



Project Manual

Volume Four
Contractor Procedure Manual

Grady Memorial Hospital
Atlanta, Georgia

October 28, 2024



Facilities Development

PROJECT MANUAL VOLUME 1

BIDDING REQUIREMENTS

Issued as Separate Manual.

PROJECT MANUAL VOLUME 2

CONTRACT FORMS AND CONDITIONS OF THE CONTRACT

Issued as Separate Manual.

PROJECT MANUAL VOLUME 3

TECHNICAL SPECIFICATIONS

Issued as a Separate Manual

PROJECT MANUAL VOLUME 4

CONTRACTOR PRICEDURE MANUAL

This section contains processes and procedures that contractors will be required to participate in or implement, In addition to all stated requirements, Contractor understands and agrees that Contractor shall cooperate, participate, and comply with all administrative procedures and other processes deemed necessary by Grady Health System for the successful completion of the project.

- Contractor Work Requirements
- Badging Sign on Agreement
- Health Clearances
- Notice to Comply
- Daily Reports
- Utility Shut Down Process
- Hot Work Permit
- Above Ceiling Work Policy
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- MSDS
- Fire Drills
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- PCRA
- ILSM
- ICRA
- Invoicing Instructions
- Pre-Move Activation Checklist
- Project Close-out



Grady Contractor Badging Process

Attached to this document are the following:

- **Contractors Badge Sign on Agreement:** *(This is required for the temporary badge and annual badge)*
 - *This is to be completed where the highlighted areas are noted. A photo copy of valid state/U.S. government issued ID is required.*
 - *Project Name will be noted as - (Required by the project description)*
 - *Project Number will be noted as - (Required by the project description)*
 - *PM working for – (Required by the project)*

- **Immunizations Requirements:** *(This will be required for the vendor's annual badge)*

- **GHS Contractor Orientation & Work Rules.** *(This is required for the temporary badge and annual badge)*
 - *Project name will be noted and (Required by the project description)*
 - *Project Number will be noted as (Required by the project description)*
 - *Each worker that will be on Grady property(s) shall be required to read pages 1 & 2 (per the attached onboarding documentation)*
 - *On page 2 of 2 each person is to complete the Contractor Name – Name of company. Supt. – Supervisor/Superintendent.*

- **13th Floor Specific GHS Contractor Orientation & Work Rules.** *(This is required for the temporary badge and annual badge)*
 - **See above work Rules.** *This document is only 1 page.*

- **Additional documents needed:** *(This is required for the temporary badge and annual badge)*
 - *On company letterhead the name(s) of the employee(s) that will need badges. This letter will state the full name of the person(s) that are employed with the company and state that they are in good standing with the firm.*

All these documents are to be provided together during the onboarding process, with exception of the immunization records. These documents must be provided 10 business days after the temporary badge is issued.



Please follow the below process for annual badge:

1. Complete all Badging Documents
2. Send Immunization Records to EHSOnboarding@GMH.EDU with Grady PM and Quantina Dennard (QDENNARD@GMH.EDU) on copy.
 - If you do not have your immunization records, alternatives include:
 - Receiving a blood test for proof of antibodies.
 - Getting revaxxed. This can be done at Grady Employee Health.
3. Receive clearance letter from EHSOnboarding. If any records are missing (ex. Flu shot), they will ask to set up an appointment with you.
4. Take all other badging documents along with the clearance letter from Employee Health to the badging office on Pratt Street. You will receive your badge there.

*****Grady PM should receive copies of all documentation*****

*****This process does not include receiving an access card. Please see access card process document.*****



Grady Health System – 80 Jesse Hill Jr. Drive, SE – Box 26083 – Atlanta, GA. 30303-3801

Grady Health System Facility Development
Contractor Badge Sign-On Agreement

The following individual has agreed to be issued a Grady Health System Facility Development contractor badge. By accepting this badge, this person agrees to abide by all Grady Health System rules and regulations, as well as all "*Contractor's requirements addressed in the Contractor Work and Permit Requirements*", while conducting business on Grady Health System property. Badges should be returned when work is completed, failure to do so will result in holding of retainage.

BADGE#: _____ Date Issued: _____

Name: _____

Home Address: _____

Phone: _____ Picture ID #: See attached

Company: _____

Company Supervisor: _____ Company Phone: _____

Signature: _____

Project Name: _____

Project #: _____

GHS – FD Supervisor/ PM working for: _____

Employee Issuing Badge: _____

PPD Expiration Date : _____

* Types of ID Accepted: US Drivers License, State Picture ID, Military ID, Alien Registration Card (Green Card).



Employee Health and Wellness Center
80 Jesse Hill Jr. Drive, SE, Clinic GA021
Atlanta, GA 30303
404-616-4600

3. **Immunizations**

MMR – Measles (Rubeola), Mumps and Rubella

- Documentation of TWO MMR Vaccine doses OR
- Laboratory evidence of immunity to Measles, Mumps and Rubella

VARICELLA (Chicken Pox)

- Documentation of TWO Vaccine doses OR
- Laboratory evidence of immunity to Varicella

HEPATITIS B

Required for those at risk of being exposed to blood and body fluids: May include physician, physician assistant, nurse, emergency medical personnel, dental professional, medical/ nursing/dental student, laboratory technician, nursing assistant, radiology technician, patient care technician, respiratory therapist, medical assistant, physical therapist, pharmacist, EVS, housekeeping, hospital volunteer, patient transporter)

- Laboratory evidence of immunity status
- Proof of all Hep B vaccines received

INFLUENZA (FLU) Vaccine required starting in August

- Documentation of last Influenza vaccine

COVID

Full vaccination required (One dose of J & J or two doses of either Moderna or Pfizer)

Required for all Grady employees, contractors, vendors, students and volunteers regardless of role or work location. Required to complete the vaccination series upon start of employment.

- Pfizer Dose 1 Dose 2 **OR** Moderna Dose 1 Dose 2 **OR** J&J (One dose)

***International vaccines accepted

***Full vaccination required for gym access

- TDAP within last 10 years

4. **Tuberculosis Screening**

- Documentation of a **TB blood test** (Quantiferon or T-spot) **within 3 months of your start date** (*no prior TB history only*) **OR**
- Chest X-ray less than **3 months old** of start date (*history of positive test without medication treatment or with incomplete treatment only*)
- Record of completion of medication treatment for TB if applicable

***PPD skin tests are **not** accepted

5. **Vaccine Exemption Request Form** (*Follow instructions on form, Grady only evaluates Grady employees, all others must be approved outside of Grady*)

- Not applicable
- Attached or will submit

We are by appointment only, please contact 404.616.2500 to schedule yours today



Project Name: _____

Project Number: _____

GHS Contractor Orientation & Work Rules

Contractor Badging Without exception, Contractor / Vendor Badges are required at all times and should be worn above the waist. Badges will be issued in accordance with the GHS Badging policies.	Contractor Health Screenings All Contractors working at GHS for more than 5 days must obtain The GHS required Health Screening in order to obtain a Contractor Badge
Standards of Conduct Always show respect for GHS patients, staff, visitors and fellow workers. Always yield to Patients, staff and visitors when using elevators, stairs and halls. Use of profane, derogatory language is prohibited.	Use of Elevators Passenger elevators are not allowed to be used for the transport of contractors tools, equipment or materials - use dedicated freight elevators only.
Dress Code Appropriate company uniforms or work clothes with no graphics or words, other than company name or logo shall be worn.	Smoking Smoking is not allowed in any GHS Facility or on GHS property exterior to the buildings.
Parking GHS does not provide on campus parking for Contractors. Contractors must provide their own parking. Contractors are not allowed to park in the loading dock area or in other open parking spots on campus. GHS will have improperly parked vehicles towed at owners expense.	Communication Devices Use of Cell Phones and 2-way Radios are restricted throughout GHS facilities as they may cause electromagnetic interference affecting life support and other critical equipment. Signage restricting radio transmitting devices is posted in vulnerable, sensitive areas. If in doubt, do not use and ask for guidance. Project specific rules may be implemented.
Toilets Contractors shall only use the designated toilet facilities assigned to your project.	Entertainment Devices Use of Portable / Personal music, video, voice devices with or without earphones is not allowed.
Eating / Drinking Contractors shall only use the designated eating /drinking areas that are available to the general public in GHS Facilities. Eating or drinking is not allowed on the project site or storage areas unless project specific GHS approved areas are designated.	Material Handling Tools, equipment and materials are only to be transported via project specific routes. Do not obstruct hallways, corridors or stairways with unattended tools, equipment or materials.
Blue Safety Card Contractor shall carry the "Blue Safety Card" at all times. The reference card contains information on Safety & Security and will be reviewed as part of this orientation.	Personal Protective Apparel / Devices All project sites are designated Hard Hat areas. All clothing must meet OSHA requirements. OSHA required PPD's are to be utilized without exception.
Fire Alarms & Drills Contractor shall respond all Building Fire Alarms and Fire Drills. As part of the Orientation you will be trained to respond to specific Safe Haven area for your Project. Additional project specific drills may also be conducted.	Tools, Equipment & Supplies Contractor shall inspect all equipment to determine it is in good condition and suited for use. When using electrical equipment GFCI will be use appropriately. Contractor is responsible for the security, of its tools, equipment, supplies and equipment.
Hazardous Materials Stop work & contact your Supervisor if you encounter suspected hazardous materials such as asbestos. No flammable storage is allowed onsite, The Fire Command Center and the Safety Dept. is to be made aware of all flammable materials utilized on the project. Provide MSD sheets for contractor supplied products. File GHS Hazardous Materials Import Notification Form.	Housekeeping Do not obstruct hallways & corridors. Keep doors closed. The construction area is to be kept in a neat condition at all times. Combustibles & trash shall be disposed of daily & the area broom swept at the end of each shift. Implement procedures to prevent the tracking of dirt , debris & dust outside of the construction area. Keep the area clean and safe. Protect all existing surfaces.



Project Name: _____

Project Number: _____

13th Floor Specific - Contractor Orientation & Work Rules

<p>Interaction with Patients and Staff</p> <p>Contractors Staff should have no interaction with patients. Necessary communication with GHS Staff shall be either directly with the Contractors Supervision or through the GHS Project Manager or GHS Trade Superintendent</p>
<p>Piggybacking thru Access Doors</p> <p>Contractor should pay close attention as they pass thru access doors. They should ensure that no one piggybacks thru the door with them and ensure the doors close behind them as they pass through.</p>
<p>Tools, Equip. & Materials - Safe Handling & Storage Open Area</p> <p>Contractor will take only the minimum tools, equipment and materials required to perform a specific scope of work into the open area (not under contractor lock and key and not under the direct control of the Contractor). Tools, equipment and materials shall never be left unattended. The quantities of tools, equipment and materials entering and leaving the area shall be accounted for and documented. If the scope of work requires working on a ladder or the use of multiple tools & equipment (like the use of a cart or bag to carry the tools) then, in addition to the person performing the work, another person shall be assign to watch the tools, equipment & materials while the other person performs the work. All debris shall be immediately cleaned-up.</p>

<p>Code Alvin</p> <p>The Behavioral Health Team uses the "Code Alvin" announcement when a patient has become aggressive or has the potential to be a threat to themselves or others. Upon hearing the "Code Alvin" Contractors should stop work to make sure they are not in harms way and proceed as directed by GHS Staff or Security.</p>
<p>Cell Phones</p> <p>Contractors should refrain from using cell phones in sight of patients. Patients may become agitated because they think someone is talking about them or taking photos of them.</p>
<p>Tools, Equip. & Materials - Safe Handling & Storage Contractor Controlled Area</p> <p>In areas that the Contractor has under his direct control and locked at all times: The contractor shall utilize "just in time delivery", and stock only enough tools, equipment and materials for the days work. For work requiring more than one shift, with the GHS Project Managers or GHS Trade Superintendent's approval, Job Specific Protocols will be initiated which may allow for: small tools to be stored on the jobsite in a larger locked "job box", Larger equipment such as negative air machines may be allowed to remain in the space. Materials required for the next days work may be allowed to remain in the space. The quantities of tools, equipment and materials entering and leaving the area shall be documented on a daily basis. "Job Specific Protocols" will be documented and workers trained accordingly during this orientation. Debris shall be removed from the project at the end of the work shift and the area broom swept.</p>

Job Specific Protocols (list all project measures to be implemented)

All non-English workers must, at all times, have direct bi-lingual supervision at the point the work is being performed.

Orientated workers cleared to work on the 13th floor will be identified by distinct badge markers.

In addition to the GHS Contractor Orientation & Work Rules , I understand and agree to abide by the above 13th Floor Specific Work Rules.

Contractor Name: _____	Worker Name: _____
Contractor Supt.: _____	Worker Signature _____
Interpreter: _____	Date: _____



Grady Contractor Card Access Process

Access cards are individual specific and cannot be issued with the temp badge process. Also, the process for access badging requires the purchase of the card at the GMH Business office (1B024). The receipt and access card document must be submitted to security for activation.

Please follow the process below:

1. You must have an annual badge from Grady. Please reference the Badging Process Document.
2. Please have Grady PM/Manager fill out the Access Control Agreement Form attached to this document as noted.
3. Sign the Access Control Agreement Form as noted.
4. Purchase an access card from the Business Office on the 1st floor of the hospital.
5. Bring completed Access Control Agreement Form and receipt for access card to the Patient Valuables Office on the ground floor for activation.

****Grady PM should receive copies of all documentation****

 **Grady**
Public Safety Department
Access Control Agreement Form

DATE: _____

1. ISSUED PARKING/ACCESS CARD # _____ (1st 5 digits)
2. GRADY EMPLOYEE # _____ (Grady Employee or Contractors Only)
3. EXPIRATION DATE ON GRADY ID: _____

✗ _____
PRINT FIRST NAME

✗ _____
PRINT LAST NAME

✗ LIST APPROVED AREAS OF ACCESS: _____

EMORY OR MOREHOUSE:

Visiting/Medical Student Resident/Fellow Attending/Faculty PA/PA Students

✗ **CONTRACTOR**

✗ PRIMARY DEPARTMENT: _____ FLOOR: _____

If parking is required, go to the parking office on the 3rd Floor of the Butler Parking Deck (148 Jesse Hill Jr. Dr. SE, Atlanta, GA 30303) to pick up a parking card then complete this form.

If no parking is required, submit this form or make an appointment to pick up an access card from the Public Safety Office located inside the basement (BE100) in Grady Hospital (see office hours below). To make an appointment, call (404) 616-8000 and leave a message requesting an appointment. Calls are returned promptly within two (2) business days.

Only one card is issued per person. The card serves as both an access and parking card. Public Safety requires **THREE (3) BUSINESS DAYS FOR PROCESSING**. If your card is lost/stolen, you must immediately notify your manager and Public Safety @ (404) 616-5555 after hours, and (404) 616- 8837 during normal business hours. You will be required to pay a non-refundable \$10.00 processing fee at the Business Office, 1B024, prior to coming to Public Safety. Please bring your receipt to the Public Safety Office as proof of payment. Public Safety hours of operation are M-F 8:00 AM - Noon and 1:00 PM - 4:00 PM by appointment only.

Note: All Access cards issued to non-Grady staff (Morehouse/Emory partners and contactors) will have an expiration date that coincides with the date determined by Grady HR printed on this form on line three (3) above.

✗ Employee /Morehouse/Emory or Contractor Signature: _____

✗ Grady Supervisor/Manager Signature: _____ EXT: _____

DETENTION ONLY (Capt./Lt.) _____ EXT: _____

CHIEF OF SERVICE OR PROGRAM COORDINATOR: _____ EXT: _____

PLEASE EMAIL OR FAX FORMS TO:

PUBLIC SAFETY DEPARTMENT
OFFICE: (404) 616 – 8000 / FAX: (404) 489 – 7113
EMAIL: psacaa@gmh.edu



NOTICE TO COMPLY

CONTRACTOR:

DATE: _____

PROJECT: _____

PROJECT NUMBER: _____

CONTRACTOR IS HEREBY NOTIFIED THAT CONTRACTOR HAS:

- Failed to supply enough competent supervision and project management.
- Failed to timely furnish shop drawings, data, samples, or mock-ups.
- Failed to reasonably protect Contractor's work and any other existing work or improvements from damage.
- Failed to reasonably protect existing facility conditions and/or equipment from damage.
- Failed to comply with safety requirements.
- Failed to comply with clean-up requirements.
- Failed to comply with natural resource and environmental protection requirements.
- Failed to perform Contractor's Work in strict accordance with the Contract Documents.
- Failed to supply enough properly skilled workers.
- Failed to supply enough proper materials, equipment or facilities.
- Failed to maintain the Schedule of Work.
- Failed to make prompt payment of its obligations under the Contract.
- Failed to comply with laws, ordinances, rules, regulations or orders of any public authority having jurisdiction.
- Failed to comply with other requirements of the Contract Documents as described below:
- Failed to comply with "Contractor Work & Permit Requirements".

Contractor is hereby notified that it shall, immediately upon receipt of this notice, commence and diligently continue to satisfactorily correct and cure such defective, condemned or unapproved work or other failure to default as indicated above, and particularly described if necessary, below. Failure to timely commence and complete correction and cure shall entitle the Grady Health System to all remedies permitted under the Contract.

ITEM/DESCRIPTION AND LOCATION:

Grady Health System (GHS)

**Project Manager
GHS Facilities Development**

Receipt acknowledge by :

Contractor

Date



Prime Contractor - Daily Report

Report for Date: _____

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Project Information

GHS-FD Project Number: _____

Project Title _____

Contractor Name _____

GHS-FD / Contractor Contract Number _____

Instructions Received

Information Requested

Manpower		
Trade	Prime	Sub.
Clerical		
Engineering		
Field Supervision		
Project Management		
Clean Up / GC's		
Watchmen, Security		
Site Prep		
Demolition		
Excavation / Backfill		
Foundations		
Structure		
Fireproofing		
Enclosure		
Water / Dampproofing		
Masonry / Precast / Stone		
EFIS		
Ext. Windows / Doors		
Roofing		
Electrical / Lighting		
HVAC		
Plumbing		
Fire Protection / Sprinklers		
Interior Partitions		
Interior D/F/H/W		
Ceilings / Acoustical		
Floor Finishes		
Wall Finishes		
Voice / Data		
Fire Alarm		
Nurse Call		
BAS		
Security Systems		
Medical Gas		
Paving / Drives / Walks		
Hardscapes		
Landscapes		
Interior Signage		
Exterior Signage		
CFCI FF&E		
OFCI FF&E		
PunchList Work off		
Total		

Routing

To: GHS-FD Project Manager _____

From: Contractor Superintendent _____

Date: _____

Received GHS-FD Project Manager _____

Date: _____

Additional Work Authorized

Critical Issues

Weather

Atmospheric Conditions

A.M.		P.M.
<input type="checkbox"/>	Sunny	<input type="checkbox"/>
<input type="checkbox"/>	Cloudy	<input type="checkbox"/>
<input type="checkbox"/>	Rain	<input type="checkbox"/>
<input type="checkbox"/>	Windy	<input type="checkbox"/>
<input type="checkbox"/>	Snow	<input type="checkbox"/>

Ground Conditions

A.M.		P.M.
<input type="checkbox"/>	Dry	<input type="checkbox"/>
<input type="checkbox"/>	Wet	<input type="checkbox"/>
<input type="checkbox"/>	Muddy	<input type="checkbox"/>
<input type="checkbox"/>	Frozen	<input type="checkbox"/>

Temperature Range

High _____ Low _____

ICRA

Are all Controls in Place? Yes No

Negative Air Reading: A.M. _____ P.M. _____

ILSM

Are all Controls in Place? Yes No

Safety Issues

Accidents / Incidents - if Yes file Report

Yes		No
<input type="checkbox"/>	Personnel	<input type="checkbox"/>
<input type="checkbox"/>	Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Property	<input type="checkbox"/>

Clean Up

Properly disposed of spoils? Yes No



Prime Contractor Daily Report

Report for Date: _____

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Work Activities

In Progress:

Started:

Stopped:

Completed:

Impacts

To Work in Progress:

Prevented from Starting:

Stopping Work:

Coordination Issues:

Schedule Compliance

Short Interval Progress

Is your Work on schedule? Yes No

If not, what is impeding your progress?

Critical Path Progress:

Is the Impact to the Critical Path: Yes No

If yes, what actions are you taking to bring your work back on schedule, & have you prepared a Schedule Recovery Plan?

Major Material / Equipment: In / Out

Scheduled Utility Shutdowns

Request form submitted? Yes No



UTILITY SHUTDOWN PROCEDURE

CONTRACTOR SHALL NOT PERFORM WORK UNTILL THEY ARE GIVEN A FULLY EXECUTED COPY OF THE UTILITY SHUT DOWN FORM AND RELEASED BY THE GHS-FD PROJECT MANAGER (GHS-FD PM).

General Contractor (GC) and Trade Subcontractor (TC) (or Prime Contractor if there is no GC) requiring the shutdown, will meet with the GHS-FD PM at least 7 days in advance of the projected utility shut down. At that meeting they will determine:

- the exact scope of work
- identify the work area
- walk the space if necessary
- review existing plans if available and necessary
- consult with the GHS Asbestos Manager for any work to be done above existing ceilings
- the required manpower to complete the work
- the ways and means
- what areas of the facility are affected by the utility shutdown in addition to the actual work area
- schedule a tentative date, shutdown time and duration.
- consult with other appropriate GHS staff for any unusual circumstances
- jointly complete the Utility Shutdown Request Form
- GC and TC will sign and date the Utility Shutdown Request Form.

The GHS-FD PM along with the GC & TC (if necessary) will meet with the appropriate GHS-FM MEP to review and secure acceptance or make appropriate changes to the Utility Shutdown Request. Upon acceptance the GHS-FM MEP Superintendent will initial and date the Utility Shutdown Request Form and tentatively schedule the shutdown pending final execution of the form.

The GHS-FD PM, Sub and GC will sign and date the form then review the Shutdown Request with the GHS End User or his assigned representative and have them sign / date the form to agree on the terms of duration.

The GHS-FD PM will then review the Shutdown Request with the GHS-FM Director and have it signed and dated.

The GHS-FD PM will then review the Shutdown Request with the GHS-FD Director and have it signed and dated.

The GHS-FD PM will then review and obtain the approval signature and date from the GHS VP of Facilities.

The GHS FD PM will then provide a fully executed copy to the GHS-FM Director to formally schedule the work and implement the necessary / required facility wide or location specific notifications.

The GHS-FD PM will forward a copy of the executed Shutdown Request to the GC Supt., who will notify the Trade Subcontractor that the work will be allowed to progress as scheduled.

No shutdown work will be allowed to commence without full time direct onsite supervision by the General Contractors Superintendent who will be wholly responsible for all onsite incident response and mitigation. A "Crash Cart" is required at all floors where work is to be performed. The actual "turning of the valve" and "turning off of the breakers", and tag-out will be done by the GHS-FM Supervision.

GHS FM Supervisor - Phone List:

HVAC / HVAC Controls & Chilled Water:	Norris Campbell:	404 616 8420
Plumbing / Steam:	Demetrius Johnson:	404 787 9072
Electrical/Fire Sprinkler:	Kevia Morris Sr.	404 616 3963
PT System / Elevators:	Lonnie Hicks:	404 616 7396
Fire Alarm:	Kevia Morris Sr.	404 616 0524
Medical Gas:	Demetrius Johnson:	404 787 9072



PROJECT NAME: _____

GHS-FD PROJECT # _____

UTILITY SHUTDOWN REQUEST FORM

Reason for Shutdown: _____

Area work is to be performed:

_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____
_____ Floor	_____ Area	<input type="checkbox"/> Ceiling Cavity	<input type="checkbox"/> Room Cavity	Other _____

<u>Affected Utility</u>	<u>GHS FM Supv</u>	<u>Date</u>
<input type="checkbox"/> HVAC	_____ Carlos Wilder	_____
<input type="checkbox"/> Chilled Water	_____ Carlos Wilder	_____
<input type="checkbox"/> Heating Water System	_____ Carlos Wilder	_____
<input type="checkbox"/> Storm	_____ Carlos Wilder	_____
<input type="checkbox"/> Sanitary	_____ Carlos Wilder	_____
<input type="checkbox"/> Domestic Hot Water	_____ Danny Williams	_____
<input type="checkbox"/> Domestic Cold Water	_____ Danny Williams	_____
<input type="checkbox"/> Steam	_____ Carlos Wilder	_____
<input type="checkbox"/> Condensate	_____ Carlos Wilder	_____
<input type="checkbox"/> DI / RO Water	_____ Lonnie Hicks	_____
<input type="checkbox"/> Natural Gas	_____ Jarvis Hicks	_____
<input type="checkbox"/> Nitrogen	_____ Danny Williams	_____
<input type="checkbox"/> Nitrous Oxide	_____ Danny Williams	_____
<input type="checkbox"/> Vacuum	_____ Danny Williams	_____
<input type="checkbox"/> Oxygen	_____ Danny Williams	_____
<input type="checkbox"/> Medical Air	_____ Danny Williams	_____
<input type="checkbox"/> Normal Power	_____ Kevia Morris	_____
<input type="checkbox"/> Emergency Power	_____ Kevia Morris	_____
<input type="checkbox"/> Normal Lighting	_____ Kevia Morris	_____
<input type="checkbox"/> Emergency Lighting	_____ Kevia Morris	_____
<input type="checkbox"/> Pneumatic Tubes	_____ Lonnie Hicks	_____
<input type="checkbox"/> Elevators	_____ Lonnie Hicks	_____
<input type="checkbox"/> Fire Alarm System	_____ Kevia Morris	_____
<input type="checkbox"/> Fire Supression System (Dry)	_____ Kevia Morris	_____
<input type="checkbox"/> Fire Supression System (Wet)	_____ Kevia Morris	_____
<input type="checkbox"/> Temperature Controls	_____ Kevia Morris	_____

Shutdown Schedule

Day: _____
 Date: _____
 Start Time: _____
 Finish Time: _____
 Total Duration: _____

Areas Affected by Shutdown

Special Requirements:

<u>Authorizations</u>			
<u>Company Name</u>	<u>Signature</u>	<u>Date</u>	<u>Phone</u>
Sub: _____	_____	_____	_____
GC: _____	_____	_____	_____
GHS-FD PM: _____	_____	_____	_____
GHS-User: _____	_____	_____	_____
GHS-FM Fac. Mgr. Ron Henry	_____	_____	404-616-7267
GHS-FM Director James Ervin	_____	_____	404-616-6570
GHS-FD Director: John Barnes	_____	_____	404-915-0953
GHS-VP: Steven Ziffer	_____	_____	404-616-0588
CC: GHS-FD, GHS-FM, Project File			

GHS FM MEP Superintendent will initiate Facility Notifications and Public Service Announcements

GRADY HEALTH SYSTEM HOT WORK PERMITS			
Policy #: 828.07.11	Revised: 5/01	Origination: 2/91	Category: Utilities Mgt.

I. POLICY

This policy establishes procedures allowing hot work to be performed in a safe and effective manner. This policy applies to routine maintenance, renovation, and new construction performed by in-house or contract personnel.

II. SCOPE

All personnel performing hot work at Grady Health System (GHS).

III. PROCEDURES

A. For the purposes of this policy, the following definitions apply:

1. Burn Permit: This form is to be completed by a Facilities Management or Facilities Development Project Manager. It must contain the work to be performed, nature of the work, the fire alarm point or zones disabled, the time period of the work, the name of the employee completing the form, the name of the employee or company performing the work, and a safety check list to be completed after work is finished.
2. Fire Alarm Point or Zone: An alpha-numeric name assigned to an alarm initiating device or group of devices, i.e. duct detectors, smoke detectors, flow switches, beam detectors, or heat detectors.
3. A burn permit must be completed by a Facilities Management or Facilities Development Project Manager prior to beginning work. The fire alarm point or zone must be disabled prior to the burn permit being issued.
4. The burn permit must be kept in the area the work is taking place. If hot work or work creating excessive dust is occurring without a burn permit, work will be immediately stopped by either Safety, Facilities Management, Facilities Development or Project Manager.
5. It is the responsibility of the employee who disables a point and/or issues a burn permit to ensure the point is enabled and/or the burn permit turned in.
6. If the employee is ending his shift, it is his responsibility to delegate this task to the individual on the next shift. Upon returning to work the next day, the employee must check if the point of zone is enabled and/or burn permit turned in. If the delegated employee failed to perform this task, it is to be reported to the supervisor.
7. Upon completion of work, the area shall be checked by the employee or company performing the work and the safety checklist completed.
8. Failure to follow these procedures will result in disciplinary action.

Hot Work Permit		
Date Issued		
Issued By		
Location of Hot Work		
Type of Hot Work	(Circle the appropriate answer) Welding - Cutting - Grinding - Other	
EXPIRES	Time _____ Date _____	
Job Description		
Safety Requirements - required to be established & maintained		
The person issuing this permit has required the following safety precautions as indicated by his/her initials that the following circled items have been established prior to issuing this permit. Items that do not apply will be marked N/A	Initials of Issuing Authority	
No flammables/combustibles within 35 ft or ILSM		
Charged Extinguisher in work area		
Fire Watch(es) briefed & stationed		
Adequate ventilation established		
Welding curtains or shields if applicable		
Respirators used if applicable		
Hot Work Personal Protective Equipment		
Warning signs posted		
Welding/cutting equipment inspected		
Certified Welder		
Surrounding equipment is Locked Out		
No flammable/combustible gasses in area		
Confined Space Entry Permit Issued		
Access to work area controlled		
Task Started	Time _____	Date _____
Task Completed	Time _____	Date _____
Fire Watch Secured	Time _____	Date _____
Permit Ended	Time _____	Date _____
Return Completed Permit to:		



Administrative Policy	Page 1 of 3
Above Ceiling Tile Policy 828.07.15	Origination 7/2007 Date: Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

It is the policy of Grady Health System to provide a safe environment for all patients, staff visitors, contractors etc. by managing fire risks (EC.02.03.01) and reducing risks in the environment during routine maintenance, demolition, renovation or construction (EC.02.06.05).

II. PURPOSE:

The purpose of this policy is to establish procedures to monitor and guide hospital staff, vendors, contractors and sub-contractors in the process of proper closure of ceiling penetrations. Along with minimizing the risks for acquisition of healthcare associated infections (HAIs) to patients that may result when fungi or bacteria are dispersed into the air via dust during construction, renovation or routine maintenance activities.

III. SCOPE:

This policy and these procedures applies to all buildings under the control of Grady Health System and areas in which Grady Health System employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady Health System.

Any individual or organization entering into the Grady Health System must comply with the safety criteria and precautions included within this policy. This policy is not limited to employees, house staff or medical staff.

IV. ADMINISTRATIVE RESPONSIBILITY:

All GHS employees, employees of affiliates doing business within GHS facilities and vendor representatives are required to comply with this policy and are responsible for enforcement of this policy.

Violators of this policy are subject to disciplinary action or may affect the status as a qualified vendor for bidding future work.

V. DEFINITIONS:

Contractor: For the purposes of this policy “Contractor” is defined as the General Contractor, Prime Contractor, Sub Contractor, Tradesmen, Mechanics, Apprentices, Laborers, and Original Equipment Manufacturer Technicians and includes GHS employees performing these tasks.

Above Ceiling Work includes the inspection, repair and installation of pipes, conduits, ducts, cables, wires, pneumatic tubes and similar building services which takes place above existing suspended ceiling tile systems. It does not include construction activities which occur before the permanent ceiling is installed in areas that are being renovated or in areas/buildings under construction.

Pre-existing Conditions: any condition at or above the ceiling level that is found to not be in compliance with GHS standards and codes.

Emergency Work: Work that is required to be performed in the event of an emergency where it is not feasible to mobilize a containment system in a timely manner.

IV. PROCEDURE:

Any Contractor needing to perform work above the suspended ceiling tile system should contact F.M. Customer Service (x-3960) to state the purpose and length of time needed for the project.

The Contractor must obtain an above ceiling work permit and post a Work in Progress sign identifying the project department and contact information. Receiving the above ceiling work permit acknowledges the life safety deficiency created and the responsibility to return the tiles to a smoke tight condition.

It is the Contractors responsibility to submit a marked floor plan identifying the work route and requesting a pre-above ceiling inspection with the project manager to identify issues of concerns.

Contractors are responsible for the reporting of breeches of any fire or smoke barrier that they create or pre-existing conditions they discover in the course of their operations to Facilities Management – Fire Command Center.

Any penetration through a rated fire assembly will require proper fire stopping with a CP25 fire caulk material. Any and all wire, cables that penetrate rated walls, floors or ceilings shall be placed in a sleeve and sealed with the proper fire stop materials and systems.

All tiles must be replaced before leaving the area at the end of the day, or when work is complete. Outside Contractors will replace broken ceiling tiles at his expense unless otherwise stipulated in the work agreement. Cards and signs must be returned to F.M. Customer Service when work is complete.

Contractors are responsible for ensuring that there is a final inspection of their work prior to closing of any ceilings. Project Managers is responsible for conducting all final quality control inspections and closing out the ceilings with the Contractor.

Containment System Requirements

Negative Pressure Containment Systems are required for accessing areas above the ceiling for all inspection, non-invasive, small scale/short duration activities which involve the opening of more than one ceiling tile per 10 tiles that are performed outside the regular Infection Control Risk Assessment parameters in the following areas:

Operating Rooms/Sterile Processing Areas	Labor & Delivery Rooms
Labor and Delivery Operating Rooms	Newborn Nurseries
Cardiac Catheterization Areas	Post-Partum
Angiography Areas	Endoscopy Areas
Dialysis	Short Stay
Oncology	Progressive Care
Transplant Units	Telemetry
Anesthesia Workroom/Processing	Interventional Radiology
Pharmacy Admixture	Medical/Surgery Units
Intensive Care Units	Kitchen/Cafeteria
Day Surgery	Central Processing
Emergency Room	
Post Anesthesia Care Units	

Upon completion of the work the area inside the barrier must be cleaned prior to removal. The Containment System must be vacuumed from the inside of the cube prior to opening.

Outside Contractors/Vendors are responsible for providing the manpower and equipment (including Containment Systems, negative air machines, HEPA vacuum, etc.) for meeting the requirements of this policy. Based upon availability, GHS Project Managers may check out GHS owned containment systems for Contractor's use. The GHS Project Manager will be responsible for maintaining the retuning the containment system to Facilities Management.

Outside Contractors/Vendors are responsible for maintaining their equipment including the replacement of the HEPA and other filters as per manufacturer's recommendations.

V. REFERENCES, CROSS REFERENCES OR REGULATORY INDEXING:

This policy is developed to guide organizational adherence to regulatory requirements of The Joint Commission:

- ❖ EC.02.03.01 – The hospital manages fire risks;
- ❖ LS.03.01.10 – Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat;
- ❖ EC.02.06.05 – The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.



Facilities-Utilities Management	Page 1 of 3
Confined Space-828.07.10	Origination Date: 5/2001
	Revision Date 10/11 Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY:

This policy establishes procedures to comply with OSHA Standards 1910.146 Permit Required Confined Spaces, effective April 15, 1993

II. SCOPE:

This policy and these procedures applies to all buildings under the control of Grady Health System® and areas in which Grady Health System® employees work and will Provide a safe, secure and comfortable Environment of Care for patients, staff and Visitors using the facilities of Grady Health System®.

Any individual or organization entering into the Grady Health System must comply with This policy. This policy is not limited to employees, house staff or medical staff.

III. DEFINITIONS:

A. Confined space:

1. Has limited or restricted means of entry or exit. One way in and out.
2. Is large enough for an employee to enter and perform assigned work and is not designed for continuous occupancy.

B. Permit-required confined space: Meets the definition of a confined space and has one or More of these characteristics:

1. Contains or has the potential a hazardous atmosphere.
2. Contains a material that has the potential for engulfing the entrant.
3. Has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and has tapers to a smaller cross section.
4. Contains any other serious safety or health hazards.

C. TWA: Time Weighed Average: 8 hours or longer with appropriate respiratory protection.

Approved By: Craig J. Tindall, SVP Operations & Facilities

- D. STEL: Short Term Exposure Limit: up to 15 minutes.
- E. LEL Lower Exposure Limit
- F. LFL: Lower Flammability Limit.

IV. PROCEDURES

In order to perform work in these areas, three people are needed. The responsibility of these people are as follows:

Entrant: Person entering the confined space.

1. Ensure permit is posted at work site.
2. Ensure proper protective equipment is worn.
3. Check safety rope is properly secured if used.
4. Evacuate space upon any sign of hazard.

Attendant: Person watching the entrance to confined space.

1. Maintain constant contact with entrant visually or with radio.
2. Keep unauthorized person out of area.
3. Monitor hazards inside and outside of area.
4. Notify supervisor if hazard arises or entrant collapses.
5. Rescue entrant from the outside only.

Supervisor: Shop supervisor or manager responsible for monitoring the work.

1. Prepare Confined Space Entry Permit that simply registers the work and notifies Management (FM and Safety) . This can be done with a Corrective Maintenance work order to initiate and close out the work.
2. Perform all air tests.
3. Inspect confined space for potential hazards.
4. Verify material stored in confined space prior to work and obtain MSDS.
5. Ensure entrant and attendant know hazards and responsibilities.
6. Verify communications work.
7. Ensure safety rope is securely attached to entrant and solid point outside the confined space.
8. Simulate retrieval after the entrant has entered the confined area, and before work commences.
9. Call for help, if hazard arises or entrant collapses.

A. Routine Procedure

1. Entrant checks confined space list to see if work area is defined, as a permit required confined space.
2. If area is not on list, proceed with work.
3. If area is not on list, inform supervisor of need to do work.
4. Supervisor shall conduct air tests and begin completing Confined Space Entry Permit.
5. Oxygen tests can be obtained from the Plumbing and Steam Plant Supervisor

(5-3962), or boiler operator or borrow an oxygen analyzer from Respiratory Care services. All other tests can be obtained from the Chief Engineer/designee.

6. Air Samples must be continuously monitored and pass the following limit:
 - Oxygen-min>19.5%.
 - Oxygen-max<23.5%
 - Lower Flammability Limit>10%
 - Carbon Monoxide-25ppm
 - Aromatic Hydrocarbon-1 ppm-5 ppm
 - Hydrogen Cyanide-4.7 ppm
 - Hydrogen Sulphide-10 ppm TWA or 15 ppm STEL
 - Sulphur Dioxide-2 ppm TWA or 5 ppm Short Term Exposure Limit STEL
 - Amonia-25 ppm TWA or 35 ppm STEL
 - Chlorine-0.5 ppm TWA or 1ppm STEL
7. If air samples do not pass any of the tests, mechanically ventilate area and retest until air tests pass.
8. After permissible air levels are met, mechanical ventilation is set up for entire duration of the work period.
9. Supervisor verifies material stored in space prior to work. If MSDS indicates potential for skin, eye or nose irritant, entrant must wear appropriate protection gear.
10. Supervisor verifies temperature in confined space prior to, and during, to insure that the temperature is not excessive to the point of creating a potential hazard. If the temperature is considered a potential hazard, supervisor will specify periodic breaks to avoid heat exhaustion.
11. Entrant ensures safety rope is secured to him and a solid point outside the confined space if used.
12. Attendant checks communication (radio, visual, and/or verbal) and monitors the area for hazards.
13. Work may commence. Attendant continually monitors entrant and keeps unauthorized persons out of the work area.

B. Emergency Procedure

1. In the event any hazard arises, attendants tells entrant to evacuate the confined space.
2. In the event the entrant collapses, or shows any sign of trouble, the attendant radios the supervisor or the Facilities Management 24/7 operation center for help notifying 911. If a telephone is available, call 911 directly with the exact location.
3. The supervisor, or others go to the confined space to help attendant pull entrant from the space.
4. **UNDER NO CIRCUMSTANCES IS THE ATTENDANT OR SUPERVISOR TO ENTER THE CONFINED SPACE FOR RESCUE PURPOSES.**



Facilities-Utilities Management	Page 1 of 45
Hazardous Energy Control (Lockout/Tagout)	Origination Date 9/1995
828.07.08	Revision Date 11/2008 Review Date: 7/2016

POLICY KEY ELEMENTS

I. POLICY

This policy establishes the minimum requirements for the Lockout and/or Tagout of energy isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked and/or tagged out before employees perform any servicing or maintenance activities where the unexpected energizing, start-up or release of stored energy could cause injury.

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

II. SCOPE

This policy and these procedures apply to all buildings under the control of Grady Health System® and areas in which Grady Health System® employees work and provide a safe, secure and comfortable environment of care for patients, staff and visitors.

Any individual or organization entering into the Grady Health System must comply with this policy. This policy is not limited to employees, house staff or medical staff.

III. OBJECTIVES/FUNDAMENTALS

TRAINING

All new maintenance personnel will receive initial training as part of their department orientation with an entry made on the orientation checklist.

All maintenance department personnel will receive refresher training in the hazardous energy control policy/procedure as required.

Hazardous Energy Control (Lockout/Tagout)

TAGOUT DEVICES

Standardized tagout cards are provided for all GHS maintenance personnel. These are used whenever it is not possible to permanently isolate or render inoperative, the machine or equipment. Whenever possible, tagout devices shall be attached at the same location a lockout device would have been attached, and in such a manner that will clearly indicate that the operation or movement of energy isolating devices is prohibited.

Tagout devices must be substantial enough to prevent accidental or inadvertent removal. They must be of durable means. Tagout device attachments shall be of non-reusable type, attachable by hand, self-locking, and with a minimum unlocking strength of no less than 10 pounds, equivalent to a one piece, all-environment tolerant nylon cable tie.

The date and identity of the employee attaching the label shall be indicated on the tag out device. The device must warn against hazardous conditions, if the machine or equipment is energized.

Tagout device legends shall include the following:

"Do Not Start," "Do Not Open," "Do Not Close," "Do Not Energize," and "Do Not Operate."

Following the installation of the tag out device on isolated energy devices, all potentially hazardous stored or residual energy shall be disconnected, and otherwise rendered safe. Verification of isolation shall continue until the servicing or maintenance is completed.

Only the authorizing associate can remove tag out devices. The work area shall be inspected to ensure that nonessential items have been removed and to ensure machine or equipment components are operationally intact. All affected associates shall be notified that the tagout devices have been removed.

LOCKOUT DEVICES

Lockout devices use a positive means such as a lock, either key or combination type, to hold an energy-isolating device in the safe position and prevent the energizing of a machine or equipment. Lockout devices must be substantial enough to prevent removal without the use of excessive force or unusual techniques, such as metal cutting tools, etc.

Whenever a major replacement, repair, renovation or modification of machines or equipment is performed, and whenever new machines or equipment are installed, energy isolating devices for such machines or equipment shall be designed to accept a lockout device.

Lockout devices shall indicate the date and identity of the employee applying the device(s).

Lockout devices shall be uniquely identified; shall be the only devices used for this purpose; shall not be used for any other purpose, and shall be capable of withstanding the environment to which they are exposed for the maximum period of time that exposure is

Hazardous Energy Control (Lockout/Tagout)

expected.

Lockout devices, where used, shall be affixed in a manner that will hold the energy-isolating device in a "safe" or "off" position. The authorizing associate shall verify isolation and de-energizing of the machine or equipment has been accomplished.

After the installation of the lockout devices on energy isolating devices, all potentially hazardous stored or residual energy shall be relieved, disconnected, and otherwise rendered safe. Verification of isolation shall be continued until the servicing or maintenance is completed.

Only the authorizing employee can remove lockout devices placed by them. The work area shall be inspected to ensure the removal of all nonessential items and to ensure that machine or equipment components are operationally intact. All affected employees shall be notified that lockout devices have been removed.

IV. PROCEDURE

Preparation for Lockout/Tagout: Conduct a survey to locate and identify all isolating devices to be certain which switches, valves (upstream & downstream) or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source may be involved.

Sequence of Lockout/Tagout System Procedure: Notify all affected employees that a lockout or tagout system is going to be used and the reason. The authorizing employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards.

If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, flip toggle switch, etc.).

Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating fly wheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, draining, etc.

Lockout and/or tagout the energy isolating devices with assigned individual lock(s) and/or tag(s).

After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate

Caution: Return operating control(s) to "neutral" or "off" position after the test. The equipment is now locked out and/or tagged out.

If the employee leaves the work area for any reason, they must recheck and verify their

Hazardous Energy Control (Lockout/Tagout)

tagout and/or lockout is still in place and that valves or switches are in proper position prior to resuming work on the equipment or system.

EXCEPTION

The supervisor may remove tags and/or lockout devices if the supervisor follows the tag removal steps.

Electrically powered equipment that can be rendered safe by unplugging the equipment from the power source and by the plug being under the exclusive control of the employee performing the maintenance/service task

“Hot Tap Operations” is work performed when the employee can prove that continuity of service is essential, shutdown of the system is impractical, or maintenance actions require the equipment to be energized for service or troubleshooting. Documented procedures are followed and special protective equipment used.

NOTE: When it is deemed necessary to work on an energized circuit the supervisor must be notified and a two-man procedure will be initiated. The second person will serve as a safety to de-energize the power or call for help if a problem occurs. Special protective equipment will be used.

RETURNING MACHINES/EQUIPMENT TO NORMAL OPERATIONS

After repairs and/or maintenance are complete and equipment is ready use, check the area around the machines or equipment to ensure that no one is exposed.

After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lockout/tagout devices. Operate the energy isolating devices to restore energy to the machine or equipment and verify operation.



General Safety	Page 1 of 2
Helipad Safety Management for Maintenance and Construction Activities	Origination Date: 9/2017
	Revision Date: NA

I. POLICY STATEMENT

It is the policy of the Grady Health System (hereafter GHS) to provide a means whereby patients from the scene of an accident or from another facility are received by both ground and air transport.

II. PURPOSE

The purpose of this policy is to establish guidelines for the safe and efficient management of the helicopter landing pad during construction activities occurring within vicinity of the landing pad.

III. NOTIFICATION

1. The paramedic Communications Coordinator (PCC) will be notified by phone or radio communication of a patient's transport.
2. The PCC, after being notified of the patient's transport, is responsible for notifying the Security Central Station (5-4024) of estimated time of arrival.
3. The Security Central Station personnel are responsible for notifying:
 - a. Plant Operations Supervisor on duty.
 - b. Physical Therapy (16th Floor) during normal operations hours.
 - c. Contractor's Field Team Leader (Phone contact number provided through FM Roof Access Permit).

IV. PROCEDURES

1. Before any work takes place, a CIRA (Change Impacts Risk Analysis) will be completed and approved by FM. This plan is to safeguard emergency services operations from the risk of tools, debris, equipment or personnel affecting the operation of the helicopter. The Contractor will be responsible for developing the scope of work, managing the project and assuring work is performed in compliance with all applicable codes, regulations and this policy.
2. ILSMs will be implemented to compensate for significant deficiencies and hazards that may be a result of ongoing work. Special consideration will be given to:
 - Maintaining exits clear and unobstructed

Approved By: EOC Committee

- Maintaining access for emergency response
 - Maintain good housekeeping and storage practices
3. A gang box will be placed immediately adjacent to the work area. All tools not in use will be kept in gang box. Upon notification of inbound helicopter, all tools are to be immediately stowed in gang box.
 4. There will be no staging on the roof of any debris, new materials or equipment.
 5. A daily safety and production brief will be conducted by the Contactor.
 6. All hands will be prepared to secure all tools and materials and evacuate the area immediately upon notification of inbound helicopter. No construction personnel are to approach the helicopter under any circumstances. Construction personnel to remain behind closed doors until helicopter departs landing pad and all clear given by FM.
 7. No FOD (foreign Object Debris) will be left unsecured that could pose a safety threat at any time during construction activities. Contractor will maintain hourly surveillance rounds of construction areas.
 8. FM to perform and document weekly helicopter inbound drills for construction areas.
 9. Report all accidents, near-accidents, injuries and unsafe conditions to FM immediately.



Hazardous Material	Page 1 of 3
Accessing Safety Data Sheets (SDS) EC.02.02.01.09	Origination Date: 05/1998
	Revision Date: 10/2009 Review Date: 05/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

Grady Health System will maintain Safety Data Sheets (SDS) for each OSHA-Regulated hazardous chemical and/or product used and/or stored in the workplace. All SDSs will be readily accessible, during each work shift, to employees when they are in their work areas.

All Grady Supervisors and/or Managers and Grady Partners can request missing or updated SDSs, by

- Calling the Manufacturer's phone number listed on the container label; or
- Accessing and searching the SDS Online "BinderView" SDS Database located on the SDS Online Internet Server; or
- Contacting the Hazardous Material Manager; or
- Call the SDS Online Fax-On-Demand server.

The "BinderView" SDS database should be used as the primary source for obtaining missing and/or updated SDSs. The SDS Fax-On-Demand server should only be used in the event of an emergency (uncontained spills or releases to hazardous chemicals and/or chemical exposures) or when access to the Internet is not available or has been disrupted.

SDSs not found on the "BinderView" SDS Database should be immediately reported, via phone or e-mail, to the Hazardous Material Manager for Grady Health System.

II. PURPOSE:

To ensure that Safety Data Sheets (SDS) are accessible to hospital staff for each OSHA-Regulated hazardous chemical and/or product used and/or stored in the workplace

III. SCOPE:

The policy and procedures applies to all buildings under the control of Grady and areas in which Grady employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady.

Any individual or organization entering into Grady must comply with this policy. This policy is not limited to employees, house staff or medical staff

Approved By: EOC Committee

IV. OPERATIONAL DEFINITIONS: N/A

This policy and these procedures applies to all buildings under the control of Grady Health System and areas in which Grady Health System employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady Health System.

Any individual or organization entering into the Grady Health System must comply with this policy. This policy is not limited to employees, house staff or medical staff.

V. ADMINISTRATIVE RESPONSIBILITY:

Employees and Staff are responsible for following the procedures and/or guidelines as outlined below.

Department heads and first line supervisors are responsible for ensuring that access to Safety Data Sheets is available to all hospital staff in their work place.

The Safety Office is responsible for monitoring operations and ensures compliance with Environment of Care Policies and Procedures. The Safety Office shall monitor and document compliance activity during hazard surveillance rounds.

VI. PROCEDURES AND/OR GUIDELINES

Accessing SDS via “BinderView” SDS Database on the SDS Online Internet Server:

- Open your Microsoft Internet Explorer and type “GradyNet” in the Address Field
- Double Click on the Quick Link “SDS ONLINE” to open the “BinderView” SDS Database
- Search the SDS Database by using the chemical name or product ID number and Manufacturer’s name as written on the label of the chemical or product container.
- All SDSs are in Acrobat format, and can be opened and printed or saved to your computer.

Accessing SDSs via the SDS Online Fax-On-Demand Server:

- In the event of an emergency, please contact the Hazardous Material Manager (HMM) at (404) 319-6645 to obtain authorization to use the SDS Fax-On-Demand server. The HMM will immediately forward your call to the Fax-On-Demand Server at SDS Online. This server is available on a 24 hours a day basis.
- Information needed to request a SDS through the Fax-on-Demand Server:
 - Chemical or Product Name as it appears on the container label
 - Manufacturer Name
 - UPC (Universal Product Code) or Chemical Abstract System (CAS) Number if available
 - Fax number of the fax machine that you want the SDS information to be sent.

VII. REFERENCES, CROSS REFERENCES OR REGULATORY INDEXING:

Policy relates to and should be used in association with GHS policy EC.02.02.01.10 *Hazardous Material Inventory*”, EC.02.02.01.12 *Hazard Communication Plan*.

This policy is developed to guide organizational adherence to Joint Commission EC.02.02.01, EP#11 and with the OSHA Hazard Communication Standard (29 CFR 1910.1200(g)).



Hazardous Material	Page 1 of 9
Hazard Communication Program EC.02.02.01.12	Origination Date: 05/2001 Revision Date: 03//2008 Review Date: 05/2016

POLICY KEY ELEMENTS

I. POLICY STATEMENT:

Grady Health System® (GHS) has developed and implemented a written Hazard Communication (HazCom) program to ensure that the physical and health hazards of chemicals produced or imported into GHS is evaluated, and that information concerning their hazards is transmitted to applicable employees and contractors within the GHS Workplace. This transmittal of information is accomplished by means of comprehensive hazard communication programs, which includes the listing of hazardous chemicals present, container labeling and other forms of warning, material safety data sheets and employee training.

GHS will make the written hazard communication program available, upon request, to employees, their designated representatives, the Assistant Secretary of Labor for the Occupational Safety and Health, U.S. Department of Labor and the Director for the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, in accordance with the requirements of 29 CFR 1910.1020 (e).

II. PURPOSE:

The purpose of this policy is to ensure that employees are informed of the physical and health hazards of the hazardous chemicals and products used and/or stored in their work areas and how to protect themselves from exposure utilizing primary engineering controls and/or Personal Protective Equipment (PPE).

III. BACKGROUND:

Grady Health System® (GHS) has developed and implemented a written Hazard Communication (HazCom) program to comply with applicable regulatory requirements of the OSHA Hazardous Communication Standard (29 CFR 1910.1200).



IV. SCOPE:

The policy and procedures applies to buildings under the control of Grady and/or areas in which Grady employees work and will provide a safe, secure and comfortable Environment of Care for patients, staff and visitors using the facilities of Grady.

Any individual or organization entering into Grady must comply with this policy. This policy is not limited to employees, house staff or medical staff.

Exclusion: Pursuant to 29 CFR 1910.1200(b)(3), the Laboratory Service Department is not required to comply with GHS's Written Hazard Communication plan but will comply with the more strict OSHA Standard 29 CFR 1910.1450 "*Occupational Exposure to Hazardous Chemicals in the Laboratory*" as outlined in their Written Chemical Hygiene Plan.

Partial Exclusion: In work operations, where employees only handle hazardous chemicals in sealed containers which are not opened under normal conditions of use (such as are found in our Inventory, Receiving and Distribution Department), the GHS HazCom plan applies to these operations only as follows:

- Ensures that labels on incoming containers of hazardous chemicals are not removed or defaced; and
- Maintains copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous chemicals; and
- Obtains a material safety data sheet as soon as possible for sealed containers of hazardous chemicals received without a material safety data sheet if an employee requests the material safety data sheet; and
- Ensures that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s); and
- Ensures that employees are provided with information and training in accordance with GHS written HazCom plan to the extent necessary to protect them in the event of a spill or leak of a hazardous chemical from a sealed container.

V. OPERATIONAL DEFINITIONS: N/A**VI. ADMINISTRATIVE RESPONSIBILITY:****GHS Sections/Departments**

Each Unit/Clinical Manager and/or Director is responsible for:

- Approving the Initial purchase of an OSHA-Regulated hazardous chemical and/or product for use by their section and/or department; and
- Ensuring that their unit, section and/or department have the required:
 - Storage facilities (e.g., Flammable & Corrosive Storage Cabinets Or Rooms, Explosion-Proof Refrigerators, Compressed Gas Cylinder Storage Areas); and
 - Personal Protective Equipment (PPE); and
 - Containment equipment (e.g. Laboratory Fume Hoods & Biological Safety Cabinets) for the safe storage, handling, and use of hazardous chemicals and/or products purchased.
- Providing employees with the necessary hazard communication (HazCom) training, required under this written plan, at the time of their initial assignment and annually thereafter for hazardous chemicals and/or products used or stored in their work areas,

Approved By: EOC Committee



Safety Office:

The Hazardous Material Manager is responsible for:

- Implementing the annual Hazardous Material Inventory (HMI) program pursuant to HM Policy EC.02.01.01.10 “*Hazardous Material Inventory*”; and
- Managing (maintaining and updating) GHS’s Online SDS Database; and

Laboratory Services:

The Chemical Hygiene Officer for Laboratory Services is responsible for implementing their Chemical Hygiene Plan in accordance with the “Occupational Exposure to Hazardous Chemicals in the Laboratory” Standard (29 CFR 1910.1450).

Material Management Department:

The Manager of Purchasing is responsible for ensuring that Purchase Orders issued for the procurement of OSHA-Regulated Hazardous Materials and/or Products will be marked with the following Statement: “*Forward Safety Data Sheets (SDSs) to the attention of the Safety Office, Grady Health System, PO Box 26121, Atlanta, Georgia 30303*”

The Director of Value Analysis will be responsible for ensuring that the selection of new products and/or equipment, which require a Safety Data Sheet (SDS) under the OSHA Hazard Communication Standard, will undergo a detailed new product review to evaluate and minimize risks associated with handling, use, storage, and disposal of the proposed new product.

The Manager of Receiving Dock is responsible for ensuring that:

- Labels on incoming containers of hazardous materials have not removed and/or defaced; and
- SDSs, received with incoming shipments of hazardous materials, are maintained with the container and delivered to the end user, and a copy of the received SDS and receiving document faxed (ext. 5-1070) to the Safety Office; and
- SDSs are obtained for sealed containers of hazardous materials, received without SDSs, and distributed to end users upon request; and
- SDSs are readily accessible during each work shift to Receiving Dock employees when they are in their work areas(s); and
- Containers of hazardous chemicals and/or products received are visually inspected for signs of damage and/or release of hazardous materials prior to being transported to the end user; and
- Receiving Dock employees are provided with information and training (General Awareness) to the extent necessary to protect them in the event of a spill or leak of hazardous chemicals from a sealed container.

Facilities Development is responsible for ensuring that:

The respective Project Manager is responsible for contacting each contractor before work is started at GHS to gather and disseminate any information concerning chemical hazards that the Contractor or sub-contractor is bringing into the workplace (*See GHS's Pre-Construction Risk Assessment Policy*).

It is also the responsibility of the Project Managers to provide Contractors the following information:

- Notify of the toxic and hazardous materials to which they may be exposed while on the job site and how the appropriate SDSs can be obtained
- Precautionary measures that need to be taken to protect their employees and any sub-contracted employees during the workplace's normal operating conditions and in foreseeable emergencies
- Explanation of the Hazardous Material labeling system used by GHS.

VII. PROCEDURES AND/OR GUIDELINES

The following procedures are used by Grady Health System to minimize the risks associated with the selecting, handling, transporting, storing, using, and disposing hazardous chemicals:

Hazard Determination

An annual Hazardous Material Inventory (HMI) is performed by each applicable Department for hazardous chemicals known to be present in the workplace using an identity that is referenced on the appropriate Safety Data Sheet (SDS). (*See Hazardous Material Inventory Policy #EC.02.02.01.10*)

Selecting:

Existing OSHA-Regulated Hazardous Chemical and/or Products are ordered through the GHS PeopleSoft procurement system. The Manager of the requesting Section and/or Department approves each purchase requisition for Hazardous Materials prior to submission to the Purchasing Department. Managers, who request new products and/or equipment containing hazardous chemicals, must complete and submit their request on a New/Replacement Product form to the GHS Value Analysis Program for evaluation and approval.

Handling/Receiving:

Shipments of Hazardous Material, received by GHS, are inspected for physical signs of damage (e.g., leaking or wet packages/containers, dented or crushed packages/containers) prior to being removed from the transport vehicle. Damaged hazardous material packages/containers, which are breached and/or releasing hazardous materials, will remain in the transport vehicle. Receiving Dock Staff will instruct the driver not to move the transport vehicle and will immediately notify the GHS's Hazardous Material Manager to report the spill or release of hazardous material from the damaged package.

Transportation:

Approved By: EOC Committee



Shipments of Hazardous Materials, which are received by GHS, remain in their original Department of Transportation (DOT) Packaging while temporally being stored in the receiving areas and while in transit within the building. Shipments of hazardous materials will be delivered and/or distributed to the requesting departments on the day received. Hazardous Material shipments are transported utilizing carts and/or carriers specifically approved for this purposes and only in designated freight elevators, which are located in each building.

Storage:

Shipments of OSHA-Regulated Chemicals and/or products are stored in internal departmental stock rooms, which meet the requirements for hazardous areas as outlined in Chapter 19.3.2 "*Protection from Hazards*" of the NFPA 101 "*Life Safety Code*". Large quantities of highly hazardous chemicals and/or products are stored within the hospital in NFPA-Approved chemical storage cabinets and/or Internal HazMat storage rooms.

Departments, who are receiving hazardous materials directly from receiving or their stock room, immediately place hazardous materials packages/containers into proper storage in their areas based upon the DOT hazard class (e.g., Flammable, Corrosive, Oxidizer, Poison, Compressed Gases, Radioactive...etc.) affixed to the side of each hazardous material package/container and the storage guidelines outlined in the product's Material Safety Data Sheet.

Hazardous material packages/containers are permitted to be stored overnight in the receiving area(s) and/or in hospital basement corridors.

Using:

OSHA-Regulated chemicals and/or products are used within the hospital by technically competent staff members, which have completed their Haz-Com training at the department level in the following:

- Operations in their work area where hazardous chemicals are present; and
- The physical and health hazards of the chemicals in the work area; and
- Methods and observations that are used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.); and
- Measures that employees can take to protect themselves from these hazards, including specific procedures that their department has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

Disposing:

Spent and/or discarded OSHA-Regulated hazardous chemicals and/or products under go a hazardous waste determination (40 CFR 262.11) to determine if the waste meets the RCRA definition of a hazardous waste. If the waste is listed by the USEPA as hazardous or the waste exhibits any hazardous waste characteristic, the hazardous waste is

segregated and accumulated in a Satellite Accumulation Area, under the control of the generator at or near the point of waste generation. Hazardous waste is profiled and shipped off-site on a manifest, within 180 days, for treatment and proper disposal.

Non-Routine Tasks

Periodically, employees and contractors are required to perform hazardous non-routine task(s). Prior to starting work on such projects, each affected employee or contractor will be given the following information by their supervisor about hazardous chemicals to which they may be exposed during such activity. This information will include:

- Specific hazards associated with the task to be performed; and
- Protective/safety measures the employee can take to reduce potential employee exposure; and
- Measures the company has taken to lessen the hazards including ventilation, respirators, presence of another employee, and emergency procedures; and
- Material Safety Data Sheets for each hazardous chemical or product to be used.

If the employee(s) do not understand any aspect of the above information, the Supervisor will not allow the employee to perform the task until the Supervisor can provide the employee with additional training and demonstrate that the employee fully understands the hazards associated with the non-routine task(s) to be performed.

Hazards Associated With Chemicals Contained In Unlabeled Pipes in Their Work Areas

Employees and Contractors, working on unlabeled pipes, are informed as to the hazardous substances contained within, in accordance with the following established policy.

Prior to starting work on any project involving unlabeled pipes, employees and contractors are to contact their supervisor for the following information:

- Identification of hazardous substance in the pipe; and
- Any potential hazards; and
- Safety precautions that shall be taken to reduce the potential for employee exposure.

Multi-Employer Workplaces

Contractors, who are assigned to permanently work within the hospital and use and/or store hazardous chemicals at any facility within GHS, are required to comply with the following requirements within 15 days of commencing operation within GHS:

- 1) Participate in GHS's online New Contractor Employee Orientation; and
- 2) Submit a copy of their organization's Written Hazard Communication Program or Chemical Hygiene Plan to the Safety Office; and
- 3) Submit an Initial and thereafter an Annual Hazardous Material Inventory along with copies of SDSs for hazardous chemicals and/or products that will be used and/or stored within GHS.

Contractors are provided intranet access to GHS's SDS database located on the GradyNet. This database contains SDSs for hazardous chemicals and/or products used by GHS. Contractors will also comply with applicable requirements as outlined in GHS's Infectious Control Preconstruction Risk Assessment Policy. As part of the preconstruction risk assessment, Contractors will be informed of any necessary precautionary measures that need to be taken to protect their employees during the workplace normal operating conditions and in foreseeable emergencies and of the labeling system used in the workplace.

Labels and Other Forms of Warning

Hazardous chemical and product containers are properly labeled by the Manufacturer as to the identity of the hazardous chemical(s) contained therein; and any appropriate hazard warnings labels (e.g., pictures and symbols, or combination thereof), to provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

Existing labels on incoming containers of hazardous chemicals are not to be removed and/or defaced unless the container is immediately marked with the required container and hazard warning label information. *(A photocopy of the original container and hazard-warning label is the preferred method to label portable "secondary" storage containers.)*

Labels or other forms of warning will be legible, in English, and prominently displayed on the container, and readily available in the work area throughout each work shift. *(Container and Warning Labels can be written in other languages as long as the information is presented in English as well.)*

Container Labeling Exclusion:

Portable containers into which hazardous chemicals or products are transferred from labeled containers, and which are intended only for the immediate use of the employee, who performs the transfer, are exempt from the container-labeling requirement. *(Example: Pharmaceuticals that are dispensed by a pharmacy to a health care provider for direct administration to a patient are exempted from labeling.)*

Safety Data Sheets (SDS)

GHS retains and stores SDS received for each hazardous chemical and/or product used in the workplace. GHS receives SDSs from Vendors and Manufacturers during their initial shipment of the hazardous chemical and/or product; or under a separate cover letter prior to or at the time of the initial shipment of hazardous chemical and/or product.

GHS maintains in the workplace copies of the required SDSs for each hazardous chemical, and ensures that SDSs are readily accessible during each work shift to employees when they are in their work area(s). GHS uses the following mechanisms to ensure SDSs are available to employees for each hazardous chemical or product used in their work areas.

- Paper SDS Copies are some times stored in SDS Binders for immediate employee access. The SDS Binders are typically located in an employees' work areas, Unit, and/or Administrative Offices; or
- Electronic SDS Copies are stored in a Master SDS Electronic binder for immediate employee access. The SDS e-binder can be accessed from any GHS computers by double clicking on the GradyNet Quick Link entitled "SDS ONLINE" located on the GradyNet.
- Electronic SDS Copies are stored on SDS Online's Fax-On-Demand Server and are available for immediate employee access only in the event of a GradyNet Server failure or an emergency involving an employee exposure or hazardous chemical spill or release. (See HM Policy #828.03.09 "Accessing Safety Data Sheets (SDS)")

SDSs for hazardous chemicals and/or products used by GHS are readily available, upon request, to designated representatives and to the Assistant Secretary, in accordance with the requirements of 29 CFR 1910.1020(e).

Employee Information and Training

GHS provides employees and contractors with effective information and training on hazardous chemicals in their work area, at the time of their initial assignment, and annually thereafter, or whenever a new physical or health hazard that the employees have not previously been trained about is introduced into their work area.

The following information is provided to employees and contractors during their online New Employee Orientation (NEO):

- Location and availability of GHS's written hazard communication program and the annual Hazardous Material Inventory (HMI) of hazardous chemicals and products used and/or stored within their work areas, and
- Location and availability of SDSs for each hazard chemical and/or product listed and how employees can obtain and use the appropriate hazard information.
- An explanation of the labeling system used by GHS for primary and secondary containers of hazardous chemicals and/or products.

The following training is provided to each employee, working in areas where hazardous chemicals and/or products are used and/or stored, during their initial department orientation and then again annually as part of departmental training:

- Operations in their work area where hazardous chemicals are present; and
- The physical and health hazards of the chemicals in the work area; and
- Methods and observations that are used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.); and
- Measures that employees can take to protect themselves from these hazards, including specific procedures that their department has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

The above training is provided to each employee by their departments through the use of one or a combination of the following training methodologies:

- Class Room Instruction
- Self-Learning Packets
- Video Presentations, which are located on the GradyNet and GHS's Closed Circuit Television (CCTV)

VIII. REFERENCES, CROSS REFERENCES OR REGULATORY INDEXING:

Policy relates to and should be used in association with GHS policies EC.02.02.01.02 "*Hazardous Material Container Labeling*", EC.02.02.01.09 "*Accessing Safety Data Sheets (SDS)*", and EC.02.02.01.10 "*Hazardous Material Inventory*".

This policy is developed to guide organizational adherence to Joint Commission Standard EC.02.02.01, EP #1 and EP #5, and the OSHA Hazard Communication Standard (29 CFR 1910.1200).

ATTACHMENT C

FIRE DRILL EVALUATION

Building: _____ Area: _____

Date: ____/____/____ Time: _____AM/PM Evaluated By: _____

		YES	NO	N/A
1.	Does construction worker know how to report a fire?			
2.	Does construction worker know their duties in a fire?			
3.	Does construction worker know where to find fire extinguishers and pull stations.			
4.	Does construction worker know how to use fire extinguishers?			
5.	Can construction worker explain evacuation procedures?			

ANSWERS:

- To report a fire, pull a fire pull station if your building has a fire alarm system and call 5-3333 to report a fire. Follow up with a call to GMH Security at 9-911 after everyone is safely evacuated.
- Staff should follow the acronym RACE: Rescue, Alarm, Confine, and Extinguish. Rescue any one in immediate danger and begin evacuation immediately. Alarm others by pulling alarm (if the building has one) and call the 5-3333 or Security. Confine the fire by closing doors between you and the fire. Extinguish the fire if it is small and you can safely do so. Normally do these things in this order.
- Know the location of all fire extinguishers and pull stations in the areas of the building you use or frequent.
- Staff should know the acronym PASS: Pull, Aim, Squeeze, and Sweep. Pull the pin. Aim at the base of the flames. Squeeze the handle. Sweep back and forth.
- Evacuate those exposed to the fire first. After removing those closest to the fire, evacuate ambulatory patients and then non-ambulatory patients. Go to the prearranged meeting place and report to the designated person.

COMMENTS

Answer all questions Yes, No, or N/A (not applicable). Explain all "NO" responses and document instruction given. File in Primary File folder.

Conducting a Fire Drill

- Pick a worker at random and give them a scenario to respond to. The person should be able to explain the appropriate response to the question or questions.
- Continue to ask workers to respond to the scenario until all aspects of the drill are completed.
- Conduct 2 fire drills per shift per quarter.

If you or any of your staff have questions, please call the Code Compliance Manager at 5-7356.



GHS – Facilities Development Demolition, Construction & Renovation Projects Preconstruction Risk Assessment Manual

When planning for new construction, renovation, and major engineering projects, GHS Facilities Development (GHS-FD) uses the items delineated in this Preconstruction Risk Assessment Manual as a guide to facilitate the risk assessment process of the Environment of Care. This guide is not intended to be all-inclusive but is to be used in the analysis process, and may generate additional items as each project is unique and may present unique risk.

All assessments are to be completed by the FD GHS-FD Project Manager and *if necessary* reviewed with the appropriate GHS Department (Safety, Security, Infection Control, Emergency Management, Facilities Management, Department Representative etc) as indicated in each section.

The risk assessment shall be reviewed and accepted by the contractor at the Project Preconstruction or Bid Verification Meeting and any revisions and/or suggested changes will be so noted. Work will not begin until the document is signed by the GHS Director of Facilities Development.

All required parties shall sign and date each section in the spaces provided.

I. Risk Assessment Sections

- 1. Safety**
- 2. Security**
- 3. Hazardous Materials/Infection Control/Dust Containment/Airborne and Waterborne Pathogens**
- 4. Emergency Preparedness**
- 5. Life Safety**
- 6. Medical Equipment**
- 7. Utilities**

Preconstruction Risk Assessment

1. Safety: Preconstruction Risk Assessment Form

A. Are there any notable or foreseen issues regarding safety?
Yes__ No __, If yes, what are they? _____

B. Are there issues regarding the following that will have to be addressed?
If so, describe:

1. Pedestrian traffic(interior/exterior)_No, work will be scheduled after hours _____

2. Traffic flow _____

3. Parking _____

4. Inclement weather provisions related to risks of freezing pipes, cold air, water infiltration from roofs or sitework _____

Safety Pre-Construction Assessment Continued:

5. Lighting _____

6. Signage (Will extra signage be required? Will there be signage that needs to be removed, and verified before and after it is removed?)
____yes. Per ILSM during construction _____

7. Construction/Staging _____

8. Barriers/Separations _____

9. Noise: Could noise interfere with patient care? _____
Could noise affect clinical / diagnostic procedures? _____
Are clinical alarms audible? _____
Are Life/Safety alarms and announcements audible? _____

Mitigation Plan: _____

Note: Areas adjacent to the work area on the same floor & areas on the floors above & below must be included in the noise review.

10. Vibration: Could vibration interfere with patient care? _____
Could vibrations affect clinical procedures? _____
Could vibrations affect diagnostic procedures? _____

Mitigation Plan: _____

Note: Areas adjacent to the work area on the same floor & areas on the floors above & below must be included in the vibration review.

Preconstruction Risk Assessment

2. Security: Preconstruction Risk Assessment Form

- A. Are there any notable or foreseen issues regarding security?
Yes__ No__ If yes, what are they? _____

- B. Are there issues regarding the following that will have to be addressed? If so describe:
1. Deliveries _____
 2. Working after normal work hours _____
 3. Off Limit Access _____
 4. Keys/Locks _____
 5. Restroom facilities _____
 6. I.D.Badges _____
 7. Mechanical room spaces _____
 8. Access control/Intercom systems _____
 9. Video cameras _____
 10. High Risk Areas such as ICU,Medical Records, O.R., Infant, Pharmacy

 11. Parking _____
 12. Barriers, Barricades, Signage _____
 13. Contract Police officers _____
 14. Other _____

Preconstruction Risk Assessment

3. Hazardous Materials: Preconstruction Assessment Form

Review the GHS Hazardous Materials Import Notification Form and Infection Control Policy (ICRA) and apply as applicable.

A. Air

Are there any notable or foreseen issues regarding Hazardous Materials that may compromise air quality?

Yes__ No__ If yes, what are they?

Are there issues regarding the following that will have to be addressed?

Protective clothing such as jump suits, shoe covers etc.? _____

Need for contaminant ? _____

Adjacent areas to construction site to be protected? _____

Need for in-house particulate counter (set to baseline)? _____

Walk off (tacky) mats to be used? Floors to remain clean? _____

Local area and Primary AHU Air Filters (Will extra attention be required?) _____

*Change AHU Filters after construction is completed. _____

Will negative pressure (relative to adjacent areas) need to be arranged for the construction site? _____

Is there need for additional air exchanges and/or HEPA filtration of construction site air? _____

Hazardous Materials Pre-Construction Assessment Form Continued:

Construction site traffic control has been evaluated including routing of workers and supplies through areas that do not include patient care or adjacent areas _____

Hepa Vacuum Cleaners - Will vacuuming need to be done daily, because of location of project? Should Wet mopping and wipe down be done in this area?

Any Asbestos & Lead paint issues? _____

Any special Cleaning Procedures Required? _____

Protection of new equipment during the construction process necessary?

Is there a need for an Anteroom to be provided during construction/renovation in sensitive areas such as O.R., Birthing Center, ICU, etc.? _____

Is there a need to have windows and doors be shut or taped? _____

Will someone need to monitor on a regular basis the air flow volumes and pressure balances? If so, appropriate responsible persons have been trained in use of flutter strips and a plan is in place for daily testing of negative pressure operation. _____

Need for Protective Environment rooms, Infectious Disease Isolation rooms or Protective Environment Airborne Infectious Isolation rooms? (in new or renovated spaces) _____

Is there an issue to address in regards to negative pressure being maintained at construction barrier entrance? _____

Is there an issue to address regarding "in-doors" with air being vented outside away from in-take vents? Or with "out-doors" having activity > 25' from in-take vents? _____

Will there be a concern regarding vehicle or equipment exhaust entering the building? _____

Roof work near exhausts? _____

B. Water

Are there any notable or foreseen issues regarding Hazardous Materials that may compromise water quality or the management of "Pathogenic Biological Agents" ? _____

Will water be disrupted? _____ For how long? _____

Will project impact water consumption, water velocity or turnover in storage tanks? _____

Is equipment being installed designed to minimize waterborne pathogens? _____

Will water need to be maintained at a specific temperature? _____

Will a proactive system be installed to control waterborne pathogens? _____
At Cooling Towers _____
At Air Handlers/Humidifiers _____
At Domestic Hot Water, Abandoned Piping _____

Because of construction project, will there be an issue with moisture/humidity, leaks, standing water, condensation? _____

As a result of construction, will there be any water line "dead legs" of un-circulated water or will there be minimal usage's that would necessitate removal prior to reactivation? _____

Are there new water systems or parts must be certified? _____

C. Other

Are there any other notable or foreseen issues regarding Hazardous Materials? Yes__ No__ If yes, what are they?

Are there issues regarding MSDS/Right to Know that will have to be addressed?: _____

Will there be construction/maintenance personnel working in hospital environment that will need to be orientated regarding special considerations that need to be taken in regards to Hazardous Materials? _____

Will there be patients in or around the workspace that need to be informed of potential hazards? _____

Will there be a need for visitors or staff to be around this workspace? _____

Hazardous Materials Pre-Construction Assessment Form Continued:

Will there be temporary holes that need to be covered? _____

Debris (should be removed daily, in covered container if in public corridors, trash should be in correct containers). Are construction dumpsters to be used? _____

Will Construction Workers need to have infection control education? _____

Construction workers needs for toilet, water, have been addressed? _____

Should an elevator be designated for construction site? _____

Is there a need for arrangements to be made/considered for susceptible patients?
(I.C. has reviewed patient types and locations). _____

Other _____

Preconstruction Risk Assessment

4. Emergency Preparedness: Preconstruction Assessment Form

A. Are there any notable or foreseen issues regarding Emergency Preparedness? Yes__ No__, If yes, what are they? _____

B. Are there issues regarding the following that will have to be addressed? If so, describe:

Code Grey 1: Security – Bomb Threat: _____

Code Grey 58: Security - Hostage _____

Code Orange: Haz. Mat. / Decontamination _____

Code Triage: Disaster Plan Activation _____

Code Pink: Infant Abduction: _____

Tornado Watch / Warning: _____

Other _____

Preconstruction Risk Assessment

5. Life Safety: Preconstruction Assessment Form

Review the GHS Interim Life Safety Measures Policy (ILSM) and apply as applicable.

A. Will ILSM's be required on this project ?

B. Are there issues regarding the following that will have to be addressed?:

1. Updating facility Life Safety Drawings? _____

2. Above the Ceiling Work Policy to be implemented?

3. Hot Work Permit Policy to be implemented?

Welding or Soldering to be done ? _____

Contractor is required to provide a fire extinguisher and appropriate welding blankets – protection while performing a welding or soldering job.

4. Will Fire Watches be required on this Project?

5. Will fire truck access be hampered? _____

Life Safety Pre-Construction Assessment continued:

- 6. Will water or pumps be affected? _____

- 7. Personal safety and protection attire to be worn? _____

- 9. Will daily worksite inspections be required?

- 10. Are there existing conditions related to JCAHO PFI's that need to be incorporated into the project? (such as sheetrock mud replacement in rated fire walls) _____
- 11 Will the scope of work require a revision to the S.O.C.? If so, coordinate this with the Facility Management. _____
- 12. Evaluate the need for temporary fire extinguishers. If needed, the locations for them is to be determined, properly identifiable, accessible and inspected.
- 13 Other _____

Preconstruction Risk Assessment

6. Medical Equipment: Preconstruction Risk Assessment Form

A. Are there any notable or foreseen issues regarding Medical Equipment?

B. Yes__ No__, If yes, what are they? _____

C. Are there issues regarding the following that will have to be addressed? If so, describe:

1. Existing Medical Equipment to be moved _____

2. New Medical Equipment coming in _____

3. Medical Equipment to be protected during construction _____

4. Is there a need for Medical Equipment to have special outlets, water lines, lighting or other utilities to be considered during construction? _____

5. Other _____

Preconstruction Risk Assessment

7. Utilities: Preconstruction Assessment Form

A. Are there any notable or foreseen issues regarding utilities?
Yes__ No__, If yes, what are they? _____

B Are there issues regarding the following that will have to be addressed?:

Electrical Distribution _____

Emergency Generators _____

Paging & Public Address _____

Nurse Call _____

Medical Gases _____

Tube System _____

Elevators _____

Steam _____

Chilled Water _____

HVAC Equipment _____

Domestic Cold Water _____

Domestic Hot Water _____

Sewage _____

Natural Gas _____

Building Automation System _____

Project # and Project Name
Date
Area Assessed

Utilities Pre-Construction Assessment Form- continued

Information Systems _____

Telecommunications _____

Alarm Systems (for Med Gases, Med Air, Blood Bank, Fire Alarm) _____

Insure that existing utilities will be able to handle increased demand

Underground Utilities _____

Project # and Project Name
Date
Area Assessed

Preconstruction Risk Assessment

Sign-Off Sheet

Project Manager, Facilities Development	Date
Director, Facilities Development	Date
Director, Clinical Engineering	Date
Exec Director, Safety	Date
Exec Director, Public Safety	Date
Exec Director, Facilities Operations	Date
VP, Inf Prev/Accred/Pat Safety	Date
VP, System Emergency Mgmt	Date
VP, Patient Family Experience & Nursing	Date
Project Location GHS Dept. Mgr.	Date
GHS IS/IT Department	Date
Contractor	Date



Administration Policy	Page 1 of 5
Interim Life Safety Measures 828.05.09	Origination Date: 3/1995
	Revision Date: 2/04, 3/06, 8/08, 5/09, 4/13, 6/13, 8/15, 5/16

I. POLICY STATEMENT:

It is the policy of the Grady Health System to assure the safety of all building occupants during periods when significant deficiencies compromise the level of life safety protection provided by the building or during periods of construction or maintenance activities that reduce the level of life safety protection. It is the policy of the Grady Health System to ensure that life/fire safety protection of all buildings and occupants is preserved in accordance with NFPA 101®, Life Safety Code®. Interim Life Safety Measures (ILSM) will be implemented as appropriate during periods of construction or when maintenance activities or other conditions compromise fire detection, suppression, notification/alarm systems, and fire/smoke barriers. This includes obstructing a route of egress or compromising other life safety features.

II. PURPOSE:

The purpose of this policy is to provide temporary compensatory Interim Life Safety Measures designed to mitigate hazards presented by discovered or unavoidable NFPA 101®, Life Safety Code® deficiencies within the hospital. These deficiencies may, or may not be associated with construction and or maintenance activities.

Implementation of appropriate ILSM may be required in, or adjacent to all maintenance and construction activity areas. Required ILSM apply to all personnel, including service company/contracted workers and must be implemented upon project development, and continuously enforced throughout the project.

III RESPONSIBILITIES:

The Safety Office, Facilities Management, Facilities Development and the Public Safety Department (assigned duties) are responsible for the following:

1. Develop criteria to evaluate various NFPA 101®, Life Safety Code®, deficiencies and other hazards for determining when, and to what extent, one or more of the ILSM are applicable.
2. Assess hazards to determine if ILSM should be implemented.

Approved By: EOC Committee

3. Implement appropriate ILSM in coordination with Infection Control, Safety, area supervisors/managers and/or vendors.
4. Notify and inform areas affected by ILSM.
5. Conduct inspections of affected areas to help determine the effectiveness of ILSM and possible need for revisions.
6. Create and post temporary evacuation route maps if alternate exits are required.
7. Provide appropriate training to areas affected by ILSM for staff knowledge and their roles in communicating with patients and visitors when applicable.
8. Document ILSM related activities and monitor the effectiveness of ILSM.

IV PROCEDURES:

When a life safety code deficiency is identified through maintenance or testing activities, or an incident, a “Life Safety Code” (LSC) designated work order will be created.

An assessment tool/guide (attachment A) is used to evaluate the severity of each situation to determine if the degree of hazard presented by the LSC deficiency warrants ILSM, and what specific measures may be required to minimize the effects of the deficiency.

The Interim Life Safety Measures monitoring checklist (attachment B) and evaluation record (attachment C), used in construction and renovation sites, aids in identifying the deficiency and determining the effectiveness of the ILSM in place. The Facilities Development Project Management Staff will conduct the inspections of the construction area and completion of the ILSM checklist. Inspections are conducted Monday through Friday, excluding GHS holidays, while active construction is being performed.

If the life safety deficiency is not corrected within 45 days, due to the availability of parts, access, etc., the deficiency will be uploaded to The Joint Commission extranet site, and a Plan for Improvement (PFI) will be created.

Upon identification, a life safety code deficiency will be assessed. If the deficiency is deemed not significant and can be corrected by the close of the next business day after the discovery, this will be considered an immediate correction of the deficiency and no ILSM assessment will be required.

***Exception:** if the fire alarm or suppression system is inoperable for more than 4 hours within a 24 hr period, then the Atlanta Fire Department will be notified and an in-house/hospital fire watch implemented.

V. ASSESSMENT CRITERIA:

Interim Life Safety Measures may apply when any of the following conditions are found based on the following evaluation criteria:

1. Emergency exits are obstructed.

2. Fire detection, suppression or alarm systems are inoperable or impaired.
3. Current fire-fighting equipment is insufficient.
4. Temporary construction partitions are not smoke tight or made of non-combustible or limited combustible materials.
5. Increased risks of fire is present in buildings, on grounds, and with equipment, giving special attention to construction and storage areas, excavation activities, and field activity requiring increased surveillance.
6. Increase in the building's flammability and combustible fire load.
7. Building deficiencies, including structural impairment, hazards, and temporary measures implemented require additional education or hazardous rounding to promote awareness of fire and life safety activities.

VI. IMPLEMENTATION CRITERIA:

The Life Safety Standards will be evaluated during periods when the NFPA 101[®], *Life Safety Code*[®], is not met or during periods of maintenance activities using the following measures:

The hospital will implement its written interim life safety measure policy that covers situations when NFPA 101[®], *Life Safety Code*[®] deficiencies cannot be immediately corrected or during periods of construction or maintenance activities that affect compliance.

1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a **fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building**. Notification and fire watch times are documented.
2. The hospital posts signage identifying the **location of alternate exits** to everyone affected.
3. The hospital will implement its written interim life safety measure policy which covers situations when Life Safety Code deficiencies can not be immediately corrected or during periods of construction. This policy includes criteria for evaluation when and to what extent the hospital follows special measures to compensate for increased life safety risk.
4. The hospital will **inspect obstructed exits** in affected areas on a daily basis as determined by the criteria based in the policy.
5. The hospital will provide **temporary, but equivalent, fire alarm and detection systems** for use when the fire system is impaired, as determined by the criteria based in the policy. The hospital may decide to implement a 24 hour fire watch, per policy, in lieu of a temporary fire detection system. The fire department shall be notified.

6. The hospital will provide **additional fire-fighting equipment** as determined by the criteria based in the policy.
7. The hospital will use **temporary construction partitions** that are smoke-tight, and made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The use of these partitions will be determined by the criteria based in the policy.
8. The hospital will **increase surveillance** of buildings, grounds and equipment, giving special attention to construction areas and storage, and excavation/field offices. The need for increase surveillance is based upon the criteria of the policy.
9. The hospital will **enforce storage, housekeeping and debris-removal practices** to reduce the building's flammable and combustible fire load to the lowest feasible level based upon criteria in the policy.
10. The hospital will provide **additional training** to those who work in the facility on the use of fire-fighting equipment. The need for additional training will be based off the criteria in the policy.
11. The hospital will **conduct 1 additional fire drill per shift per quarter** based off of the criteria contained the policy.
12. The hospital will **inspect and test temporary systems monthly** and document the date of the test. The need for the test is based off the criteria in the policy.
13. The hospital will **conduct education to promote awareness** of building impairments and deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education and training will be based on the criteria in the hospital's policy.
14. All exits shall remain clear and unobstructed. If **alternate exits** have been designated, affected staff and vendor employees will receive training from the Safety Department and/or Facility/ Construction Development Project Management prior to the start of the activity. Free and unobstructed access to emergency response services and access for other emergency forces such as the Atlanta Fire Department or Police Department will be maintained.

VII. FIRE ALARM / FIRE SUPPRESSION (FAFS) MAINTENANCE & INSPECTIONS:

All fire alarm and suppression systems shall be kept clean and maintained in working order.

If a temporary system is required, prior written notification shall be given to the Construction Development Project Manager, Facilities Management, and Safety Management. The temporary system must comply with all current codes and be inspected and tested at least monthly.

Scheduled maintenance and inspections and requested repairs are performed by the Department of Facilities Management and qualified vendors. The FAFS systems and components and their related maintenance procedures and histories are tracked in a Computer Maintenance Management System (CMMS).

VIII. TRAINING:

Staff and service vendor employees will be trained by Safety Management to compensate for any special impairment to structural or compartmentalization features of the hospital. Safety training regarding ILSM is provided to all staff upon request, and as appropriate, to promote awareness of any LSC deficiencies. ILSM are posted in areas that require a diversion from normal practice or access.

IX. DOCUMENTATION:

All maintenance and repair activities performed on the FAFS are archived in the CMMS. All ILSM documentation is maintained in binders in the Facilities Management Department. All criteria follows NFPA & TJC guidelines.

X. REFERENCES, CROSS REFERENCES OR REGULATORY INDEXING:

This policy is developed to guide the organizational adherence to the current Georgia state approved NFPA 101®, Life Safety Code®.



INTERIM LIFE SAFETY MEASURES MATRIX GUIDE (Attachment B)

	Interim Life Safety Measure													
Matrix to be used as a <u>guide</u> for selecting the applicable ILSM measure needed to compensate for a Life Safety Code deficiency and/or hazard(s) posed by code deficiencies, construction or maintenance and testing activities.	1) Emergency Forces Notified and Fire Watch Initiated	2) Post Signage identifying location of alternate exits	3) Inspect exits in affected area on a daily basis	4) Provide Temporary alarm/detection system or fire watch	5) Provide additional firefighting equipment	6) Use Temporary Construction Partitions	7) Increase Hazard Surveillance	8) Enforce storage, housekeeping and debris removal	9) Provide additional training on fire-fighting	10) Conducting 1 Additional Drill Per Shift	11) Inspects temporary systems monthly	12) Educate staff on deficiencies/hazards	13) Trains staff to compensate for impaired fire safety features	14) Prohibiting Smoking
Code Deficiencies														
Patient room door latching problem								X				X		X
*Lacking a code complying smoke or fire barrier							X	X		X		X	X	X
Fire exit stairs discharge not properly maintained			X									X		X
Excessive travel distance to an approved exit							X	X				X		X
Lack of two remote exits			X				X	X				X		X
Non-7conforming building construction type							X	X						X
Improperly protected vertical openings							X	X						X
Large penetrations in fire barriers							X	X		X		X	X	X
Corridor walls do not extend to the structure							X	X		X		X		X
Hazardous areas not properly protected							X	X				X		X
Construction Related Issues														
Blocking off an approved exit		X	X				X	X				X		X
Rerouting of traffic to the emergency room		X												X
Major renovation of an occupied floor			X		X	X	X	X	X	X		X	X	X
**Replacing fire alarm system (out of service)	X			X	X		X	X		X		X	X	X
**Installing a sprinkler system (out of service)	X			X	X		X	X		X		X	X	X
Significantly modifying smoke or fire barrier walls						X	X	X				X		X
Adding an addition to an existing structure			X		X	X	X	X	X	X		X	X	X
Maintenance and Testing														
**Taking a fire alarm system out-of-service	X				X		X	X	X				X	X
**Taking a sprinkler system out-of-service	X				X		X	X	X				X	X
Disconnecting alarm devices							X	X				X		X
Hot Work			X		X		X	X				X		X

Note: Although the items indicated have usual applicability, each ILSM must be examined on a case by case basis, and consideration given to the specific conditions encountered. Re-evaluate as changes occur in the construction/renovation project.

* Fire/Smoke door missing, not closing/latching or penetration > 10 sq. ft in sprinkler area, or > 5 sq. ft in an un-sprinkled area.

** If fire detection or suppression system is to be out for more than four hours in a twenty-four-hour period

Assessment by and date: _____ Implementation date: _____ Anticipated completion date: _____

PFI/WO/Project #: _____ Project description and location: _____



INTERIM LIFE SAFETY MEASURES EVALUATION (Attachment A)

This evaluation/criteria is to be used to analyze/evaluate areas in or adjacent to, construction or areas where NFPA 101, *Life Safety Code, 2000* edition deficiencies have been discovered. A significant answer to one or more of the following questions indicates the need for implementing the appropriate Interim Life Safety Measures. Consideration should also be given to the scope of operations in the affected department or area(s) and as well as the acuity of the patients treated or housed in these areas. Refer to the Interim Life Safety Measures Matrix as a guide to help determine which Interim Life Safety Measures may be appropriate given the level of hazard presented by the deficiency.

Location: _____ Floor: _____ Duration: _____

Project: _____ PN: _____ PFI / WO # Identifier: _____

Criteria	Significant	Non-Significant	Comments
Compromise or alter the integrity of exit access, exit, or exit discharge features.			
Compromise the integrity of the building's "defend in place" compartmental features. (i.e., fire barriers, smoke barriers, floor slabs, corridor walls. This would include removing a fire or smoke door in an active wall or creating an opening of >10 sq. feet in a slab or barrier in a sprinkled area, or > 5 sq. ft in an un-sprinkled area.			
Impair the building fire alarm, fire detection, or fire suppression system.			
Involve temporary sources of ignition (i.e., cutting/welding/plumbers torch operation), or other operations using flame or producing sparks.			
Involves the presence of large quantities (more than 64 cubic feet) of combustibles and debris to be left on site.			

Note: If one or more criteria are determined to be significant, utilize the ILSM Matrix Guide to help determine what Interim Life Safety Measures may be implemented in the affected area as appropriate.

Assessment completed by: _____ Date: _____

Findings: ILSM are required ILSM are not necessary

Grady Health System
Public Safety Department / Facilities Development
ILSM - Blocked Exits Inspection Log - ATTACHMENT D



Use this checklist to inspect and confirm that the ISLM's are intact for the specific location and per the specific criteria outlined.

Location shall be inspected once each weekend day or holiday

Use back of form to note any deficiencies and corrective measures taken

Location	Date	Time	Name	Signature

Inspection Criteria:

Grady Health System - Interim Life Safety Inspection Checklist – Attachment “C”

PFI / WO or Project #	Location:	Use back of page to identify by ILSM # any required Documentation, Comments, Impending Actions or Corrective Measure Implemented.
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*** To be completed in accordance with the Interim Life Safety Measures Policy**

Check the appropriate response – compliant?

	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24 hour period in an occupied building. Notification and fire watch times are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The hospital post signage identifying the location of alternate exits to everyone affected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The hospital will inspect obstructed exits in affected areas on a daily basis as determined by the criteria based in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The hospital will provide temporary but equivalent fire alarm and detection systems for use when a fire system is impaired as determined by the criteria based in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The hospital will provide additional fire-fighting equipment as determined by the criteria based in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The hospital will use temporary construction partitions that are smoke-tight, or made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The use of these partitions will be determined by the criteria based in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The hospital will increase surveillance of buildings, grounds and equipment, giving special attention to construction areas and storage, excavation and field offices. The need for increased surveillance is based upon the criteria of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The hospital will enforce storage, housekeeping and debris-removal practices to reduce the building’s flammable and combustible fire load to the lowest feasible level based upon criteria in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The hospital will provide additional training to those who work in the facility on the use of fire-fighting equipment. The need for additional training will be based off the criteria in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The hospital will conduct 1 additional fire drill per shift per quarter based off of the criteria contained the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The hospital will inspect and test temporary systems monthly and document the date of the test. The need for the test is based off the criteria in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The hospital will conduct education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education will be based on the criteria in the hospital’s policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The hospital will train those who work in the facility to compensate for impaired structural or compartmental fire safety features. The need for the training is based off the criteria in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Smoking in the construction site and adjacent areas is prohibited and the hospital smoking policy is being followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____
 Inspected By: _____

**GHS-FACILITIES DEVELOPMENT
INFECTION CONTROL MANUAL
HOSPITAL RENOVATION AND CONSTRUCTION**

I. POLICY

Grady Health System (GHS) Infection Control Policy #320 establishes the need to minimize the impact of construction activities, and to establish the processes to prevent the dust and debris generated during construction and renovation projects from contaminating clean or sterile patient care surfaces, supplies or equipment. It also prevents the acquisition of nosocomial infection inpatients during hospital renovation or construction activities and to ensure patients, visitors and staff are protected from unnecessary exposure to potentially infectious agents.

II. SCOPE

1. All renovation or construction projects will be reviewed with Epidemiology prior to the start of the project.
2. This policy applies to all construction workers, including subcontractors who will follow the infection control procedures described below. Exceptions to the policy will be made on a case by case basis in collaboration with Grady Health System (GHS) Epidemiology and personnel based on the scope of the project.

III. PROCEDURES

PLANNING PHASE

GHS Epidemiology personnel will be involved in the planning phases for all hospital renovation and construction projects specific to the following major components:

- a. Staff traffic patterns for the duration of the project.
- b. Relocation decisions regarding patient care areas, storage areas, etc.
- c. Air handling systems.
- d. Isolation rooms (number, placement, etc.).
- e. Handwashing facilities.
- f. Water supply and plumbing.

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- g. Waste containment, transport, disposal.
 - h. Selection of finishes and surfaces.
 - i. Accommodation of personal protection equipment supplies.
2. When possible, major projects should be scheduled during the winter when the risk is lower for *Aspergillus* and other potentially pathogenic fungus.
 3. Prior to the start of the renovation or construction project, hospital personnel must remove any medical waste, including sharps containers, from the areas to be renovated or undergo construction.
 4. The GHS Epidemiology Department will be notified all potential Indoor Air Quality (IAQ) conditions. This could include, but is not limited to, the following:
 - Mold growing on construction material (drywall, etc.).
 - Slime growing in stagnant water locations.
 - Any other bacterium or fungi that is prevalent in the construction area.

OPERATIONAL PHASE

1. Integrity of Barrier Walls.
 - a. The integrity of the barrier walls will assure a complete seal of the construction zone from adjacent areas.
 - b. Barrier walls for major, long-term projects shall be of rigid construction (sheetrock sealed with duct tape or spackling compound). Barriers must have a closable door through which workers access the site.
 - c. A sign should be posted by the entrance stating that this is a construction zone and only authorized persons may enter the area.
 - d. Plastic sheeting sealed with duct tape can be used for small, short projects (<1 week) if it meets the local fire codes.
 - e. Barrier walls must be dust proof with airtight seals maintained at the full perimeter of the walls as well as all penetrations.

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2. Dust control

- a. Selected air intakes, especially those near excavation areas, may need to be shut down to prevent large amounts of dust from entering the air handling system.
- b. Air ducts in the construction area may need to be shut down to prevent dust from traveling “downstream” to other areas in the hospital
- c. (*Engineering or maintenance personnel*) must check air filters frequently during construction and renovation and change them when necessary.
- d. Demolition debris will be removed in covered carts using specific traffic patterns determined by the GHS Project Manager in conjunction with GHS Epidemiology.
- e. All windows must remain closed.
- f. Exterior window seals must be assured to minimize infiltration of outside excavation debris.
- g. The area inside the barrier must be cleaned and vacuumed before the barrier is removed.
- h. The area must be cleaned and vacuumed again after the barrier is removed.
- i. In areas caring for immunocompromised patients (critical care units, oncology, renal transplant floor, surgery, etc.) additional dust control measures are required.
 - 1) Negative air pressure within the construction zone should be monitored with an alarm device that will be maintained and monitored by construction personnel.
 - 2) Optimally, construction zone air will be exhausted directly with no potential for recirculation. If existing duct is used for the exhaust, a pre-filter and a high efficiency filter (95%) will also be added prior to exhaust to prevent contamination of the duct.
 - 3) Before the ceiling is entered, a barrier must be erected that reaches from the floor to the ceiling, surrounds the affected area entirely, and is sealed with duct tape at the ceiling, floor and sides.

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- 4) Existing air ducts and the space above the ceiling tiles must be cleaned with a HEPA-filtered vacuum before undertaking any project that involves opening these areas.
- 5) If workers must transverse patient-care areas, they must remove dust from their bodies and clothes and then put on gowns, shoe covers and head covers before walking through the unit.
- 6) Tool carts should be cleaned before entering the unit. Before removing carts and equipment from inside the barrier, the construction crew should clean the items and cover them with a clean sheet, or plastic cover.
- 7) If the air quality cannot be assured near the construction zone, units caring for immunocompromised patients must be moved temporarily to other areas of the hospital and non-emergency admissions of immunocompromised patients may need to be delayed.

3. Cleaning

- a. The construction zone will be cleaned and vacuumed by the contractors daily or more frequently as needed to minimize the dust.
 - 1) The area just outside the door to the construction site will be wet mopped at least daily.
 - 2) A high-efficiency particulate air (HEPA)-filtered vacuum should be used to clean carpeting near the construction area.
- b. Walk off mats or adhesive strips will be placed outside the door of the construction area to trap dust.
- c. Environmental Services will be responsible for the routine cleaning of adjacent areas.
- d. GHS Environmental Services is responsible for the terminal cleaning of the construction zone prior to the opening of the newly renovated or construction area.

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4. Traffic

- a. Designated entry/exit procedures will be defined for each construction project. An entrance, elevator and a hallway that should not be used by patients, visitors, or healthcare workers should be designated for the construction workers to use.
- b. Debris should be removed through a window, if possible, when construction occurs above the first floor.
- c. Debris shall be transported in containers with tightly fitting lids or covered with a damp sheet.
- d. Debris should be moved through adjacent areas during periods of least activity and must not be hauled through patient care areas.
- e. Debris should be removed as it is created and not allowed to accumulate.
- f. All egress paths will be free of debris.
- g. Unauthorized personnel will not be allowed to enter the construction zone.

5. Contractor Personnel Requirements

- a. Personnel will wear clean clothes.
- b. Personal protective equipment (protective face shield and gloves) will be utilized as appropriate to the task at hand.
- c. Contractors entering the Operating Room suite will be provided scrub attire or a disposable jump suit, which needs to be removed prior to exiting the work area.
- d. All contractors will have received training on bloodborne and airborne pathogens before working in the hospital if there is any likelihood of exposure.

6. Potential IAQ Problems

GHS Epidemiology will be made aware of any potential IAQ situations as soon as they are discovered. GHS Epidemiology will consult with contractor(s) on the proper procedure to follow when addressing the potential issues. Potential IAQ situations could include but is not limited to the following:

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- a. culturing for microorganisms, bacteria, etc.
- b. air sampling.
- c. removal of affected material.
- d. cleaning and disinfecting the area in question.
- e. replacement of affected material
- f. re-culturing and air sampling of affected areas(s)

Note: The cost for any of the above procedures will be the responsibility of the contractor(s).

7. Environmental Monitoring

- a. Based upon the scope of the project, GHS Epidemiology personnel will plan for environmental monitoring as necessary, such as: counts of particulate and biological matter, water cultures, the frequency of monitoring and evaluation of results.
- b. Any plan for environmental monitoring must be approved by the Infection Control chairperson or designee.

8. Policy Implementation

Contractors and subcontractors not in compliance with infection control policies shall be subject to removal from the project and shall bear the cost of remedial corrective measures.

COMPLETION PHASE

1. After completion of construction, ensure the ventilation is balanced to design specifications. Filters will be visually inspected for plugging or leakage.
2. The area will be thoroughly cleaned before being placed into service.
3. Water supply lines will be flushed before placing newly renovated or constructed areas into service.
4. Certification that water supply lines have been disinfected in accordance with State and local ordinances may be required.

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COMPLIANCE MONITORING

Weekly compliance monitoring will be conducted by the contractors designee. The following parameters will be monitored:

1. Air handling.
2. Integrity of barrier walls.
3. Dress code.
4. Dust control.
5. Noise.
6. Traffic control.

ADMINISTRATIVE RESPONSIBILITY

GHS Project Manager, consulting with GHS Epidemiology is responsible for the enforcement of these Infection Control policies and procedures.

INFECTION CONTROL/CONSTRUCTION WORKSHEET

Using the “Construction Activity type” and “Infection Control Risk Group”, find the class on the “Construction Activity/Infection Control Matrix”. **If the matrix class is a III or IV, GHS Epidemiology/Infection Control must be consulted prior to any construction activity.**

The chart on page 12 lists the minimum preventive measures that are to be taken for each class. Note that Class III and IV have a place for GHS Epidemiology/Infection Control to sign off on. These projects require the Construction Survey Tool be completed and Epidemiology to sign off prior to construction activity. The completed Construction Survey Tools will be kept by GHS Facilities Development.

CONSTRUCTION ACTIVITY TYPES:

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

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INFECTION CONTROL RISK GROUPS:

Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
<ul style="list-style-type: none"> ➤ All Operating Room/Sterile Processing Areas ➤ Labor and Delivery Operating Rooms ➤ All Cardiac Cauterization and Angiography Areas ➤ Dialysis ➤ Oncology ➤ Transplant Units ➤ Anesthesia Workroom/Processing ➤ Pharmacy Admixture ➤ Intensive Care Units ➤ Day Surgery 	<ul style="list-style-type: none"> ➤ Emergency Room ➤ Post Anesthesia Care Units ➤ Labor and Delivery ➤ Newborn Nurseries ➤ Post Partum ➤ All Endoscopy Areas ➤ Short Stay ➤ Progressive Care ➤ Telemetry ➤ Interventional Radiology 	<ul style="list-style-type: none"> ➤ All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab) 	<ul style="list-style-type: none"> ➤ Office areas ➤ Non-patient areas.
➤	➤	➤	

CONSTRUCTION ACTIVITY→	TYPE "A"	TYPE "B"	TYPE "C"	TYPE "D"
RISK LEVEL↓				
GROUP 1	III	III	IV	IV
GROUP 2	II	III	III	IV
GROUP 3	I	II	III	IV
GROUP 4	I	II	II	III

CONSTRUCTION CLASS

**GHS-FACILITIES DEVELOPMENT
INFECTION CONTROL CONSTRUCTION TOOL**

Project Name:	Project Number:
Location of Construction:	Project Start Date:
Project Manager	Telephone:
Contractor Performing Work	Estimated Duration:
Infection Control Contact:	Telephone: Fax:

Yes	No	Construction Activity
		TYPE A: Inspection, non-invasive activity
		TYPE B: Small scale, short duration, minimal dust
		TYPE C: Activity that generate to high levels of dust, requires more than one work shift for completion
		TYPE D: Major duration and construction activities requiring consecutive work shifts.

GHS – FACILITIES DEVELOPMENT INFECTION CONTROL MANUAL

INFECTION CONTROL RISK GROUPS:

Group 1 Highest	Group 2 Medium High	Group 3 Medium	Group 4 Lowest
<ul style="list-style-type: none"> ➤ All Operating Room/Sterile Processing Areas ➤ Labor and Delivery Operating Rooms ➤ All Cardiac Cauterization and Angiography Areas ➤ Dialysis ➤ Oncology ➤ Transplant Units ➤ Anesthesia Workroom/Processing ➤ Pharmacy Admixture ➤ Intensive Care Units ➤ Day Surgery 	<ul style="list-style-type: none"> ➤ Emergency Room ➤ Post Anesthesia Care Units ➤ Labor and Delivery ➤ Newborn Nurseries ➤ Post Partum ➤ All Endoscopy Areas ➤ Short Stay ➤ Progressive Care ➤ Telemetry ➤ Interventional Radiology 	<ul style="list-style-type: none"> ➤ All other patient care units (not in Group 1 or Group 2, e.g. General Med/Surg. Rehab) 	<ul style="list-style-type: none"> ➤ Office areas ➤ Non-patient areas.
➤	➤	➤	

CONSTRUCTION ACTIVITY→	TYPE “A”	TYPE “B”	TYPE “C”	TYPE “D”
RISK LEVEL↓				
GROUP 1	III	III	IV	IV
GROUP 2	II	III	III	IV
GROUP 3	I	II	III	IV
GROUP 4	I	II	II	III

Project Requirements	
<p><u>Class I</u></p> <p>Date:</p> <p>Initials:</p>	<ol style="list-style-type: none"> 1. Execute work by methods to minimize raising dust from construction activities. 2. Immediately replace any ceiling tile displaced for visual inspection.
<p><u>Class II</u></p> <p>Date:</p> <p>Initials:</p>	<ol style="list-style-type: none"> 1. Provide active means to prevent air-borne dust from dispensing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block and seal air vents. 5. Wipe work surfaces with wet cloth. 6. Contain construction waste before transporting in tightly covered containers. 7. Wet mop and/or vacuum before leaving work area. 8. Place dust mat at entrance and exit of work area. 9. Remove or isolate HVAC system in areas where work is being performed.
<p><u>Class III</u></p> <p>Date:</p> <p>Initials:</p>	<ol style="list-style-type: none"> 1. Notify/Consult GHS Epidemiology before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers before construction begins. 4. Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units. 5. Wet mop and/or vacuum area daily. 6. Contain construction waste before transporting in tightly covered containers. 7. Cover transport receptacles and carts. 8. Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department. 9. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.

ICRA Implementation Monitoring Checklist

Project Number & Name:

Contractor:

Assessment By:

Project Location:

GHS Project Manager:

Assessment Date:

Required ICRA	ICRA Number	Requirements	Compliant with ICRA?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		
Class I	1	Execute work by methods that minimize raising dust from construction activities				
	2	Immediately replace any ceiling tile displaced for visual inspection.				
Class II	1	Provide active means to prevent air-borne dust from dispensing into atmosphere				
	2	Water mist work surfaces to control dust while cutting.				
	3	Seal unused doors with duct tape				
	4	Block and seal air vents				
	5	Wipe work surfaces with wet cloth				
	6	Contain construction waste in tightly covered containers before transporting.				
	7	Wet mop and / or vacuum before leaving work area				
	8	Place dust mat at entrance and exit of work area				
	9	Remove or isolate HVAC system in area where work is being performed				

ICRA Implementation Monitoring Checklist

Project Number & Name:

Contractor:

Assessment By:

Project Location:

GHS Project Manager:

Assessment Date:

Required ICRA	ICRA Number	Requirements	Compliant with ICRA?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		

Class III	1	Notify / Consult GHS Epidemiology before construction begins.				
	2	Isolate HVAC system in area where work is being done to prevent contamination of duct system				
	3	Complete all critical barriers before construction begins				
	4	Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.				
	5	Wet mop and / or vacuum are daily				
	6	Contain construction waste in tightly covered containers before transporting.				
	7	Cover transport receptacles and carts				
	8	Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department				
	9	Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.				

ICRA Implementation Monitoring Checklist

Project Number & Name:

Contractor:

Assessment By:

Project Location:

GHS Project Manager:

Assessment Date:

Required ICRA	ICRA Number	Requirements	Compliant with ICRA?		Corrective Measures Implemented	Documentation / Comments / Impending Actions
			Yes	No		

Class IV	1	Notify / Consult GHS Epidemiology before construction begins.				
	2	Isolate HVAC system in area where work is being done to prevent contamination of duct system				
	3	Complete all critical barriers before construction begins				
	4	Maintain negative air pressure within the work site utilizing 95% efficient final filter equipment air handling units.				
	5	Seal holes, pipes, conduits, and punctures with appropriate materials				
	6	Personnel must wear cloth or paper coveralls that are removed each time they leave the work site				
	7	All personnel entering the work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work site.				
	8	Wet mop and / or vacuum are daily				
	9	Contain construction waste in tightly covered containers before transporting.				
	10	Cover transport receptacles and carts				
	11	Do not remove barriers from work area until complete project is thoroughly cleaned by GHS Environmental Services Department				
	12	Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.				

SCHEDULE A
Contractor's Minimum Insurance Requirements

Compliance by the Seller with the insurance requirement set forth herein shall not relieve the Seller from liability for amounts in excess of the required limits of insurance.

The types of insurance and minimum limits required hereunder are:

- a) Worker's Compensation Insurance with statutory limits, as required by the State of Georgia
- b) Employer's Liability Insurance with limits of not less than \$1,000,000 to any one person;
 - (1) USL&H, FELA, Jones Act & Continental Shelf Act endorsements, if applicable.
- c) Commercial General Liability Insurance, written on an occurrence form including explosion, collapse, and underground:

\$1,000,000	Each Occurrence (BI & PD Combined Single Limit)
\$2,000,000	General Aggregate (Per Project)*
\$1,000,000	Personal Injury and Advertising Liability
\$1,000,000	Products & Completed Operations Aggregate
	Contractual Liability to cover all Liabilities assumed under this purchase order or Contract subject to policy exclusions.
\$100,000	Premises Legal Liability
\$10,000	Medical Expense
- d) Automobile Liability Insurance covering all non-owned, and hired automobiles used in connection with the Seller's work with combined single limits for Bodily Injury and Property Damage of not less than \$1,000,000 per accident.
- e) Professional Liability Insurance, if applicable, with limits of not less than \$5,000,000 each occurrence.
- f) Umbrella Liability Insurance excess of all the above required coverages with a minimum limit of \$5,000,000 each occurrence.

In addition to the above Insurance requirements, Seller shall obtain and keep in force until Owner Occupancy an All Risk Builders Risk Policy with limits of liability equal to or exceeding the full Contract Value of the Project. Such Insurance shall be primary in the event of any covered loss. Grady Health System (Owner) shall be included as an additional insured under all coverages (except workers' compensation and employers' liability) as required by this purchase order or Contract and such additional insured status shall be specifically identified on the certificate of insurance.

Prior to commencement of work, the Seller shall deliver to Owner's Agent, insurance certificates evidencing that the required insurance is in force with insurance companies satisfactory to Owner (Minimum A.M. Best A-VII). All certificates of insurance required hereunder shall specifically state that there shall be no material change in, or cancellation of, the policy or policies evidenced except upon 30 days prior written notice via certified mail to Owner's Agent and that 30 days prior to the renewal date. The Seller shall furnish Owner's Agent with updated or replacement certificates of insurance that clearly evidence continuation of coverages in the same manner, limits and protections as required by Owner and Owner's Agent.

Such insurance as required shall be kept in force by the Seller continuously during the life of this purchase order or Contract and for a period of not less than 90 days after the date of final completion; additionally, the Completed Operations insurance required herein under shall be kept in force by the Seller for a period of not less than three (3) years after the date of final completion.

SCHEDULE B

INVOICING & PAY APPLICATION INSTRUCTIONS

Please email all invoices to fdinvoices@gmh.edu.

This document outlines the Facilities Development Department Invoicing and Payment Application Instructions. It is our goal to ensure accuracy and timely payment of your invoices.

Below is a detailed outline of the instructions:

1. Vendor Requirements
2. Required Documents
3. Submissions instructions and Inquiries
4. Invoice Submission Procedures
5. Payment Application Submission Guidelines
6. Rejected Invoices

Your invoice package should be sent via email to fdinvoices@gmh.edu with your Grady Facilities Development Project Manager copied.

1. Vendor Requirements - Construction

You must submit the following information for approval within 10 days of executing your Contract:

1. **"Schedule of Values" prior to submitting your first invoice. The "Schedule of Values" must list your values of work matching GRADY activity codes on the template provided. "Schedule of Values" must be approved by Grady PM.**
2. **Certificate of Insurance** showing Grady Health System as an "Additional Insured" including Builder Risk Insurance and the Project Number and Name.
3. **Acknowledgement of your Vendormate Registration.** To register logon to <https://registersupplier.ghx.com>. You can also contact a Vendormate Representative at 1.888-476-0377 for assistance.

2. Required Documents - Construction

The following information is a requirement of your contractual agreement:

- The Application & Certification for Payment and Continuation Sheet
- Sworn Statement
- Schedules of Values
- Diverse Spend Report (TIER 2)
- Partial Lien Waiver from Construction Manager (CM), General Contractor (GC), and all subcontracts for progress payments
- Final Lien Waiver for final payments

3. Submission instructions and Inquiries

Send all invoices and payment applications to fdinvoices@gmh.edu with your Grady Facilities Development Project Manager copied.

Send all inquiries and/or questions regarding invoicing or status of payment to:
fdinvoices@gmh.edu

- Invoices sent to fdinvoices@gmh.edu are reviewed and routed through our approval process through the e-Builder System prior to sending to AP for payment.
- **DO NOT send Facilities Development invoices to Accounts Payable.**
Bypassing our approval process circumvent the system and will create payment delays.
- We request for the purposes of timely turnaround, that you submit your invoices and Payment Applications as a PDF
- There are two ways of receiving payment of your invoice:
 1. Check Method
 2. ACH Method (**preferred**)
The Authorization Agreement for Automatic Payment Form will be included as part of the invoice instructions. Completed forms should be submitted to ap@gmh.edu for processing.

4. Payment Application/Invoice Submission Procedures

Your Pay App/ invoice package must include the following items when submitted:

****Non-Construction Vendors fill out lines 1 – 8****

****Construction Vendors fill out lines 1 – 10****

COVER SHEET

1. Grady's Project Name
2. Grady's Project Number
3. Grady's Project Manager
4. Purchase Order Number
5. Invoice Number
6. Remittance Address
7. Date of Invoice
8. Invoice Amount
9. Diverse Spend
Reporting TIER 2
Amount
(CONTRACTOR
PAID CURRENT
MONTH)
10. TIER 2 Amount
(CONTRACTOR PAID TO
DATE)

Contractor shall make progress payments as follows:

- A detailed description of services provided.
- Contractor shall submit invoices only once per month.
- Contractor shall submit invoices no later than the 25th of each month the services are rendered.
- Vendor must reference a unique **Invoice Number** on the Application for Payment and invoices. (Each invoice must have a different invoice number. AP will not pay the invoice if it is a duplicate invoice number.)
- Date services were provided (or date range if applicable)
- Submit your Payment Application **once**. Where file size dictates, please submit a separate attachment from the other required documents, separate from the Payment Application.
- Multiple submittals of the same Payment Application will cause payment delays.
- **There should be no sales tax included.** To request a current certificate, please inquire with our Accounts Payable Department at ap@gmh.edu.

5. Rejected Invoices

- Invoices that do not meet with the requirements above will be **"rejected"** and returned to the vendor to correct. All rejections will include an explanation for why we rejected, but no payments full or partial will be made on rejected invoices.
- The vendor is responsible for making the correction and resubmitting it via fdinvoices@gmh.edu.

Invoices should **NOT BE** sent to Grady's Accounts Payable Department. Failure to provide the Information required on your invoices will result in delays. Improper invoices will be returned to your Accounting Department. Grady requires invoices and does not pay from statements.

6. Pay App/Invoice Backup

- Payment Applications and Invoices should be submitted with the following:
 - 1 Page (Only) Cover Sheet
 - Contractor Payment Application
 - Schedule of Values issued by Grady matching contract and current Purchase Order
 - Diverse Tier II Report
 - Sworn Statement

Diverse Tier II Report

Spend Date

DATE:

Pay Application Reporting Period

PRIME CONTRACTOR:

CONTACT PERSON:

ADDRESS:

PHONE:

PROJECT NAME:

PROJECT LOCATION:

CONTRACT NUMBER:

DATE SUBMITTED:

**PRIME CONTRACT
PROJECT TOTALS**

**ORIGINAL
CONTRACT
AMOUNT**

**CHANGE
ORDERS**

**TOTAL CONTRACT
TO DATE**

**\$ AMOUNT PAID TO
DATE**

**% OF CONTRACT
PAID TO DATE**

**\$AMOUNT OF
CURRENT
MONTH**

GENERAL COMMENTS:

Signature: _____

Name:

Title:



APPLICATION AND CERTIFICATE FOR PAYMENT

SHEET A

PAGE ONE OF PAGES

TO: Grady Health System

PROJECT:

APPLICATION NO:

FROM (CONTRACTOR):

PROJECT NO.:

APPLICATION DATE:

PERIOD TO:

GHS PO NUMBER:

GHS PROJECT MANAGER

CONTRACTOR'S INVOICE NO

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, Sheet B, is attached.

- 1. ORIGINAL CONTRACT SUM _____
- 2. Net change by Change Orders _____
- 3. CONTRACT SUM TO DATE (Line 1 +2) \$ _____
- 4. TOTAL COMPLETED & STORED TO DATE (Column G on Sheet B) \$ _____
- 5. RETAINAGE:
 - a. ___ % of Completed Work (Column D +E on Sheet B) \$ _____
 - b. - % of Stored Material (Column F on Sheet B) \$ _____
 - Total Retainage (Line 5a + 5b or Total in Column I of Sheet B) \$ _____
- 6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) \$ _____
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ _____
- 8. CURRENT PAYMENT DUE .. \$ _____
- 9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6) \$ _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous applications by Owner		
Total approved this application		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____

State of: _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public: _____
 My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on site observations and the data comprising the above application, GHS-FD certifies that to the best of our knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED\$
 (Attach explanation if amount certified differs from the amount applied for)

GHS Facilities Development:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment acceptance are without prejudice to any rights of the Owner or Contractor under this Contract.



CONTINUATION SHEET

SHEET B

PAGE OF PAGES

Grady Health Systems Document APPLICATION AND CERTIFICATE FOR PAYMENT Sheet A, containing Contractor's signed Certification is attached. In tabulation below, amounts are stated to the nearest dollar. Use column Jon Contracts where variable retainage for line items may apply.

APPLICATION NUMBER:
 APPLICATION DATE
 PERIOD TO:
 GHS PO NUMBER: CONTRACTORS
 INVOICE NO:
 PROJECT NO

A	B	C	D	E	F	G		H	
JTEM NO.	DESCRIPTION OF WORK	SCHEDULE DVALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D+EJ)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D or E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE

ATTACHMENT C

CONTRACTOR'S INTERIM WAIVER AND RELEASE UPON PAYMENT (Georgia)

(O.C.G.A. § 44-14-366)

OWNER:

CONTRACTOR:

PROJECT NAME:

STATE OF GEORGIA

COUNTY OF _____

THE UNDERSIGNED CONTRACTOR HAS BEEN EMPLOYED BY _____ (SPECIFY OWNER) TO FURNISH _____ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS _____ (TITLE OF THE PROJECT OR BUILDING) WHICH IS LOCATED IN THE CITY OF _____, COUNTY OF _____, AND IS OWNED BY _____ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(DESCRIBE THE PROPERTY UPON WHICH THE IMPROVEMENTS WERE MADE BY USING EITHER A METES AND BOUNDS DESCRIPTION, THE LAND LOT DISTRICT, BLOCK AND LOT NUMBER, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF \$ _____, THE CONTRACTOR WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND THROUGH THE DATE OF _____ (DATE) AND EXCEPTING THOSE RIGHTS AND LIENS THAT THE CONTRACTOR MIGHT HAVE IN ANY RETAINED AMOUNTS, ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF SAID _____ (SPECIFY OWNER) FOR SAID BUILDING OR PREMISES.

Signatory's Initials: _____

GIVEN UNDER HAND AND SEAL THIS _____ DAY OF _____,
_____.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS ___ DAY OF _____, 20__.

Notary Public

MY COMMISSION EXPIRES:

Contractor:

BY: (PRINT NAME) _____

ITS: (TITLE) _____

ADDRESS: _____

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE WAIVED AND RELEASED ANY AND ALL LIENS AND CLAIMS OF LIENS UPON THE FOREGOING DESCRIBED PROPERTY AND ANY RIGHTS REGARDING ANY LABOR OR MATERIAL BOND REGARDING THE SAID PROPERTY TO THE EXTENT (AND ONLY TO THE EXTENT) SET FORTH ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 90 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE AN AFFIDAVIT OF NONPAYMENT PRIOR TO THE EXPIRATION OF SUCH 90 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. § 44-14-366.

ATTACHMENT D

SUBCONTRACTOR/SUPPLIER'S INTERIM WAIVER AND RELEASE UPON PAYMENT (Georgia)

(O.C.G.A. § 44-14-366)

OWNER:

SUBCONTRACTOR/SUPPLIER:

PROJECT NAME:

STATE OF GEORGIA

COUNTY OF _____

THE UNDERSIGNED SUBCONTRACTOR/SUPPLIER HAS BEEN EMPLOYED BY _____ (NAME OF CONTRACTOR) TO FURNISH _____ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS _____ (TITLE OF THE PROJECT OR BUILDING) WHICH IS LOCATED IN THE CITY OF _____, COUNTY OF _____, AND IS OWNED BY _____ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(DESCRIBE THE PROPERTY UPON WHICH THE IMPROVEMENTS WERE MADE BY USING EITHER A METES AND BOUNDS DESCRIPTION, THE LAND LOT DISTRICT, BLOCK AND LOT NUMBER, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF \$ _____, THE SUBCONTRACTOR/SUPPLIER WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND THROUGH THE DATE OF _____ (DATE) AND EXCEPTING THOSE RIGHTS AND LIENS THAT THE SUBCONTRACTOR/SUPPLIER MIGHT HAVE IN ANY RETAINED AMOUNTS, ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF THE CONTRACTOR (OR OTHER PERSON WITH WHOM SUBCONTRACTOR/SUPPLIER HAS A CONTRACT) FOR SAID BUILDING OR PREMISES.

GIVEN UNDER HAND AND SEAL THIS _____ DAY OF _____,
_____.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS ___ DAY OF _____, 20__.

Notary Public

MY COMMISSION EXPIRES:

Contractor:

BY: (PRINT NAME) _____

ITS: (TITLE) _____

ADDRESS: _____

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE WAIVED AND RELEASED ANY AND ALL LIENS AND CLAIMS OF LIENS UPON THE FOREGOING DESCRIBED PROPERTY AND ANY RIGHTS REGARDING ANY LABOR OR MATERIAL BOND REGARDING THE SAID PROPERTY TO THE EXTENT (AND ONLY TO THE EXTENT) SET FORTH ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 90 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE AN AFFIDAVIT OF NONPAYMENT PRIOR TO THE EXPIRATION OF SUCH 90 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. § 44-14-366.

ATTACHMENT E

CONTRACTOR'S WAIVER AND RELEASE UPON FINAL PAYMENT (Georgia)

(O.C.G.A. § 44-14-366)

OWNER:

CONTRACTOR:

PROJECT NAME:

STATE OF GEORGIA

COUNTY OF _____

THE UNDERSIGNED CONTRACTOR HAS BEEN EMPLOYED BY _____ (SPECIFY OWNER OR CONTRACTOR) TO FURNISH _____ (DESCRIBE MATERIALS AND/OR LABOR) FOR THE CONSTRUCTION OF IMPROVEMENTS KNOWN AS _____ (TITLE OF THE PROJECT OR BUILDING) WHICH IS LOCATED IN THE CITY OF _____, COUNTY OF _____, AND IS OWNED BY _____ (NAME OF OWNER) AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(DESCRIBE THE PROPERTY UPON WHICH THE IMPROVEMENTS WERE MADE BY USING EITHER A METES AND BOUNDS DESCRIPTION, THE LAND LOT DISTRICT, BLOCK AND LOT NUMBER, OR STREET ADDRESS OF THE PROJECT.)

UPON THE RECEIPT OF THE SUM OF \$ _____, THE CONTRACTOR WAIVES AND RELEASES ANY AND ALL LIENS OR CLAIMS OF LIENS IT HAS UPON THE FOREGOING DESCRIBED PROPERTY OR ANY RIGHTS AGAINST ANY LABOR AND/OR MATERIAL BOND ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED BY THE UNDERSIGNED TO OR ON ACCOUNT OF SAID _____ (SPECIFY OWNER) FOR SAID PROPERTY.

GIVEN UNDER HAND AND SEAL THIS _____ DAY OF _____,
_____.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS ___ DAY OF _____, 20__.

Notary Public

MY COMMISSION EXPIRES:

Contractor:

BY: (PRINT NAME) _____

ITS: (TITLE) _____

ADDRESS: _____

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE WAIVED AND RELEASED ANY AND ALL LIENS AND CLAIMS OF LIENS UPON THE FOREGOING DESCRIBED PROPERTY AND ANY RIGHTS REGARDING ANY LABOR OR MATERIAL BOND REGARDING THE SAID PROPERTY TO THE EXTENT (AND ONLY TO THE EXTENT) SET FORTH ABOVE, EVEN IF YOU HAVE NOT ACTUALLY RECEIVED SUCH PAYMENT, 90 DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE AN AFFIDAVIT OF NONPAYMENT PRIOR TO THE EXPIRATION OF SUCH 90 DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER O.C.G.A. § 44-14-366.

ATTACHMENT F

GENERAL CONTRACTOR'S FINAL AFFIDAVIT (Georgia)
(O.C.G.A. § 44-14-361.2)

OWNER:

GENERAL CONTRACTOR:

PROJECT NAME:

PROPERTY:

STATE OF GEORGIA

COUNTY OF

Before me, the undersigned Notary Public, personally appeared the undersigned _____, who having been first duly sworn, deposes and says under oath as follows:

(1) The undersigned warrants and represents that he has full authority to execute this General Contractor's Final Affidavit for the General Contractor.

(2) Unless otherwise stated herein, the undersigned has personal knowledge of the facts sworn to in this General Contractor's Final Affidavit and such facts are true and correct.

(3) The General Contractor has performed all of the work required by the contract with the _____ (Specify Owner). To the best of the undersigned's knowledge, all of the work has been completed in accordance with the terms and conditions of the contract with _____ (Specify Owner), and all plans and specifications for the project, including any written Change Orders executed in accordance with the Contract Documents. The representations and warranty made in the Paragraph (3) are solely for the benefit of the Owner, and no other party may claim any rights, as a third party beneficiary or otherwise, based hereon.

(4) The Property is more fully described in the "Property Description," if attached hereto as an addendum. Any and all contractors, subcontractors, materialmen and suppliers who have provided labor, materials

or services for use or incorporation into the improvements to the Property are listed in the "List of Subcontractors and Suppliers" attached hereto as an addendum. General Contractor has paid in full all contractors, subcontractors, laborers, suppliers, materialmen and others furnishing labor, material or services to the Property the agreed price or reasonable value of all labor, material or services furnished. The General Contractor further certifies that the _____ (Specify Owner) has paid in full the agreed price or reasonable value of all labor, material, and services used in, or incorporated into, the improvements to the Property. There are no pending or unresolved claims, disputes or other matters regarding any person or entity that furnished labor, material or services to the Property.

(5) To the best of the undersigned's knowledge, there are no unpaid bills of any nature for labor, materials or services furnished for the construction of any improvements to the Property required by the contract with the _____ (Specify Owner). All fixtures and furnishings have been paid for in full, and there are no retention of title contracts regarding any goods or personal property installed at the Property required by the Contract with the _____ (Specify Owner).

(6) To the best of the undersigned's knowledge, there are no unsatisfied claims for damages resulting from personal injury or death to any employees, subcontractors, or the public at large arising out of any of General Contractor's activities or construction work on the Property.

(7) To the best of the undersigned's knowledge, there are no Claims of Lien, Preliminary Notices of Lien, or any suits or claims for payment, loss or damage of any kind, nature or description which might constitute a lien upon the Property as of the date of this General Contractor's Final Affidavit.

(8) This General Contractor's Final Affidavit is executed in conjunction with, and in acknowledgement of, final payment under the contract between the General Contractor and the _____ (Specify Owner). This General Contractor's Final Affidavit is specifically made for the benefit of the Owner and may be relied upon unconditionally by the Owner.

(9) Deponent is executing this General Contractor's Final Affidavit, pursuant to O.C.G.A. § 44-14-361.2, for and on behalf of the General Contractor for the express purpose of inducing and receiving final payment from the _____ (Specify Owner).

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____, 201__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CONTRACTOR:

BY: (PRINT NAME) _____
ITS: (TITLE) _____
ADDRESS: _____

ATTACHMENT G

Contractor's Affidavit of Payment of Debts and Claims

The undersigned Contractor on the job of Grady Health System located at **[Insert Address of Project Site]**, hereby certifies that, except as listed below, he has paid in full or otherwise satisfied all obligations for all materials and equipment furnished, for all Work, labor and services performed, and for all known indebtedness and claims against Contractor for damages arising in any manner in connection with performance of the Contract Documents for the job known as **[Insert Name Per Task Order]** for which the Grady Health System or its property might in any way be held responsible.

The only exceptions to Contractor's certification are those set forth below, if any: [Owner reserves the right to withhold payment or require Contractor to file a release bond to satisfy mechanics' liens and stop notices.]

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I affirm under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Executed this _____ day of _____, ____.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ___ DAY OF _____, 201__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CONTRACTOR:

BY: (PRINT NAME) _____
ITS: (TITLE) _____
ADDRESS: _____

ATTACHMENT H

Contractor's Affidavit of Waivers and Releases

The undersigned Contractor on the job known as **[Insert Name Per Task Order]** for Grady Health System located at **[Insert Address of Project Site]**, hereby certifies that, except as listed below, it has secured a final lien waiver from every person entitled to assert against Owner or Owner's property a mechanics' lien or stop notice arising in any way in connection with performance of the Contract Documents referenced above.

The only exceptions to Contractor's certification are those set forth below, if any: [Owner reserves the right to withhold payment or require Contractor to file a release bond to satisfy mechanics' liens and stop notices.]

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I affirm under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Executed this _____ day of _____, ____.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____, 201__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CONTRACTOR:

BY: (PRINT NAME) _____
ITS: (TITLE) _____
ADDRESS: _____



Project Name / #: _____

Project Manager: _____

PRE-MOVE and OCCUPANCY CHECKLIST

Project Location: _____

Administrative Activities	B.I.C.	Target Start	Date Completed	Sign - Off By	N/A	REMARKS:
Confirmation of AHJ Acceptance						
State Fire Marshall	_____	_____	_____	_____	_____	_____
City / County Final Inspections	_____	_____	_____	_____	_____	_____
Georgia DCH	_____	_____	_____	_____	_____	_____
Health Department	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Confirmation of MEP Commissioning / System / Equipment Acceptance						
Electrical - Normal Power Distribution	_____	_____	_____	_____	_____	_____
Electrical - Generator Power Distribution	_____	_____	_____	_____	_____	_____
Electrical - Branch Circuit Lighting	_____	_____	_____	_____	_____	_____
Electrical - Branch Circuit Power	_____	_____	_____	_____	_____	_____
HVAC - Equipment	_____	_____	_____	_____	_____	_____
HVAC - Branch Distribution	_____	_____	_____	_____	_____	_____
Hydronics - Balanced	_____	_____	_____	_____	_____	_____
Airflow - Balanced	_____	_____	_____	_____	_____	_____
Ducts Cleaned	_____	_____	_____	_____	_____	_____
BAS - Complete & Operational	_____	_____	_____	_____	_____	_____
Mechanical - Equipment	_____	_____	_____	_____	_____	_____
Mechanical - Piping (heating, cooling & nat gas)	_____	_____	_____	_____	_____	_____
Fire Sprinkler - Equipment	_____	_____	_____	_____	_____	_____
Fire Sprinkler - Piping and Heads	_____	_____	_____	_____	_____	_____
Med Gas - Equipment	_____	_____	_____	_____	_____	_____
Med Gas - Piping	_____	_____	_____	_____	_____	_____
Plumbing - Equipment	_____	_____	_____	_____	_____	_____
Plumbing - Piping & Fixtures	_____	_____	_____	_____	_____	_____
Domestic Water - Flushed	_____	_____	_____	_____	_____	_____
Domestic Water - Chlorinated	_____	_____	_____	_____	_____	_____
Fire Alarm System - Head End and Graphics	_____	_____	_____	_____	_____	_____
Fire Alarm System - Wiring and Devices	_____	_____	_____	_____	_____	_____
Security Systems - Complete	_____	_____	_____	_____	_____	_____
Nurse Call - Equipment	_____	_____	_____	_____	_____	_____
Nurse Call - Wiring & Devices	_____	_____	_____	_____	_____	_____
IS/IT - Equipment	_____	_____	_____	_____	_____	_____
IS/IT - Wiring & Devices	_____	_____	_____	_____	_____	_____
Pneumatic Tube Systems - Complete	_____	_____	_____	_____	_____	_____
PA System - Complete	_____	_____	_____	_____	_____	_____
Elevators - Complete	_____	_____	_____	_____	_____	_____
CCTV	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Equipment added to FM PM list						
Exit Signs	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____



Project Name / #: _____

Project Manager: _____

PRE-MOVE and OCCUPANCY CHECKLIST

Project Location: _____

Inspection Activities	B.I.C.	Target Start	Date Completed	Sign -Off By	N/A	REMARKS:
Confirmation of Integrity of Rated Construction						
Walls	_____	_____	_____	_____	_____	_____
Floors	_____	_____	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____	_____	_____
Doors	_____	_____	_____	_____	_____	_____
Confirmation of HVAC operation						
Tempered Air	_____	_____	_____	_____	_____	_____
Exhaust	_____	_____	_____	_____	_____	_____
Ducts Cleaned	_____	_____	_____	_____	_____	_____
Test and controls	_____	_____	_____	_____	_____	_____
Confirmation of IS/IT Equipment Operation						
Servers / Switches / local UPS	_____	_____	_____	_____	_____	_____
Phones	_____	_____	_____	_____	_____	_____
CPUs	_____	_____	_____	_____	_____	_____
Wireless Access points	_____	_____	_____	_____	_____	_____
Confirmation of Security Systems Operation						
Special Keypads	_____	_____	_____	_____	_____	_____
Card Access	_____	_____	_____	_____	_____	_____
Cameras	_____	_____	_____	_____	_____	_____
Confirmation of PA System Functionality						
All Devices	_____	_____	_____	_____	_____	_____
Confirmation of Nurse Call Operation						
All Devices	_____	_____	_____	_____	_____	_____
Confirmation of PA System Operation						
All Devices	_____	_____	_____	_____	_____	_____
All required and scheduled PM's completed						
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
Other						
Exterior Windows Intact	_____	_____	_____	_____	_____	_____
Interior Bombed lights Intact	_____	_____	_____	_____	_____	_____
All Contractor Tools Removed	_____	_____	_____	_____	_____	_____
All Contractor Materials Removed	_____	_____	_____	_____	_____	_____
All Contractor Debris Removed	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____



Project Name / #: _____

Project Manager: _____

PRE-MOVE and OCCUPANCY CHECKLIST

Project Location: _____

Activation Activities	B.I.C.	Target Start	Date Completed	Sign -Off By	N/A	REMARKS:
Physical Environment						
Final Clean	_____	_____	_____	_____	_____	_____
Floors Waxed	_____	_____	_____	_____	_____	_____
Paper Products Stocked	_____	_____	_____	_____	_____	_____
Soap / Lotions Stocked	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Safety						
Final Safety Inspection	_____	_____	_____	_____	_____	_____
Fire Evac Maps	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Epi						
Final Inspection	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
C.E.D.						
Clinical Equipment and Systems Functional	_____	_____	_____	_____	_____	_____
Bed Management	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
P.T. Stations						
Tube Stations Functional and Programmed	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Non-Clinical FF&E Installed						
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
Consumables - Stocked						
List _____	_____	_____	_____	_____	_____	_____
IS/IT						
Phones	_____	_____	_____	_____	_____	_____
Computers	_____	_____	_____	_____	_____	_____
W.A.P.	_____	_____	_____	_____	_____	_____
EPIC	_____	_____	_____	_____	_____	_____
Kronos	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Training						
Fire Safety/ Evac	_____	_____	_____	_____	_____	_____
Clinical Equipment	_____	_____	_____	_____	_____	_____
P.T.Stations	_____	_____	_____	_____	_____	_____
PA System	_____	_____	_____	_____	_____	_____
Nurse Call System	_____	_____	_____	_____	_____	_____
CCTV Systems	_____	_____	_____	_____	_____	_____
Med Gas	_____	_____	_____	_____	_____	_____
Security	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____
Other						
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____
List _____	_____	_____	_____	_____	_____	_____

A. General Requirements

The Project Manager is to prepare the Contracts with complete Close-Out information, in order to signal initiation of Close-Out from the very start of a Trade Contractors effort.

At the 90% Document Review the Project Manager will review specific Close-Out documentation requirements with the GHS FM Group. (See Project Startup Procedure).

As individual Trade Contracts approach completion, the Project Manager will commence the Close-Out Documentation Process in accordance with this guideline. 75% completion will be used as the milestone for organizing a Trade Contractor Close-Out meeting.

B. Trade Contractor Close-Out Documentation Preparation

Directions: Review the following checklist to assure all necessary information has been included in the Trade Contractor Close-Out Documentation.

1. Checklist applicable to EACH separate Contract issued.

- Project Manager reviews the Trade Contract for Close-Out Procedures prior to execution.
- Project Manager reviews the General Conditions of the Contract and the Technical Specifications for Deliverables, and Close-Out Requirements and Obligations.
- Project Manager completely documents all Bid Verification Conferences along with Any Close-Out related bid qualifications
- The approved Trade Contractor Submittal Register is included in the Close-Out File
Note: *If possible obtain the Submittal Register and the Schedule of Values prior to executing the Contract*
- The prepared Contract Close-Out Checklist is included in the Close-Out File.

2. Trade Contractor Close Out File:

- A separate file is established to house all the Trade Contract Close-Out Documents

3. Trade Contractor Close Out Packet:

- The Trade Contractor Close-Out Packet has been organized and contains, at a minimum or as applicable to specific Contract Deliverables and Requirements and Obligations, the items listed in the Trade Contractor Close-Out Checklist.

C. Trade Contractor Close-Out Meeting Preparation

Directions: Proper preparation is necessary to assure the effectiveness of the Contractor Close-Out Meeting. Review the following checklist to assure all necessary information has been included in the meeting, and prepare a Contract specific Close-Out meeting agenda.

1. The following documentation has been reviewed:

- Contract Close-Out Procedure and Flowcharts
- Contractor Close-Out File
- Contractor Close-Out Packet

2. Review the following schedule items for ability to meet Substantial Completion:

- Accepted schedule for completion of the Project.
- Any sequential Owner occupancy requirements of time frames have been taken into consideration, along with any OFOI FF&E issues.
- Owner's Security, Housekeeping and IT/IS departments are notified of beneficial occupancy date.

3. Review the Trade Contractors Cost and Change Status reports for the following:

- Outstanding Change Orders
- Pending Costs
- Bulletin Quotes
- Amount Billed and Paid to Date
- Retention Amount
- Claims or Disputes
- Surety Release Requirements

4. Quality Performance Review:

- The quality expectations of GHS, the Project A/E and the User are being achieved.
- Contractor responsibilities for clean-up at completion of the Project have been defined.
- The current Trade Contractor's status of non-conforming conditions has been reviewed and a punchlist work-off plan has been implemented.

5. Close-Out Documentation Review:

- Close-Out documentation recorded to date (Project files).
- Submittal Status (Form A)
- As-Built & record documents Status
- Schedule of Testing (Form B)
- Schedule of Training (Form C)
- Schedule for Equipment and Systems Acceptance and Certifications
- Final Agency inspections, approvals, permit sign-offs, TCO's, CO's and certifications requirements are understood and scheduled. (Form E)
- The List of Documents required for final payment is understood (Form K)
- The Spare Parts List is reviewed and accepted. (Form I)
- The List of Finish materials used in the Project is reviewed and accepted. (Form J)
- The List of Close-Out documents required by Technical Spec's, i.e. special warrantees (Form D)

6. Training and Equipment / System Acceptance Review:

- Testing Requirements List (Form B) is reviewed, accepted and testing acknowledged complete or scheduled.
- Training Requirements List (Form C) is reviewed, accepted.
- Owner Training Register (Form G) preliminary information is entered, participants identified and training scheduled.
- Equipment / System Acceptance (Form F) **criteria is determined for each separate piece of equipment or system and documented as an attachment to Form F.** Preliminary information is entered into Form F, the participants identified and the Acceptance Demonstration / Test scheduled.
- O&M Manuals requirements for each piece of equipment are reviewed (Form M) and scheduled for turnover.
- Tools, spare parts, and lubricants are scheduled for turnover. (Form I)
- Review specific product warranties, guarantees, bonds, and service agreements. (Form D).
- Pre-Turnover equipment Check / Test/ and Start-Up is scheduled

7. Review Final Document & Turnover Procedure:

- Final Document Turnover Register (Form H) cover sheet required for each item turned over.
- Itemized listing required for like items i.e.: key number listing.
- Establish schedule for turnover and who will receive and acknowledge each item.
- Establish where items will be accepted and stored.

8. Review Final Billing and waiver / release process:

- The List of Documents required for final payment is understood (Form K)
- Obtain GHS Facilities Development Accounting Departments Concurrence.

9. Trade Contractor Close-Out Meeting Attendees:

- Owners User Group Representative
- A/E Team and Consultants
- GHS Facilities Development Project Manager
- GHS Facilities Maintenance personal as required
- GHS Facilities Development Accountant

D. Trade Contractor Close-Out Process

- 1 Substantial Completion - As the Trade Contractor nears completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall submit the following to the GHS PM for review and acceptance:**
 - A request for Substantial Completion
 - A itemized listing of all incomplete work, the mutually acceptable values of each item, and a detailed work-off schedule and manpower loaded work plan.
 - The following Documentation, which is the minimum that is acceptable for Substantial Completion.
 - As-built records
 - O&M Manuals
 - Keys, maintenance stock, and spare parts
 - Equipment & System Acceptance forms
 - Permits and Certifications received to date, including a Temporary Certificate of Occupancy and a list of outstanding Agency Approvals,
 - A schedule of all Owner Training to take place.
 - The List of Finish Material used in the Project

- 1.1. Upon Consultation with the A/E the GHS PM will issue a Certificate of Substantial Completion. All Warrantees and Guarantees shall start upon issuance of the Certificate of Substantial Completion.**

- 2 Final Completion - Upon Completion of the Work, and after agreement with the GHS PM, the Trade Contractor shall request a walk through of the space to obtain final acceptance of the Work and that the punchlist is complete.**

- 2.1 The GHS PM along with the A/E shall conduct the walk through and upon acceptance provide the Trade Contractor with a Certificate of Punchlist Completion.**

- 2.2 The Trade Contractor shall prepare a Final Payment Request to the GHS PM for review and processing in accordance with the Final Payment Processing Procedure included in the Trade Contractor Close-Out Packet. The GHS PM will process the Final Payment Request after all of the following are completed:**
 - The submission of all required documents not previously provided in the Substantial Completion process outlined above:
 - Guarantees and Warranties
 - Owner Training Register
 - All Agency final reviews, permit sign-offs, certifications, and Certificate of Occupancy
 - Final Document and Turnover Registers
 - Final Payment Request with all required supporting documentation.

E. Final Trade Contractor Payment Request Processing:

1. Upon receipt of the Trade Contractors Request for Final Payment Application, the GHS PM shall:

- Bonded Projects – Obtain Consent of Surety Company to Final Payment.
- Validate that all Change Orders have been executed and that there are no outstanding Change Order requests or backcharge issues.
- Verify paid to date and retention amounts are correct with the GHS Facilities Development Accountant.
- Verify that the Final Conditional Waiver and Sworn Statement are complete.
- Confirm that the Pay Request is notarized.
- Complete the Trade Contractor Contract Close-Out Checklist (Form L).

2. The GHS PM upon completion of the above requirements shall process the Final Payment to the Trade Contractor, and shall release the Final Check upon receipt of:

- Final Unconditional Waiver
- Final Release

F. Trade Contractor Close-Out Packet:

Directions: *The following information is provided as a reference guide to be used when assembling Trade Contractor Close-Out Packets. A sample packet is included with this procedure.*

The packet is to be prepared for each Trade Contractor forwarded to the Trade Contractor along with the Trade Contractor Start-Up Packet. The packet should be placed in the Trade Contractor Close out file for use during the Trade Contractor Close-Out meeting.

Table of Contents

1. Narrative of Trade Contractor Close-Out Procedure.
2. Trade Contractor Close-Out Procedure Flowchart.
3. Form A - List of Technical Submittals
4. Form B – List of Testing Requirements
5. Form C – List of Training Requirements
6. Form D – List of Close-Out Documents required by Technical Specifications
7. Form E - List of Agency Approvals Required for Completion
8. Form F – Equipment / System Acceptance
9. Form G – Owner Training Register
10. Form H – Final Document & Turnover Register
11. Form I – List of Spare Parts
12. Form J – List of Finish Materials used in Project
13. Form K – List of Documents required for Final Payment
14. Form L – Trade Contractor Contract Close-Out Checklist
15. Form M – Equipment / Systems O&M manual Checklist
16. Consent of Surety to Reduction in or Partial Release of Retainage
17. Consent of Surety to Final Payment
18. Certificate of Substantial Completion
19. Certificate of Punchlist Completion
20. Contractor's Application and Certificate for Payment
21. Sworn Statement
22. Partial Conditional Waiver
23. Final Unconditional Waiver
24. Final Release



EQUIPMENT / SYSTEMS ACCEPTANCE

Project: _____

Contractor: _____

Inspection Date: _____

Contract #: _____

Equip Designation: _____

Model # _____

Serial # _____

Location: _____

Pre-Turnover Checklist:

Submittal Required: Y N N/A

Submittal Approved: Y N N/A

Factory Test Required: Y N N/A

Factory Test Approved: Y N N/A

O&M Manuals Submitted: Y N N/A

O&M's Approved: Y N N/A

Check / Test / Startup: Y N N/A

Factory Rep Required: Y N N/A

The above equipment is being turned over to the Owner for the start of guarantee period, which commenced at the date of substantial completion _____. Equipment is accepted unconditionally: Y N

The above equipment is conditionally accepted pending completion of the following: Y N

The above equipment is Rejected and will require a new Equipment Acceptance Test: Y N

Acknowledged:

Factory Tech: _____

Contractor: _____

By: _____

By: _____

Date: _____

Date: _____

GHS Facilities Development: _____

GHS Facilities Management / Clinical Engineering: _____

By: _____

By: _____

Date: _____

Date: _____



FINAL DOCUMENT & TURNOVER REGISTER

Project: _____

Contractor: _____

Date: _____

Contract #: _____

The above named Contractor is submitting / turning over for Owners use the following:

- As-Built Drawings
- O & M Manuals
- Spare Parts
- Excess Materials
- Keys

- Guarantee / Warranty
- Certifications
- Permits
- Agency Approvals
- Other _____

Storage Location: _____

Reference:

Specifications: _____ Section: _____

Description: _____

Submitted By:

Contractor: _____
By: _____
Date: _____

A/E Review / Approval (if required)

A/E: _____
By: _____
Date: _____

Received By:

GHS Facilities Development:
By: _____
Date: _____

GHS Facilities Management:
By: _____
Date: _____



TRADE CONTRACTOR CONTRACT CLOSE-OUT CHECKLIST

Project: _____

Contractor: _____

Date: _____

Contract #: _____

The following should be used to insure the Trade Contract is ready for Release of Final Payment

- Certificate of Substantial Completion
- As built record Documents
- O&M Manuals
- Keys, Maintenance stock & Spare Parts
- Equipment & System Acceptance Forms
- Agency Permits & Certificates rec'd to date
- Finish Materials List
- Certificate of Punchlist Completion
- Guarantees & Warrantees
- Owner Training Register
- Final Agency Permits & Certificates
- Final Document Turn Over Registers
- Final Payment Application
- Consent or Surety to Final Payment
- All COP's are processed & C.O.'s executed
- All Claims are resolved
- Verify CMIC Accounting matches Pay App
- Confirm the Pay App is notarized
- Verify Final Conditional Waiver is included
- Verify Final Sworn Statement is included
- Final Check Processing
- Release Final Check upon receipt of:
- Final Unconditional Waiver
- Final Release

GHS Facilities Development PM:
By: _____
Date: _____

GHS Facilities Development Accountant:
By: _____
Date: _____



EQUIPMENT / SYSTEMS O&M MANUAL CHECKLIST

Project: _____

Contractor: _____

Inspection Date: _____

Contract #: _____

Equip Designation: _____

Model # _____

Serial # _____

Location: _____

Item:	Required?		
Complete operating instructions, including description of each system operation , location of all controls, start-up, shut-down, seasonal changeover, etc for all components installed.	Y	N	NA
Legible copies of all "As Built" field installation drawings.	Y	N	NA
Equipment cuts & descriptive literature	Y	N	NA
Complete parts list	Y	N	NA
Internal wiring and control diagrams	Y	N	NA
Factory and Field test reports and data, including balancing reports	Y	N	NA
Operating characteristics, performance data, ratings and curves, including pump head and performance curves, tank volume Vs height curves or tables	Y	N	NA
Complete list of all belt drives listing drive size, bore size, keyway dimensions and manufactures replacement bet number	Y	N	NA
Controls Diagrams, sequence of operation diagrams and ladder diagrams.	Y	N	NA
Instrument Calibration Data	Y	N	NA
Executed Equipment / System Acceptance (Form F)	Y	N	NA
Executed Owner Training Register (Form G)	Y	N	NA
Spare parts inventory	Y	N	NA
Service or Maintenance Contracts	Y	N	NA
Service and Maintenance schedule and log - including date equipment placed in service	Y	N	NA
Dated warrantees and/or guarantees	Y	N	NA
Title Page with Job name and number, Contractors/Subcontractors/Vendors contact person, address and phone numbers. Index page	Y	N	NA
Other	Y	N	NA

Acknowledged:

Factory Tech: _____

Contractor: _____

By: _____

By: _____

Date: _____

Date: _____

GHS Facilities Development:

GHS Facilities Management:

By: _____

By: _____

Date: _____

Date: _____