Performance Work Statement
REMOVAL & INSTALLATION OF SURGICAL SCRUB SINKS
MEDICAL EDUCATION AND TRAINING CAMPUS (METC)
JBSA FT SAM Bldg. 1394
FT. SAM HOUSTON, TX

PROJECT TITLE: Surgical Scrub Sink Removal and Installation – Building 1394/Dunlap Hall/Surgical Tech Program Training Area. ***(SINKS ARE NOT REQUIRED TO BE PURCHASED)***

Sink, Surgical, Triple Station (Qty:5) P/N: SS2123-MK
Sink, Surgical, Double Station (Qty:1) P/N: SS2122-MK

PROJECT INFORMATION: Applicable provisions of the contract clauses will govern work under each section of the specifications.

PROJECT SCOPE: The contractor shall furnish all supervision, labor, transportation, medical-grade materials, tools, incidentals, equipment, and Quality Assurance to remove existing surgical scrub sinks and install new medical-grade surgical scrub sinks, including all necessary specialized plumbing and electrical connections, ensuring full compliance with healthcare facility standards and infection control protocols, at Building 1394, Surgical Tech Program Training Area.

PROJECT DESCRIPTION: The requirements of this project are but not limited to the following: Remove six (6) existing wall-mounted surgical scrub sinks with associated hands-free faucets. Replace with six (6) new medical-grade stainless steel surgical scrub sinks, complete with hands-free, foot pedal, and/or sensor-operated gooseneck faucets, and all required plumbing and electrical connections.

GENERAL: Building houses critical military training operations and will be occupied during construction. The contractor shall coordinate with the Building Manager, Facility Maintenance Inspector, and the Surgical Tech Program Coordinator before the actual work commences to minimize disruption to training schedules and mission impact. Normal work week is Monday through Friday 7:30 am to 4:30 pm. All required tools, parts, medical-grade materials, and supplies shall be on hand and staged appropriately before beginning work.

SURGICAL SINK DEMOLITION:

1. Isolate and shut off hot and cold-water supply to the existing surgical scrub sinks.
2. Disconnect and drain existing hot and cold-water supply lines, ensuring proper containment of water.
3. Disconnect electrical power to any existing sensor-operated faucets or integrated features.
4. Disconnect and remove existing P-traps, drain lines, and backflow prevention devices from the sinks.

5. Carefully remove existing surgical scrub sinks and associate mounting hardware/supports from the wall or floor.
6. Properly dispose of all removed components off-site in accordance with local and federal regulations, specifically adhering to guidelines for construction waste from medical environments.

SURGICAL SINK INSTALLATION:

1. Install six (6) new Medical-Grade Stainless Steel Surgical Scrub Sinks (model # 304 and 316 stainless steel, seamless construction, covered corners, deep basin, integral backsplash, splash guards, sloped to drain, and designed for easy cleaning and infection control) to include six (6) sink carriers, ensuring proper alignment, secure mounting, and level installation.
2. Install six (6) new Hands-Free Gooseneck Faucets foot pedal, or sensor-operated with laminar flow aerators, specifically designed for surgical scrub applications.
3. Install new hot and cold-water supply lines from the existing shut-off valves to the new faucets, utilizing medical-grade piping and fittings.
4. Install new P-traps, drain connections, and backflow prevention devices, connecting the new sinks to the existing waste lines. All new plumbing components should be specifically rated for healthcare applications.
5. Apply appropriate anti-microbial, silicone sealant for a seamless, watertight, and hygienic seal around the sink and wall interface, ensuring no areas for microbial growth.
6. Thoroughly test all plumbing connections for leaks and ensure proper drainage and hands-free operation.
7. Verify proper water temperature control if thermostatic mixing valves are part of the new installation.

PLUMBING:

1. Connect new hot and cold-water supply lines to existing stub-outs/shut-off valves, ensuring all connections are watertight.
2. Install new P-trap and drain assembly, connecting to existing waste line.
3. Install and verify proper function of backflow prevention devices as required by code for medical facilities.
4. Ensure all plumbing connections are free from cross-contamination risks and meet applicable local, state, federal plumbing codes, and healthcare facility design standards (e.g., FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities).
5. Verify proper water pressure and flow from the new hands-free faucets.

ELECTRICAL:

1. Connect power for new sensor-operated faucets or any integrated electrical features of the new sinks to existing dedicated electrical outlets/circuits.
2. Verify proper operation of all electrical components.

Note: Building power for the electrical connections will be supplied by the Government.

SITE CONDITIONS:
The Contractor shall furnish and maintain adequate dust containment barriers (e.g., plastic sheeting, zippered enclosures) and protective coverings (e.g., drop cloths) to protect adjacent medical equipment, training stations, and sterile areas. Strict adherence to infection control protocols during all phases of work is mandatory. The contractor shall clean up debris on a continuous basis, ensuring the work area remains clean and safe, especially important in a medical training environment.

SAFETY:

Contractors shall comply with all applicable local, state, federal, and base safety standards, regulations, and requirements, including but not limited to OSHA, Air Force Base Regulations, and specific healthcare facility safety standards. Welding or open flame shall require a permit specific to this project as issued by the base Fire Dept. – 671-2921. Contractor shall coordinate with the Building Manager for any required utility shutdowns (e.g., water, electrical) during work and implement appropriate infection control risk assessment (ICRA) measures.

CODES AND REGULATIONS:

All work shall be accomplished in accordance with the CE Contract Specifications, applicable Uniform Building Codes, Air Force Base Regulations, OSHA Requirements, and specifically, the Guidelines for Design and Construction of Hospitals and Outpatient Facilities (FGI Guidelines), CDC guidelines for infection control in healthcare settings, and applicable military medical construction standards.

HAZARDOUS AND/OR TOXIC MATERIALS:

Contractor should identify and report HAZMAT usage to the HAZMAT Office according to local procedures. All HAZMAT brought to the jobsite shall require the contractor to fill out an AF Form 3952 for each item for submission to the HAZMAT Office. Additionally, the contractor is required to submit Material Safety Data Sheets (MSDS) as directed by the clause entitled Hazardous Material Identification and Material Safety Data (FAR 52.223-3). The Contractor shall submit actual usage report of all hazardous /toxic materials brought on the base to the HAZMAT Office (IAW AFI 32-7086, Hazardous Material Management). The phone number for the Ft. Sam Houston HAZMAT Office is 210-517-3354. Special attention must be paid to the proper disposal of any potentially contaminated materials removed from the existing medical environment.

PERFORMANCE PERIOD:

Contractor shall complete all work within 5 Calendar days after contract award, recognizing the critical nature of the training facility.

HOURS OF OPERATION:

Work shall be accomplished during normal duty hours from 7:30 AM to 4:00 PM Monday through Friday. However, due to the nature of the training facility, flexibility is required. Work during other hours will be permitted, and often preferred, if deemed necessary by and with the approval of the Contracting Officer and Surgical Tech Program Coordinator to minimize disruption to scheduled training.

SCHEDULING:

Work will take place in
an occupied facility which will remain in normal use during construction. ZERO DISRUPTION TO CRITICAL TRAINING ACTIVITIES IS PARAMOUNT. To minimize outage and down time, the contractor shall coordinate all work with building occupants, the Government project manager, and especially the Surgical Tech Program Coordinator to align with their training schedule. All required tools, parts, medical-grade materials and supplies shall be readily accessible or on site prior to starting work.

PROTECTION OF GOVERNMENT PROPERTY:

Contractors shall protect all government and personal property in areas affected by work accomplished under this contract from damage. This includes, but is not limited to, adjacent medical equipment, training mannequins, simulation equipment, and sterile supplies. Any damage caused by the contractor shall be repaired to government satisfaction prior to final payment.

CONTRACTOR GENERATED REFUSE:

All Contractor generated refuse, and waste shall be stored in appropriate, sealed waste containers provided by the Contractor and hauled to a disposal area to be selected by the Contractor and shall be located outside the physical boundaries of the installation. Contractors' refusal shall comply with the current environmental disposal requirements. This includes proper segregation of construction waste from any potential medical waste or biohazards. The site shall be kept neat and orderly and safe for workmen at all times. All waste chemicals or debris generated from Ft Sam Houston projects shall be managed in accordance with federal, state and local regulations. This includes proper marking, labeling and storage while the waste is accumulating. Hazardous and non-hazardous waste must be manifested off site to a landfill permitted to receive it.

CONTRACTOR'S WARRANTY:

The contractor shall guarantee all materials and workmanship for a period of one year from the date of project completion and shall within that period correct all defects in materials/workmanship within twenty-four (24) hours of being notified. Correction of all defects under this warranty shall be at the expense of the contractor.

INSPECTION AND ACCEPTANCE:

A representative from the Surgical Tech Program Coordinator will conduct daily inspections of work progress. A final inspection of completed work will be conducted by the project manager,

contractor, designated 502 CES personnel, or the Surgical Tech Program Coordinator. All discrepancies identified during inspections shall be corrected prior to final payment.