

**HACKETTSTOWN REGIONAL MEDICAL CENTER
PLANT OPERATIONS POLICY & PROCEDURE MANUAL**

CONSTRUCTION RISK ASSESSMENT POLICY (PCRA)

Effective Date:	<u>August 24, 2015</u>	Policy No:	<u>POD0011</u>
Cross Referenced:	<u></u>	Origin:	<u>Plant Operations</u>
Reviewed Date:	<u></u>	Authority:	<u></u>
Revised Date:	<u></u>	Page:	<u>1 of 3</u>

POLICY

Hackettstown Regional Medical Center is committed to protecting the health and safety of patients, staff, and visitors at all times.

PURPOSE

During construction, renovation, and demolition there are a number of issues that must be addressed by administrative, clinical, and facilities management staff. Appropriate members of Hackettstown Regional Medical Center staff will assess the potential impact of each construction, renovation, or demolition project on the ability of the Hospital to meet the needs of patients and care givers. The risks identified will be used to develop a plan designed to minimize disruption of Hackettstown Regional Medical Center patient care services and risks to Hackettstown Regional Medical Center staff and visitors. Every effort will be made to minimize disruption related to the construction process. However, in all cases, patient care considerations will have the highest priority. Hackettstown Regional Medical Center will not compromise patient care quality or patient safety.

SCOPE

This policy and procedure will apply to all Plant Operations Department personnel charged with the safety, construction, operation and maintenance of the facility.

AUTHORITY

Administration has delegated to the Director of Plant Operations the authority to ensure that the objectives and mission of Plant Operations are achieved.

RESPONSIBILITY

It is the responsibility of the Director of Plant Operations, the Maintenance Supervisor, and the department Project Manager to ensure that Maintenance Department personnel, vendors, and contractors are knowledgeable and in compliance with this policy and procedure.

APPLICATION

A construction Risk Assessment shall be performed for all construction projects. This includes capital construction projects and maintenance construction projects. General routine building maintenance activities shall be exempt from the risk assessment process unless it is determined by Plant Operations Management that such a risk assessment should be prepared.

PROCEDURE

When demolition, renovation, modification, or other construction activities are planned, a team of qualified members made up of contractors, sub-contractors, Hackettstown Regional Medical Center project management staff, Infection Control staff, and appropriate clinical department staff will assess the impact of the work on Hospital operations.

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The assessment will consider the potential impact for the following:

- It will evaluate the potential disturbance of dust that could cause respiratory irritation, infections, or expose anyone to hazards such as asbestos or hazardous chemicals.
- It will evaluate the impact of air quality based on activities performed and materials used in the construction process.
- It will evaluate the noise and vibration associated with construction operations and the potential for impact on the ability to provide patient care or perform normal business functions.
- It will evaluate the potential for disruption of utility services and communication systems.
- It will evaluate the impact on fire and life safety.
- It will evaluate the impact on access for emergency services, and each project will be carefully reviewed to determine if there are unique problems requiring special consideration during construction.

The risk assessment will be used to develop the plan to minimize the impact of construction on patient care and business operations of Hackettstown Regional Medical Center. In addition, appropriate emergency response procedures will be developed. The risk assessment process will be repeated as often as necessary prior to and throughout construction to assure effective management of the issues listed throughout the life of each project, from the design phase up to and including the time of completion (occupancy & operation).

DOCUMENTATION

The construction risk assessment shall be documented on the Pre-Construction Risk Assessment form (PCRA). Documentation of the risk assessment, the plans developed to manage the impact of construction, and implementation of the plans shall be maintained and readily available within the Engineering office in the associated project file. Periodic reporting of all project assessments and ongoing activities will be communicated to the Environment of Care Committee.

Hospital staff (including Safety, Engineering, Infection Control, Project Planning, Risk Management, Security, Leadership) and contractor representatives will participate in the documentation of compliance. Prior to construction, all of the above named participants are required to sign off on the plan signifying that they have been involved in its preparation and agree with the project approach to minimize exposure to risk during all construction activities.

Contractors are required to participate in the assessment, implementation, monitoring and enforcement of the plan. Contractor participation may include training of construction workers, supplying specialized equipment to create and maintain safe environmental conditions, monitoring construction staff behavior, enforcing safe work practices and maintaining diligent assurance of all necessary records and documentation.

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RECORD KEEPING

The Plant Operations Project Manager shall be responsible for keeping department files and project records current for all project activities in Plant Operations. Files shall be maintained in the Plant Operations office.

Note: a sample of the PCRA form is attached to this Policy as reference. The PCRA format may be updated periodically as regulatory, project needs, and hospital policies dictate.

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PRE CONSTRUCTION RISK ASSESSMENT

It is recognized that renovation, construction, and some maintenance & repair activities have the potential to impact patient care processes within the Environment of care. The purpose of this Pre-Construction Risk assessment process is to identify potential risks that could arise from these activities and to develop risk mitigation strategies to minimize these risks. Elements to be considered in this process include, but are not limited to:

- Life Safety Code deficiencies (ILSM)
- Air Quality/Pressure Management (ICRA)
- Utility interruptions/impacts
- Noise
- Vibration
- Environmental Services
- Other Safety Hazards

Prior to beginning of each identified activity this assessment tool will be completed by the Pre- assessment team. Members of this team will vary with the scope and nature of the work but should include the following:

- Project Manager
- Engineering Representative
- Safety Office Representative
- Infection Prevention Office Representative
- Environmental Services Representative
- Contractor Representative
-

Others to be considered:

- Department Representative from area being affected
- Risk Management Representative
- Design team Representative

At the conclusion of the risk assessment process a set of risk mitigation recommendations (RMR) will be generated. These RMR's will be reviewed with the individuals or parties completing the work and will become part of the project documentation.

Project Name:

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PRE CONSTRUCTION RISK ASSESSMENT

PROJECT INFORMATION:

Project #:

Project Name: _____

Location/Area of Activity: Building: _____ Level: _____ Room #(s): _____

Department: _____ Contact: _____

Anticipated Start Date: _____ Duration: _____

Project Manager: _____

Contractor(s): _____

Activity Description: _____

Please identify the Departments, Phone #'s and contacts for those located in proximity to this work:

Area Above: _____ Contact _____ Phone # _____

Area Below: _____ Contact _____ Phone # _____

Adj. Services: _____ Contact _____ Phone # _____

Adj. Services: _____ Contact _____ Phone # _____

Adj. Services: _____ Contact _____ Phone # _____

Area 1 Affected: _____ Contact _____ Phone # _____

Area 2 Affected: _____ Contact _____ Phone # _____

Area 3 Affected: _____ Contact _____ Phone # _____

Area 4 Affected: _____ Contact _____ Phone # _____

Area 5 Affected: _____ Contact _____ Phone # _____

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PRE CONSTRUCTION RISK ASSESSMENT

OVERVIEW PROJECT SCOPE AND CONSTRUCTION PLAN:

Please outline in general terms the projects scope and the general construction approach. This is to be a high level overview of the project and the significant milestones or benchmarks of the project during construction. Identify any significant challenges to the project.

Scope:

Plan:

IDENTIFY APPLICABLE RISK ASSESSMENT ELEMENTS: (CHECK ALL THAT APPLY)

- Life Safety Code Evaluation (ILSM)
- Air Quality/Pressure Management Evaluation (ICRA)
- Utility interruptions/impacts
- Noise & Vibration
- Environmental Services Requirements
- Other Safety Hazards
- Internal permits Required

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PRE CONSTRUCTION RISK ASSESSMENT

LIFE SAFETY CODE/ FIRE SAFETY DEFICIENCIES:

Please review each of the following categories and indicate whether they are applicable to the scope of work that is planned. Any "Yes" answer requires that a measure be developed to ensure safety and that the measure be clearly articulated

1. **EXITS** - Does the project have the potential of affecting a required exit or other means of egress? Yes No

If "Yes" identify measures to be taken:

2. **EXITS** - Would the affected exit be used by anyone other than construction staff? Yes No

If "Yes" identify measures to be taken:

3. **EMERGENCY ACCESS** - Does the project have the potential for obstructing access? Yes No

If "Yes" identify measures to be taken:

4. **EMERGENCY RESPONDERS** - Does the Project have the potential for obstructing access of emergency response staff to the construction area? Yes No

If "Yes" identify measures to be taken:

5. **FIRE PROTECTION** - Will the project activity affect the fire detection system? Yes No

If "Yes" identify measures to be taken:

6. **FIRE PROTECTION** - Will the project activity affect the fire suppression systems? Yes No

If "Yes" identify measures to be taken:

7. **FIRE PROTECTION** - Does project activity require additional fire fighting equipment be available? Yes No

If "Yes" identify measures to be taken:

8. **FIRE RESPONSE TRAINING** - Does the project activity require that construction staff receive additional firefighting equipment training? Yes No

If "Yes" identify measures to be taken:

9. **COMBUSTIBLE LOAD** - Will the project require the storage of flammable or combustible material that may require special consideration? Yes No

If "Yes" identify measures to be taken:

10. **TEMPORARY PARTITIONS** - Will the project require temporary partitions? If yes, which partitions are to be smoke tight and constructed of limited combustible materials? Yes No

If "Yes" identify measures to be taken:

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11. **FIRE DRILLS** - Does the project warrant additional fire drills? Yes No
If " Yes" identify measures to be taken:
12. **IMPACT ON RATED STRUCTURES** - Will project plans/activities affect structural features impacting fire protection such as rated doors or walls? Yes No
If " Yes" identify measures to be taken:
13. **HAZARD SURVEILLANCE** - Will the project require increased hazard surveillance inspections? Yes No
If " Yes" identify measures to be taken:

Frequency: Continuously _____ Daily _____ Weekly _____ Monthly _____

INTERNAL PERMITS: (CHECK ALL THAT APPLY)

- HOT WORK PERMIT** If Hot work to be conducted in support of the project, then the person performing the hot work must obtain a hot work permit for each occurrence, from the Plant Operations Maintenance Office. See the Maintenance Supervisor for the permit.
- ICRA INSPECTION FORM** Project Manager to Post the Infection Control Risk Assessment Inspection Sheet outside the work area.
- ILSM AREA PLAN AND POSTING** Project Manager to execute the ILSM plan for the construction area and to post signage outside the work area indicating that the area is in ILSM. Project Manager to coordinate inspections with Security and with the Fire Safety Coordinator. Inspection reports must be filed daily in the Plant Operations Office.
- "CONSTRUCTION AREA" POSTING** Project Manager to post HRMC approved "Construction Area" Signs.
- ABOVE CEILING AND LADDER PERMIT** Persons working in the ceilings must obtain a "Ceiling Work Permit" from the Plant Operations office. Permit must be posted on their ladder at all times.

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Fire Watch

In addition, regardless of project involvement, any time the fire detection or suppression system or a portion of it is impaired or shut down for 4 hours or more, a fire watch will be provided in accordance with the following table:

Time Down	# of Zones Affected	Occupancy Type	Type of Fire Watch Required
< 4 Hrs.	1 or More	All*	Additional Duty**
4-8 Hrs.	1 or 2	All	Additional Duty
4-8 Hrs.	3 or more	All	I person Additional Duty for every 30 zones OR
4-8 Hrs.	3 or more	All	Specially assigned/Dedicated***
>8 Hrs.	1 or 2	All	Additional Duty
>8 Hrs.	3 or more	All	Specially assigned/Dedicated

* **All:** Covers all occupancies; e.g. vacant space, construction, closed clinic, storage etc. This column remains in the table to acknowledge that type of Occupancy (people, activities and combustibles present) is a risk factor and when considered might give cause to modify "Acceptable Fire Watch".

** **Additional duty:** Normal staffing assigned the additional duty of fire watch. For example, as long as there is adequate staffing to continuously patrol the affected area, clinical staff can fulfill this role.

*** **Specially Assigned/Dedicated:** Specially assigned person(s) beyond normal staffing with the sole Responsibility of performing fire watches duties. For example, hiring an additional Security Guard for the night with assigned fire watch duties only.

NOTE - Smoking is not allowed anywhere within the Medical Center. Construction staff found smoking in an HRMC facility/construction site will be suspended from the project.

NOTE - Contractors working in the facility are responsible for performing fire watch on their work. Contractors are also required to provide their own fire extinguishers suitable for the work being performed. Contractors shall have their fire extinguishers inspected by the Project Manager prior to commencing work each week.

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PRE CONSTRUCTION RISK ASSESSMENT

**Infection Control Risk Assessment
Construction/Renovation Activity/Risk Group Worksheet**

Please indicate the type of work involved:

Type A

Inspections and Non-invasive activities

Includes activities that do not generate dust or require cutting of walls, drilling, sanding or access to ceilings other than for visual inspection such as:

- Removal of ceiling tiles for visual inspection limited to 2 tiles per 50 square feet
- Minor Electrical work
- Minor plumbing repairs without solder and torches
- Hardware repair of doors and windows
- Sign repair or replacement
- Painting (but not sanding) wall covering

Type B

Small scale, short duration activities, which will only create minimal dust.

Includes, but is not limited to:

- Installation of telephone and computer cabling
- Access to chase spaces
- Small carpentry ASSEMBLY projects
- A maximum of 4 ceiling tile replacements within 50 square feet
- Short duration cutting, drilling, or sanding of very small areas where dust creation is small and migration can be controlled
- Minor mechanical repairs; re-lamping; hand-tool operations.

Type C

Any work which generates a moderate to high level of dust. Any work that requires demolition or removal of any fixed building components or assemblies, any work with adhesives, paints, solvents, thinners and strong cleaners, any work that takes more than one shift to complete.

Includes, but is not limited to:

- Sanding of walls for painting or dry wall construction, or of any wall covering
- Any drilling of more than a very short duration
- Any use of power cutting or sanding tools in patient occupancy areas
- Removal of any floor coverings, ceiling tiles, or casework covering more than 20% of the total area
- New wall, ceiling, or floor construction
- Any above ceiling duct work, plumbing work or electrical work likely to generate moderate amounts of dust
- Major cabling activities
- Any extensive (greater than 35 square feet) use of cleaners, strippers, paints, solvents, sealers, or adhesives
- Any work taking more than 8 hours to complete

Type D

Any project that requires major demolition and/or major re-construction, extended over several days.

Includes, but is not limited to:

- Any significant water damage of carpeting, ceiling tiles, insulation and dry wall that is more than 48 hours old;
 - Major demolition
 - Major construction, over several days
 - New construction
-

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Please indicate the Patient risk Groups that will be affected:

GROUP 1 – Lowest Risk Group

- Office areas, lobbies, non-patient corridors
- Facility Support (i.e.: Engineering, Housekeeping, etc.)
- Non-patient care areas not included in Groups 2, 3 or 4.

GROUP 2 – Medium Risk Group

- Pediatrics
- Patient care units not listed in Groups 3 or 4
- Admissions & Public areas
- Patient Care lobbies & Corridors
- Cafeteria/Kitchen

GROUP 3 – Medium-high Risk Group

- Emergency Department
- Radiology/MRI/Nuclear Medicine/Echo
- Radiation Oncology
- PT Tank areas
- Laboratories
- Newborn Nursery
- Dialysis units
- Endoscopy
- Outpatient Oncology areas
- Radiation Oncology

GROUP 4 – Highest Risk

- Operating Rooms/PACU/Pre-op hold areas
- Cardiac Cath. Lab
- Central Sterile Reprocessing
- Birthing Pavilion and delivery operating rooms
- Intensive Care Units, (incl. PICU)
- Labor and Delivery (BP)
- Pharmacy Compounding area
- Other areas where invasive surgical procedures may be done, ED Trauma Room, clinic procedure rooms etc.

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Please circle the appropriate Construction/Renovation class

Risk Level	Type A	Type B	Type C	Type D
Group 1	Class I	II	II	III/IV
Group 2	I	II	III	III/IV
Group 3	I	II	III/IV	III/IV
Group 4	III	III/IV	III/IV	III/IV

Precautions to be considered; please indicate all that are applicable:

Class I

Prior to beginning work

_____ Communicate work details with area manager.

During Work

_____ Execute work by methods to minimize raising dust from construction operations.

_____ Immediately replace any ceiling tile displaced for visual inspection.

Upon Completion of work

_____ Wet mop and/or vacuum before leaving work area.

Other:

•

Class II (In addition to items identified for Class I work)

Prior to beginning work

_____ Seal unused doors with duct tape, post signage indication that doors are to be kept closed.

_____ Block off and seal local supply air vents.

_____ Provide filtration at local exhaust or return openings to prevent duct contamination.

_____ Place dust mat at entrance and exit of work area.

_____ Establish travel routes for workers, materials and debris

_____ Re-route staff and patient traffic around work area.

During Work

_____ Provide active means to prevent air-borne dust from dispersing into atmosphere.

_____ Water mist work surfaces as necessary to control dust while cutting.

_____ Contain construction waste before and during transport in covered containers.

_____ Change dust mats at entrance and exit of work area as needed.

Upon Completion of work

_____ Wipe surfaces with disinfectant.

_____ Wet mop and/or vacuum before leaving work area.

_____ Unblock local supply air vents.

_____ Unseal doors, remove signage

Other:

•

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Class III (In addition to items identified for Class I & II work)

Prior to beginning work

- _____ Isolate HVAC system in area where work is being done to prevent contamination of the duct system.
- _____ Contain the work area with dust barriers
- _____ Construct 1-hour rated sheetrock air-tight dust barriers
- _____ Construct sheetrock air-tight dust barriers
- _____ Construct poly air-tight barriers
- _____ Maintain negative air pressure within work site at a minimum of .01" WG
- _____ Work will be completed with-in a control cube
- _____ Air to be discharged outside of the building
- _____ Air will be re-circulated outside of the contained work area/within the building using HEPA equipped air filtration units.
- _____ Provide Critical power circuits for Negative air equipment in the event of a power loss
- _____ Provide visual indication of negative pressure.
- _____ Post ICRA worksheets, controls list and contact information at work entrance
- _____ Review site conditions with HRMC Project, Safety, Engineering or Infection Control staff.

During Work

- _____ Clean waste containers, including wheels, prior to leaving the work area
- _____ Monitor and record negative pressure readings daily
- _____ Inspect dust barriers daily, record condition
- _____ New ventilation systems are to be protected from construction dust until construction work is complete

Upon Completion of work

- _____ Do not remove barriers from work area until complete project is thoroughly cleaned by Environmental Services Dept.
- _____ Review site conditions with HRMC Project, Safety, Engineering or Infection Control staff before removing dust barriers.
- _____ Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.

Other:

-

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Class IV (In addition to items identified for Class I, II & III work)

Prior to beginning work

Construct anteroom and require all personnel to pass through this room as they enter and leave the work area. Anteroom will have a negative pressure relationship to the non-construction, adjacent areas.

Staff will be vacuumed clean prior to leaving the anteroom.

Staff will wear cloth or paper coveralls that are removed each time they leave the work site.

All personnel entering work site are required to wear shoe covers.

During Work

No additional requirements

Upon Completion of work

No additional requirements

Other:

-

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PATIENT CARE AREA IMPACTS:

Prepare a patient movement plan (PMP) if needed based on the impacts to the patient travel. Review the plan with all affected Clinical Managers; these managers are to educate their staff on the temporary arrangements to move patients.

1. Does the project activity directly affect patient care areas? Yes No

If " Yes" identify measures to be taken:

2. Will construction activities generate noise that will disrupt occupants adjacent to, above, or below the construction area? Yes No

If " Yes" identify measures to be taken:

3. Will construction activities generate vibration that will disrupt occupants adjacent to, above, or below the construction area? Yes No

If " Yes" identify measures to be taken:

4. Will the contractors deliveries or debris removal be made outside of normal working hours? Yes No

If " No" identify measures to be taken:

5. Will debris removal require precautions above and beyond those required for the assigned ICRA precaution level? (i.e. covered carts, wiped down for levels III-IV)
Yes No

If " Yes" identify measures to be taken:

6. Will HVAC systems be affected by the construction? (i.e. outside air intakes, exhaust systems, air handlers, room units) Yes No

If " Yes" identify systems impacted and action plan:

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UTILITY INTERRUPTIONS AND/OR IMPACTS:

During the course of the project activity are any of the following likely to be interrupted or impacted in any area outside of the work area?

Yes No NA

- Water Supply
- Sewer Service
- Roof/Storm drainage
- Normal Power
- Emergency Power
- Ventilation systems
- Oxygen
- Medical Air
- Medical Vacuum
- Other Med Gas; _____
- _____ Room number that the sprinkler valve serving the area is located in: _____

For any of the systems where interruptions are foreseen please explain steps to be taken to mitigate the impacts.

1.

Please document any preventative measures that will be taken to insure that an unplanned interruption will not occur:

1.

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NOISE AND VIBRATION ASSESSMENT:

Please list any activities that will generate noise and/or vibration likely to be disruptive:

Activity:

-

Mitigation Strategies:

-

Activity:

-

Mitigation Strategies:

-

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ENVIRONMENTAL:

- Who is responsible for daily cleaning inside the work area?
- Is Standard cleaning of the area required at the end of each work day?
- Is Terminal cleaning required at the end of each work day?
- If Yes, who is responsible for Terminal cleaning?
- Are there any special needs required for terminal cleaning at the end of the project?
- If Yes, List special needs:

Communications Required

Please note any special communications that need to be completed before, during or after the project.

Does the Insurance Co. need to be notified of any project activities? Yes No

Safety Hazards

Please provide a list of any Hazardous Materials used or stored within the project area

-

Is the work likely to generate any noxious or unusual odors? Yes No

If Yes, what steps are to be taken to minimize impact?

Are there any known contaminants? Yes No

- Asbestos
- Lead
- Mold

If Yes, what steps are to be taken to minimize impact?

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Does the planned work include any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Excavation requiring protection |
| <input type="checkbox"/> Lock Out Tag Out Procedures | <input type="checkbox"/> Cranes or hoisting equipment |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Interruption of normal pedestrian or vehicle traffic |
| <input type="checkbox"/> Work requiring Fall Protection | <input type="checkbox"/> Live Electrical Work |

Project Schedule:

- | | |
|--|--|
| <input type="checkbox"/> Monday Through Friday | <input type="checkbox"/> 1 st Shift: 7:00AM-3:30PM |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 2 nd Shift: 3:30PM-11:00PM |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 3 rd Shift: 11:00PM-7:00AM |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Dates Planned:

Start:

Finish:

Additional Recommendations to reduce/mitigate risk for this work:

-

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Signatures:

We have reviewed the project and approve with the project as planned above:

Project Manager	_____	Date	_____
Engineering Representative	_____	Date	_____
Safety Office Representative	_____	Date	_____
Infection Prevention Office Representative	_____	Date	_____
Environmental Services Representative	_____	Date	_____
Contractor Representative	_____	Date	_____
Manager:	_____	Date	_____
Manager:	_____	Date	_____
Manager:	_____	Date	_____
Manager:	_____	Date	_____
Manager:	_____	Date	_____
Manager:	_____	Date	_____
Other:	_____	Date	_____