST OF DOCUMENTS
### REQUIRED FOR FINAL PAYMENT

<table>
<thead>
<tr>
<th>Project:</th>
<th>Contractor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Contract #:</td>
</tr>
</tbody>
</table>

The following is a list of documents from the general conditions required to produce final payment:

<table>
<thead>
<tr>
<th>Article</th>
<th>Documents Required:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Submitted By:</th>
<th>A/E Review / Approval ( if required )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor:</td>
<td>A/E:</td>
</tr>
<tr>
<td>By:</td>
<td>By:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Received By:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GHS Facilities Development:</td>
<td>GHS Facilities Management:</td>
</tr>
<tr>
<td>By:</td>
<td>By:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
TRADE CONTRACTOR CONTRACT
CLOSE-OUT CHECKLIST

Project: ____________________________  Contractor: ____________________________
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

<table>
<thead>
<tr>
<th>Project:</th>
<th>Contractor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Date:</td>
<td>Contract #:</td>
</tr>
<tr>
<td>Equip Designation:</td>
<td>Model #:</td>
</tr>
<tr>
<td>Serial #:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

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

**Acknowledged:**

Factory Tech: _____________________________ Contractor: _____________________________

By: _____________________________

Date: _____________________________

GHS Facilities Development: GHS Facilities Management:

By: _____________________________

Date: _____________________________

O&M Manual review - Form M 12.21.17