608-20-101 Loop Road Phase 1 West - PCRA

Pre-Construction Risk Assessment (PCRA)

Manchester VAMC

Request #1948

Initiated by Keith Lacasse

Submitted 1/22/2026

1: Permit Expiration

1.1: This permit expires every April 15th, August 15th, and December 15th and must be renewed by these dates unless the project has been completed. Amend anytime there is a significant change.

2: Project Information

2.1: Project/WO Number *

608-20-101

2.2: Project Name *

Loop Road Construction - Phase One West

2.3: Project COR/Lead Name (Last, First) *

Keith Lacasse

2.4: Location

Manchester VAMC

2.5: Building

[X] Grounds

2.6: Room(s)

2.7: Project Description *

The Loop Road project encircles the entire Manchester campus and includes new parking lots and replaces underground utilities, exterior lighting, and new landscaping. The overall Loop Road project will need to be completed in phases to allow for the continued use of the campus by the public and VA staff. This project "Phase One – West" is for the portion of the project located in the south west corner of campus. This includes a new configuration of the main "Eagle" entrance drive which will require the construction and removal of a new temporary entrance drive. The project includes construction of a new 185 space parking lot complete with a below grade storm water retention infiltration and management system, removal and re-routing of existing utility mains, new lighting and security systems, new landscaping including privacy fencing, a portion of the loop road and sidewalks, and other features and systems as shown on the construction documents. The full construction documents package of drawings and specifications for all phases of the complete loop road project are included for reference, however only the portions within the

Project Description continued *

construction area of Phase One – West and other systems connected to the construction area necessary to keep the rest of the campus functional are what is being considered part of this phase of the project. This project also includes either creating 80 new temporary gravel parking spaces to the north west of the project site that will need to be restored back to the original condition or otherwise provide for 80 parking spaces in an off-site location where a shuttle could be used to bring staff to the medical center.

2.8: Phases *

[X] No

2.8.1: If yes, list phases with estimated start/stop dates below.

2.9: Start Date *	2.10: End Date *
05/01/2026	04/02/2027

3:

Infection Control

3.1: Dust will be generated (i.e. from drilling, cutting, sawing, etc.) in or adjacent to patent care areas. *

[X] No

3.1.1: If yes, complete ICRA and implement measures identified.

[ ]

3.2: Work is being performed in a patient care area. *

[X] No

3.2.1: If yes, complete ICRA and implement measures identified.

If yes, complete ICRA and implement measures identified. continued

☐

3.3: Construction area is greater than 110 ft2 and/or >3 ceiling tiles will be removed. *

☒ No

3.3.1: If yes, complete ICRA and implement measures identified.

☐

3.4: Contractor will be working in Low, Medium, or High Risk Infection Control Areas (as defined in ICRA). *

☒ No

3.4.1: If yes, Infection Preventionist will complete the Tb screening tool for construction crew(s).

☐

4: Life Safety (x206150 for help)

4.1: 13. General construction, renovation, or significant repairs will take place in an occupied building. *

☒ No

4.1.1: If yes, complete ILSM action items 6, 7, and 9.

4.2: 14. Egress pathways or exits will be blocked or partially obstructed by construction activities, partitions, or Infection Control measures. *

☒ No

4.2.1: If yes, complete ILSM action items 1, 8, 10, and 11.

4.3: 15. Smoke or fire walls will be breached where a temporary seal cannot maintain barrier integrity. Consult Fire and Smoke Barrier Diagrams. *

☒ No

4.3.1: If yes, complete ILSM action items 2, 3, 7, 8, and 9.

4.4: 16. Building emergency responder or fire equipment, fire hydrant, standpipe or connection blocked or obstructed, or removed from service. Note: This includes both interior and exterior access. *

☒ Yes

4.4.1: If yes:

☒ Take actions to provide alternate access points, if possible.

4.5: 17. Fire alarm, fire detection, and/or fire suppression systems will be impaired or shut down for more than four (4) hours. *

☒ No

4.5.1: If yes, complete ILSM action items 3, 5, 6, 8, 9, 10, and 11.

4.6: 18. Will multiple ceiling tiles and/or hard ceilings will be removed for more than 4 hours? *

[x] No

4.6.1: If yes, complete ILSM actions items 3, 5, 6, 8, 9, 10, and 11.

4.7: 19. Will a temporary fire alarm system will be required? *

[x] No

4.7.1: If yes, complete ILSM action items 3, 8 and 10.

4.8: 20. Will activities result in missing or severely compromised shaft or vertical opening, or compromised fire door? *

[x] No

4.8.1: If yes, complete ILSM action items 2, 4, 7, and 9.

4.9: 21. It will be necessary to erect temporary construction partitions. *

[x] No

4.9.1: If yes, Complete ILSM action items 1, 2, 4, 10, and 11.

4.10: 22. Penetrations in floors, ceilings, or fire walls. Consult Fire and Smoke Barrier Diagrams. *

[x] No

4.10.1: If yes, obtain penetration permit. Ensure UL listed fire stop system is approved by Safety Office prior to use, and used.

4.11: 23. Will construction affect the safety of exterior grounds (i.e. walkways, roads, use of cranes, etc.? *

[x] Yes

4.11.1: If yes, complete ILSM action items 2, 7, 9, and 11.

4.12: 24. Work includes the storage of combustible or flammable materials. *

[x] No

4.12.1: If yes, ensure that items are stored in accordance with Medical Center Safety Manual Chapter 20.

4.13: 25. Will work involve installation of cables or hanging items (e.g. flex duct) near sprinkler pipe? *

[x] No

4.13.1: If yes, inspect work area upon completion to ensure that nothing is hung from, or laying on sprinkler piping, valves, or hangers.

If yes, inspect work area upon completion to ensure that nothing is hung from, or laying on sprinkler piping, valves, or hangers. continued

4.14: Sprinkler Lines

5: Safety (x206829 for help)

5.1: 26. Will hazardous materials be used? *

[x] No

5.1.1: If yes, ensure that hazardous materials used by Medical Center staff are approved and entered into the online chemical inventory. Submit for approval here: https://vhav05webrm.v05.med.va.gov/VISN1/608/EHS/?a=newform
Hazardous materials used onsite by Contractors must submit SDS to Medical Center Industrial Hygienist for approval before Contractors may bring products on site. Attach SDS below.

5.2: 27. Disturbing, installing or removing building materials that may contain:
• Lead (i.e. non-latex paint, x-ray shielding materials, etc.)
• Asbestos (for maintenance activities consult facility Asbestos Survey/O&M Plan; for building renovation or demolition a NESHAP asbestos inspection is required; consult FMS Asbestos Program Coordinator, Industrial Hygienist or GEMS Manager.)
• Silica containing materials, such as drywall, joint compound, asphalt, rock (granite), concrete, grout, mortar, sand, etc.
• Bird or bat droppings.
• Mold. *

[x] No

5.2.1: If yes, establish written abatement plan that identifies appropriate engineering controls, work practices and procedures, monitoring requirements, and disposal/recycling requirements for the hazard(s). [NOTE: An asbestos NESHAP inspection must be performed prior to, or during building renovation or design, to determine if asbestos containing materials (ACM) will be impacted and abatement required.]

5.3: 28. Working on elevations (i.e. roofs without guardrails, scaffolds, aerial lifts, etc.). *

[x] No

5.3.1: If yes, establish appropriate fall protection plan, including appropriate rescue procedures.

5.4: 29. Entry into permit-required confined spaces (i.e. Building 1 steam tunnel, utility vaults, sewer and storm water manholes, etc.) *

[x] Yes

5.4.1: If yes, ensure that Medical Center Staff follow procedures outlined in the Confined Space Entry Program.

Contractors must have an established program. Complete Confined Space Entry Permit and submit to Medical Center Safety Office.

5.5: 30. Loud noise (i.e. have difficulty hearing the person standing next to you) or Vibration. *

[x] Yes

5.5.1: If yes, ensure appropriate use of personal protection (i.e. hearing protection, anti-vibration gloves, etc.). Ensure that contractors have an established Hearing Conservation Program. Coordinate work activities with affected (i.e. adjacent) work areas to minimize disruption and ensure that occupants are not exposed to high levels of noise.

5.6: 31. Excavation or trenching. *

[x] Yes

5.6.1: If yes, obtain Medical Center Excavation Permit prior to the start of work. Ensure that contractors have an excavation program, along with required Medic

5.7: 32. Cranes and/or heavy equipment. *

[x] Yes

5.7.1: If yes, document inspections, operator qualifications, and ensure affected area is appropriately secured to prevent unauthorized personnel from entering h

5.8: 33. Work with hazardous energy sources (i.e. electricity, high pressure steam, pneumatic, hot water, etc.). *

[x] Yes

5.8.1: If yes, ensure that contractors have established lockout/tagout programs. Review/develop equipment specific lockout/tagout procedures. Coordinate shut downs with affected parties. If lockout/tagout is not feasible, complete Energized Electrical Work Permit.

5.9: 34. Material handling and rigging. *

[x] Yes

5.9.1: If yes, confirm occupancy loading capacity of surrounding areas for material loading. Confirm rigging equipment is in good working condition, and clearly labeled and tested for load capacity.

5.10: 35. Welding or cutting. *

[x] Yes

5.10.1: If yes, obtain hot work permit. Use local exhaust ventilation (i.e. smoke eater) for welding inside Medical Center. Identify and use proper PPE.

5.11: 36. Operation of gas powered equipment. *

[x] Yes

5.11.1: If yes, the use of gas powered equipment inside buildings is not permitted. Ensure appropriate ICRA controls are in place. Avoid placing adjacent to building air intakes, windows, or louvers. Coordinate activities with affected areas.

If yes, the use of gas powered equipment inside buildings is not permitted. Ensure appropriate ICRA controls are in place. Avoid placing adjacent to building air intakes, windows, or louvers. Coordinate activities with affected areas. continued

5.12: 37. Any hazard(s) to others not identified above, or information relevant to any of the identified hazards.

6: Security

6.1: Work impairs building security systems, locking systems, or alarms. *

[X] No

6.1.1: If yes, work with Police and Clinical area impacted. Ensure alternate methods of assuring security are maintained and acceptable to both Police and Clinical areas. Fully brief contractor regarding compliance with all requirements.

6.2: Work performed in restricted access areas (i.e. Pharmacy, Armory, Warehouse, etc.) *

[X] No

6.2.1: If yes, work with Police and Clinical area impacted. Ensure alternate methods of assuring security are maintained and acceptable to both Police and Clinical areas. Fully brief contractor regarding compliance with all requirements.

6.3: The contractor will store supplies and/or equipment on site. *

[X] Yes

6.3.1: If yes, ensure that contractors are aware that they are responsible for their equipment and supplies. Contractors should 1) secure, 2) label/mark equipment (with company name or logo), and 3) maintain an inventory of equipment (including make, model, and serial number) and supplies.

7: Utilities Shut Down

7.1: Normal Power *

[X] No

7.1.1: If yes, identify areas impacted by this shut down. Identify lock out / tag out points for the isolation of electrical services. Ensure lock out / tag out is documented by the contractor or work group performing the work.

7.2: Emergency Power *

[x] No

7.2.1: If yes, identify areas impacted by this shut down. Identify lock out / tag out points for the isolation of electrical services. Ensure lock out / tag out is documented by the contractor or work group performing the work.

7.3: Heating Ventilation Air Conditioning (HVAC) *

[x] No

7.3.1: If yes, identify areas impacted by this shut down. Notify impacted parties. Identify lock out / tag out points for the isolation of all energy sources. Determine if temporary heat or cooling is required for the area. Ensure temporary services provided and that sufficient power and exhaust points are available.

7.4: Plumbing *

[x] No

7.4.1: If yes, identify areas impacted by this shut down. Identify lock out / tag out points for the isolation of all energy sources. Notify impacted parties. Determine if temporary services are required for the area and provide those services.

7.5: Legionella Control: Will any building areas with point of use plumbing fixtures (sinks, showers) be closed for 3 days or more? *

[x] No

7.5.1: Legionella

7.6: Water *

[x] Yes

7.6.1: If yes, identify areas impacted by this shut down. Identify lock out / tag out points for system isolation for the work to be done. Notify impacted parties. Ensure clinical services have as much notice as possible to line potable water from other sources. Consult MCP 138-08 (Utility Management Program) for additional guidance and options to allow functionality during the outage.

7.7: Water Tower *

[x] No

7.7.1: If yes, identify lock out / tag out points for system isolation for the work to be done. Coordinate work efforts with GEMS and Manchester Water Works.

7.8: Hydrants *

[x] Yes

7.8.1: If yes, coordinate work efforts with Maintenance and Repair, Safety, and, if necessary, Manchester Water Works.

7.9: Storm Drains *

[x] Yes

7.9.1: If yes, coordinate work efforts with GEMS to assess compliance with stormwater permit.

If yes, coordinate work efforts with GEMS to assess compliance with stormwater permit. continued

7.10: Roof Drains *

[X] No

7.10.1: If yes and work is widespread, coordinate with GEMS to assess compliance with Stormwater permit.

7.11: Sewer *

[X] Yes

7.11.1: If yes, identify areas impacted by this shut down. Review use of sanitary system in the area impacted. Develop contingency plans for the loss of use of the sanitary system for toileting, hand washing, and other uses. Coordinate work efforts with GEMS and Manchester Water Works.

7.12: Medical Gas (oxygen, air, or vacuum) *

[X] No

7.12.1: If yes, identify areas impacted by this shut down. Identify lock out / tag out points for the isolation of all energy sources. Notify impacted parties. Ensure clinical services have as much notice as possible to line up alternate sources and obtain additional tanks, pumps or compressors as needed.

7.13: Nurse Call *

[X] No

7.13.1: If yes, identify areas impacted by this shut down. If necessary, follow guidelines in MCP 138-08 (Utility Management Program) for alternate methods to b

7.14: PA System *

[X] No

7.14.1: If yes, coordinate this work with Facility Service.

7.15: Telephone *

[X] No

7.15.1: If yes, coordinate this work with the Chief Information Officer or designee.

7.16: Computer *

[X] No

7.16.1: If yes, coordinate this work with the Chief Information Officer or designee.

If yes, coordinate this work with the Chief Information Officer or designee. continued

7.17: Elevator *

[X] No

7.17.1: If yes, provide advanced facility wide notice of and estimated length of time of outage.

8: Environmental (x206241 for help)

8.1: NPDES *

[X] Yes

8.1.1: If yes, file Notice of Intent (NOI) to obtain NPDES Stormwater Construction General Permit from EPA. Prepare Stormwater Pollution Prevention Plan (SW

8.2: Will there be any changes existing building appearance, architectural, or historic features (i.e. windows, doors, walls, roofs, etc.) or addition of new structures? *

[X] No

8.2.1: If yes, submit project notification to State Historic Preservation Office. Compliance with NHPA Section 106. Review with GEMS.

8.3: Waste *

[X] No

8.3.1: If yes, manifest is required for hazardous waste. GEMS Manager is the generator signatory.
Provide GEMS copies of asbestos waste manifests.
Report construction waste/recycling volumes.

8.4: Staging waste storage containers. *

[X] No

8.4.1: If yes, containers must be covered when not in use/overnight. All containers must be at least 35 feet from the building.

8.5: Potential discharge from Stormwater runoff or connections. *

[X] Yes

8.5.1: If yes, use of temporary environmental controls for runoff, availability of spill kits. Report spills to GEMS Manager.

8.6: Sewer system discharge (including any addition of equipment with drainage needs). *

[x] No

8.6.1: If yes, notification of changes to facility wastewater discharge must be made to the City of Manchester. Contact GEMS Manager to assess compliance wit

8.7: Will fuel burning equipment be added or removed? (ex. temporary or permanent generators, boilers, heater, etc.) *

[x] No

8.7.1: If yes, contact the GEMS Manager to assess compliance with Air Permit.

8.8: Refrigerant *

[x] No

8.8.1: If yes, document reclamation and certified recycling for removal. Provide specifications on new equipment, including refrigerant charge volume, to GEMS.

8.9: Tanks *

[x] No

8.9.1: If yes, design of new fuel storage tanks > 55 gallons and associated piping must be approved by NHDES and have permit for installation and registration. Also, must be added to VAMC SPCC Plan. Contact GEMS.
Any storage tanks <55 gallons require secondary containment, grounding, proper labeling, and must be covered. This is for TEMPORARY or PERMANENT tanks.

8.10: Water Distribution *

[x] Yes

8.10.1: Water NHDES

9: Other

9.1: Close or limit access to parking lots or roadways. *

[x] Yes

9.1.1: If yes, complete Life Safety Assessment, and if necessary implement Interim Life Safety Measures. Ensure compliance with MUTCD standards when wo

9.2: Noxious or unusual odors. *

[x] No

9.2.1: If yes, identify what steps are to be taken to minimize impact.

9.3: Special communications with outside agencies will be required. Consider VSOs, SHPO, EPA, NHDES, local historical groups, city agencies, etc. *

[X] Yes

9.3.1: If yes, identify any special communications that will need to be completed before, during, or after the project.

9.4: Eyewash *

[X] No

9.4.1: If yes, ensure that equipment locations and specifications are approved by the Medical Center Industrial Hygienist prior to installation.

9.5: Relevant Attachments (e.g. maps)

9.6: Inspections

10: Inspection Frequency

10.1: Multidisciplinary Team Inspections *

[X] Weekly

10.2: Notes:

(1) CSO/COR performs and documents a minimum of a weekly inspection.

(2) Safety items 28, 29, 31, 32, and 34 (elevations, permit-required confined spaces, excavation, crans/heavy equipment, and material handling/rigging) are considered high risk activities and require weekly multidisciplinary team inspections.Multi-disciplinary team membership includes the COR/CSO (for each project being inspected), and a representative from Contracting, GEMS, Police, Infection Control, Patient Safety, and Safety/IH. Work area representatives may also be included, when applicable.

Amendment

Manchester VAMC

Submitted 1/22/2026

1: Amendment Description: [Please note an amendment may be used to make minor modifications to an existing PCRA prior to expiration. It does not extend the PCRA expiration date. All PCRAs expire within 120 days of safety approval, after which a new PCRA form must be submitted. A new PCRA for this project can be created by selecting the Copy Request option on the right hand side of the screen, reviewing each item, and clicking on the submit button.]

KEITH LACASSE

Digitally signed by KEITH LACASSE
DN: CN=KEITH LACASSE + OID.0.9.2342.19200300.100.1.1=1052884388136001, OU=People, OU=Department of Veterans Affairs, O=U.S. Government, C=US
Date: 2026.01.22 13:42:38-05'00'

* = required field