36C25726Q0769

Repair Duct and Chilled Water Lines

Request for Information (Technical Questions)

1. Please provide ACM Report.

2. It's going to be all crawl space in most of the areas, so it would be advisable to cut ceilings open and block off areas with plastic to avoid any problems, would this be acceptable?

   Response: Yes, The contractor will need to restore the space to the same condition after the work is completed.

3. Will all of this work be performed after hours to avoid patient interruption? Or will it be required to be worked during normal business hours.

   Response: Some of the work can be performed during normal business hours, however please bid all this work in this SOW to be performed after hour. It will be necessary to perform work to less impact healthcare services.

4. Can the government provide accurate measurements for the insulation as the figure in the SOW seems like an approximation. For bidding purpose to be equal we need to know the proper linear feet. Can the government provide accurate measurements or is it to be understood that we are all to bid 50,000 LF of duct insulation and 10,000 LF of 3" pipe insulation?

   Response: The quantities provided are a maximum amount of duct and chilled water pipe insulation to be removed, duct patched and reinsulated. The quantity is an overestimation to include work not depicted on provided drawings. Work may be done in the entire building up to the quantities provided. Provide bid to perform all work in the quantities provided.

5. The only way to find out if the ductwork is leaking would be to take all insulation off to inspect then reinsulate the duct back , is this the method for how to determine all leaks?

   Response: The way to find duct leaks can be determined by the means and methods of the contractor

6. For the abatement, what is the VA's preferred method of conducting abatement for this type of project?

   Response: For the abatement the VA would prefer to build and enclosure to remove the ACM, however it will be the contractor to determine the means and methods to remove the ACM

7. Will a manifest be required for all trash and abated materials?

Response: Yes, provide manifest and state notification before removal of ACM.

8. The only way to check to see if piping is leaking would be to shut off the system and test with air because the chilled water lines will be sweating, also removing all insulation and reinstalling, is this the method to be utilized for identifying leaks? If not please provide the VA's approved or preferred leak detection method for the piping to be reinsulated.

   Response: This would be acceptable. The contractor can determine the means and methods to test the chilled water lines to leaks.

9. Page 4 of the statement of work specifies 50,000 sq. feet of duct insulation to be replaced. Page 13 of the SOW specifies 10,000 square feet of duct insulation to be replaced. Which figure is correct?

   Response: Please use the higher figure to bid on this project.

10. Page 4 of the SOW specifies 10,00 lineal feet of 3" pipe insulation to be replaced. Page 13 of the SOW specifies 2,000 lineal feet of 3' pipe insulation to be replaced. Which figure is correct?

    Response: Please use the 2,000 Lineal Feet of 3' pipe insulation.

11. Pages 11 and 12 of the SOW have plans highlighting the areas of ductwork and pipe insulation to be replaced. The highlighted areas show a lesser quantity of duct insulation and pipe insulation to be replaced than is specified in either of items a and b above. Will additional plans be forthcoming?

    Response: The plans are for reference only. The drawings are the areas the VA would like to have the contractor start first. Work may be done in other areas of the hospital once the work in the provided drawing is completed.

12. If the hard ceilings are cut what will be the ICRA requirements? Will plastic be required all the way to the deck, which will be extremely difficult due to the various obstructions in the interstitial.

    Response: The contractor will be required to follow the ICRA policy. This work will require a Class 4 ICRA when the contractor is working with ACM. A Class 4 ICRA will plastic all the way to the deck. However, this will not be needed for other means like gloved bagging.

13. How much can our ICRA barriers intrude into the corridor? Can we utilize half of the corridor?

    Response: Up to 4' into the corridor is the limit for the ICRA barriers.

14. Can the VA provide a phasing plan that will show what areas and how much of the corridor can be utilized while cutting into the hard ceiling and opening ceiling tiles?

    Response: The contractor can use up to 4 feet of the corridor for the ICRA barrier.

15. Can the Site Superintendent also perform the duties of the SSHO and QC?

    Response: Yes

16. The original statement of work says the two air handlers that the duct and pipe were associated with are AC-1-4A & AC-1-3A.
    1. Has the changed with the change in quantities of duct and pipe?

    Response: The drawing for the duct and pipe associated with the AHU AC-1-4A & AC-1-3A is only for reference. The quantities is

17. Which air handlers are the additional 90,000 sf of duct and 8,000 LF of pipe associated with?
    Response: please see the CO for the latest and most up to date quantities for the duct and 3" insulation to be replace.

18. Can you please request air handler numbers and drawings from the VA if there are additional?
    Response: there will be no more drawings provided

19. We need a copy of the ACM report.

20. Pease clarify the working hours / days and special considerations for this project due to it is in public spaces.
    Response: Provide cost for all work to be done on nights and/or weekends

21. Will IC require hard walls to be set up to isolate the working areas to minimize the potential exposure and working debris from staff and patients.
    1. If yes, what level and construction of hard will be required, FR/non FR? FR slid doors, or not FR door?
    2. Can alternate hard walls such as Pro flex be used?

    Response: The contractor must follow the ICRA Class 4 during areas with ACM.
    The contractor can provide the means and methods to meet the ICRA class 4

22. What is the methodology to increase the volumes for this project by ten times. Since the site visit did not have that much included in it. We would request a second site visit to confirm and truly clarify the full extent of this project.
    Response: quantities are set in the revised SOW. The quantities may be done in other areas of the hospital. Preform work in the hospital until all of the quantities are exhausted.

23. The SOW calls for pressure testing and repair of the leaks in the AHU and the chilled water lines.
    1. Until the insulation is removed the extend of the damage cannot be ascertained. How does the government intend on contractors to bid on an unforeseen item.

    Response: For bidding purposes, assume 25% of the duct will need to be resealed.

24. The SOW calls for containment only over the 3 access points. Does the VA have an ICRA / PCRA for developed for this project and can it be included on the solicitation documents.
    Response: The ICRA for the ACM is a Class 4

25. What is the government estimation of time that this project is to take?
    Response: 6months

26. Where can the contractor position a disposal container for the waste generated from this project.
    Response: The contractor's dumpster can be located in the loading dock area.

27. The site visit stated that work was to be conducted during the daytime only. Is the government going to allow for the contractor to remove all the waste materials through the lobby during normal operating hours in full view all the VA patients and staff.
    Response: Work may be done during daytime, however bid to perform work at night or during weekends. Bagged and contained ACM can be removed based on the contractor's approved means and methods

28. The SOW states turn off and isolate the chilled water line. Does the VA intend on this o be isolated for the duration of the contract or only when pressure testing and repairing since insulation can be removed without isolating of a line.
    Response: This is intended to reduce sweating from an un-insulated line

29. For the piping, how many 90 degree turns and T fitting are there?
    Response: This is unknown

30. For the pipe fitting and valves, if there is a leak and a valve need to be replaced how does the government intend on addressing this issue since valve type, pressure, and size can vary. This cannot be accounted for until further inspections can be made.
    Response: If a pipe fitting and valve is needed due to a unforeseen, a separate change order will be considered on this project.

31. For the duct, at what point does the government deem a section of duct is cheaper to replace versus repair or patch, how will that be addressed? This cannot be accounted for until further inspections can be made.
    Response: The contractor will only perform work on the solid duct and not any flex duct. The work will be done on areas that are problems with visible condensation.

32. For the expansion of the scope of work now changing from the original to the modified qualities which increased by 10 fold, what is the government's methodology at arriving at the estimated quantity of LF / SqFt.
    Response: Please see the latest quantities from the updated SOW.

33. Will the government allow for benchmark billing as agreed upon by the contactor, COR, and CO throughout the project?
    Response: The contractor will be paid with progress payments on work that is complete

34. The SOW section 2 item h. states "Drawings of failed areas on floor 1 are attached below, additional floor drawings are available upon request." What additional drawing are available and can they be provided?
    Response: Drawing for the 4B unit will be provided. However there may be other areas in the hospital that work will be done

35. The SOW section 6 states “Work shall be primarily performed Monday through Friday 0700-1600 (with a one-hour lunch) unless otherwise required by STVHCS.” What work hour allowances can be made here (i.e. Afterhours, weekends) this is only allowing 8 hours for active work, after PPE, decon, safety meeting, waste removal, daily air monitoring set up, and clearances there will only be a few hours of actual abatement per day, taking at best multiple months to complete. This needs to be determined to account for labor cost and daily operations, if longer work days are allowed the project could be substantially shortened.
    Response: For bidding purposes work must be done during nights and weekends to avoid conflicts with patient care. Some of the work may be done during normal business hours as long as work doesn’t negatively impact on the hospital’s operations. Work durations can be determined by the means and methods of the contractor.

36. With the increase in project size by 10 fold, we request a second site visit, to ensure that we are properly accounting for the project scope. Regardless of the space for abatement and repair, the change of this size draws concern.
    Response: Please see the latest quantities from the updated SOW. Work will be done over the entire building until the quantities are exhausted

37. Who conducted the asbestos testing and identification for this project? Can the report be published for review identifying known ACM areas?
    Response: a report of know ACM will be provided.

38. Is the entire space being classified as ACM in kind, due to insulation or it is a known contamination.
    Response: a Report of know ACM will be provided.

End of Request for Information (Technical Questions)