

PRE-CONSTRUCTION / RENOVATION MEETING CHECKLIST

Purpose of Construction:	
Location of Construction:	
Permit/Project Number:	
Point of Contact (Valleywise Health):	
Project Manager (Contractor):	

NOTE: Please select the applicable forms that will be completed in this packet. Please create a facilities management work order when applicable for follow up inspections required. Forms/Items marked as * are required.

- Alternative Life Safety Measure Assessment/Permit (ALSM)***
- Infection Control Risk Assessment (ICRA)***
- Infection Control Permit**
- ALSM SBAR / PROJECT SUMMARY***
- Disruption Notice**
- Shutdown Request**
- Above Ceiling Work Permit**
Facilities Management Work Order #:
- Rated Wall/Slab Penetrations Permit**
Facilities Management Work Order #:
- Hot Work Permit**
Facilities Management Work Order #:
- Energized Electrical Work Permit**
Facilities Management Work Order #:
- Confined Space Entry Permit**
Facilities Management Work Order #:
- Confined Space Standby Observer Check List**
- Map of area where work is being performed***

ALTERNATE LIFE SAFETY MEASURES (ALSM)

SBAR / PROJECT SUMMARY

Policy #14313 S Attachment A

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

Situation:	<i>(Sample Text) Construction work will be occurring in the area that will require a construction barrier and it will be restricting access to an emergency exit.</i>
Background:	<i>(Sample Text) Valleywise Health policy requires that all construction barriers be constructed of non-combustible or limit combustible materials. On moderate term projects, barriers between construction and building occupants must be at least 1-hour fire rated. The construction barrier will temporarily restrict access to an emergency exit.</i>
Assessment:	<i>(Sample Text) Because of the requirements by Valleywise Health policy the Authority Having Jurisdiction (AHJ) needs to be notified of the situation. Because of the blocked flow the staff needs to be informed of the situation. All people in this area must be on high alert for signs of fire. Please familiarize yourself with the alternate emergency exits during this construction. You are required to pass this information to all others in this area.</i>
Requirements:	<i>(Sample Text) All construction barriers must be compliant with Valleywise Health policy requirements. All people in this area must be on high alert for signs of fire. Please familiarize yourself with the alternate emergency exits during this construction. You are required to pass this information to all others in this area.</i>

Any questions should be addressed by calling ext. 48888 and choosing Option 2.

INFECTION CONTROL RISK ASSESSMENT

Procedure Determinations Checklist

Policy #62756 S Attachment D

Project Start Date:					
Estimated Duration:					
Contractor Name:					
Point of Contact:					
	PARAMETERS	Yes	No	N/A	COMMENTS
REVIEW & ASSESS					
1.	Review design and function of construction/renovation area				
2.	Conduct Risk assessment, preliminary walk-through				
3.	Review pertinent Infection Control procedures per class				
ISSUES					
4.	BADGES must always be in your possession				
5.	SMOKING POLICY No smoking on Valleywise Health campuses, use off campus areas				
6.	DRESS CODE no obscene clothing				
7.	HOSPITAL KEYS will be issued at discretion of Facilities				
8.	PERMITS: obtain special permits from Project Manager				
BARRIERS					
9.	Construction/Authorized personnel signs posted for area				
10.	Barricades, caution tape, fencing are in place to prevent access				
11.	Sticky / Walk-off mats before and after door & maintained properly				
12.	Determine location of barriers/need for construction vestibule				
PROJECT AREA					
13.	Authorized work hours are determined at pre-construction meeting [include contact name]				
14.	Lay down yard is defined prior to start date at pre-construction meeting				
15.	Work area is always secured or attended				
16.	Designate area pathway for construction worker use [entrance/exits/halls]				
17.	Designate path for debris removal in covered container daily				
18.	Hazardous waste removed according to state regulations				
19.	Routine cleaning done on job site by contractor				
20.	Routine cleaning done in patient care area adjacent to job site by housekeeping				
21.	Noise/Vibration – Project manager to notify hospital staff about the potential occurrence				
22.	LOCK OUT-TAG OUT procedures in place [work with Facilities Dept]				
23.	CONFINED SPACE work- contact Facilities for entry permit				
24.	OPEN FLAME, Weld, Braze - contact Facilities for HOT WORK Permit				
25.	ASBESTOS - contact Facilities for locations of asbestos containing material.				
26.	BLUE STAKE as needed, but do not rely on it solely.				
FIRE SYSTEM INTERRUPTIONS					
27.	Fire alarm shut down – preplan with Facilities Dept.				
28.	Fire sprinkler shutdown – preplan with Facilities Dept.				
UTILITIES INTERRUPTIONS					
29.	Minimum 48-hour notice to Facility Dept to arrange for a utility shut down				
30.	Departments affected have been notified by Global Email				

INFECTION CONTROL RISK ASSESSMENT

Procedure Determinations Checklist
Policy #62756 S Attachment D

31.	Unplanned interruptions are immediately reported to Security & Facilities (Security: 602-344-5000; Facilities Power Plant: 602-370-0314)				
HAZARD COMMUNICATION					
32.	Safety Data Sheets (SDS) are on site for all chemicals being used				
33.	An inventory of all chemicals has been submitted to Project Manager				
TRAFFIC CONTROL					
34.	Job site restricted to construction workers & necessary staff only				
35.	Patient traffic separated by time or space from construction traffic as necessary				
PERSONAL SAFETY EQUIPMENT					
36.	Personal Protective Equipment, Hard hats, Eye protection, Ear protection available				
37.	Waterless hand gel required in work area				
38.	Tools and electrical cords are functioning properly & secured at end of day				
39.	Ladders are safe and being used appropriately				
40.	Trip hazards are minimized				
AIR HANDLING					
41.	Determine if negative pressure required; contractor's negative air unit at barrier entrance checked & verified Test for negative airflow prior to construction / renovation.				
42.	Identify all intakes and exhausts for proximity to the work site. Seal as needed.				
43.	Obtain baseline, determine frequency & methods to monitor for air quality. [3 rd party oversight with their forms]				
44.	Determine if Final air balancing report needed / Clean ductwork prior to final air sampling / document results if clearance sampling done				
45.	Identify special HVAC needs: efficiency/frequency of filter changes, cleaning, and maintenance Review PM records and practices related to HVAC.				
46.	Verify standardized temperature / humidity as needed				
GENERIC					
47.	Health questionnaire for construction workers				
48.	Contractor signed for receiving Contractor manual. Education provided as requested.				
49.	Construction Project Team Meeting // Infection Control Risk Assessment // Procedure Determinations Checklist completed [this document]				
50.	Other:				
Risk Group: (Mark "X")		1	2	3	4
Construction Activity Type: (Mark "X")		A	B	C	D
Class: (Mark "X")		I	II	III	IV
Prepared by:	Name	Title			Date
		Project Manager / designee			
Approved by:	Name	Title			Date
		Valleywise Health Infection Control / designee			
		Valleywise Health Safety / designee			
		Valleywise Health Facilities Management & Fire Life Safety / designee			
		Valleywise Health Security / designee			

INFECTION CONTROL PERMIT

Policy # 62756 Attachment I

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

YES	NO	Construction Activity	YES	NO	Infection Control Risk Group
		TYPE A: Inspection, non-invasive activity			GROUP 1: Low Risk
		TYPE B: Small scale, short duration, moderate to high levels			GROUP 2: Medium Risk
		TYPE C: Activity generates moderate to high levels of dust; Cannot be completed within a single work shift.			GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities; Requiring consecutive work shifts			GROUP 4: Highest Risk

CLASS I	<ol style="list-style-type: none"> Execute work by methods to minimize raising dust from construction operations. Immediately replace any ceiling tile displaced for visual inspection. 	<ol style="list-style-type: none"> Refer to Procedures on Minor Disruption for Remodeling and Procedures for Construction Facilities and Temporary Controls
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CLASS II	<ol style="list-style-type: none"> Provides active means to prevent air-borne dust from dispersing into atmosphere When cutting, water mist work surfaces control dust 	<ol style="list-style-type: none"> Seal unused doors with tape. Block off and seal air vents. Wipe surfaces with disinfectant.
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CLASS III	<ol style="list-style-type: none"> Obtain infection control permit before construction begins. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. Complete all critical barriers or implement control cube method before construction begins. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 	<ol style="list-style-type: none"> Place dust mat at entrance/exit of work area. Contain construction waste before transport in tightly covered containers. Cover transport receptacles or carts. Tape covering Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. Do not remove barriers from work area until complete project is thoroughly cleaned by Env. Services Dept
Date ↑		
Initial ↑		

CLASS IV	<ol style="list-style-type: none"> Obtain infection control permit before construction begins. Isolate HVAC system in area where work is being done to prevent contamination of duct system. Complete all critical barriers or implement control cube method before construction begins. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. Seal holes, pipes, conduits, and punctures appropriately. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. 	<ol style="list-style-type: none"> All personnel entering work site are required to wear shoe covers & change each time worker exits area. Provide adhesive walk-off mats at entrance to work area. Do not remove barriers from work area until completed project is thoroughly cleaned by the Environmental Service Dept. Vacuum work area with HEPA filtered vacuums. Wet mop with disinfectant. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. Contain construction waste before transport in tightly covered containers. Cover transport receptacles or carts. Tape covering if a lid is not a part of the trash receptacle.
Date ↑		
Initial ↑		

Exceptions / Additions to this permit are noted below ↓ or by attached memoranda. Date ➡ _____ Initials ➡ _____

Exceptions / Additional Requirements: (Attach documentation if necessary)

Permit Requested By:		Date:	
Authorized By:		Date:	

ALTERNATE LIFE SAFETY MEASURES (ALSM) ASSESSMENT / PERMIT

Policy # 62756 Attachment I

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

1. Fire Protection System	If Yes, Follow the instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No Fire Alarm/Detection System impairment	<ul style="list-style-type: none"> ○ Notify the fire alarm company ○ Notify supervisors in the affected areas ○ Tag the impaired system in accordance with IFC (2003 ed.) 901.7.2 & 901.7.3 ○ For fire sprinkler system impairment, notify the fire department ○ Notify the Internal and External AHJ's
<input type="checkbox"/> Yes <input type="checkbox"/> No Fire Sprinkler System impairment	
<input type="checkbox"/> Yes <input type="checkbox"/> No Above identified system will be impaired greater than 4 hours in a 24-hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No Will a temporary fire alarm/detection system be used	
<input type="checkbox"/> Yes <input type="checkbox"/> No Will a temporary fire alarm/detection system be used	<ul style="list-style-type: none"> ○ Complete all above, plus ○ Implement a fire watch for all areas left unprotected until service is restored (NFPA 101 2012 ed. 9.6.1.6)
<input type="checkbox"/> Yes <input type="checkbox"/> No Will a temporary fire alarm/detection system be used	○ System must be inspected and tested monthly
2. Fire Exits and Egress	If Yes, Follow the instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No Will activities block or hinder any fire exits	<ul style="list-style-type: none"> ○ Notify supervisors in the affected areas, Internal, and External AHJ's ○ Post conspicuous signs directing occupants to alternate exits
<input type="checkbox"/> Yes <input type="checkbox"/> No Will multiple exits be blocked, or will an exit be blocked for 90 + days	
<input type="checkbox"/> Yes <input type="checkbox"/> No Will multiple exits be blocked, or will an exit be blocked for 90 + days	<ul style="list-style-type: none"> ○ Complete all above, plus ○ Conduct a fire safety training for affected areas reviewing fire prevention, protection, and means of egress ○ Conduct an additional fire drill for the areas affected
3. Fire/Smoke Barriers & Compartments	If Yes, Follow the instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No Will fire/smoke barriers and/or compartments be impaired	<ul style="list-style-type: none"> ○ Notify supervisors in the affected areas, Internal, and External AHJ's ○ Provide additional evacuation information to the affected areas
4. Fire Prevention	If Yes, Follow the instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No Will activities/work be completed within one shift	<ul style="list-style-type: none"> ○ Follow any and all associated ICRA processes/protocols ○ Construction barriers must be built smoke tight and constructed of non-combustible or limited combustible materials
<input type="checkbox"/> Yes <input type="checkbox"/> No Will activities/work last beyond one shift	
<input type="checkbox"/> Yes <input type="checkbox"/> No Will activities/work last beyond one shift	<ul style="list-style-type: none"> ○ Complete all above, plus ○ Ensure packaging, debris, and other discarded construction materials are removed daily. ○ Conduct daily hazard surveillance of project area along with any material storage yards or construction field offices

Prepared by:	Name	Title	Date
		<i>Project Manager / designee</i>	
Reviewed by:	Name	Title	Date
		<i>Valleywise Health Internal AHJ / designee</i>	
		<i>Valleywise Health External AHJ / designee</i>	

DISRUPTION NOTICE

Policy # 62756 Attachment I

Disruption Start Date: (mm/dd/yy)		Disruption End Date: (mm/dd/yy)	
Disruption Start Time: (hh:mm)		Disruption End Time: (hh:mm)	

Communication Title: {Title of Change}
 Short Summary: {Summary of Change}
 Release To: {Target Audience}
 Release Date: {Date of Communication}
 Contact: {Contact Name}
 Phone: {Contact Phone}
 Email: {Contact Email}

IT Service Center Communication



Facilities Management

Under Construction



Communication Body: {Details of Change}

SHUTDOWN REQUEST

Policy # 62756 Attachment I

Shutdown Start Date: (mm/dd/yy)		Shutdown End Date: (mm/dd/yy)	
Shutdown Start Time: (hh:mm)		Shutdown End Time: (hh:mm)	

Type of shutdown (Mark X where applicable):

Electrical	<input type="checkbox"/>	Fire Sprinkler*	<input type="checkbox"/>	AH/RTU	<input type="checkbox"/>	Med Air ⁺	<input type="checkbox"/>
Vacuum ⁺	<input type="checkbox"/>	Oxygen ⁺	<input type="checkbox"/>	Fire Alarm*	<input type="checkbox"/>	Domestic Water	<input type="checkbox"/>
Chilled Water	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	Nitrogen ⁺	<input type="checkbox"/>	Waste	<input type="checkbox"/>
Other	<input type="checkbox"/>	If Other, provide details					

* Minimum 48-hour notice is required for these shutdowns

+ Minimum five working days' notice is required for these shutdowns

Description of Shutdown:

Areas Affected by Shutdown:

Provide Details of Coordination Required:

Prepared by:	Name	Title	Date
		<i>Project Manager / designee</i>	
Reviewed by:	Name	Title	Date
		<i>Valleywise Health Facilities Management / designee</i>	

FACILITIES OPERATIONS ABOVE CEILING WORK PERMIT

Policy #14313 S Attachment A

THIS PERMIT MUST BE POSTED AT WORK LOCATION

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

Work to be performed (Mark X where applicable):

HVAC	<input type="checkbox"/>	Door Control	<input type="checkbox"/>	Television	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Fire Alarm	<input type="checkbox"/>	Fiber Optic	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Security Camera	<input type="checkbox"/>	Network & Communication	<input type="checkbox"/>
Other	<input type="checkbox"/>				
If Other, must provide details:					

Description of Work:				
How many wall penetrations?				
How many are fire smoke walls?				
List names of trained firestop installers for this project:				

Have the applicable asbestos reports been reviewed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is map of the entire area and scope of work included?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

How will work be supported (Mark X where applicable)?

Note: No work can be supported on Fire Sprinklers

Deck	<input type="checkbox"/>	New Cable Tray	<input type="checkbox"/>	New Pipe or Conduit Rack	<input type="checkbox"/>
Wall	<input type="checkbox"/>	Existing Cable Tray	<input type="checkbox"/>	Existing Pipe or Conduit Rack	<input type="checkbox"/>
Other	<input type="checkbox"/>				
If Other, must provide details					

POST-WORK INFORMATION (TO BE COMPLETED BY CONTRACTOR)				
Have all fire/smoke wall penetrations have been sealed per an approved UL system, OPL system, or engineering judgment, by the above installers and flagged for inspection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have all abandoned materials and debris created by your work been removed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sign below indicating compliance				
Name	Title		Date	
POST-WORK INSPECTION (TO BE COMPLETED BY VALLEYWISE HEALTH FACILITIES MANAGEMENT)				
I have inspected the above work and release the project as complete	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name	Title		Date	
 	<i>Valleywise Health Facilities Management / designee</i>		 	

FACILITIES OPERATIONS RATED WALLS/SLAB PENETRATIONS PERMIT

Policy #14313 S Attachment A

WORK DURATION NOT TO EXCEED 7 CALENDAR DAYS

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

PROVIDE DETAILS OF WORK

<p>If cabling, piping, or other extended linear work involved, describe route in detail:</p> <p>Please include drawings and/or additional sheets to describe details.</p>	
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Is Contractor Certified by Hospital for Fire stopping?	Yes		No	
All fire stopped penetrations authorized by this permit have been properly sealed.	Yes		No	
Drawing showing location of work attached:	Yes		No	

CONTRACTOR CERTIFICATION

I CERTIFY THAT THE FOLLOWING SAFETY PRECAUTIONS WILL BE FOLLOWED:

A) All penetrations used in rated walls to run cable, pipe, conduit, ductwork, etc., will be fire stopped in accordance with UL approved materials and techniques. Materials shall be approved by the Facilities Supervisor or designee.	Yes		No	
B) New Penetrations shall be made by drilling or careful cutting to prevent unseen damage that may change the integrity of the wall.	Yes		No	
C) New penetrations shall be used when doing new work. If an existing hole is used, the contractor is responsible for fire stopping the existing hole. Penetrations made but not used shall be repaired to meet UL requirements for the wall rating.	Yes		No	
D) All staff or contractor personnel performing fire stopping shall be trained in such by the manufacturer or outside agency. The contractor shall provide to the Facilities Department a certificate or letter from the training agency listing names of trainees.	Yes		No	

- ⊗ Failure to follow the above procedures shall result in the revocation of this permit and interruption of the work.
- ⊗ Permit is valid for 7 calendar days from date of issue. If work exceeds that time, a new permit must be obtained.
- ⊗ The work will not be considered complete until all items/penetrations as outlined above have been properly sealed and verified.

UL System Used:			
Certified by:	Name	Title	Date
		<i>Contractor / designee</i>	
Reviewed by:	Name	Title	Date
		<i>Valleywise Health Facilities Management & Fire Life Safety / designee</i>	

FACILITIES OPERATIONS HOT WORK PERMIT

Policy #14313 S Attachment A

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	

Description of Work:			
Location of Work: Building / Floor / Wing / Room			

Work to be performed (Mark X where applicable):

Gas Torch	<input type="checkbox"/>	Grinder	<input type="checkbox"/>	Chop Saw	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Other	<input type="checkbox"/>						

If Other, must provide details:

NECESSARY PRECAUTIONS							
1) SPRINKLERS IN SERVICE?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
2) HAVE ALL CONNECTIONS BEEN BLANKED OFF?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
3) EQUIPMENT PURGED OF FLAMMABLES?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
4) FLAMMABLE LIQUIDS REMOVED?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
5) FLOOR SWEEPED CLEAN OF COMBUSTIBLES?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
6) OTHER COMBUSTIBLES IF NOT REMOVED, COVERED WITH A FIRE-RESISTANT TARPAULIN?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
7) EQUIPMENT IN GOOD CONDITON?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
8) ENERGY SOURCES AND MOVING MACHINERY LOCKED OUT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
9) ARE VENTILATION, SEWER, WALL, CEILING OPENINGS, ETC. PROTECTED FROM SPARKS?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
10) FIRE WATCH PRESENT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
11) ATMOSPHERIC TESTING FOR FLAMMABLE GAS/VAPORS OR COMBUSTIBLE DUST CONDUCTED?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
12) IS A BREAKING INTO PIPING/EQUIPMENT PERMIT REQUIRED?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
13) IS A CONFINED SPACE ENTRY PERMIT REQUIRED?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
14) SMOKE DETECTION DISABLED FOR DURATION OF WORK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
15) FULLY CHARGED FIRE EXTINGUISHER PROVIDED?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>

FIREWATCH ALERT - START/STOP TIME OF FIRE WATCH MUST BE CONDUCTED UP TO ONE HOUR AFTER COMPLETION

Firewatch Start Time:	<input type="text"/>	Firewatch End Time:	<input type="text"/>	Firewatch by (Name):	<input type="text"/>
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I HAVE READ AND UNDERSTAND ALL PRECAUTIONS LISTED ABOVE AND AGREE TO OPERATE WITH THESE LIMITATIONS.

Certified by:	Name	Title	Date
		<i>Contractor / designee</i>	
Reviewed by:	Name	Title	Date
		<i>Valleywise Health Facilities Management & Fire Life Safety / designee</i>	

FACILITIES OPERATIONS ENERGIZED ELECTRICAL WORK PERMIT

Policy #14313 S Attachment A

- ⊗ Energized Electrical Work Permit (EWP) is required anytime electrical work is done on systems of 50 volts or greater and not being fully locked/tagged out.
- ⊗ Permits must be approved by a qualified electrician* (not performing the requested work) or Facilities Management with approving authority to ensure that the reasons for doing the energized work are appropriate and in compliance with all policies and regulations.

*Qualified Electrician is an individual with a minimum of five (5) years of experience as a journeyman electrician, has the skills, knowledge related to the construction and operation of the electrical equipment, installations, has received safety training on the hazards involved per NFPA 70E.

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Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	
Description of Work:			
Circuit Information & Location:			
Justification of why the circuit/equipment cannot be de-energized:			
Detailed description of work to be performed including voltage level:			
Shock Protection Boundary:		Flash Protection Boundary:	Flash Hazard Category:
PPE Required:			
Means of Restricting access to work area:			
Has a safety briefing been conducted?	Yes	No	
Provide details of Safety briefing:			
Submitted by:	Name	Title	Date
		<i>Electrical Technician / designee</i>	
Approved by:	Name	Title	Date
		<i>Valleywise Health Facilities Management & Fire Life Safety / designee</i>	

FACILITIES OPERATIONS CONFINED SPACE ENTRY PERMIT

Policy #14313 S Attachment A

Purpose of Construction:			
Location of construction:			
Permit Number:		Permit Expiration Date:	
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Point of Contact Name (Valleywise Health):		Point of Contact Name (Contractor):	
Contact Number (Valleywise Health):		Contact Number (Contractor):	
Description of Work:			
Confined Space Preparation:			
Confined Space Isolation:			
Respiratory Protection Required:			
PPE Required:			

ATMOSPHERE TESTING:

Mark X where applicable

TOXIC	GAS	VAPOR	DUST	
TEST	LOCATION	READING	TIME	Sign / Initials
Oxygen (%)				
Flammability (%LEL)				

Mark X where applicable

TOXIC	GAS	VAPOR	DUST	
TEST	LOCATION	READING	TIME	Sign / Initials
Oxygen (%)				
Flammability (%LEL)				

Mark X where applicable

TOXIC	GAS	VAPOR	DUST	
TEST	LOCATION	READING	TIME	Sign / Initials
Oxygen (%)				
Flammability (%LEL)				

CONTACTS & APPROVAL			
Emergency Contact:	Name	Title	Telephone
Person Entering:	Name	Title	Date
Person Standby:	Name	Title	Date
Atmosphere Tester:	Name	Title	Date
Project Manager:	Name	Title	Date
Operations Manager:	Name	Title	Date
Approved by:	Name	Title	Date
		<i>Valleywise Health Facilities Management / designee</i>	

FACILITIES OPERATIONS – CONFINED SPACE STANDBY OBSERVER CHECKLIST

Policy #14313 S Attachment A

Location of construction:			
Work Start Date:		Work Hours:	
Work End Date:		Company Name (Contractor):	
Standby Observer Name(s):		Standby Observer Contact:	
Entrant Name(s):		Entrant Contact:	
Emergency Contact Name:		Emergency Contact Phone:	

NECESSARY PRECAUTIONS

1) Is valid confined space entry permit posted?	Yes	No	N/A
2) Is harness and lifeline present and in good condition?	Yes	No	N/A
3) I have been instructed in use of lifeline and harness.	Yes	No	N/A
4) I know the location of nearest telephone or two-way radio.	Yes	No	N/A
5) I know the location of work at the job site.	Yes	No	N/A
6) I know how to report an emergency.	Yes	No	N/A
7) I understand that I may not leave the site when employee(s) are inside, except to make an emergency call.	Yes	No	N/A
8) I understand that I may NOT ENTER CONFINED SPACE FOR ANY REASON other than for rescue only after informing others of intent.	Yes	No	N/A
9) I know the location of safety shower, eye wash.	Yes	No	N/A
10) I know the location of fire extinguisher and understand the instructions to use it.	Yes	No	N/A
11) I understand the operation of air mover or other ventilating equipment.	Yes	No	N/A
12) I understand the operation of supplied air respirators, both airline and self-contained.	Yes	No	N/A
13) I am informed of the potential hazards present and work to be performed.	Yes	No	N/A
14) I have the necessary safety equipment for rescue.	Yes	No	N/A

I HAVE READ AND UNDERSTAND ALL PRECAUTIONS LISTED ABOVE AND AGREE TO OPERATE WITH THESE LIMITATIONS.

Certified by:	Name	Title	Date
		<i>Contractor / designee</i>	
Reviewed by:	Name	Title	Date
		<i>Valleywise Health Facilities Management / designee</i>	