# Appendix A

# Sample Forms

Above Ceiling Work Permit

Confined Space Permit

Daily Construction Log

Hot work Permit

Infection Control Risk Assessment (ICRA) Permit

Permit Exempt Confined Space Entry

Request for Information (RFI) Form

Submittal form

Utility Shutdown Request Form

**ATTACHMENT A** **ABOVE-THE-CEILING WORK PERMIT**

Building:_____ Floor: _____ Room #: _____ Fire / Smoke Barrier: YES NO (circle one)

Work Coordinator/Supervisor: Name: _____
Phone # or Extension: _____
Date(s) Planned for Proposed Work: _____
Date Permit Submitted: _____

| | | Yes | No |
|---|---|---|---|
| 1. | Will the proposed work open or penetrate an existing building structural element, such as a wall or floor, which is smoke-tight or fire-rated?<br><br>If YES, complete ILSM if the penetration will not be immediately closed to describe the planned installation to restore the wall or floor to its original smoke-tight or fire-rated condition and then go to #2.<br><br>If NO, complete bottom section, numbers 3 through 6 (no approval required) | | |
| 2. | Will the opening(s) or penetration(s) created by the proposed work be sealed using a UL-approved system? Describe the planned method and attach installation detail sketch.<br>_____ | | |
| 3. | Fire stop system utilized, list type (must provide documentation proving fire stopping is compatible with other fire stopping in area):<br>_____ | | |

Approved by: _____ Date: _____

* * * * * * * * * * * * *

*NOTE: - Contact the POC when work is complete or for additional information and assistance.*

To be completed by the COR or designated staff:

| | | Yes | No |
|---|---|---|---|
| 1. | The proposed work area has been inspected and the proposed plan is approved. | | |
| 2. | A copy of the approved permit has been provided to the work coordinator/supervisor. | | |
| 3. | Work is complete and every opening, penetration and joint is properly sealed to prevent the escape of fire and smoke. | | |
| 4. | Work is complete and all acoustical ceiling tiles have been replaced. | | |
| 5. | All work has been completed in accordance with industry practice and applicable building fire code requirements. | | |
| 6. | All j-boxes in the area are closed. | | |

Closed by: _____ Date: _____

# PERMIT REQUIRED CONFINED SPACE PERMIT

**PART I** To Be Completed by Supervisor, Facilities Management Program

1. DATE OF PLANNED ENTRY_____

2. ESTIMATED TIME SPACE IS TO BE OCCUPIED (Hrs) _____

3. LOCATION OF THE PERMIT SPACE_____

4. DESCRIPTION OF WORK TO BE PERFORED IN THE PERMIT SPACE

_____

_____

5. DESCRIPTION OF HAZARDS: _____

_____

_____

6. ISOLATION CHECKLIST: (Attach copy of each completed Lockout procedure)

Electrical Isolation_____

Mechanical Isolation_____

Isolation of Water or Steam_____

Other Isolation_____

7. HOT-WORK PERMIT REQUIRED? _____

8. ENVIRONMENTAL CONDITIONS THAT MUST BE MAINTAINED DURING ENTRY

_____

_____

**THIS ENTRY PERMIT IS VALID ONLY**

**FROM:** Date _____ Time _____ **TO**: Date _____ Time _____

_____ _____

Name of Supervisor (Print/Type) Date

_____

Signature

**PART II** To Be Completed by Contractor's Entry Supervisor

1. LIST THE FOLLOWING NAMES OF PERSONS:

| ENTRANTS | ATTENDANTS |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. TYPE OF VENTILATION TO BE USED_____

_____

3. DESCRIPTION OF CONTROLS REQUIRED TO ENSURE HAZARDS AND ENVIRONMENTAL CONDITIONS IDENTIFIED IN PART I ARE MAINTAINED AT ALL TIMES DURING ENTRY

_____

_____

_____

_____

4. DESCRIPTION OF PHYSICAL BARRIERS TO PREVENT UNAUTHORIZED ENTRY INTO SPACE

_____

_____

5. MEANS OF COMMUNICATION BETWEEN ENTRANTS AND ATTNDANTS

_____

_____

6. PERSONAL PROTECTIVE EQUIPMENT TO BE USED

Protective Clothing: _____

Head, Hand, or Foot Protection: _____

Hearing or Eye Protection: _____

Respiratory Protection: _____

Other Protection: _____

7. NAME OF RESCUE SERVICE PERSONNEL

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

8. RESCUE EQUIPMENT TO BE USED

_____

_____

_____

9. FREQUENCY OF PERIODIC ATMOSPHERIC TESTING
(If continuous air monitoring equipment is not used) _____

10. RESULTS OF ATMOSPHERIC TESTING:

*** Initial Pre-Entry** Air Test Result: (Record Time of Testing)

| Date | Time | CO | $H_2S$ | O | LEL (lower explosive limit) |
|---|---|---|---|---|---|
| | | | | | |

* Required for Safety approval of Permit. (See next page for recording additional re-entry test results)

**SAFE LEVELS:** Oxygen between 19.5% – 23.5%: CO < 35 ppm: $H_2S$ 10 ppm: LEL < 10%

Name Contractor's Entry Supervisor: _____
(Print or Typed)

Signature of Contractor's Entry Supervisor: _____

Date: _____ Time: _____

**PART III** To Be Completed by the Safety Manager (or designee)

**SAFETY OFFICE APPROVAL OF PERMIT ENTRY**

I have reviewed the above with the Contractor's Entry Supervisor and found all controls required for this permit to be in place. I have informed the Contractor's Entry Supervisor that all controls required by this permit are to remain in place for duration of occupancy of the space, and have provided the Contractor's Entry Supervisor with Medical Center emergency contact information.

_____ _____

Name of Safety Manager (or designee) Signature of Safety Manager (or designee)

Date: _____ Time: _____

**NOTE: This permit is to be posted at entrance of space prior to entry, and shall remain posted until occupancy of space is completed.**

# Daily Log — Construction

**Project Title:** ____ **Project #:**_____

**Contractor:** _____ **Contract #:**_____

**Notice To Proceed:** _____ **Expired:** _____ *Calendar Day* **Duration:** *Calendar Days*

| Calendar … | Time … | Out/In Tmp … | Weather … | Comments … |
|---|---|---|---|---|
| Date: | 🕘 9 AM J | | | |
| Day: | 🕕 3 PM J | | | |

| Branch of Work | Skilled Workers or Helpers | Unskilled Workers | Location and Work Description |
|---|---|---|---|
| | | | |
| **Total Man Power J** | | | **Project Completion J** _____% |

| Status | Equipment | Workers | Progress | Materials Delivered |
|---|---|---|---|---|
| Satisfactory | | ☺ | | 4 |
| Unsatisfactory | | ☹ | | 8 |

**Remarks:** _____

☑ **Daily submission of Log required for Validation** ☒

Rec'd J _____

SAMPLE

# HOT WORK PERMIT

THIS PERMIT IS REQUIRED FOR ANY TEMPORARY OPERATION INVOLVING OPEN FLAMES, HEAT, OR SPARKS; SUCH AS" BRAZING, CUTTING, GRINDING OR WELDING (ANY TORCH USE).

| INFORMATION | | REQUIRED PRECAUTIONS CHECKLIST |
|---|---|---|
| Safety personnel signing this permit must have valid 30 hour OSHA card and has verified, by his/her signature that all requirements located have been verified and completed. | | Available sprinklers, hose streams and extinguishers are in service/operable? |
| | | Hot work equipment inspected and in good repair? |
| **Hot Work Technician**<br>VA Employee/Contractor Name: | | **Requirements within 35 ft. of work** |
| | | Combustable floors wet down, covered with damp sand or fire resistive sheets |
| | | Remove other combustables or cover with fire blankets or curtains |
| **Location of Work:** | | Wall and floor openings covered |
| | | Protect or shut down ducts that may carry sparks to combustable areas |
| **Type of Hot Work to be Performed:** | | **Work on walls, ceilings, or roofs** |
| | | Construction is non-combustable |
| **Supervisor Name:**<br>**Supervisor's Signature:** | | Combustables have been moved away |
| | | **Work in enclosed equipment** |
| | | Enclosed permit quipment cleaned of all combustables |
| **Start Date and Time:** | | Containers purged of flammable liquids or vapors |
| | | Pressurized vessels/piping: isolated or vented |
| **Complete Date and Time:** | | **Fire watch/monitoring of hot work area** |
| | | Fire watch shall be providedf 30 minutes after work |
| **Complete Date and Time:** | | Fire watch shall be provided with extinguisher(s) |
| | | Fire watch is trained in the use of extinguishers and sounding alarm |
| **Complete Date and Time:** | | Fire watch may be required in adjoining areas to work |
| | | Monitor hot work area for three hours after job is complete |

**Comments:**

| | |
|---|---|
| **COR Final Check**<br>**Name and Signature: Date:** | **Safety Final Check and Approval**<br>**Name and Signature: Date:** |


# HOT WORK PERMIT

THIS PERMIT IS REQUIRED FOR ANY TEMPORARY OPERATION INVOLVING OPEN FLAMES, HEAT, OR SPARKS; SUCH AS" BRAZING, CUTTING, GRINDING OR WELDING (ANY TORCH USE).

| INFORMATION | | REQUIRED PRECAUTIONS CHECKLIST |
|---|---|---|
| Safety personnel signing this permit must have valid 30 hour OSHA card and has verified, by his/her signature that all requirements located have been verified and completed. | | Available sprinklers, hose streams and extinguishers are in service/operable? |
| | | Hot work equipment inspected and in good repair? |
| **Hot Work Technician**<br>VA Employee/Contractor Name: | | **Requirements within 35 ft. of work** |
| | | Combustable floors wet down, covered with damp sand or fire resistive sheets |
| | | Remove other combustables or cover with fire blankets or curtains |
| **Location of Work:** | | Wall and floor openings covered |
| | | Protect or shut down ducts that may carry sparks to combustable areas |
| **Type of Hot Work to be Performed:** | | **Work on walls, ceilings, or roofs** |
| | | Construction is non-combustable |
| **Supervisor Name:**<br>**Supervisor's Signature:** | | Combustables have been moved away |
| | | **Work in enclosed equipment** |
| | | Enclosed permit quipment cleaned of all combustables |
| **Start Date and Time:** | | Containers purged of flammable liquids or vapors |
| | | Pressurized vessels/piping: isolated or vented |
| **Complete Date and Time:** | | **Fire watch/monitoring of hot work area** |
| | | Fire watch shall be providedf 30 minutes after work |
| **Complete Date and Time:** | | Fire watch shall be provided with extinguisher(s) |
| | | Fire watch is trained in the use of extinguishers and sounding alarm |
| **Complete Date and Time:** | | Fire watch may be required in adjoining areas to work |
| | | Monitor hot work area for three hours after job is complete |

**Comments:**

| | |
|---|---|
| **COR Final Check**<br>**Name and Signature: Date:** | **Safety Final Check and Approval**<br>**Name and Signature: Date:** |

# Infection Control Risk Assessment
# Matrix of Precautions for Construction & Renovation

## Step One:

**Using the following table, *identify* the Type of Construction Project Activity (Type A-D)**

| | |
|---|---|
| **TYPE A** | **Inspection and Non-Invasive Activities**.<br>Includes, but is not limited to:<br>• removal of ceiling tiles for visual inspection only, e.g., limited to 1 tile per 50 square feet<br>• painting (but not sanding)<br>• wallcovering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection. |
| **TYPE B** | **Small scale, short duration activities which create minimal dust**<br>Includes, but is not limited to:<br>• installation of telephone and computer cabling<br>• access to chase spaces<br>• cutting of walls or ceiling where dust migration can be controlled. |
| **TYPE C** | **Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies**<br>Includes, but is not limited to:<br>• sanding of walls for painting or wall covering<br>• removal of floorcoverings, ceiling tiles and casework<br>• new wall construction<br>• minor duct work or electrical work above ceilings<br>• major cabling activities<br>• any activity which cannot be completed within a single workshift. |
| **TYPE D** | **Major demolition and construction projects**<br>Includes, but is not limited to:<br>• activities which require consecutive work shifts<br>• requires heavy demolition or removal of a complete cabling system<br>• new construction. |

## Step 1: _____

## Step Two:

Using the following table, ***identify*** **the Patient Risk Groups** that will be affected.
If more than one risk group will be affected, select the higher risk group:

| Low Risk | Medium Risk | High Risk | Highest Risk |
|---|---|---|---|
| • Office areas | • Cardiology<br>• Echocardiography<br>• Endoscopy<br>• Nuclear Medicine<br>• Physical Therapy<br>• Radiology/MRI<br>• Respiratory Therapy | • CCU<br>• Emergency Room<br>• Labor & Delivery<br>• Laboratories (specimen)<br>• Medical Units<br>• Newborn Nursery<br>• Outpatient Surgery<br>• Pediatrics<br>• Pharmacy<br>• Post Anesthesia Care Unit<br>• Surgical Units | • Any area caring for immunocompromised patients<br>• Burn Unit<br>• Cardiac Cath Lab<br>• Central Sterile Supply<br>• Intensive Care Units<br>• Negative pressure isolation rooms<br>• Oncology<br>• Operating rooms including C-section rooms |

**Step 2**_____

**Step Three:** ***Match*** **the**

**Patient Risk Group** (***Low, Medium, High, Highest***) with the planned **…**
**Construction Project Type** (***A, B, C, D***) on the following matrix, to find the **…**
**Class of Precautions** (***I, II, III or IV***) or level of infection control activities required.
**Class I-IV or Color-Coded Precautions are delineated on the following page.**

## IC Matrix - Class of Precautions: Construction Project by Patient Risk

| Patient Risk Group | Construction Project Type: TYPE A | TYPE B | TYPE C | TYPE D |
|---|---|---|---|---|
| LOW Risk Group | I | II | II | III/IV |
| MEDIUM Risk Group | I | II | III | IV |
| HIGH Risk Group | I | II | III/IV | IV |
| HIGHEST Risk Group | II | III/IV | III/IV | IV |

**Note:** Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

**Step 3** _____

# Description of Required Infection Control Precautions by Class

| | During Construction Project | Upon Completion of Project |
|---|---|---|
| CLASS I | 1. Execute work by methods to minimize raising dust from construction operations.<br>2. Immediately replace a ceiling tile displaced for visual inspection | 1. Clean work area upon completion of task. |
| CLASS II | 1. Provide active means to prevent airborne dust from dispersing into atmosphere.<br>2. Water mist work surfaces to control dust while cutting.<br>3. Seal unused doors with duct tape.<br>4. Block off and seal air vents.<br>5. Place dust mat at entrance and exit of work area<br>6. Remove or isolate HVAC system in areas where work is being performed. | 1. Wipe work surfaces with cleaner/disinfectant.<br>2. Contain construction waste before transport in tightly covered containers.<br>3. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.<br>4. Upon completion, restore HVAC system where work was performed. |
| CLASS III | 1. Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system.<br>2. Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.<br>3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>4. Contain construction waste before transport in tightly covered containers.<br>5. Cover transport receptacles or carts. Tape covering unless solid lid | 1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Prevention & Control Department and thoroughly cleaned by the owner's Environmental Services Department.<br>2. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.<br>3. Vacuum work area with HEPA filtered vacuums.<br>4. Wet mop area with cleaner/disinfectant.<br>5. Upon completion, restore HVAC system where work was performed. |
| CLASS IV | 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system.<br>2. Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.<br>3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>4. Seal holes, pipes, conduits, and punctures.<br>5. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave work site.<br>6. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area | 1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Prevention & Control Department and thoroughly cleaned by the owner's Environmental Services Dept.<br>2. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction.<br>3. Contain construction waste before transport in tightly covered containers.<br>4. Cover transport receptacles or carts. Tape covering unless solid lid.<br>5. Vacuum work area with HEPA filtered vacuums.<br>6. Wet mop area with cleaner/disinfectant.<br>7. Upon completion, restore HVAC system where work was performed. |

Step 4. **Identify the areas surrounding the project area, assessing potential impact**

| Unit Below | Unit Above | Lateral | Lateral | Behind | Front |
|---|---|---|---|---|---|
| | | | | | |
| Risk Group | Risk Group | Risk Group | Risk Group | Risk Group | Risk Group |

Step 5. **Identify specific site of activity e.g., patient rooms, medication room, etc.**

_____

Step 6. **Identify issues related to: ventilation, plumbing, electrical in terms of the occurrence of probable outages**.

_____

Step 7. **Identify containment measures, using prior assessment. What types of barriers? (E.g., solids wall barriers); Will HEPA filtration be required?**

_____

(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas)

Step 8. **Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof)**

Step 9. **Work hours: Can or will the work be done during non-patient care hours?**

Step 10. **Do plans allow for adequate number of isolation/negative airflow rooms?**

Step 11. **Do the plans allow for the required number & type of handwashing sinks?**

Step 12. **Does the infection prevention & control staff agree with the minimum number of sinks for this project?** (Verify against FGI Design and Construction Guidelines for types and area)

Step 13. **Does the infection prevention & control staff agree with the plans relative to clean and soiled utility rooms?**

Step 14. **Plan to discuss the following containment issues with the project team. E.g., traffic flow, housekeeping, debris removal (how and when),**

_____

_____

_____

***Appendix: Identify and communicate the responsibility for project monitoring that includes infection prevention & control concerns and risks. The ICRA may be modified throughout the project. Revisions must be communicated to the Project Manager.***

# Infection Control Construction Permit

| | |
|---|---|
| | Permit No: |
| Location of Construction: | Project Start Date: |
| Project Coordinator: | Estimated Duration: |
| Contractor Performing Work: | Permit Expiration Date: |
| Supervisor: | Telephone: |

| YES | NO | CONSTRUCTION ACTIVITY | YES | NO | INFECTION CONTROL RISK GROUP |
|---|---|---|---|---|---|
| | | TYPE A: Inspection, non-invasive activity | | | GROUP 1: Low Risk |
| | | TYPE B: Small scale, short duration, moderate to high levels | | | GROUP 2: Medium Risk |
| | | TYPE C: Activity generates moderate to high levels of dust, requires greater 1 work shift for completion | | | GROUP 3: Medium/High Risk |
| | | TYPE D: Major duration and construction activities Requiring consecutive work shifts | | | GROUP 4: Highest Risk |

| | | |
|---|---|---|
| CLASS I | 1. Execute work by methods to minimize raising dust from construction operations.<br>2. Immediately replace any ceiling tile displaced for visual inspection. | 3. Minor Demolition for Remodeling |
| CLASS II | 1. Provides active means to prevent air-borne dust from dispersing into atmosphere<br>2. Water mist work surfaces to control dust while cutting.<br>3. Seal unused doors with duct tape.<br>4. Block off and seal air vents.<br>5. Wipe surfaces with cleaner/disinfectant. | 6. Contain construction waste before transport in tightly covered containers.<br>7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.<br>8. Place dust mat at entrance and exit of work area.<br>9. Isolate HVAC system in areas where work is being performed; restore when work completed. |
| CLASS III<br>**Date**<br>**Initial** | 1. Obtain infection control permit before construction begins.<br>2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.<br>3. Complete all critical barriers or implement control cube method before construction begins.<br>4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>5. Do not remove barriers from work area until complete project is checked by Infection Prevention & Control and thoroughly cleaned by Environmental Services. | 6. Vacuum work with HEPA filtered vacuums.<br>7. Wet mop with cleaner/disinfectant<br>8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.<br>9. Contain construction waste before transport in tightly covered containers.<br>10. Cover transport receptacles or carts. Tape covering.<br>11. Upon completion, restore HVAC system where work was performed. |
| CLASS IV<br>**Date**<br>**Initial** | 1. Obtain infection control permit before construction begins.<br>2. Isolate HVAC system in area where work is being done to prevent contamination of duct system.<br>3. Complete all critical barriers or implement control cube method before construction begins.<br>4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.<br>5. Seal holes, pipes, conduits, and punctures appropriately.<br>6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.<br>7. All personnel entering work site are required to wear shoe covers | 8. Do not remove barriers from work area until completed project is checked by Infection Prevention & Control and thoroughly cleaned by Environmental. Services.<br>9. Vacuum work area with HEPA filtered vacuums.<br>10. Wet mop with disinfectant.<br>11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.<br>12. Contain construction waste before transport in tightly covered containers.<br>13. Cover transport receptacles or carts. Tape covering.<br>14. Upon completion, restore HVAC system where work was performed. |

Additional Requirements:

| | |
|---|---|
| _____<br>Date Initials | Date Initials Exceptions/Additions to this permit are noted by attached memoranda |
| Permit Request By: | Permit Authorized By: |
| Date: | Date: |



Steps 1-3 Adapted with permission V Kennedy, B Barnard, St Luke Episcopal Hospital, Houston TX; C Fine CA Steps 4-14 Adapted with permission Fairview University Medical Center Minneapolis MN Forms modified /updated; provided courtesy of Judene Bartley, ECSI Inc. Beverly Hills MI 2002. Jbartley@ameritech.net Updated, 2009.

**PERMIT EXEMPT SPACE ENTRY CERTIFICATE**
(Complete All Items)

LOCATION OF SPACE: _____

DATE AND TIME OF ENTRY:_____

NAME OF ENTRY SUPERVISOR (Print) _____

NOTE: An entry supervisor also may serve as an attendant or as an authorized entrant, as long as that person is trained and equipped as required by this section for each role he or she fills. Also, the duties of entry supervisor may be passed from one individual to another during the course of an entry operation.

NAME OF THE AUTHORIZED ENTRANT(S):

_____ _____

_____ _____

_____ _____

NAME OF ATTENDANT(S)

_____ _____

_____ _____

_____ _____

LOCATION OF THE EXEMPT SPACE:

_____

DESCRIPTION OF MECHANICAL VENTILATION SYSTEM USED:
(If fan is used, fan must be OSHA certified fan for confined space)

_____

_____

DESCRIPTION OF PHYSICAL BARRIER(S) TO PREVENT UNAUTHORIZED ENTRY INTO SPACE

_____

_____

ENERGY SOURCES LOCKED OUT (Attach copy of each completed Lockout procedure)

_____

_____

*** Initial Pre-Entry** Air Test Result: (Record Time of Testing)

| Date | Time | CO | $H_2S$ | $O_2$ | LEL (lower explosive limit) |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |

* Required to be taken prior to entry into the space.

**SAFE LEVELS:** Oxygen between 19.5% – 23.5%: CO < 35 ppm: $H_2S$ 10 ppm: LEL < 10%

**Additional Re-Entry Air Test Results:** Note: Atmospheric re-testing is required each time the space is re-entered. Use back of form is more testing is required.

| Date | Time | CO | $H_2S$ | $O_2$ | LEL (lower explosive limit) |
|---|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

DATE AND TIME OF COMPLETION OF OCCUPANCY OF THE SPACE

_____

SIGNATURE OF ENTRY SUPERVISOR:

_____

**NOTE:** Exempt Space Entry Certificate must be returned to the Safety Office upon completion of occupancy of the space.

U.S. Department of Veterans Affairs

**Edward P. Boland VA Medical Center**
**VA Central Western Massachusetts Healthcare System**
**421 North Main Street**
**Leeds, MA 01053-9764**

# REQUEST FOR INFORMATION

**NO.**

| | |
|---|---|
| **PROJECT TITLE:**<br>**LOCATION:** **JOB:**<br>**CONTRACT NO.:**<br>**VA PROJECT NO.:** | **DATE REQUIRED:** |
| **TO:** | **CC:** |
| | |

**REQUEST SUBJECT:**

Requested By: _____ Date: _____

Signed: _____

**RESPONSE:**

☐ This response does not constitute a change to the contract and is not an authorization to the contractor to proceed with any work that modifies the contract price or the time of performance. If the contractor believes that this response modifies any portion of the contract, the contractor shall make timely notice to the Contracting Officer and await the Contracting Officer's direction before proceeding with any work that the contractor believes is a modification to the contract.

☐ This response may constitute a change to the contract documents. Do not proceed with any work indicated in this response that changes the contract documents until directed in writing by the Contracting Officer.

| | |
|---|---|
| Response By: | Concur: |
| Signed: | Signed:<br>VA Project Manager |
| Date: | Date: |

# MATERIAL APPROVAL SUBMITTAL

*(See Instructions on Reverse)*

| **TO:** *(Contracting Officer)* | **FROM:** *(Contractor)* | DATE |
|---|---|---|
| CONTRACT NUMBER | SUBMISSION NUMBER | SUBMITTAL ☐ NEW ☐ RESUBMITTAL |
| PREVIOUS SUBMISSION NUMBER | PROJECT NUMBER | |

| TO BE COMPLETED BY CONTRACTOR | | | FOR GOVERNMENT USE ONLY | | | |
|---|---|---|---|---|---|---|
| ITEM NO. | SPECIFICATION SECTION/ PARA NO./DRAWING NO. | DESCRIPTION OF MATERIAL *(Include Type, Model Number, Mfg., etc. & file name of attachments)* | AP-PROVED | DISAP-PROVED | SEE REVERSE | INITIAL |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

**BY COMPLETING THIS FORM, THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE MATERIAL COMPLIES WITH ALL SPECIFICATIONS OF SUBJECT CONTRACT.**

| DATE | TYPE OR PRINT NAME AND TITLE | SIGNATURE |
|---|---|---|

**FOR GOVERNMENT USE ONLY**

**TO:** *(A/E)*

**For Evaluation and Action**

| DATE | TYPE OR PRINT NAME AND GRADE | SIGNATURE |
|---|---|---|

**TO:** *(VA Engineer / COR)*

**RECOMMEND** ☐ APPROVAL ☐ DISAPPROVAL AS INDICATED ABOVE AND SUBJECT TO ANY APPLICABLE COMMENTS ON THE REVERSE

| DATE | TYPE OR PRINT NAME AND GRADE | SIGNATURE |
|---|---|---|

**TO:** *(Contracting)*

☐ APPROVED ☐ DISAPROVED AS INDICATED ABOVE AND SUBJECT TO ANY APPLICABLE COMMENTS ON THE REVERSE SIDE. REQUEST RESUBMITTAL ON DISAPPROVED ITEMS WITHIN DAYS OF DATE SHOWN BELOW.

| DATE | TYPE OR PRINT NAME AND GRADE | SIGNATURE |
|---|---|---|

**COMMENTS**
***(Number to correspond with applicable Item Number on reverse)***

**INSTRUCTIONS TO CONTRACTORS**

1. The term "material" is defined as articles, supplies, raw materials, equipment, parts, components, and completed end items that are to be incorporated into the work required by the contract.

2. This form is to be used by Contractors for submitting Shop Drawings (*.DWG or *.PDF format), Manufacturer's Literature and Certificates (scanned as * .PDF) to the Government for approval in accordance with the provisions of this contract. Unless otherwise specified, it is to be prepared, signed, and E-mailed to the Contracting Officer with appropriate attachments. One paper format copy shall be submitted as well.

3. Item(s) to be approved will be clearly tabbed or identified. Data pertaining to item(s) to be approved will be clearly identified or tabbed, particularly where documents are voluminous, in order to properly evaluate the materials or articles to be incorporated in the work. Each attachment will be numbered to correspond with the item number shown on the face of this form.

4. Requests submitted shall be numbered consecutively, by contract, in the space entitled "Submission No.". This number, in addition to the Contract No., will be used to identify each Material Approval Submittal. Resubmissions will be indicated in the appropriate block and the insertion of previous submission number and data in addition to a new submission number. A single submission should be used for all work of a section of the specifications, but in NO instance should the submission include work for more than one (1) contract. Allow reasonable time in accordance with the project specifications for review of the submittal(s) by the A/E and Government. Submittals requiring priority handling will be submitted by separate submittal using the form and so marked across the face of the form.

5. This Material Approval Submittal is not valid unless it is signed by the Contracting Officer. This approval is required as called for by the Contracting Officer under the terms of this contract. One paper copy of the submittal is to be hand signed for Contracting Officers records.

6. The A/E and Government review is limited to checking for conformance with the information given and the design concept expressed in the contract documents. The Contractor and/or Construction Manager remains totally responsible for confirming all dimensions, quantities, fabrication, construction means and methods, techniques, sequences in the work, procedures, and coordination of the work for all trades.

7. This review does not relieve the Contractor of full responsibility for strict compliance with all requirements of contract plans and specifications. Provide and install all supplementary or miscellaneous items, appurtenances, devices and their available options incidental to or necessary for a functionally, sound, secure, complete, compatible and code compliant system.

# VA CWM Utility Shutdown Request

- Major Shutdown: Provide Request a minimum of 10 Working days prior to shutdown to allow for coordination.
- Minor (low impact): Provide request a minimum of 3 working days prior to shutdown.
- To determine extent of shutdown provide panel schedules and/or drawings to COR with this request.
- Contractor is responsible for providing properly trained personnel to perform the shutdown, Lock Out/Tag Out, deenergizing, and reenergizing.
- If work requires confined space, hot work or blocking egress coordinate with Project COR for required permits.

| | |
|---|---|
| Date of Request: | |
| Requested Date of Shutdown | |
| Start Time | |
| End Time | |
| Shutdown Duration | |
| Building/Location | |
| Utility Being Shutdown | |
| Areas impacted by Shutdown | |
| PPE Required | |
| Lock Out / Tag out Required | |
| Notes/Comments | |

**Have all Lock Out/Tag Out and Required PPE onsite prior to shutdown. Failure to have the proper equipment will result in the shutdown being cancelled.**

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| Requestor Name |
| Requestor Signature & Date |

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|---|---|---|---|
| COR comments / Special considerations for shutdown/Start-up | | | |
| | | | |
| APPROVED | | DENIED | |
| COR Name: | | | |
| COR Signature & Date: | | | |

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|---|---|
| O&M Shop Acknowledged | |
| Name & Date | |