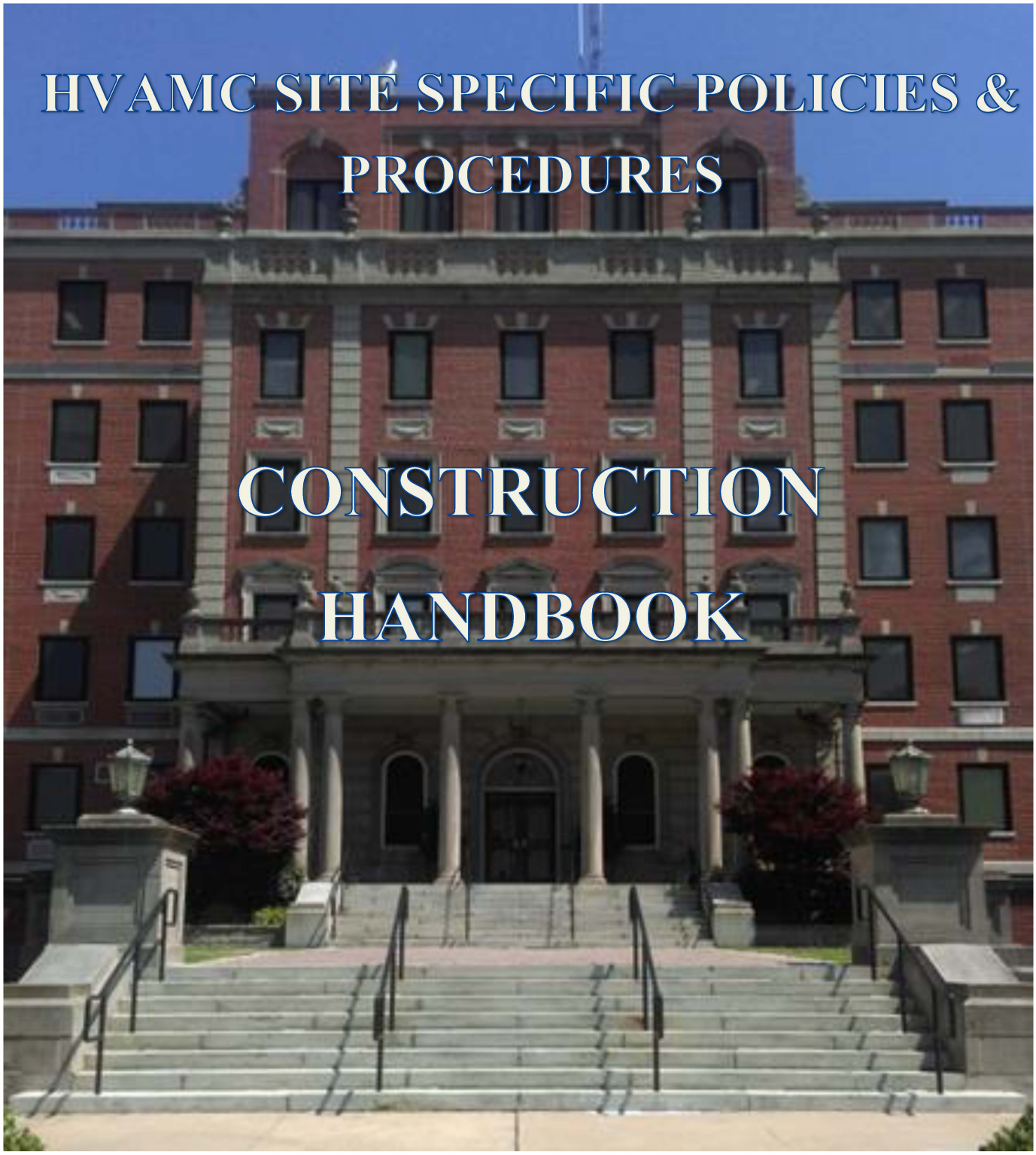
HVAMC SITE SPECIFIC POLICIES & PROCEDURES

CONSTRUCTION HANDBOOK



VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

HAMPTON VA MEDICAL CENTER

Construction Safety Office

IMPORTANT

- This handbook is a **summary** of the more common VA policies and OSHA regulations impacting construction policies and regulations. It is **your responsibility as a contractor** to be knowledgeable and compliant with all policies and regulations' applying to the work being performed.

- Miscellaneous permits/forms are attached to this pamphlet and are to be used by the contractor. Requirements are subject to change, under those circumstances permits/forms with new requirements will be supplied by the COR.

THE ROLE OF THE CONTRACTOR

Contract workers are an important part of our Medical Center. They provide services in virtually all areas of the Medical Center from time to time. Some contract workers work in direct contact with patients; others work in office areas without direct contact. Regardless of where they work, their activities support the health care and environment of our patients.

It is critically important, therefore, that you, the contract worker, know about the Medical Center, its patients, its rules and regulations, and ways in which your safety and that of our valuable patients and employees can be insured.

The management, patients, and employees of this health care system appreciate your efforts to help us improve our facility and service to our veterans; however, safety must be stressed **at all times**.

Please take a moment to review this handbook with **all of** your employees and make sure everyone is familiar with the safety and infection control requirements. If you have any questions, please feel free to contact the VA COR that is overseeing your project or the Construction Safety Manager.

Thank you.

Hampton VA Medical Center

HAMPTON VA MEDICAL CENTER IS NOW SMOKE FREE!

As part of VHA's commitment to a smoke-free health care environment for Veterans, the Hampton VA Medical Center is now smoke free.

No smoking policies apply to cigarettes, cigars, pipes, any other combustion of tobacco and non-Federal Drug Administration (FDA) approved electronic nicotine delivery systems (ENDS), including but not limited to electronic or e-cigarettes, vape pens or e-cigars.

SECURITY AND IDENTIFICATION

Security is a cooperative effort. VA Police enforce federal and local regulations to protect patients, contract workers, volunteers, staff, and visitors. They also protect government and private property and preserve a peaceful and secure environment at the Medical Center 24 hours a day.

All contract workers are required to obey traffic, parking, and security regulations. It is also necessary for everyone to use common sense, cooperate with the police and, of course, keep personal possessions in a safe and secure place. Please report all suspicious or criminal activity, vehicle accidents, and personal property losses to the VA Police while on the facility grounds as soon as possible. If you see a suspicious person or any act that may be suspicious and/or criminal, ***notify the Police by calling (757)722-9961 ext.6911,or 6911 from a VA Land Line,*** and/or report your suspicion to a VA employee or your COR. Please report all suspicious or criminal activity, vehicle accidents, and personal property losses to the VA Police while on the facility grounds as soon as possible.

All contractors are required to obtain and wear an identification badge. The identification badge must be visibly displayed on a shirt or jacket at all times while working at this Medical Center.

The Medical Center and its surrounding grounds are Federal property.
Because the VA Medical Center is federal property, all persons and bags are subject to search. In addition, no weapons, alcohol, or illegal drugs are permitted.

The following items are forbidden in the Medical Center buildings or on the grounds:
Alcoholic Beverages
Firearms
Knives with blades over 3 inches*
Fireworks

** excludes any tools of the trade*

WORKING IN PATIENT AREAS

Information concerning patients and their records should be considered **CONFIDENTIAL**.

Speak softly while on the wards, in the library, in the hospital corridors, and in any other areas where people are working or patients are resting.

If patients ask you for help or advice, refer them to a VA employee for assistance.

Do not sit on any patient beds or handle any medical or patient equipment unless you are specifically assigned to do so as a contract worker. Also, do not use the nursing counters.

Do not leave any (energized or de-energized) tools or electrical cords unattended.

Contract workers should not enter a room that is posted **"ISOLATION" or "NO VISITORS,"** the Intensive Care Unit, or the Life Support Area, unless approved by the COR. The COR shall confer with the nurse manager in charge of the floor or area before entering. She/he will give you instructions to protect yourself and our patients.

For all "CODES" or emergencies, stand clear of the hallways so that emergency personnel and equipment can move freely.

Do not move or touch a patient. Inform the nursing staff of all patient requests.

INFECTION PREVENTION & CONTROL

Infection Control is critical in all medical center facilities. Interior construction activities causing disturbance of existing dust, or creating new dust, must be conducted within ventilation-controlled areas that minimize the flow of airborne particles into patient areas. Exterior construction activities causing disturbance of soil or creates dust in some other manner must be controlled. An AHA associated with infection control will be performed by VA personnel in accordance with FGI Guidelines (i.e. Infection Control Risk Assessment (ICRA)). The ICRA procedure found on the American Society for Healthcare Engineering (ASHE) website will be utilized. (See Specification Section 01 35 26 Safety Requirements, 1.12 Infection Control)

- Appropriate barrier systems for dust control must be in place before any construction starts. Installation and removal of construction barriers **must** be done **outside of normal work hours**. Do so carefully to minimize the spreading of dirt and debris. ***A job in patient areas or hospital hallways taking 10 Minutes or longer to complete requires dust barriers and/or barricades / warning systems.***
- Walk-off mats must be placed at any entry/exit and must be changed frequently ***(checked at least twice daily)*** to prevent tracking of dust/debris into clean areas.
- Most Construction **will require** the utilization of HEPA equipped filtration units (furnished by the Contractor) to maintain negative air pressure within the worksite.
- Hampton Veterans Affairs Medical Center has the right to reassess and reclassify Infection Control Risk Assessment and Interim Life Safety Measures at any time throughout construction. Contractor Shall update and or modify all ILSM/ICRA measures to accommodate such changes.
- Construction personnel will use a designated entry and exit site.
- Only authorized personnel should enter the construction area.
- Doorways and walkways must be kept free of debris.
- Appropriate personal protective equipment (PPE), such as goggles for eye protection, face mask or shield, (Possibly shoe covers, and clean gown or TyVek™ suit), will be worn upon entering the site.

- All PPE must be removed at the site of exit to prevent carrying dust to other areas within the facility. Clothes and shoes should be free of loose sand or debris once PPE has been removed.
- Contractors are responsible for keeping the construction entrance/exit zones clean. ***This may include wet mopping and/or vacuuming with HEPA filtered vacuum at the end of each work day.***
- The Infection Control Practitioner will make periodic unannounced compliance rounds. Issues needing attention will be discussed and corrected as soon as possible.
- No food or beverages should be taken into the construction area.
- If transporting construction waste through occupied areas is required, proper containment of construction waste using a tightly covered container, is **mandatory.** The shortest exit route to the outside should be taken when construction waste is being transported, unless otherwise approved by the facility.
- Remove or Isolate HVAC system in area where work is being done to prevent contamination to the duct system and other areas that may share the same system.
- Upon Completion, the area **must** be thoroughly cleaned using HEPA filtered Vacuums, cleaners/disinfectant **before** barriers are removed. The area may require additional cleaning/disinfecting by HVAMC staff. Coordinate through COR.
- Once the project has been completed and the area has been thoroughly cleaned, Infection Control must be notified to do a walk-thru inspection to ensure cleanliness in the area.

Site/ Laydown area Care and maintenance

- Vegetation on Construction site and laydown areas shall be maintained by Contractor at all times, until Final Payment or termination of contract.

- Vegetation to not exceed 4” above ground level.

- Issues that are found to be a hazard to patients or staff on the Contractor’s site or laydown area are expected to be addressed **Immediately**.

- Sites/Laydown areas (including rear “waterfront”) in violation will be treated as a safety offense, and be treated with disciplinary policy procedures.

- Materials/equipment stored on site are subject to **mandatory removal** if deemed a possible hazard during forecasted severe weather events.

Severe Weather Events

During Forecasted Severe Weather Events, Contractors will be expected to take all precautions necessary, and are required to secure or remove any loose items that may become projectiles, especially any material or equipment stored on elevated levels. Contractors will be required to perform the following when requested by the VA (as needed according to the type of severe weather event)-

- A survey of your areas to determine the potential exposure to high winds and flooding. Identify areas in need of protection, material removal, etc.
- Examine structures or materials covered with tarps to ensure they will remain standing in a storm. The wind can fill a tarp and cause it to pull down materials or structures.
- Examine any materials stored in your laydown area and secure as needed. The Laydown area located at the rear of the facility is prone to flooding, recommend anything of value to be removed.
- Dumpster removal.
- Porta-John removal.
- Scaffolding removal.
- Removal of any ladders, trailers, temporary structures, or other items that could become a projectile.
- Removal of any materials, supplies, or tools that are stored on rooftops.
- Removal of any materials identified by the VA that could become a hazard during severe weather.

Our facility is prone to strong winds and flooding due to our waterfront location. When working from elevated areas, please anticipate strong winds. Use extreme caution when picking up materials with a large surface area as these can act as a sail, and take caution when transitioning off of ladders. Ensure that tools are packed away safely and that materials, cones, signage and other loose materials are safely secured. Wear eye protection to keep dust, debris and other foreign particles from blowing into the eyes, and ensure hard hats are securely fastened and cannot be blown off your head.

PERMIT / NON-PERMIT CONFINED SPACE ENTRY

- Contractors are responsible for designating roles and responsibilities for members of their Confined Space Teams and providing appropriate Rescue Teams for their employees.
- For Permit Required Confined Spaces, contractors are required to provide their own entry supervisor, safety equipment, including detection devices for their personnel, as well as rescue equipment and personnel. The initial testing of the atmosphere will be performed by the contractor prior to entry into a confined space, with the documentation provided to the Safety Office prior to issuance of the permit and entry.
- No entry into permit required confined spaces can be made without a permit issued by the Program Coordinator or designee. This is accomplished through the COR.
- All authorized entrants must know the emergency action plan and receive training covering hazard recognition, use of personal protective equipment, and self-rescue. Training shall be done in accordance with OSHA 1910.146.
- Contractors will notify the Safety Department (#2085 or #2143) indicating employees who are working in crawl spaces, providing information as to entry time and man hours employees are expected to be in those spaces. ***NOTE: Work in crawl spaces will require approval of the Safety Department prior to entry.**

See **Confined Space Entry Permit and Location Definitions** attached.

ENVIRONMENTAL RULES AND REGULATIONS

The VA complies with all local, state, and federal environmental regulations. All contractors working on VA property are expected to comply with all applicable environmental regulations and Hampton VAMC environmental permits. Some key areas of environmental regulations are:

1. **Erosion and Sediment Control (ESC)/ Stormwater Management (SWM)**
    a. The contractor is responsible for implementing ESC/ SWM measures even if the site isn't permitted
    b. Refer to the VA ESC Handbook for guidance: https://www.deq.virginia.gov/Programs/Water/StormwaterManagement/Publications/ESCHandbook.aspx
    c. Prevent illicit discharges from the construction activity. If an illicit discharge occurs, report these immediately to the COR.
    d. If you are applying fertilizer, you must comply with the facility Nutrient Management Plan. This sets time constraints and nutrient limits for the fertilizer. All fertilizer applied must be recorded and reported to the COR. (see attached *Fertilizer Application Record*)
    e. Once done with construction, the contractor is responsible for returning the site back to grade and establishing permanent uniform grass (Tall Fescue or Virginia native equivalent)
2. **Waste Disposal**
    a. It is the contractors' responsibility to ensure that all wastes are disposed of according to all applicable regulations.
    b. Examples of Hazardous Waste: solvents like paint thinner and aerosols
    c. Examples of Universal Waste: fluorescent lightbulbs and batteries
    d. All waste tickets and manifests must be given to the COR.
3. **Petroleum, Oil, and Lubricant Storage**
    a. If the contractor stores more than 55 gallons of petroleum product or oil, then the contractor must abide by the facility Spill Prevention, Control, and Countermeasures Plan. This includes but is not limited to: secondary containment and monthly inspections.
4. **Spills**
    a. Any spills must be immediately cleaned up by the contractor in a manner appropriate for the nature of the chemical spilled.
    b. All environmental incidents must be reported immediately to the COR who will notify the GEMS Coordinator.
    c. It is the contractor's responsibility to dispose of any waste resulting from a spill according to state and federal regulations.

Questions regarding environmental issues are to be directed to the COR. The GEMS Coordinator will make periodic unannounced compliance rounds. Issues needing attention will be discussed and corrected as soon as possible.

Contractor Parking Policy

a. Parking for vehicles and contractor employee's vehicles will be restricted to the Laydown area west of building 27.

b. Temporary parking at any place other that the Laydown area (including grassy areas) will be allowed only during loading or unloading of tools or material and shall be coordinated with the COR. The contractor must exercise care to not damage government property and must maintain pedestrian access. Once loading/unloading operations are complete, the vehicle must immediately be moved to an authorized area. Any damage to government property during these operations must be repaired at the expense of the contractor. See construction specifications for more specific requirements.

c. All traffic regulations will be enforced. This includes unauthorized parking in restricted spaces, parking at yellow curbs, parking in the grass, on walks, etc.

d. Access to the buildings by cranes, oversize trucks or other special equipment must be approved by the Project Engineer and/or COR.

BASIC SAFETY

- Do not block hallways, passageways, or exits.

- Do not leave any tools or equipment unattended.

- Be careful and observe your surroundings while walking and working.

- All supplies and other deliveries must be stored in a predetermined location, not left on the floor, and not left unattended.

- Use only grounded UL-listed extension/flexible cords. Do not allow extension cords to cross a walkway or corridor, creating a trip hazard. Cords shall not be run through doorways, or concealed behind ceilings, walls or floors. Cords should be used in continuous lengths without splicing or tape and be visually checked prior to each use.

- All cord and plug connect equipment, e.g., sump pumps, hand- held motor operated tools, and appliances used outside that operate on greater than or equal to 120 volts, or likely to be used in a wet environment, shall be grounded and equipped with a Ground Fault Circuit Interrupter(GFCI). All portable tools and appliances must be Listed or labeled and protected by an approved UL system of double insulation or its equivalent. GFCI protection **must** be used at all times.

- All energized parts of more than 24 volts must be guarded against accidental exposure.

- All energized circuits, hazardous energy, or machinery **MUST** be de-energized or shut off prior to work being performed on or in the near vicinity of such hazardous energy. **Lockout/Tagout** as listed in OSHA regulation 29 CFR 1910.147 "Control of Hazardous Energy", **MUST** be followed.

- Fall protection threshold height requirement is 6 ft. for all work, unless specified differently in OSHA regulation 29 CFR 1926.500 subpart M, "Fall Protection".

- Scaffolding shall be erected in accordance with 29 CFR 1926 Subpart L "Scaffolds". Ladder jacks, lean-to, and prop-scaffolds are **prohibited**. Employers who erect, disassemble, move, operate, repair, maintain or inspect a

scaffold shall be trained by a competent person. Each employee who performs work on a scaffold shall be trained by a person qualified to recognize the hazards associated with the type of scaffold used and to understand the procedures to control or minimize these hazards. Contractors shall use a scaffold tagging system in which all scaffolds are tagged by the Competent Person. Tags shall be color-coded: green indicates the scaffold has been inspected and is safe to use; red indicates the scaffold is unsafe to use. Tags shall be readily visible, made of materials that will withstand the environment in which they are used, be legible and shall include:

1. The Competent Person's name and signature.
2. Dates of initial and last inspections.

- Be careful and observe your surroundings while walking and working.
- If you see a "Wet Floor" sign, do not walk in the area until the sign is removed.
- ***Safety Data Sheets (SDS) must be provided to the assigned COR and made available on project sites for every, or any chemical product to be used during contracted work.***
- If you spill something, clean it up immediately. Caution others to stay clear of the area until it is cleaned up. Notify the COR.
- If you see a spill and you do not know what it is, notify your COR or a VA employee nearby. Do not clean it up yourself.
- If you see any safety hazards, report them to the COR overseeing your project or construction safety manager.
- Be aware of patient and wheelchair traffic. Use caution and pull carts, as opposed to pushing carts, around a blind corner.
- Do not open any window without approval from the COR.
- Prior to entry into any confined space, and upon completion of the entry, the COR shall be notified. (See HVAMC Procedures/Permits for Permit required Confined Space)

HVAMC CONTRACTOR SAFETY DISCIPLINARY POLICY PROCEDURES

All contractor and sub-contractor employees are expected to comply with HVAMC policies, OSHA regulations, and to follow established operating procedures set forth by the HVAMC. Violations, and repeated violations **will not** be tolerated and the superintendent/foreman **will** be held accountable for the conduct of contractor and sub-contractor employees.

Superintendents and foremen are required to take action when a violation is observed or brought to their attention. Immediate action to control or eliminate a hazard is **required**.

In the event of a violation/repeat or serious violation is observed, the following procedures have been established to place an employee and the contractor on notice.

Notice	Action
First Offense	A written warning from the Contracting Officer (CO) to the contractor (Copy to the Contracting Officer Representative (COR) will address the violation of the employee and the contractor. A copy will be provided to the superintendent and one placed in the contract file and the HVAMC construction safety office file, referencing the violation and warning, including date and time.
Repeated Offense	A written letter of reprimand from the Contracting Officer addressed to the contractor with reference to the violation. A request for replacement of Project Superintendent, Site Safety and Health Officer(SSHO) or removal of contractor employees from the facility. A copy of this letter will be given to the Contractor's main office, and HVAMC Construction Safety Office.
Third Offense **OR** Serious Violation *(Third Offense **OR Serious violation that has a potential to cause a loss of life, limb or medical center equipment**)*	A "**Stop Work**" at no-cost to the government will take place immediately and will not be removed until a safety stand-down (SSD) is completed by the contractor and its employees, and monitored by the HVAMC Construction Safety Manager. Requirement for immediate replacement of Superintendent. Documentation of the offense will be filed at the HVAMC Construction Safety Office.

The above procedure has been prepared so that there is no question about how violations of rules, regulations, and procedures will be handled by HVAMC and so that contractor, sub-contractors and their employees will know what to expect if they do not comply with the established rules, regulations, and procedures.

Project: _____Contractor: _____

Superintendent: _____ Day: _____

1st Violation

Description: _____

Superintendent Signature:_____Date: _____

2nd Violation (Repeated Violation: Y N)

Description: _____

Superintendent Signature: _____Date: _____

Third Offense OR Serious Violation (Repeated Violation: Y N)

Description: _____

Superintendent Signature: _____Date:_____

VA Construction Safety Manager:_____Date:_____

ABOVE CEILING PERMIT POLICY AND PROCESS

- All contractors who work above ceiling will read, familiarize themselves with and follow HVAMC above ceiling policies and processes. **Contractors who fail to follow the Above Ceiling Policy and Process will be immediately directed to leave the facility and will need approval from the Facility Fire Safety Specialist, Engineering Chief or Chief of Safety in order to return to the job.**

- All contractors will be properly identified by a badge and have an above ceiling permit issued by the Facility Fire Safety Office, or designee, for work above ceiling.

- The above ceiling permit will be displayed in the transparent ticket holder in full view on the contractor's ladder in the work area.

- Contractor's ladders used in above ceiling work will not be made of any type of conductive material to protect the technician from electrical shock and will have the required OSHA and safety labeling. All contractor's ladders will be clearly marked for ease of identification.

- During periods of above ceiling work the contractor will ensure that no wires are hanging down in a loop or loose that could cause injury to another person.

- Ceiling tiles shall be inspected along the intended route of work for damage and if there are any, shall be reported to the Facility Fire Safety Office designee located in Building 35, or call 757-722-9961, extension 2123, prior to starting work. It is the contractor's responsibility to replace any damaged or broken ceiling tiles not identified and reported. Ceiling tiles must be same type and pattern as damaged tiles.

- One ceiling tile per every 50 square feet is the maximum number of ceiling tiles to be removed at one time.

- When contractors need to leave the above ceiling work area for more than 30-minutes, the ceiling tiles will be reinstalled.

- During periods of meals and breaks, all ceiling tiles will be reinstalled.

- No materials – e.g., tools, ladders, etc. shall be left unattended in public areas at any time.

- Any penetration through a non-rated or rated barrier, floor or ceiling assembly will require proper fire stopping. CORs will ensure contractors use Hilti FS Firestop Sealant 259579 and/or Hilti Firestop Sealant (Product Code: CP6015) fire stopping materials approved by the Fire Safety Office, or designee.

- Any and all wires, cables, Community Antenna Television (CATV), telephone, data, etc. that penetrate a non-rated or rated barrier, floor or ceiling assembly will be placed in a conduit sleeve and sealed with proper approved 3M fire stop.

- Conduit sleeves shall not be filled with more than 60 percent with wires/cabling.

- All wiring, cabling, CATV, telephone, data, etc. are to be suspended with the proper hangers. They are NOT to be hung or tied in any form or fashion to piping, ducting, ceiling hanger, pipe hanger, etc. or laid directly on top of the ceilings or grid.

- All piping, ducting, seismic supports, piping hangers, duct hangers, etc. are to be suspended in accordance with the latest codes and standards.

- All miscellaneous materials (trash, wall pieces, etc.) are to be removed from above the ceiling.

- When all work is completed and approved, the permit will be kept on file in the Facility Fire Safety Office for one year from the last day of work.

HVAMC Procedures/Permits

Permits are required for the following activities and require advanced notification to the COR. Some of these polices are, *but not limited to* the following-

Daily Log-Safety/ILSM Checklist- The SSHO shall conduct frequent and regular safety inspections (daily) of the site and each of the subcontractors CPs shall conduct frequent and regular safety inspections (daily) of their work operations as required by 29 CFR 1926.20(b)(2). Daily Reports to be documented with provided HVAMC **Safety/ILSM Checklist** (See attached ***Daily Log- Safety/ILSM Checklist***)

Utility Outages- Contractor must submit a Utility Outage Request Form to the COR 14 days prior to the requested outage date. **For outages affecting the Fire Alarm and Sprinkler Systems, the requestor must also submit a "Disabling a Fire Protection System Permit" with this request. (*Utility Outage Request Form* and *Disabling a Fire Protection System*** permit attached**)**

Ground breaking -All requests should be made as soon as possible in order to maximize planning and notification time frames. A minimum of 5 days' notice shall be given for all groundbreaking permits except in cases of emergencies. (***Ground Breaking Permit*** attached)

Trenching & Excavating- All excavation work must comply with **29 CFR 1926 subpart P-EXCAVATIONS**. (***Excavation checklist*** attached)

Non-Critical and Critical Lifts- Lift permits, including all supporting documents, must be completed by a qualified person and submitted to and approved by the Safety Section **14 days prior** to the planned lift. All lifts must follow 29 CFR 1926 Subpart CC. (See Attached ***Standard Lift Permit*** and ***Critical Lift Permit***)

Working above the ceiling- All contractors who work above ceiling will read, familiarize themselves with and follow HVAMC above ceiling policies and processes. The above ceiling permit will be displayed in the transparent ticket holder in full view on the contractor's ladder in the work area. All rated and non-rated fire and smoke barriers at Hampton VA Medical Center (HVAMC) shall be maintained, and/or improved, to a condition equal to or better than original construction and shall comply with NFPA 101, *Life Safety Code*. (See ***ABOVE CEILING PERMIT POLICY AND PROCESS,*** and attached ***ABOVE CEILING WORK PERMIT)***

Firewall Penetrations – Contractors must secure a Fire Wall Penetration Permit from the Fire Inspectors **Prior to** penetrating and Fire or Smoke Barrier, or Partition. All Fire/Smoke wall penetrations are to be sealed daily. (See attached ***Fire and Smoke Wall Penetration / Fire Stop Installation Permit)***

Permit/Non-Permit Confined Space Entry- Contractors shall follow the Occupational Safety and Health Administration (OSHA) 1910.146. Contractors are required to provide their own entry supervisor, safety equipment, PPE, calibrated testing equipment, including detection devices for their personnel, as well as rescue equipment and personnel. **Attendant duties shall be the responsibility of the contractor**. Entry Supervisor must notify Hampton City Fire Department prior to a confined space entry. The initial testing of the atmosphere will be performed by the contractor prior to entry into a confined space, with the documentation provided to the Safety Office prior to issuance of the permit and entry. No entry into permit required confined spaces can be made without a permit issued by The Industrial Hygienist. (See attached ***Confined Space Entry Permit - Hampton VA Medical Center*** and ***CONFINED SPACE ASSESSMENTS/DESIGNATIONS*****)**

Hot Work- A **HOT WORK PERMIT** is required for all Burning, Cutting, Grinding, Soldering, Welding, Heat applied roofing, Tile Work, Brazing, use of Heat Gun, or any other activity that may produce a spark or flame. Contractors must obtain the permit from the VA FIRE INSPECTORS OFFICE (Bldg. #35 Rm101F), Prior to any Hot work activities. Permit must be posted at work site and visible at all times. Failure to do so will prevent work from continuing until posted. A minimum **2 HR fire watch** provided by the **Contractor** is **mandatory**.

Fertilizer Application Record- All fertilizer applied must be recorded and reported to the COR.

DAILY LOG - Safety/ILSM Checklist	STATION: 590 - Hampton, Virginia 23667
PROJECT TITLE: NAME OF CONTRACTOR:	
DATE: CONTRACT NUMBER:	
DAY OF WEEK: PROJECT NUMBER:	
Items for daily review:	YES NO N/A
Means of egress is clear in construction and adjacent areas.	___ ___ ___
Access for the fire department and emergency services is clear.	___ ___ ___
Status of the fire detection/sprinkler system:	___ ___ ___
Fire sprinkler system is active.	___ ___ ___
If no, was Fire Watch Conducted	___ ___ ___
Fire alarm system is active.	___ ___ ___
If no, was Fire Watch Conducted	___ ___ ___
Smoke detectors are active.	___ ___ ___
Temporary systems are in place.	___ ___ ___
Construction partitions are being maintained and are smoke tight.	___ ___ ___
Good housekeeping practices are being maintained.	___ ___ ___
Exterior balconies, corridors and stairways are clear of storage.	___ ___ ___
Flammables and combustibles kept to a minimum and in proper containers.	___ ___ ___
Buildings, grounds and equipment are maintained in a safe manner.	___ ___ ___
Smoking regulations are being followed.	___ ___ ___
Fire extinguishers are readily available in construction area.	___ ___ ___
Hot work permit issued.	___ ___ ___
Fire Watch Conducted	___ ___ ___
Work site inspected after hot work.	___ ___ ___
Caution/danger signs and barricades in place where needed.	___ ___ ___
Lock out/tag out in place.	___ ___ ___
Extension cords protected/disconnected at end of day.	___ ___ ___
Dust barriers maintained and walk off mats provided.	___ ___ ___
MSDS maintained on site and products labeled.	___ ___ ___
Asbestos is properly controlled and interstitial doors are closed and locked.	___ ___ ___
Area is secured from public and at the end of the day.	___ ___ ___
Odors from construction operations are cleared.	___ ___ ___
Safety and temporary signage is in place.	___ ___ ___
Emergency recall numbers left at work site.	___ ___ ___
Utility systems returned to operation in occupied areas.	___ ___ ___
Construction storage/field offices maintained and secured.	___ ___ ___

Excavations properly barricaded.	___ ___ ___
All external openings in walls/roof are sealed from inclement weather.	___ ___ ___
Exterior storm drains flushed and cleared of debris.	___ ___ ___
Subcontractors aware/trained in safety/environmental issues.	___ ___ ___
Barrier installed.	___ ___ ___
Wet mop, HEPA vac and inspect prior to barrier removal.	___ ___ ___
Remove construction barrier.	___ ___ ___
Reinstate HVAC.	___ ___ ___
Wipe work surfaces with disinfectant.	___ ___ ___
Dumpster covered and 25' from building.	___ ___ ___
ICRA Required Activities:	
Block and seal air vents.	___ ___ ___
Isolate HVAC.	___ ___ ___
Seal Doors.	___ ___ ___
Maintain negative pressure.	___ ___ ___
Dust mat at entrance to work area.	___ ___ ___
Cover construction waste for transport.	___ ___ ___
Water mist work surfaces to control dust while cutting.	___ ___ ___
Seal holes, pipes, conduits, and punctures appropriately.	___ ___ ___
Anteroom installed and used appropriately.	___ ___ ___
All personnel wear shoe covers.	___ ___ ___

Contractors signature:

If any items have an indication of "No" the COTR is to be notified immediately.

COTR: Concurr or Discrepancies noted Initials _____

Discrepancies/Comments:

UTILITY OUTAGE REQUEST FORM

Date Requested _____ Requestor (COR)_____

Requestor's Title_____ Requestor's Phone Number_____

Date Outage Needed _____ Duration of Outage Requested _____

Utility Outage Requested: _____.

__**Fire Sprinkler*** __ Electrical __ Domestic Water __ Chilled Water
__ Steam __ Oxygen __ Medical Air __ Medical Vacuum
__ Natural Gas __ Fire Alarm* _ **Other (Specify)** _**Fire Protection**

Reason Outage is Requested**:**_____.
_____
Building Number and Location Affected_____

Supervisor Approval of Request (Signature) _____
*** Fire alarm components disabled for more than 10 hours must be conveyed to the Facility Safety Manager for notification to the VISN. It is the Fire Inspectors responsibility to notify the Facility Safety Manager.**

However for outages affecting the Fire Alarm and Sprinkler Systems, the requestor must also submit a "Disabling a Fire Protection System Permit" with this request.

THIS SECTION FOR MAINTENANCE AND OPERATIONS USE ONLY

Date Request Received_____ Outage Number_____ Shop Assigned _____
Special Concerns or Comments: _____

Contacts to Notify of Outage	Date Contacted	Contact Made By:
_____	_____	_____
_____	_____	_____

UTILITY OUTAGE RETURN NOTICE
Work Order # NR_____

To: _____ (Requestor) Project # _____
Your outage request for the following utility _____ was approved and scheduled for _____ (*Date*) at _____ (*Time*) as requested.
To: _____ (*Requestor*) Project #_____

We were unable to schedule your outage request for the following utility _____ on the date and time you requested. It has been scheduled for _____ (*Date*) at _____ (*Time*).
Please notify the Maintenance Program Manager immediately if this will not work for you at ext 2090.

Program Manager/Designee, Maintenance & Operations_____

DISABLING A FIRE PROTECTION SYSTEM

PERMIT

DATE: _____ ***TIME:*** _____

Building Number, floor, fire/smoke zone:

_____

_____

Name of person requesting outage:

_____

COMPANY

_____

TELEPHONE: _____ ***NEXTEL:*** _____

SIGNATURE: _____ ***F.I. Initials*** _____

REASON FOR DEACTIVATION:

_____

_____

REACTIVATED TIME: _____ ***DATE:*** _____

COMMENTS: _____

_____

F.I. INITIALS: _____

RETAIN FOR FILE

GROUND BREAKING PERMIT

This Section shall be completed by Contractor

Requestor_____ Requestor Phone Number _____

Date Request Submitted_____ Date Required_____

Request clearance of contractor marked utilities at the following location:

_____

Type of work to be performed in the area (why clearance is needed):
_____

_____

COR Signature _____ Date _____

Project Section Supervisor Signature _____ Date _____

Note: It is the COR's responsibility to coordinate with Safety and the Police on issues relating to traffic control or items not specific to Maintenance or Utilities.

This Section shall be completed by Maintenance & Operations

Utilities Marked:

Utility	Validation Date	Comments
Electric		
Steam		
Water		
Sewer / Storm		
Fire Components		
Other: Specify		

Program Manager/Designee, Maintenance & Operations_____

Date Returned to Requestor_____

Marking of utilities is solely the Contractor's responsibility and shall be performed by a qualified private utility locating company. Contractor excavating within 10 feet of property line will contact Miss Utility of Virginia for their clearance.

Standard Lift Permit

.

This standard lift permit, including all supporting documents, must be completed by a qualified person and submitted to and approved by the Safety Section 14 days prior to the planned lift. Permits must be at the lift site until the lift is complete. Permits must be reissued if conditions (equipment, weather, and/or ground) or scope of work has changed. All lifts must follow 29 CFR 1926 Subpart CC.

NOTE: If any of the following conditions will be involved with the lift operation, a critical lift permit must be completed:

Lifts involving hazardous materials
Lifts made with more than one crane or hoist
Hoisting Personnel
Lifts involving submerged loads
Lifts involving multiple or difficult rigging
Lifts with a center of gravity that could change
The crane will "walk" with load
Loads =/> 75% of rated capacity of the load chart
Lifts without the use of outriggers using rubber tire load charts
Lifts outside the crane operator's view

A. GENERAL

Project Name & Number:	Contracting Officer's Representative:	Start Date/Time:	Finish Date/Time:
Crane Owner:	Crane Lift Location (Area/Building):	Qualified Person completing permit: Phone:	
Crane Operator: Phone:	Rigger: Phone:		

B. LIFT DATA

1. Load Weight:	1a. Describe Load and Enter Total Load Weight: _____ Estimated Weight: _____Lbs. Actual Weight: _____Lbs. 1b. Total load weight (block, rigging, jib, etc.) as a percentage of rated load capacity of crane from load chart: _____%
2. Lifting Height:	Height of Load to be not greater than _____ Feet Maximum Height of Crane Boom / Extension Tip _____ Feet
3. Operating Radius:	Maximum Radius of Load to be not greater than _____ Feet

C. CRANE DATA & LIFT SET UP

1. Crane Manufacturer:	Crane Manufacturer: _____ Size: _____ Model Number: _____ Date of Last Annual Inspection: _____ Inspected by: _____

2. Verify manufacturer's load chart indicates lifting capacity at stipulated load radius and boom lengths.

Note: If boom length and/or radius is between the stipulated or posted value on the load chart select the next lesser rating capacity. The next lesser rating capacity may be the next longer or shorter boom length.

Standard Lift Permit

D. SPECIAL PRECAUTIONS

- ☐ Lift will not be conducted over an occupied section of a building
- ☐ Blocked exits and building evacuations require an Interim Life Safety Measure (ILSM)
- ☐ Request ILSM from Safety Section minimum of 14 days prior to planned lift
- ☐ Coordinate road blocks or closures with the police and fire services prior to the lift
- ☐ Signal Person required when swing path takes load out of crane operator's view

E. SUBMITTALS

- ☐ Crane operator license
- ☐ Annual crane inspection
- ☐ Crane lift/load chart showing weight lifted, angle and main boom length
- ☐ Plan view of load location and crane orientation to building(s), swing radius, road closure & barricades.

F. APPROVALS

I certify the information contained on this standard lift permit is correct.

Qualified Person:

Name: _____ **Signature:** _____ **Date:** _____

Safety Specialist:

Name: _____ **Signature:** _____ **Date:** _____

Standard Lift Permit

G. LIFT OPERATIONS

Execution of the lift shall be in accordance with OSHA 29 CFR 1926 Subpart CC.

LIFT SUPERVISOR TO COMPLETE THIS CHECKLIST ON THE DAY OF THE LIFT

- ☐ Interim Life Safety Measure (ILSM) obtained from Safety Section as necessary (blocked exits, evacuation, etc.)
- ☐ Lift will not be conducted over an occupied section of a building
- ☐ Crane lift site has traffic and pedestrian controls in place
- ☐ An individual has been designated to observe for obstructions and unauthorized personnel
- ☐ Confirm swing radius has been barricaded and access is limited to authorized personnel
- ☐ Confirm load weight
- ☐ Ensure load hook is directly over the load center of gravity
- ☐ Confirm boom angle, boom length, lift radius, and the crane capacity
- ☐ Ensure outrigger pads are fully extended and blocking is sufficient for the load
- ☐ Ensure tires are clear of the ground and the crane is level
- ☐ Confirm all obstacles and obstructions have been identified
- ☐ Ensure lifts in proximity to power transmission lines comply with OSHA 29 CFR 1926.1407 through 1411
- ☐ Verify a signal method has been determined between the crane operator and the signalman
- ☐ Verify the crane operator meets OSHA qualifications requirements to operate the crane
- ☐ Verify the crane boom is equipped with a safety flag and/or beacon light
- ☐ Verify a "competent person" has inspected all slings, fastenings, and attachments for damage or defects.
- ☐ Verify a "competent person" has inspected all crane safety devices and operational controls prior to and during use to ensure safe operating condition. Any deficiencies shall be repaired prior to continued use
- ☐ Ensure damaged or defective equipment is immediately removed from service
- ☐ Verify all required crane manufacturer operational control procedures are available in the crane cab
- ☐ Verify the all required inspections have been completed.
- ☐ Wind Speed: Crane is equipped with anemometer: ☐ Yes ☐ No
  Lifts when wind speed > 20 mph require reassessment.
  Lifts are not allowed when wind speed exceeds 30 mph

  Wind Speed at time of lift: _____mph.

Standard Lift Permit

An on-site meeting on the day of and prior to the planned lift was conducted with the undersigned.

Lift Supervisor:

Name: _____ Signature: _____ Date: _____

Contracting Officer's Representative:

Name: _____ Signature: _____ Date: _____

Licensed Crane Operator:

Name: _____ Signature: _____ Date: _____

Qualified Rigger:

Name: _____ Signature: _____ Date: _____

H. PERMIT DURATION

Start Date/Time:	Finish Date/Time:	Safety Specialist: Name: _____ Signature: _____ Date: _____

HVAMC EXCAVATIONCHECKLIST MCM 138-25 Attachment A

(To be completed by a Competent Person)

SITE LOCATION:			
DATE:	TIME:	COMPETENT PERSON:	
SOIL CLASSIFICATION:	EXCAVATION DEPTH: EXCAVATION WID		TH:
TYPE OF PROTECTIVE SYSTEM USED:			

Indicate for each item: YES - NO - o r N/A f o r not applicable

1. General Inspection of Jobsite:	
A. Excavations, adjacent areas, and protective systems inspected by a competent person daily before the start of work.	
B. Competent person has the authority to remove employees from the excavation immediately.	
C. Surface encumbrances removed or supported.	
D. Employees protected from loose rock or soil that could pose a hazard by falling or rolling into the excavation.	
E. Hard hats worn by all employees.	
F. Spoils, materials, and equipment set back at least two feet from the edge of the excavation.	
G. Barriers provided at all remotely located excavations, wells, pits, shafts, etc.	
H. Walkways and bridges over excavations four feet or more in depth are equipped with standard guardrails and toe boards.	
I. Warning vests or other highly visible clothing provided and worn by all employees exposed to public vehicular traffic.	
J. Employees required to stand away from vehicles being loaded or unloaded.	
K. Warning system established and utilized when mobile equipment is operating near the edge of the excavation.	
L. Employees prohibited from going under suspended loads.	
M. Employees prohibited from working on the faces of slopes or benched excavations above other employees.	
2. Utilities:	
A. Utility companies contacted and/or utilities located.	
B. Exact location of utilities marked.	
C. Underground installations protected, supported, or removed when excavation is open.	
3. Means of Access and Egress:	
A. Lateral travel to means of egress no greater than 25 feet in excavations four feet or more in depth.	
B. Ladders used in excavations secured and extended three feet above the edge of the trench.	
C. Structural ramps used by employees designed by a competent person.	
D. Structural ramps used for equipment designed by a registered professional engineer (RPE)	
E. Ramps constructed of materials of uniform thickness, cleated together on the bottom, equipped with no-slip surface.	
F. Employees protected from cave-ins when entering or exiting the excavation.	

4. Wet Conditions:	
A. Precautions take to protect employees from the accumulation of water.	
B. Water removal equipment monitored by a competent person.	
C. Surface water or runoff diverted or controlled to prevent accumulation in the excavation.	
D. Inspections made after every rainstorm or other hazard-increasing occurrence.	
5. Hazardous Atmosphere:	
A. Atmosphere within the excavation tested where there is a reasonable possibility of an oxygen deficiency, combustible or other harmful contaminant exposing employees to a hazard.	
B. Adequate precautions taken to protect employees from exposure to an atmosphere containing less than 19.5% oxygen and/or to other hazardous atmospheres	
C. Ventilation provided to prevent employee exposure to an atmosphere containing flammable gas in excess of 10% of the lower explosive limit of the gas.	
D. Testing conducted often to ensure that the atmosphere remains safe.	
E. Emergency equipment, such as breathing apparatus, safety harness and lifeline, and/or basket stretcher readily available where hazardous atmospheres could or do exist.	
F. Employees trained to use personal protective and other rescue equipment.	
G. Safety harness and lifeline used and individually attended when entering bell bottom or other deep confined excavations.	
6. Support Systems:	
A. Materials and/or equipment for support systems selected based on soil analysis, trench depth, and expected loads.	
B. Materials and equipment used for protective systems inspected and in good condition.	
C. Materials and equipment not in good condition have been removed from service.	
D. Damaged materials and equipment used for protective systems inspected by a registered professional engineer (RPE) after repairs and before being placed back into service.	
E. Protective systems installed without exposing employees to the hazards of cave-ins, collapses, or threat of being struck by materials or equipment.	
F. Members of support system securely fastened to prevent failure.	
G. Support systems provided in ensure stability of adjacent structures, buildings, roadways, sidewalks, walls, etc.	
H. Excavations below the level of the base or footing supported, approved by an RPE.	
I. Removal of support systems progresses from the bottom and members are released lowly as to note any indication of possible failure.	
J. Backfilling progresses with removal of support system.	
K. Excavation of material to a level no greater than two feet below the bottom of the support system and only if the system is designed to support the loads calculated for the full depth.	
L. Shield system placed to prevent lateral movement.	
M. Employees are prohibited from remaining in shield system during vertical movement.	

DAILY TRENCHING LOG

DATE:	SIGNATURE:
WEATHER:	PROJECT:
Was Missed Utilities (811) contacted: Yes No	
Protective system: Trench shield (box) Wood shoring Sloping Other	
Purpose of trenching: Drainage Water Sewer_____ Gas Other	
Were visual soil tests made: Yes_____ No If yes, what type?	
Type of Soil: Stable Rock_Type A_Type B_Type C	
Surface encumbrances: Yes_____ No If yes, what type?	
Water conditions: Wet Dry Submerged	
Hazardous atmosphere exists: Yes No *(If yes, follow confined space entry procedures policy; complete confined Space Entry Permit; monitor for toxic gas(es))*	
Is trenching or excavation exposed to public vehicular traffic (exhaust emission): Yes_No *(If yes, refer to confined space entry procedures; complete Confined Space Entry Permit; monitor for toxic gas(es))*	
Measurements of trench: Depth_Length Width	
Is ladder within 25 feet of all workers: Yes No	
Is excavated material stored two feet or more from edge of excavation: Yes_No	
Are employees exposed to public vehicular traffic: Yes No *(If yes, warning vests required)*	
Are other utilities protected: Yes No *(Water, sewer, gas or other structures)*	
Are sewer or natural gas lines exposed: Yes No	
Periodic Inspection: Yes No	
Did employees receive training in excavating: Yes No	

Corrective Actions and Remarks:

Hampton VA Medical Center Lift Plan Permit

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A Critical Lift Permit, including all supporting documents, must be submitted to and approved by the Safety Section 14 days prior to the planned lift. Permits must be at the lift site until the lift is complete. Permits must be reissued if conditions (equipment, weather, and/or ground) or scope of work has changed. All lifts must follow 29 CFR 1926 Subpart CC.

A critical lift is defined as any one or more of the following conditions:

- Lifts involving hazardous materials
- Lifts made with more than one crane or hoist
- Hoisting Personnel
- Lifts involving submerged loads
- Lifts involving multiple or difficult rigging
- Lifts with a center of gravity that could change
- The crane will "walk" with load
- Loads =/> 75% of rated capacity of the load chart
- Lifts without the use of outriggers using rubber tire load charts
- Lifts outside the crane operator's view

A. GENERAL

Project Name & Number:	Contracting Officer's Representative:	Start Date/Time:	Finish Date/Time:
Crane Owner:	Crane Lift Location (Area/Building):	Qualified Person completing permit: Phone:	
Crane Operator: Phone:	Rigger: Phone:		

B. LIFT DATA

1. Load Weight:	1a. Describe Load and Enter Total Load Weight: _____ Estimated Weight: _____Lbs. Actual Weight: _____Lbs. 1b. Total load weight as a percentage of rated load capacity of crane from load chart: _____%
2. Rigging weight:	2a. Main Hoist Block, Auxiliary Boom Head / Headache Ball:_____ Total Block Weight: _____Lbs.
	2b. Slings, Shackles, Hardware (list all used): Total Rigging Weight: _____Lbs.
	2c. Jib Weight Allowance: _____Lbs. Check One: Erected (not used): ☐ Erected (in use): ☐ Jib Stowed (on boom): ☐
3. Total Lift Weight:	3a. On Sling: 1a + 2b = _____Lbs. 3b. On Crane: 1a + 2a + 2b + 2c = _____Lbs. Total Lift Weight: _____Lbs Example Calculation: $\frac{TotalLoadWeight}{RatedLoadCapacity} * 100 = \%$ Example Calculation: $\frac{50{,}000lbs}{250{,}000lbs} * 100 = 20\%$ *Note: Contingency = Total Lift Weight Must be =/< 90% of Load Chart Capacity

Hampton VA Medical Center Lift Plan Permit

4. Lifting Height:	Height of Load to be not greater than _____ Feet Maximum Height of Crane Boom / Extension Tip _____ Feet ☐ Elevation drawing showing load height relation to crane and any obstructions is attached
5. Operating Radius:	Maximum Radius of Load to be not greater than _____ Feet ☐ Plan view of load location and crane orientation attached

C. CRANE DATA & LIFT SET UP

1. Crane Manufacturer:	Crane Manufacturer: _____ Size: _____ Model Number: _____ Date of Last Annual Inspection: _____ Inspected by: _____

2. Verify manufacturer's load chart indicates lifting capacity at stipulated load radius and boom lengths.

Note: If boom length and/or radius is between the stipulated or posted value on the load chart select the next lesser rating capacity. The next lesser rating capacity may be the next longer or shorter boom length.

3. Counterweight:	☐ Yes Total Weight _____Lbs. Total Crane Weight _____Lbs.
4. Jib / Extension:	Jib Length (as extension): _____ Jib Offset: _____
5. Main Load Block:	Capacity Size: _____ Ton _____ # Sheaves: _____ Weight _____Lbs.
6. Auxiliary Boom Head/Ball:	Capacity Size: _____ Ton _____ # Sheaves: _____ Weight _____Lbs.
7. Outriggers, Pads, and Tires:	☐ An engineering review has determined underground utilities and structures are not at risk ☐ Outriggers Fully Extended and Set Check One: Track ☐ Tires ☐ ☐ Total Outrigger Bearing Pressure has been Calculated and Soil Type, Ground, and Pavement has Capacity to Support the Total Imposed Load ☐ Outrigger Mats are Sized to Reduce Soil Bearing Pressure to Safe PSI Levels ☐ Construction Manager has provided site drawing with crane set up zone identified. ☐ CM escorted utility surveyor and maintained accuracy and potential problematic areas on sketch & provided/discussed with crane firm.

Hampton VA Medical Center Lift Plan Permit

D. RIGGING DATA

1. Sling(s)/ Shackles	Type of Sling:	Length:	Capacity (per leg):	Basket / Straight / Choker:
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	Size: _____	Capacity (ea.) _____		
	Spreader Bar: _____Feet	_____Lbs.	Verify MFG/Eng. Stamp: _____	

E. LIFT COMPUTATION

Minimum Boom Angle:	Maximum Boom Length:	Maximum Lift Radius:
_____	_____	_____

Note: Cranes equipped with computers indicating boom length, angle, and radius are *safety devices only* and should not be used in place of the operator's responsibility to actually determine the measurements required to calculate a safe lift.

Note: Accessories, Crane Capacity, Parts of Line and Rope Capacity, and the working quadrant of the crane should be considered when calculating Net Crane Capacities.

1. Crane Capacity: (Load Chart Capacity) _____Lbs.
2. Net Crane Capacity: (Load Chart Capacity - Block, Rigging, and Accessory Weights) = _____Lbs.
3. Load orientation prior to lift: ☐ Front ☐ Side ☐ Rear
4. Swing orientation relative to crane: ☐ Front ☐ Side ☐ Rear

F. SPECIAL PRECAUTIONS

- ☐ Lift will not be conducted over an occupied section of a building
- ☐ Blocked exits and building evacuations require an Interim Life Safety Measure (ILSM)
- ☐ Request ILSM from Safety Section minimum of 14 days prior to planned lift
- ☐ Coordinate road blocks or closures with the police and fire services prior to the lift
- ☐ Signal Person required when swing path takes load out of crane operator's view

G. SUBMITTALS

- ☐ Operator license
- ☐ Rigger qualifications
- ☐ Annual crane inspection
- ☐ Crane maintenance log
- ☐ Crane lift/load chart showing weight lifted, angle and main boom length
- ☐ Elevation drawing showing load height relation to crane and any obstructions
- ☐ Plan view of load location and crane orientation to building(s), swing radius, road closure & barricades.

Hampton VA Medical Center Lift Plan Permit

H. APPROVALS

I certify the information contained on this standard lift permit is correct.

Qualified Person:

Name: _____ **Signature:** _____ **Date:** _____

Safety Specialist:

Name: _____ **Signature:** _____ **Date:** _____

Hampton VA Medical Center Lift Plan Permit

I. LIFT OPERATIONS

Execution of the lift shall be in accordance with OSHA 29 CFR 1926 Subpart CC.

LIFT SUPERVISOR TO COMPLETE THIS CHECKLIST ON THE DAY OF THE LIFT

- ☐ Interim Life Safety Measure (ILSM) obtained from Safety Section as necessary (blocked exits, evacuation, etc.)
- ☐ Lift will not be conducted over an occupied section of a building
- ☐ Crane lift site has traffic and pedestrian controls in place
- ☐ An individual has been designated to observe for obstructions and unauthorized personnel
- ☐ Confirm swing radius has been barricaded and access is limited to authorized personnel
- ☐ Confirm load weight
- ☐ Ensure load hook is directly over the load center of gravity
- ☐ Confirm boom angle, boom length, lift radius, and the crane capacity
- ☐ Ensure outrigger pads are fully extended and blocking is sufficient for the load
- ☐ Ensure tires are clear of the ground and the crane is level
- ☐ Confirm all obstacles and obstructions have been identified
- ☐ Ensure lifts in proximity to power transmission lines comply with OSHA 29 CFR 1926.1407 through 1411
- ☐ Verify a signal method has been determined between the crane operator and the signalman
- ☐ Verify the crane operator meets OSHA qualifications requirements to operate the crane
- ☐ Verify the crane boom is equipped with a safety flag and/or beacon light
- ☐ Verify a "competent person" has inspected all slings, fastenings, and attachments for damage or defects.
- ☐ Verify a "competent person" has inspected all crane safety devices and operational controls prior to and during use to ensure safe operating condition. Any deficiencies shall be repaired prior to continued use
- ☐ Ensure damaged or defective equipment is immediately removed from service
- ☐ Verify all required crane manufacturer operational control procedures are available in the crane cab
- ☐ Verify the all required inspections have been completed.
- ☐ Wind Speed: Crane is equipped with anemometer: ☐ Yes ☐ No
  Lifts when wind speed > 20 mph require reassessment.
  Lifts are not allowed when wind speed exceeds 30 mph

  Wind Speed at time of lift: _____mph.

Hampton VA Medical Center Lift Plan Permit

An on-site meeting on the day of the planned lift was conducted with the undersigned.

Lift Supervisor:

Name: _____ **Signature:** _____ **Date:** _____

Contracting Officer's Representative:

Name: _____ **Signature:** _____ **Date:** _____

Licensed Crane Operator:

Name: _____ **Signature:** _____ **Date:** _____

Qualified Rigger:

Name: _____ **Signature:** _____ **Date:** _____

Signal Person

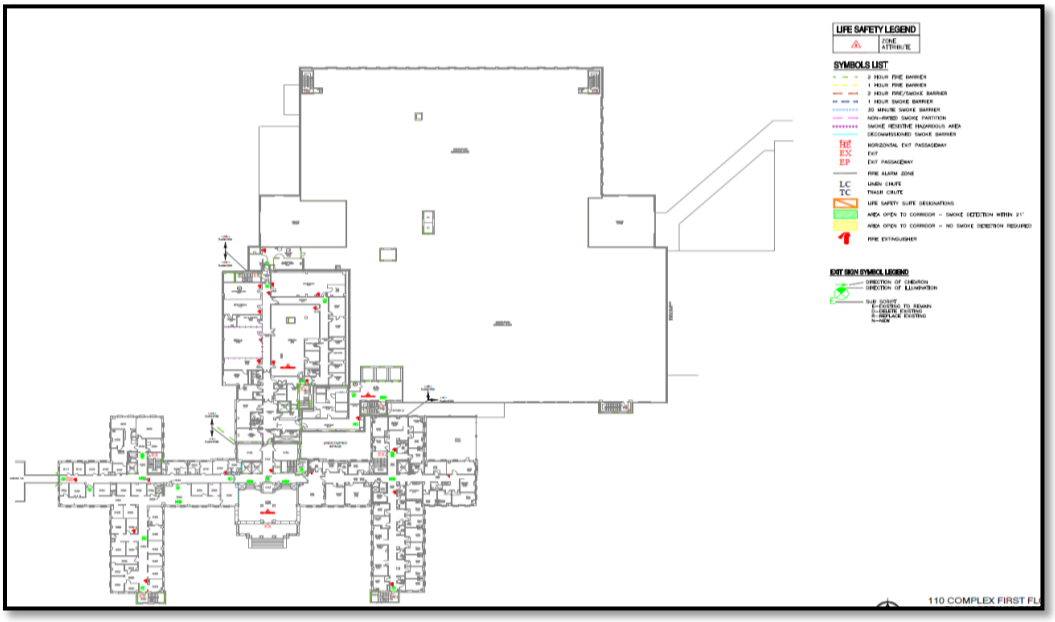
Name: _____ **Signature:** _____ **Date:** _____

J. PERMIT DURATION

Start Date/Time:	Finish Date/Time:	HVAMC Safety Manager: Name: _____Signature:_____ Date:_____

ABOVE CEILING WORK PERMIT

DRAWING EXAMPLE



Date: _____ Project Name or Location:_____

Contractor Name: _____

POC Phone # (s): _____

POC Name Applying: _____

Time the permit is issued:

FROM: _____ TO: _____

Note any existing penetrations here:

_____

_____

_____

Fire and Smoke Wall Penetration / Fire Stop Installation Permit

Please complete the information below and attach specific locations of each penetration for final inspection to:

VAMC Hampton, Attn: Fire Inspectors Phone: 757-722-9961 x 3596
Location: Building 35, 100 Emancipation Drive (138) Hampton, VA 23667

Contractor's/Shop/Service Name: _____

Contractor's Address:_____

City_____ State_____ Zip Code_____

Contractor's/Shop/Service Phone #_____

On Site Contact's Name_____ Phone #_____

Job Location(s)_____

Brief Description of Job:

_____

_____

Base material to be Penetrated: ____ Gypsum ____ Wood ____ Concrete

Penetrating Items:

____ Metal Pipe
____ Plastic Pipe
____ Cables/Trays
____ Insulated Metal Pipe
____ Mechanical Busways
____ Other:_____

Provide documentation of firestop training: _____

The following must be attached to this document upon submission to the VAMC Hampton:

- Approval UL or OPL systems proposed for the job.
- Engineering Judgments (if applicable) provided for this Project.

Note: <u>All fire/smoke wall penetrations are to be sealed daily</u>. Upon completion of daily work and fire sealant application, contact the Fire Inspectors at Extension 3596 to obtain an inspection and clearance of permit.

_____ _____
Contractor/Shop/Service Signature Date Permit Issuance Facility Official Signature

_____ _____
Fire Inspector Verification Approval Signature Clearance Approval Date

Confined Space Entry Permit - Hampton VA Medical Center

Date and Time Issued: _____ Date and Time Expires: _____
Job site/Space I.D.: _____ Entry Supervisor: _____
Equipment to be worked on: _____ Work to be performed: _____
Entrant Name(s): _____
Stand-by personnel: _____

1. Atmospheric Checks prior to isolation and ventilation:

Time _____ Toxic_____PPM <10PPM H(2)S/Other
Oxygen_____% > 19.5 - <23.5 Monitoring instrument_____
Explosive_____% L.F.L. <10% Temperature_____

Tester's signature: _____

2. Source isolation (No Entry):

	N/A	Yes	No
Ventilation Modification:			
Mechanical	( )	( )	( )
Natural Ventilation only	( )	( )	( )
Pumps or lines blinded, disconnected or blocked	( )	( )	( )

3. Atmospheric check **after** isolation (if required):

Time_____ Toxic_____PPM <10PPM H(2)S/Other
Oxygen_____% > 19.5 - <23.5 Monitoring instrument _____
Explosive_____% L.F.L. <10% Temperature _____

Tester's signature: _____

4. Communication procedures:

_____

(Safety Personnel to fill this in)

5. **Rescue procedures**:

_____

(Safety Personnel to fill this in)

6. Entrant, Entry Supervisor, standby and/or back up persons:

	Yes	No
Successfully completed required training? ----------	( )	( )
Is it current? ----------	( )	( )

7. Equipment:

	N/A	Yes	No
Direct reading gas monitor tested ----------	( )	( )	( )
Safety harnesses and lifelines for entry and standby persons ----------	( )	( )	( )
Hoisting equipment ----------	( )	( )	( )
Powered communications ----------	( )	( )	( )
SABA or SCBA for entry and standby persons ----------	( )	( )	( )
Protective Clothing ----------	( )	( )	( )
All electric equipment listed Class I, Division I, Group D and non-sparking tools ----	( )	( )	( )

Entry cannot be approved if any squares are marked in question 6 or 7 are "No".

8. Any Lock-Out/Tag-Out (LOTO) required (either to issue the permit or accomplish the task)? Yes ( ) No ( )
9. Contact Work Control (x2080).
10. Contact Hampton Fire Department (757) 727-6111, Person contacted_____Date/time_____
11. Periodic atmospheric tests (as necessary):

Time	Oxygen	%Explosive	% Toxic		Time	Oxygen	%Explosive	**%Toxic**

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. This permit is not valid unless all appropriate items are completed.

Approved By: (Entry Supervisor) _____ _____
(Print) (Signature)

Reviewed By: (Safety Personnel) _____ _____
(Print) (Signature)

THIS PERMIT IS TO BE KEPT AT THE JOB SITE – RETURN JOB SITE COPY TO SAFETY OFFICE FOLLOWING COMPLETION OF JOB. PERMIT IS GOOD FOR 8 HOURS ONLY.

CONFINED SPACE ASSESSMENTS/DESIGNATIONS

Space	Typical Hazard Type	Hazard	Hazard Elimination	Permit or Non-Permit
(1) BOILER PLANT Boilers #1, #2 & #3	**Atmospheric** Electrical Structural Access **Thermal** Chemical Mechanical	OXYGEN DEFICIENT LEL HEAT/BURNS	SHUT OFF/LOCK-OUT FEEDS FOR STEAM FEED HOT WATER NATURAL GAS/OIL ELECTRICAL VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(2) BOILER PLANT De-Aeration Tank	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION SHUT OFF/LOCK-OUT TRANSFER PUMP WATER VALVES RETURN STEAM CONNECTION VALVES REROUTE WATER DEAERATOR TANK	PERMIT See Attachment A for Confined Space Entry Permit
(3) BOILER PLANT Condensate Tank	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION SHUT OFF/LOCK-OUT TRANSFER PUMP ALL VALVES INTO TANK	PERMIT See Attachment A for Confined Space Entry Permit
(4) BOILER PLANT FUEL TANKS (3)	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT/LEL	VENTILATION SHUT OFF/LOCK-OUT TRANSFER PUMP ALL VALVES INTO TANK	PERMIT See Attachment A for Confined Space Entry Permit
(5) MANHOLES Electrical	**Atmospheric** **Electrical** Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT ELECTROCUTION	VENTILATION SHUT OFF/LOCK-OUT ELECTRICAL SOURCE	PERMIT See Attachment A for Confined Space Entry Permit
(6) MANHOLES Sanitary	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT HYDROGEN SULFIDE (H2S) METHANE	VENTILATION CONTACT WATER AUTHORITY SUPERVISOR	PERMIT See Attachment A for Confined Space Entry Permit

Space	Typical Hazard Type	Hazard	Hazard Elimination	Permit or Non-Permit
(7) MANHOLES/STEAM (Not normally vent by Boiler Plant)	**Atmospheric** Electrical Structural Access **Thermal** Chemical Mechanical	OXYGEN DEFICIENT HEAT/BURNS	VENTILATION SHUT OFF/LOCK-OUT STEAM POTENTIAL FUMES FROM VEHICLES IN PARKING AREA	PERMIT See Attachment A for Confined Space Entry Permit
(8) MANHOLES Storm	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT ENGULFMENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(9) ALL BUILDINGS Manholes/Steam Tunnel (Normally vented by Boiler Plant)	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT HEAT/BURNS	SHUT OFF/LOCK OUT VENTILATE STEAM TO DISAPATE HEAT	PERMIT See Attachment A for Confined Space Entry Permit
(10) ALL BUILDINGS Elevator Shafts/Pits	Atmospheric **Electrical** Structural Access Thermal Chemical **Mechanical**	ELECTROCUTION CRUNCH CAUGHT IN/BETWEEN FALL	SHUT OFF/LOCK-OUT ELECTRICAL SOURCE WEAR HEAD & HAND PPE FALL PROTECTION	PERMIT* *When elevators are completely locked out, elevators will be considered NON-PERMIT
(11) ALL BUILDINGS Air Handling Units	**Atmospheric** **Electrical** Structural Access Thermal Chemical Mechanical	ELECTROCUTION	SHUT OFF/LOCK-OUT ELECTRICAL SOURCES	NON-PERMIT
(12) ALL BUILDINGS Crawl Spaces	Atmospheric Electrical Structural Access Thermal Chemical Mechanical	NO HAZARDS	N/A	NON-PERMIT

Space	Typical Hazard Type	Hazard	Hazard Elimination	Permit or Non-Permit
(13) CHILLER PLANT Cooling Towers	Atmospheric Electrical Structural Access Thermal Chemical Mechanical	MOVING COMPONENTS	SHUT OFF/LOCK-OUT ALL SOURCES	NON-PERMIT
(14) LIQUID OXYGEN TANK	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	LEL OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit (Not VA owned but could be accessed)
(15) UNDER GROUND GASOLINE TANK	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	LEL OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(16) WATER TANK	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(17) GENERATOR FUEL TANKS	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT LEL	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(18) CONCRETE VAULT WITH SQUARE TOPS	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION	PERMIT (Unless Square Tops Removed Completely-Creating Open Trench) See Attachment A for Confined Space Entry Permit

Space	Typical Hazard Type	Hazard	Hazard Elimination	Permit or Non-Permit
(19) GREASE TRAP	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(20) WATER METER PIT (Own by NN WaterWorks))	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit
(21) HVAC SYSTEMS MIXING CHAMBERS/ DUCT WORK	Atmospheric Electrical Structural Access Thermal Chemical Mechanical	NO HAZARDS	N/A	NON-PERMIT
(22) Cisterns (3) B36,B37, & B50	**Atmospheric** Electrical Structural Access Thermal Chemical Mechanical	OXYGEN DEFICIENT	VENTILATION	PERMIT See Attachment A for Confined Space Entry Permit

DEPARTMENT OF VETERANS AFFAIRS

HAMPTON, VA. 23667

HOT WORK PERMIT

FOR *BURNING/CUTTING/GRINDING/SOLDERING/WELDING/ROOFING/TILE/BRAZING/HEAT GUN*:

DATE: _____

BUILDING: _____ FLOOR: _____ AREA: _____

COMPANY: _____

WORK TO BE ACCOMPLISHED

BURNING☐ CUTTING☐ GRINDING☐ SOLDERING☐ WELDING☐ ROOFING☐ TILE☐ BRAZING☐ Heating☐ OTHER☐

If **Other** Explain: _____

FIRE WATCH REQUIRED: YES ☐ NO ☐

IF YES FIRE WATCH MUST BE PROVIDED BY PERSON(S) REQUESTING PERMIT.

THE LOCATION WHERE THE WORK IS TO BE DONE, MAKE SURE THE AREA HAS BEEN INSPECTED AND ALL NECESSARY PRECAUTIONS HAVE BEEN TAKEN AND PERMISSION IS GRANTED FOR THIS WORK. **(See Special Precautions Below)**

ORIGINAL

SPECIAL PRECAUTIONS:

KEEP THE WORK AREA CLEAR OF COMBUSTIBLES, PROVIDE FIRE WATCH PERSON AND HAVE YOUR **OWN** FIRE EXTINGUISHER AT WORK SITE LOCATION.

MAKE SURE ALL DETECTORS ARE FREE FROM SMOKE, DUST AND FIRE.

IN CASE OF FIRE, PULL NEAREST FIRE ALARM AND DIAL, {EMERGENCY NUMBER 6911}.

ATTENTION: Permit must be posted at work site and visible at all times. Failure to do so will prevent work from continuing until posted. Please be advised that random checks will be made to insure that all is in compliance.

PERMIT EXPIRES: (DATE) _____ TIME: _____

SIGNED: _____

(INDIVIDUAL RESPONSIBLE FOR AUTHORIZING THIS PERMIT)

TIME STARTED: _____ COMPLETED: _____

CONTRACTOR/VA EMPLOYEE ACKNOWLEDGES THAT THE ISSUANCE OF THIS PERMIT REQUIRES A MINIMUM OF 2 HRS FIRE WATCH BY THE CONTRACTOR/VA MAINTENANCE EMPLOYEE FOLLOWING ALL HOT WORK PERFORMED. INITIALS: _____

****FINAL CHECK OF THE AREA INCLUDES****

THE WORK AREA AND ADJACENT AREAS WHICH MIGHT HAVE BEEN EXPOSED TO HEAT AND SPARKS INCLUDING FLOORS ABOVE AND BELOW AND ON OPPOSITE SIDES OF WALLS ARE TO BE INSPECTED BY PERSON(S) REQUESTING PERMIT IMMEDIATELY AFTER WORK IS COMPLETED AND A CONSTANT FIRE WATCH OF 2 HRS IS TO BE MAINTAINED. CONTRACTOR/VA MAINTENANCE EMPLOYEE IS NOT TO LEAVE THE SITE UNTIL ALL AREAS ARE DETERMINED TO BE FIRE SAFE.

SIGNED: _____

(SUPERVISOR OR FIRE WATCH)

RETURN THIS FORM TO THE VETERANS AFFAIRS ***FIRE INSPECTORS OFFICE*** **(Bldg. #35 Rm101F)**

Telephone: (757) 722-9961 Ext. 3596, 3597 or 2123, Cells (757)592-6067, 592-5798 or 310-1271.

4. Fertilizer Application Record

Customer Information		Management Area Information
Name:	Hampton VA Medical Center	Management Area ID:
Address:	100 Emancipation Dr.	Management Area Size:
	Hampton, VA 23667	Plant Species:
		Notes:
Phone #:	757-722-9961 X5852	

Date (M/D/Y)	Supervisor/Applicator	Weather Conditions: Temp/Wind/Precip			Fertilizer Analysis	Rate	Amount Fertilizer Used	Application Equipment Used