

# Systems Failure & Basic Staff Response

(See department policies & procedures for additional details)

Failure of:	What to Expect:	Who to Contact:	Responsibility of User:
Computer Systems	System down.	Information Systems	Use backup manual/paper systems.
Electrical Power Failure - Emergency Generators Work	Many lights are out. Only RED plug outlets work.	Plant Operations	Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights.
Electrical Power Failure - Total	Failure of all electrical systems.	Plant Operations & Respiratory Care Services	Utilize flashlights & lanterns, hand ventilate patients, manually regulate IV's, don't start new cases.
Elevators Out of Service	All vertical movement will have to be by stairwells.	Plant Operations & all Managers.	Review fire & evacuation plans, establish services on first or second floor, use carry teams to move critical patients and equipment to other floor.
Elevator stopped between floors	Elevator alarm bell sounding.	Plant Operations & Security.	Keep verbal contact with personnel still in elevator and let them know help is on its way.
Fire Alarm System	No fire alarms or sprinklers.	Plant Operations	Institute Fire Watch, minimize fire hazards, use phone or runners to report fire.
Medical Gases	Gas alarms, no O <sub>2</sub> or medical air or Nitrous Oxide (NO <sub>2</sub> ).	Plant Operations, Storeroom & Respiratory Care Services	Hand ventilate patients; transfer patients if necessary, use portable O <sub>2</sub> and other gases, call for additional portable cylinders.
Medical Vacuum	No Vacuum; vacuum systems fail & in alarm.	Plant Operations, Respiratory Care & Central Service.	Call Central Service for portable vacuum, obtain portable vacuum from crash cart, finish cases in progress, don't start new cases.
Natural Gas; Failure or Leak	Odor no flames on burners, etc.	Plant Operations	Open windows to ventilate, turn off gas equipment, don't use any spark producing devices, electric motors, switches, etc.
Nurse Call System	No patient contact.	Biomedical Engineering	Use bedside patient telephone if available; move patients; use bells, detail a rover to check patients.
Patient Care Equipment/Systems	Equipment/system does not function properly.	Biomedical Engineering	Replace & tag defective equipment.
Sewer Stoppage	Drains backing up.	Plant Operations	Do not flush toilets, do not use water.
Steam Failure	No building heat, hot water, laundry, sterilizers inoperative, limited cooking.	Plant Operations	Conserve sterile materials & all linens, provide extra blankets, prepare cold meals.
Telephones	No phone service.	Telephone Communications	Use overhead paging, pay phones, Executive 511 phones; use runners as needed.
Water	Sinks & toilets inoperative.	Plant Operations and Central Service.	Institute Fire Watch; conserve water, use bottled water for drinking, be sure to turn off water in sinks, use RED bags in toilet.
Water Non -Potable	Tap water unsafe to drink.	Plant Operations, Food Svc. & all Managers	Place "Non Potable Water - Do Not Drink" signs at all drinking fountains and wash basins
Ventilation	No ventilation; no heating or cooling.	Plant Operations	Open windows (institute Fire Watch) or obtain blankets if needed, restrict use of odorous/hazardous materials

Phone Numbers:  
 Biomed  
 Central Svc.  
 Food & Nutrition  
 Information Sys.  
 Plant Ops .

7675  
 7542  
 7523  
 2050  
 7800

Respiratory Care  
 Safety  
 Security  
 Telephone Com.

7319  
 7233  
 7269  
 7541

# Emergency Conditions & Basic Staff Response

(See Disaster Manual and unit policies for additional details)

Problem	Description	Initial Response	Secondary Response	Follow Up
<b>Bomb Threat</b> <i>CODE ORANGE</i>	Notification of a bomb on campus, usually by an outside caller.	Obtain as much information as possible - Where is the bomb, when will it go off, what does it look like, why was it placed, etc.	Report all information to your Supervisor and House Supervisor.	Search the area for a bomb. <u>Do not touch if found.</u> Report anything suspicious. Complete the bomb threat form in the Disaster Manual.
<b>Earthquake</b>	Significant shaking of the building.	<b>Duck &amp; Cover.</b> Protect self by taking a step or two to improve safety. Get under a table, move away from objects likely to fall, protect head.	Triage yourself, survey the damage near by, take appropriate defensive action.	Report problems to department Manager or Supervisor.
<b>Evacuation</b> <i>CODE ZERO</i>	Remaining in area may be hazardous to life, health or safety.	Notify all in area of need to evacuate. Evacuate ambulatory, wheelchair, then bed ridden. Take records if safety permits.	Report to designated assembly area and account for all who were in previous area.	Report evacuation status to ECC. Identify any personnel unaccounted for.
<b>Fire</b> <i>CODE RED</i>	Fire, smoke or smell of something burning.	Rescue those in immediate danger (If safe to do so) Activate the alarm (Dial 15 & pull manual alarm). Contain the fire (Close doors) Extinguish the fire (If safe to do so)	Use an extinguisher to put out the fire. Pull the pin. Aim the hose. Squeeze the handle. Sweep from side to side.	Evacuate if appropriate.
<b>Hazardous Materials Spill or Release</b>  <i>CODE YELLOW</i>	<u><b>Incidental Spill</b></u> Small spill presenting NO hazard to trained employee or the environment.  <u><b>Emergency Spill</b></u> Any spill which may present a hazard to people or the environment or the effects are unknown.	Trained user cleans up spill with appropriate personal protective equipment, decontamination materials.  Isolate the spill area (evacuate), <b>Deny</b> entry to others, Notify your Supervisor.  Assist contaminated victims in decontamination process if you can do so safely.	Appropriately dispose of materials.  Seek/coordinate medical treatment of decontaminated victim.	Complete report of the incident.  Complete report of the incident.
<b>Hostage</b> <i>CODE GRAY</i>	An individual is being held against their will by an armed perpetrator.	Clear the area to avoid others from becoming a hostage.	Report all pertinent information to Supervisor and others in charge of response.	Complete report of the incident.
<b>Infant Kidnap</b> <i>CODE BROWN</i>	An infant is missing or is known to be kidnapped.	Go to closest exit and watch for a female (18 - 44 yrs) with an infant that is not being escorted out by a nurse in uniform or with a package that could hold an infant.	Ask to verify infant identity (wrist name tag) or see contents of package. Get clear description of adult and note direction of travel.	Immediately report information on any suspect to the Nursing Office.
<b>Radioactive Incident</b>	See Hazardous Materials Spill or Release procedures above.	Isolate the spill area (evacuate), <b>Deny</b> entry to others. Notify Supervisor.	Notify Nuclear Medicine who will coordinate response.	Complete report of the incident.
<b>Unusual Incident</b>	Not covered by other plans.	Clear area, notify Supervisor	Follow instructions from leaders.	Complete report of the incident.

**CONFIDENTIAL-PRE-SURVEY ASSESSMENT**  
**Hospital Accreditation Services – Accreditation Decision Grid 2002**

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

1 = Evidence of Good Compliance 2 = Evidence of Acceptable Compliance 3 = Insufficient Evidence of Acceptable Compliance (least deficient)  
 4 = Insufficient Evidence of Acceptable Compliance (more deficient) 5 = Insufficient Evidence of Acceptable Compliance (most deficient)  
 N = Not Applicable

SECTION I PATIENT-FOCUSED FUNCTIONS	SECTION II ORGANIZATION-FOCUSED FUNCTIONS	SECTION II ORGANIZATION-FOCUSED FUNCTION (Cont'd)
Patient Rights & Organizational Ethics	<i>Improving Organizational Performance</i>	<i>Management of Information</i>
Patient Rights	Design	Information Management Planning
Organization Ethics	Data Collection	Patient-Specific Data & Information
Assessment of Patients	Aggregation and Analysis	Aggregate Data & Information
Initial Assessment	Performance Improvement	Knowledge-Based Information
Pathology & Clinical Laboratory Services - Waived Testing		Comparative Data & Information
Reassessment	<i>Leadership</i>	<i>Surveillance, Prevention &amp; Control of Infection</i>
Care Decisions	Planning	Surveillance, Prevention & Control of Infection
Structures Supporting the Assessment of Patients	Directing Departments	
Additional Requirements for Specific Patient Populations	Integrating & Coordinating Services	<b>SECTION III</b> <b>STRUCTURES WITH FUNCTIONS</b>
<i>Care of Patients</i>	Role in Improving Performance	<i>Governance</i>
Planning and Providing Care	<i>Mgmt. of the Environment of Care</i>	Governance
Anesthesia Care	Planning	<i>Management</i>
Medication Use	Implementation	Management
Nutrition Care	Other Environmental Considerations	<i>Medical Staff</i>
Operative and Other Invasive Procedures	Measuring Outcomes of Implementation	Organization, Bylaws, Rules & Regulations
Rehabilitation Care & Services	<i>Management of Human Resources</i>	Credentialing
Special Treatment Procedures	Human Resources Planning	<i>Nursing</i>
<i>Education</i>	Orienting, Training & Education of Staff	Nursing
Patient & Family Education & Resp.	Assessing Competence	
<i>Continuum of Care</i>	Managing Staff Requests	
Continuum of Care		
		<i>Special Type I Recommendation(s)</i>
		GRID SCORE:

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**University of Utah Hospitals and Clinics  
ENVIRONMENT OF CARE (SAFETY) COMMITTEE  
PRE-SURVEY CHECKLIST**

**I. SAFETY MANAGEMENT**

1. My unit/department provides information to the hospital safety committee.  
TRUE [ ] FALSE [ ]

2. Incidents are reported in the following ways:

Patient-related incidents: \_\_\_\_\_

Staff-related incidents: \_\_\_\_\_

Visitor-related incidents: \_\_\_\_\_

**II. FIRE AND LIFE SAFETY ENVIRONMENTAL MANAGEMENT**

1. Survey the department area for fire safety devices properly installed. (Check all that are applicable.)

Smoke detector	[ ]	Heat detectors	[ ]	Automatic sprinkler system	[ ]
Fire pull stations	[ ]	Fire extinguishers	[ ]	Fire hose cabinet	[ ]
Rated fire separations	[ ]	Smoke partitions	[ ]		

2. Are all doors free to close and latch positively in the event of fire alarm?  
YES [ ] NO [ ]

3. Are there any obstructions or inappropriate fuel loading in the fire exit corridors (e.g. unattended equipment, chairs, furniture, boxes, supplies, etc.)?  
YES [ ] NO [ ]

4. Survey to ensure that all fire extinguishers on hand have inspection tags current within one year.

Are all the inspection dates on all extinguishers in the unit current?  
YES [ ] NO [ ]

5. Are the written hospital- and department-specific Fire and Life Safety plans located in the department?  
YES [ ] NO [ ]

6. Have quarterly fire drills been conducted?  
YES [ ] NO [ ]

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### III. EMERGENCY PREPAREDNESS MANAGEMENT

1. Is there a written emergency preparedness plan (hospital and unit) in the department?  
YES [ ] NO [ ]
2. Is there a complete disaster box in the unit? YES [ ] NO [ ]
3. Has a disaster drill been conducted in the past six months? YES [ ] NO [ ]

### IV. UTILITY SYSTEMS MANAGEMENT

1. Survey the department area for utilities serving the unit. (Check all that are applicable.)

Electrical power; normal and emergency [ ]	Breathable air (yellow) [ ]
Vacuum (white) [ ]	Oxygen (green) [ ]
Nitrous oxide (blue) [ ]	Special evac. (purple) [ ]

2. Are all emergency power outlets being used properly? YES [ ] NO [ ]
3. Does the area have sufficient emergency lighting? YES [ ] NO [ ]
4. Does the department have a written utility systems plan regarding the loss of electrical power or other critical utility? YES [ ] NO [ ]
5. Are any changes needed to correct problems with utilities? YES [ ] NO [ ]

Note: \_\_\_\_\_

### V. MEDICAL EQUIPMENT MANAGEMENT

1. Check for valid safety/calibration stickers on all medical devices and other electrical equipment.

### VI. EMPLOYEE HEALTH MANAGEMENT

1. **Resuscitation masks:** Verify that an inflated mask is available at each bedside and/or exam room.
2. **Sharps disposal:** Containers < 2/3 full and secured.
3. **Biohazard labels:** Clinical trash labeling and specimen refrigeration/freezer labeling is present.

### VII. SECURITY MANAGEMENT

1. Is there a written hospital and departmental security management plan located in the department?  
YES [ ] NO [ ]

2. Are all the security systems (locks, detectors, alarms, lights, etc.) in good working order?  
YES [ ] NO [ ]

3. Do you feel safe in your work environment? YES [ ] NO [ ]

Note: \_\_\_\_\_

## VIII. HAZARDOUS MATERIALS AND WASTE MANAGEMENT

### A. Material Safety Data Sheets (MSDS) manual

1. Is there an MSDS manual present in the unit/department?  
YES [ ] NO [ ]

*Does the manual contain the following:*

2. A dated index (current within one year of this survey)?  
YES [ ] NO [ ]

3. The identity of the Hazards Communication Coordinator (HCC)?  
Name: \_\_\_\_\_ YES [ ] NO [ ]

4. The name of the HCC posted in the unit/department?  
YES [ ] NO [ ]

5. A current hospital hazardous materials and waste plan in the department?  
YES [ ] NO [ ]

6. MSDS of materials actively in use in the unit/department?  
YES [ ] NO [ ]

7. Instructions on where to call to obtain additional MSDS information?  
YES [ ] NO [ ]

8. A hazard material handling grid? YES [ ] NO [ ]

9. A spill/exposure flow chart? YES [ ] NO [ ]

### B. Hazardous materials containers

1. Are all containers properly labeled? YES [ ] NO [ ]

2. Are all containers properly stored? YES [ ] NO [ ]

## IX. STAFF KNOWLEDGE

### Fire and life safety

- Do staff have access to the written hospital and department-specific emergency preparedness plans?

- 
- Can staff explain their role in the event of a fire?
  - Do staff know the meaning of a “Red Signal” overhead page?
  - Do staff know what the acronym RACE means?
  - Do staff know the location of the next fire zone (area of refuge)?

#### **Emergency preparedness drill**

- Do staff know of the written hospital- and department-specific emergency preparedness plans?
- Do staff know where the written emergency preparedness plan can be found?
- Can staff articulate individual roles in the emergency preparedness?
- Do staff know the meaning of a “Code Yellow” overhead page?
- Do staff carry ID at all times?

#### **Utility systems**

- Do staff know of and have access to the utility systems plan?
- Can staff explain individual roles in the event of the loss of any critical utility?
- Do staff know the significance of red electrical outlets and red light switches?
- Do staff know under what authority they would shut off an oxygen zone valve during a fire event?

#### **Employee health**

- Are your staff knowledgeable regarding occupational hazards and back injuries, infection control, protective measures, CPR, and first-aid treatment?
- Do your staff know the proper method for hand-carrying contaminated linens?

#### **Medical equipment**

- Do staff know the proper response if involved in or witness a medical equipment-related patient incident?
- Do staff know what to do if a piece of equipment failed to work properly?
- Do staff know what to do if they were asked to apply a piece of equipment with which they were not familiar to a patient?

#### **Security**

- Do staff know where the hospital security plan can be found?
- Does every employee wear an I.D. name badge at all times while at work?
- Do staff know what “Code Pink” means?
- Do staff know what to do if they saw a suspicious looking person or someone doing something that looked to be of a suspicious nature in the unit or facility?
- Do staff know about the hospital card access system?

#### **Hazardous materials**

- Can staff identify where the departmental MSDS manual is located?
- Can staff identify the hazard communications coordinator for their area/unit?
- Do staff know the protocol to follow in the event of a hazardous material exposure and/or spill?

**Social environment/smoking policy**

- Are all employees aware of and have access to the organization's social environment plan found in the safety book?
- Do all employees know the smoking policy?
- Do staff know the required minimum distance between a building entrance or open window and a designated smoking area?
- Do patients, visitors, and staff know the location(s) of designated smoking area(s)?

**X. ORIENTATION AND TRAINING COMPLIANCE**

Safety/CAT reports may be obtained from the human resources training office.

Infection control and bloodborne pathogens			
Fire safety and emergency preparedness			
Electrical safety			

**Notes:**



HAZMAT & WASTE MANAGEMENT		YES/ OK	NO	COMMENTS
6.	Do all hazardous materials require labels?			
7.	How does one properly transport and store compressed gas cylinders?			
8.	How do you properly handle liquid nitrogen?			
9.	Where is nitrous oxide stored in RACH?			
-10.	How do you dispose of sharps?			
11.	Where is your chemical spill kit? Have you been trained to use it?			
12.	Where would you find emergency spill procedures?			
13.	What procedures do you use for a chemical spill?			
14.	Are housekeeping carts attended or secured at all times?			
UTILITY MANAGEMENT		YES/ OK	NO	COMMENTS
1.	Do you know the location and use of emergency electrical outlets in your area?			
2.	Who can authorize the turning off of medical gases?			
3.	Where are medical gas shutoff valves located? Do you know how to operate them?			
4.	Who do you contact if electricity, water, medical gas, or other utility systems fail in your area?			
5.	Who do you contact if your area is too hot or cold, or you suspect poor ventilation?			
6.	What do you do during an emergency generator test?			
7.	What procedures do you use in the event the nurse call system fails?			
8.	Do you have a copy of the Utility Failure Protocol?			
9.	How do you contact housekeeping?			

**W**e talked about it in March, but it bears repeating. The human condition generally perceives that it is more important that a pilot be more trained, more tested, and supposedly more safe, than anybody doing anything "on the ground." However, mistakes by both can have the same results just as easily. Baffling! It's imperative that supervisors and leaders equip us to do right by teaching, drilling, quizzing, and encouraging.

**Do the Right Thing, the Right Way, at the Right Time**



# EMERGENCY GENERATOR TEST LOG

FLORIDA HOSPITAL MEDICAL CENTER

P. 7. BUILDING

GENERATOR NO: 1

ORLANDO-S  ALTAMONTE  APOPKA

**NOTICE:** Do the "LOAD-TEST" the first week of the month, and then do the test with no load in the other 3 weeks

STARTING	RUNNING	OPERATOR INIT.
TIME	SEC	MIN

WEEKLY ROUTINE TEST ( 30 Minutes Minimum Run )

MONTHLY LOAD TESTED OUTPUT

DATE CHECKED	OIL		WATER		H O S E	C O N D I T	C O N D I T	BATTERY WA- TER C A- P A C I T Y	ELAP- SED TIME METER	LI- GHT TEST OK?	PHASE A		PHASE B		PHASE C		UNIT		TIME SEC	MIN
	LE- VEL	TEMP	PRES- SURE	LE- VEL							TEMP	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	HERTZ		

**IMPORTANT:** Before Proceeding With the MONTHLY LOAD TESTING, Call Beeper # (0450)

COMMENTS:

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COMMENTS:

**YEARLY LOAD TEST: 1-1/2 HOUR RUNNING TIME**

**NOTICE:** Do this "LOAD-TEST" once a Year for 1-1/2 hour Running Time Minimum

YEARLY LOAD TESTED OUTPUT

STARTING	RUNNING	OPERATOR INIT.
TIME	SEC	MIN

DATE CHECKED	OIL		WATER		H O S E	C O N D I T	C O N D I T	BATTERY WA- TER C A- P A C I T Y	ELAP- SED TIME METER	LI- GHT TEST OK?	PHASE A		PHASE B		PHASE C		UNIT		TIME SEC	MIN
	LE- VEL	TEMP	PRES- SURE	LE- VEL							TEMP	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	HERTZ		

Report was Delivered to Office: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Foreman's Signature: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

CHECKED IN: \_\_\_/\_\_\_/\_\_\_

SYSTEM/ITEM	DATE	TRAINER	TRAINEE
<b>(1) ELECTRICAL DISTRIBUTION SYSTEM</b>			
a. Incoming Utility Layout	___/___/___	INITIALS	INITIALS
b. Electrical Switchboard	___/___/___	INITIALS	INITIALS
c. Generators	___/___/___	INITIALS	INITIALS
d. Panelboards/Feeders - Location of Electrical Rooms/Closets	___/___/___	INITIALS	INITIALS
<b>(2) AIR CONDITIONING/HEATING SYSTEM</b>			
a. Chillers	___/___/___	INITIALS	INITIALS
b. Air Handlers	___/___/___	INITIALS	INITIALS
c. Heating System	___/___/___	INITIALS	INITIALS
d. Environmental Controls	___/___/___	INITIALS	INITIALS
e. Cooling Tower	___/___/___	INITIALS	INITIALS
<b>(3) PLUMBING SYSTEM</b>			
a. Location of Water Lines within the Building/Main Cutoff Valves	___/___/___	INITIALS	INITIALS
b. Training of Employees for Minor Repairs	___/___/___	INITIALS	INITIALS
c. Location/Operation of Domestic Water Heaters	___/___/___	INITIALS	INITIALS
<b>(4) MEDICAL GAS SYSTEMS</b>			
a. Location of Medical Air Compressors, Medical Vacuum & Medical Alarm Panels	___/___/___	INITIALS	INITIALS
b. Location of Medical Gas Supplies and Main Cutout Valves for Each	___/___/___	INITIALS	INITIALS
c. Location of Zone Cutout Valves in Patient Care Areas	___/___/___	INITIALS	INITIALS
d. Operation of Medical Air Dryers	___/___/___	INITIALS	INITIALS
<b>(5) STEAM DISTRIBUTION SYSTEM</b>			
a. Location of Steam Plant in the Complex and Routing of Steam Distribution	___/___/___	INITIALS	INITIALS
b. Location of Main Shutoff Valves in Building 2080	___/___/___	INITIALS	INITIALS
c. Location and Orientation of Steam Reducing Valves and Regulators Feeding Steam Equipment in the Hospital	___/___/___	INITIALS	INITIALS
d. Basic Overview of Condensate Return Systems Including Brief Explanation of Steam Traps/Steam Trap Functions and Location and Operation of Condensate Return Pumps	___/___/___	INITIALS	INITIALS
<b>(6) MISCELLANEOUS SYSTEMS</b>			
a. Nurse Call Systems	___/___/___	INITIALS	INITIALS
b. Barber-Coleman Network 8000 System Operation	___/___/___	INITIALS	INITIALS
c. Alerton Controls (BEQ Building H-2034)	___/___/___	INITIALS	INITIALS
d. Fire Sprinkler System, Operation of Fire Pumps and Location of Major Sprinkler System Valves	___/___/___	INITIALS	INITIALS

TRAINING COMPLETED: \_\_\_/\_\_\_/\_\_\_

I acknowledge that I have been trained in all the systems listed above and have sufficient knowledge to carry out the general duties and responsibilities of my position at Naval Hospital, Jacksonville, Florida.

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## Checklist of Considerations for Therapeutic Environment

(Applicable to Psychiatric Facilities/Units. Will be reported in PL.2.1)

- Environment enhances the positive self-image of patients and preserves their human dignity.
- Adequate space to carry out stated goals.
- Waiting/reception areas respect need for privacy and comfort
- Phones available for private conversations.
- Adequate drinking units.
- Views of outdoors (windows or skylights).
- Mirrors that aid in grooming and enhance patients' self-awareness.
- Clocks and calendars at least in major use areas.
- Direct outside air ventilation in patients rooms (air conditioner, operable window).
- Adequate ventilation to remove odors.
- Areas that accommodate a full range of social activities.
- Attractively furnished areas in which a patient can be alone.
- Furnishings - clean and in good repair - appropriate.
- Dining areas - small eating group arrangements.
- Rooms with more than 4 patients partitioned (furniture okay).
- Bathrooms have partitions and doors.
- A laundry room is accessible so patients may wash their clothing.

# Departmental Utility Failure Plan Needs Assessment Checklist



Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director/Manager: \_\_\_\_\_  
 Plant Safety Director: \_\_\_\_\_

	Yes	No		Yes	No
<b>WATER</b>			<b>COMPRESSED AIR/ MEDICAL GAS/O<sub>2</sub> (continued)</b>		
• Is it needed?			• Is there a back-up system?		
• Does its failure disrupt patient care?			• Is there a portable back-up?		
• Is there a back-up system?			• Is there a failure plan?		
• Is there a portable back-up?			<b>INFORMATION SYSTEMS (COMPUTERS)</b>		
• Is there a failure plan?			• Is it needed?		
<b>ELECTRICAL POWER</b>			• Does its failure disrupt patient care?		
• Is it needed?			• Is there a back-up system?		
• Does its failure disrupt patient care?			• Is there a secondary back-up?		
• Is there a back-up system?			• Is there a failure plan?		
• Is there a portable back-up?			<b>TELEPHONES, PAGING SYSTEMS</b>		
• Is there a failure plan?			• Is it needed?		
<b>HEATING SYSTEM</b>			• Does its failure disrupt patient care?		
• Is it needed?			• Is there a back-up system?		
• Does its failure disrupt patient care?			• Is there a secondary back-up?		
• Is there a back-up system?			• Is there a failure plan?		
• Is there a portable back-up?			<b>ELEVATORS</b>		
• Is there a failure plan?			• Are they needed?		
<b>COMPRESSED AIR/ MEDICAL GAS/O<sub>2</sub></b>			• Does their failure disrupt patient care?		
• Is it needed?			• Is there a back-up system?		
• Does its failure disrupt patient care?			• Is there a secondary back-up?		
			• Is there a failure plan?		

DEPARTMENT OF THE ARMY  
 MEDICAL DEPARTMENT ACTIVITY  
 FORT EUSTIS, VIRGINIA 23604

SAFETY MANAGER'S SAFETY INSPECTION CHECKLIST AND REPORT

I. SAFETY PROGRAM ADMINISTRATION	YES	NO
<b>A. IS SAFETY BINDER PROPERLY MAINTAINED WITH THE FOLLOWING CONTENTS?</b>		
1. Additional Duty Appointment Memorandum (Safety NCO)		
2. MEDDAC Safety Policy Statement, 1 Mar 94		
3. Reporting Unsafe/Unhealthy Working Conditions Memorandum, 6 Dec 93		
4. Current Safety SOP for department/division/service/clinic, if applicable.		
5. MEDDAC/DENTAC Safety Program, MEDDAC/DENTAC Reg 385-10-1, 31 Jan 92		
6. Hazard Communication Program, MEDDAC/DENTAC Reg 385-10-2, 23 Nov 93		
7. Hazardous Material and Waste Management Program, MEDDAC/DENTAC Reg 385-3, 4 Sep 90		
8. MEDDAC/DENTAC Fire Safety Program, MEDDAC/DENTAC Reg 420-90, 14 Feb 92		
9. MEDDAC Tobacco Policy, MEDDAC Policy Brief 1-2, 7 Mar 94		
10. Copies of Monthly Safety Inspection Checklist and Reports, MACH Overprint 590		
11. Copies of Safety and Hazard Communication Training		
12. Copies of Fire Drill Reports.		
13. Copies of Electrical Circuit Inspection (checks) Reports		
<b>B. IS THE MSDS BINDER PROPERLY MAINTAINED WITH THE FOLLOWING CONTENTS?</b>		
1. Hazard Communication Program, MEDDAC/DENTAC Reg 385-10-2, 23 Nov 93		
2. Current Hazardous Chemical Inventory		
3. Material Safety Data Sheets (MSDSs) for hazardous chemicals.		
<b>C. IS THE FOLLOWING MATERIALS POSTED ON THE SAFETY BULLETIN BOARD?</b>		
1. MEDDAC Safety Policy Statement, 1 Mar 94		
2. Reporting Unsafe/Unhealthy Working Conditions Memorandum, 6 Dec 93		
3. MEDDAC/DENTAC Fire Safety Program, MEDDAC/DENTAC Reg 420-90, 14 Feb 92		
4. Fire Reaction Plan for Admin & Clinical Areas or Inpatient Areas.		
5. DOD Occupational Safety and Health Protection Program, DD Form 2272		
6. Safety Grams/Awareness Posters		
<b>II. SAFETY INSPECTION RESULTS</b>		
A. Are electrical boxes unlocked?		
B. Are circuits/fuses covered in the electrical boxes?		
C. Are electrical box circuits marked to identify what equipment they control or feed?		
D. Are light fixtures properly covered?		
E. Are illuminated EXIT lights operational?		
F. Is area kept clean, orderly and uncluttered. (Trash is removed regularly)?		
G. Are mats & carpets in good repair and kept tight so as not to develop rolls or bunch-up?		
H. Are walking areas free of any possible tripping hazards (e.g., obstructions, cords, etc.)?		
I. Are corridors kept clear and free of any obstructions?		
J. Is the Smoking Policy enforced?		
K. Are quantities of flammable materials limited to two-day supply?		
L. Are flammable materials properly stored in flammable lockers or in a one-hour enclosure?		
M. Are oxygen cylinders properly secured to the wall or to dollies?		
N. Are oxygen cylinders properly tagged, and annotated with Oxygen purity, date, and initials/name of tester?		
O. Are refrigerators labeled with 'No Flammable Materials Stored Here' or 'Flammable Materials' Signs?		
P. Are portable heating devices used? (Prohibited in the Hospital, Bldg 576)		
Q. Are doors closed or propped open by an authorized means (e.g., not wedges, equipment, etc.)?		
R. Are EXIT doors working properly?		
S. Are fire extinguisher inspected monthly, and results documented on HSC 267-R?		
T. Are coffee pots on noncombustible surface and turned OFF when not in use?		
U. Is equipment in proper working order, and signs posted on equipment needing repair?		
V. Are Extension cords Used (Emergency use only for Inpatient areas NTE 72 hours)?		
W. Has a work order been submitted to install additional electrical receptacles?		
X. Are electrical wires intact, not frayed, deteriorated or exposed (e.g., missing/insulation or covering)?		
Inspected by Safety Manager/Alt:	Date:	Location:
Safety Manager's Signature:	Safety NCO's Name (Print):	Corrective Action Report Required NLT



# PRE-CON SAFETY CHECKLIST

ROICC FIELD OFFICE MODEL, PEARL HARBOR

GENERAL SAFETY INFORMATION			
	TITLE	NAME	PHONE
CONTRACTOR			
CONTRACTOR REP			
SUB-CONTRACTOR			
CON REP/INSPECTOR			
CME			
CONTRACT INFORMATION			
TITLE:			
NUMBER:N62742/N62755-	DO#	LOCATION:	
START:	END:	CONTRACT PRICE:	
SAFETY BRIEFING CHECKLIST			

**ACCEPTANCE OF VARIOUS PLANS DOES NOT RESTRICT THE CONTRACTING OFFICER FROM REQUIRING ADDITIONAL CONTROLS DUE TO ON SITE CONDITIONS.**

<p><b>SAFETY PROGRAM:</b></p> <p><input checked="" type="checkbox"/> Implement safety program conforming to requirements of Federal, State &amp; local laws including US Army Corps of Engrs (USACE) EM-385-1-1, OSHA 29 CFR 1926 (Construction), 29 CFR 1910 (General Ind) &amp; Hawaii Revised Statutes, Chapter 396, HIOSH Standards.</p> <p><input checked="" type="checkbox"/> Contractor shall submit written program which must be accepted prior to start of work; i.e., Accident Prevention Program &amp; Activity Hazard Analysis containing elements of pgs 3-5 (and Appendix A - 96) of EM-385-1-1. Provide emergency on/off-base fire, police, ambulance &amp; medical facility phone numbers. <b>Copy on site!</b></p>	<p><b>PERSONAL PROTECTIVE EQUIPMENT</b></p> <p><input checked="" type="checkbox"/> Shall be worn as required by OSHA, HIOSH or USACE standards. As a minimum, long pants, short sleeved shirt, steel-toe safety shoes and glasses shall be worn.</p> <p>When applicable, hearing protection shall be worn.</p> <p><input checked="" type="checkbox"/> Hard hats shall be worn and signs will be posted at construction sites.</p> <p><b>POSITIVE FALL PROTECTION:</b> Guardrail, net, catch platform or harness and lanyard with adequate anchor when working above 6 feet or within 6 feet from edge.</p>
<p><b>SAFETY INSPECTIONS</b></p> <p><input checked="" type="checkbox"/> Periodic inspection of work site shall be conducted/documented by Contractor, Competent Person, Quality Control during progress of work.</p>	<p><b>LOCK-OUT/TAG-OUT</b></p> <p>If any equipment is required to be locked/tagged out(per 29CFR1910.147/1926.417),contractors shall coordinate w/activity and apply their own locks/tags as appropriate.</p>
<p><b>WEEKLY SAFETY MEETINGS</b></p> <p><input checked="" type="checkbox"/> "Tool Box" safety meetings shall be conducted, with documentation (date, attendance, subject, instructor) which may be reviewed by QA / Inspector.</p>	<p><b>FIRE EXTINGUISHERS</b></p> <p><input checked="" type="checkbox"/> At least two 10lb ABC extinguishers shall be at job site.</p> <p>If tar kettle is to be used, then two 20-lb ABC type extinguishers shall be present.</p>
<p><b>EMPLOYEE TRAINING</b></p> <p><input checked="" type="checkbox"/> Prior to start of work, contractor shall ensure employees are properly trained; i.e., HazComm, HAZWOPER, lead, respirator, asbestos, etc.(NOTE: List is NOT all inclusive.)</p>	<p><b>DAILY DEBRIS REMOVAL</b></p> <p><input checked="" type="checkbox"/> Debris shall be removed daily by Contractor, unless otherwise arranged with Contracting Office (e.g., a designated area or dumpster on site).</p>
<p><b>DESIGNATED CERTIFIED OPERATORS</b></p> <p>Shall be licensed or certified; i.e., CDL licenses, AHERA cert., herbicide/pesticide applicator license, A/Cmech, etc.</p>	<p><b>HOUSEKEEPING</b></p> <p><input checked="" type="checkbox"/> Aisles and exits shall be kept clear at all times.</p>
<p><b>CONTR/GOVT EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)</b></p> <p><input checked="" type="checkbox"/> If unsafe/unhealthful condition cannot be mutually resolved verbally, OPNAV 5100/11 form may be used / submitted to activity for action. Written response must be provided within ten working days.</p>	<p><b>HAZARD COMMUNICATION/MATERIAL SAFETY DATA SHEETS (MSDS)</b></p> <p><input checked="" type="checkbox"/> Prior to bringing material on base, provide MSDSs to Contracting Officer for approval. Copy of MSDSs shall be on work site where hazardous materials are used. Copy to activity safety office. Also, give quantity used.</p>
<p><b>EMERGENCY FIRST AID, CPR, FIRST AID KITS</b></p> <p>At least two persons shall be first aid and CPR trained/qualified at site/each shift.</p>	<p><b>PAINTS/FLAMMABLE LIQUIDS</b></p> <p>Storage of flammable material shall be in UL or FM approved flammable lockers or self-closing safety cans.</p>
<p><input checked="" type="checkbox"/> A 16-unit First Aid Kit shall be available at the site.</p>	<p><input checked="" type="checkbox"/> All paints shall contain &lt;0.06% lead. No mercury or</p>

	mercury compounds, chromates or asbestos.
Station dispensary is available for serious injuries.	NO fueling shall be done inside buildings.

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<b>MISHAP REPORTING</b>		<b>CONFINED SPACES</b>	
<input checked="" type="checkbox"/>	Mishaps, other than first aid, shall be logged onto OSHA 200 Form or equivalent.	<input type="checkbox"/>	Follow applicable requirements for entry into or hot work in/on confined spaces and toxic operations.
<input checked="" type="checkbox"/>	Copy of Contractor Significant Incident Report shall be forwarded to Contracting Officer.	<input type="checkbox"/>	Testing shall be conducted by NFPA Certified Marine Chemist, Certified Industrial Hygienist or Competent Person.
<input checked="" type="checkbox"/>	Notify Contracting Officer & HIOSH by phone w/in 8 hrs (in writing on CSIR in 24 hours) of death, hospitalization of 3 or more persons or damage of \$25K or more.	<b>HOT WORK PERMIT</b>	
<input type="checkbox"/>	Fire Alarm / Sprinkler Coordinate w/ Federal Fire Dept. 471-3916 and PWC Code 567 Leo Lorsen 474-0478.-->	<input type="checkbox"/>	A burning and welding permit shall be obtained from the Federal Fire Department prior to starting hot work.
<b>MACHINERY/MECHANIZED EQUIPMENT INSPECTIONS</b>		<b>BARRICADES, WARNING SIGNS, FENCING FOR PUBLIC SAFETY</b>	
<input checked="" type="checkbox"/>	Machine guards shall be in place as required by HIOSH, OSHA & USACE EM-385-1-1.	<input type="checkbox"/>	Provide barricades, fencing, banner tape. NO YELLOW IN SHIPYARD CIA AREA.
<input type="checkbox"/>	Prior to bringing larger machinery or mechanized equipment on base, it shall be tested/certified to be in safe operating condition. (Sect 16, EM-385-1-1) (Backhoe, roller, manlift, etc)	<input type="checkbox"/>	Post appropriate or required warning signs when work is being accomplished. (e.g. Danger Asbestos..., Danger Lead..., Powder Actuated Tool In Use, Men Working Above, Hard Hat Area, Hearing Protection..., etc.)
<b>GFCI/ASSURED GROUNDING PROGRAM</b>		<b>EXCAVATIONS, TRENCHING/SHORING</b>	
<input checked="" type="checkbox"/>	All portable electric equipment shall be protected by GFCIs at construction sites, unless directly connected to receptacles of 5KW or smaller ungrounded generators.	<input type="checkbox"/>	Shoring shall be used for unstable soil or depths of >4 feet unless benching, lay-back or other acceptable plan is implemented by the contractor.
<b>TRAFFIC SAFETY PLAN</b>		<input type="checkbox"/>	Work Shall be supervised under direction of a Competent Person.
<input type="checkbox"/>	If project involves/affects flow of traffic, Traffic Safety Plan using recommendations of Section VI, Manual of Uniform Traffic Control Devices (MUTCD) shall be followed.	<input type="checkbox"/>	Excavations shall be covered with trench covers if left unfilled overnight and/or near housing areas. If near roadways or walkways, ILLUMINATE barricades of trenches left unfilled overnight.
<b>SCAFFOLDS</b>		<b>ASBESTOS REMOVAL</b>	
<input type="checkbox"/>	Are to be erected, dismantled, moved or modified under the direct guidance of an OSHA competent person.	<input type="checkbox"/>	Ten working day notification for demolition or certain asbestos removal operations is required.
<b>LEAD REMOVAL</b>		<input type="checkbox"/>	Have existing materials been tested?
<input type="checkbox"/>	Has the material been tested?	<input type="checkbox"/>	Has asbestos removal plan been submitted/approved?
<input type="checkbox"/>	Has a removal plan been submitted?	<input type="checkbox"/>	Dispose of asbestos material per EPA requirements.
<b>UNDERGROUND STORAGE TANKS</b>		<input type="checkbox"/>	Has AHERA training been completed?
<input type="checkbox"/>	Has a Site Specific Safety Plan been submitted?	<input type="checkbox"/>	
<input type="checkbox"/>	Has HazWoper training been completed?	<input type="checkbox"/>	
<input type="checkbox"/>	Monitoring?	<input type="checkbox"/>	
<input type="checkbox"/>	Spill Contingency Plan?	<input type="checkbox"/>	
<b>MERCURY</b>		<b>PCB</b>	
<input type="checkbox"/>	Disposal? (Fluorescent lamps, thermostats, monometers)	<input type="checkbox"/>	Disposal? (Ballasts, Capacitors, Transformers)
<input type="checkbox"/>	Shipyard and SUBASE/IMF have exclusion areas.	<input type="checkbox"/>	
<b>INFORMATION RE OSH MATTERS: CONTACT CONTRACT ADMINISTRATOR WHO WILL COORDINATE WITH PACDIV</b>			
BRIEFED BY:		DATE:	
CONTRACTOR:		DATE:	
SUBCONTRACTOR(S):		DATE:	

SUBCONTRACTOR(S):	DATE:
SUBCONTRACTOR(S):	DATE:

PH-PWC/ROICC-5100/29 (5/98)-2

**MEDDAC/DENTAC RISK ASSESSMENT CHECKLIST  
FOR CONTRACT/SELF-HELP PROJECT DEVELOPMENT**

In accordance with CG, TRADOC guidance, procedures must be implemented to ensure that risk assessments are performed on all contracts/projects. This risk assessment must be performed and approved by appropriate authorities to ensure the safety and health of military/civilian personnel, as well as the general public.

During the project development stage, the following checklist must be completed. If any question is answered 'YES', specifications and drawing must be forwarded to the MEDDAC/DENTAC Safety Manager, so that a formal risk assessment can be performed.

CONTRACT/PROJECT POC:

CONTRACT/PROJECT NUMBER:

BUILDING/LOCATION:

DESCRIPTION OF WORK TO BE PERFORMED:

WILL THE PROJECT	YES	NO
1. Expose the public to hazards?		
2. Effect traffic flow?		
3. Involve the use, removal, or disposal of hazardous materials/waste?		
4. Involve the use, storage, or disposal of flammables?		
5. Involve compressed gases? (i.e. Oxygen, Nitrogen, Nitrous Oxide)		
6. Involve bloodborne pathogens or handling/disposal of infectious waste?		
7. Involve ionizing/nonionizing radiation? (i.e. X-ray, microwave, etc.)		
8. Involve electrical installation, modification, or repair?		
9. Involve the removal of asbestos?		
10. Involve the removal of ceiling or floor tiles?		
11. Involve cutting, burning, or welding?		
12. Involve shutting down heating, ventilation or air conditioning system?		
13. Involve the use of temporary heating devices?		
14. Involve hazardous noise sources?		
15. Involve high pressure steam, hydraulic, or air lines?		
16. Involve abrasive blasting?		
17. Involve high work above 16 feet? Will scaffolding be used?		
18. Involve excavation, or trenching in excess of 4 feet?		
19. Involve cranes, pile drivers, or other heavy construction equipment?		
20. Involve entry into confined spaces?		
21. Be in close proximity to utility lines?		
22. Block EXIT(s) or corridors (means of egress)?		

PRINTED NAME/GRADE/TITLE OF  
PERSON COMPLETING CHECKLIST:

SIGNATURE:

DATE:

PRINTED NAME/GRADE/TILE OF  
REVIEWING OFFICIAL:

SIGNATURE:

DATE:

SAFETY OFFICE USE

ATTACHED RISK ASSESSMENT  
PERFORMED BY NAME/GRADE/TITLE:

SIGNATURE:

DATE:



**Figure F.3**

**ILSM Preconstruction Inspection Form**

Date of survey: \_\_\_\_\_

Inspector: \_\_\_\_\_

Area surveyed: \_\_\_\_\_

Project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Date safety was notified of project: \_\_\_\_\_

	<b>Yes</b>	<b>No</b>	<b>NA</b>
<b>A.</b> Will construction affect exit routes from occupied areas adjacent to construction site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Are any of the following environmental hazards present?			
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Will any of the following systems be adversely affected?			
1. Fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Domestic water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: The University of Tennessee Medical Center at Knoxville



# Construction Site Inspection

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Description	Yes/No	Comments
Contractor acknowledge Asbestos in writing		
Adequate barriers in place		
Smoke proof		
Dust proof		
Signage in place		
Applicable codes complied with		
Contractor acknowledge AIA A201 & Supplement		
American Disabilities Act compliance		
Occupational Health & Safety Admin. compliance		
Interim Life Safety in place		
Staff trained regarding Interim Life Safety		
Temporary Fire Protection in place		
Contractors aware of Egress routes		
Increase in fire drills, other training		
All exits clear		
Free access to Emergency Services		
Alternate access for public and emergency use		
Additional fire fighting staff & equipment available		
Smoking is strictly prohibited		
Construction site clean and orderly		
Hazard Surveillance occurring? How often?		
Staff informed if adjacent areas affected		
Construction site restricted		
Local authorities aware of Interim Life Safety		
Effective site storage of materials, other		
Fire zones maintained, staff aware of changes		
Contractor confirms egress routes for staff clear		

**Hazard Surveillance Survey**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Topic	Passed	Failed	N/A	Comments
<b>I. Environmental Controls</b>				
Dropped articles				
Spills (water, other)				
Clean environment				
Flooring condition				
Doors propped open				
Storage areas orderly				
Fire Extinguisher available				
<b>II. Electrical/Equipment</b>				
Condition of switches				
Condition of receptacles				
Electrical Safety Checks				
Clutter?				
Faulty carts, chairs, etc.?				
<b>III. Alert/Alarms</b>				
Pull Boxes unobstructed				
Warning signage clear				
MSDS available				
Emergency Preparedness				
Fire Protection Functional				
<b>IV. Staff Behavior</b>				
Demonstrate proper safety				
Staff familiar with all Plans				
Contractors familiar with egress				
<b>V. Life Safety Measures</b>				
Egress routes clear				
Corridors clear of obstructions				
Access to Emergency Services				
Temporary Partitions in place				
Construction site restricted				
Comm. to Governing Body				
Construction site clean, orderly				
Fire protection doubled				
Alternate access for public				



MECHANICAL SYSTEM FAILURE

INCIDENT REPORT

EVIDENCE OF PROCEDURE COMPLIANCE

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

SYSTEM: \_\_\_\_\_ HORIZONTAL/VERTICAL TRANSPORT  
\_\_\_\_\_ ELECTRICAL  
\_\_\_\_\_ PLUMBING  
\_\_\_\_\_ HEATING/VENTILATION/AIR CONDITIONING  
\_\_\_\_\_ MEDICAL GAS  
\_\_\_\_\_ MEDICAL VACCUUM

NAME OF PERSON REPORTING FAILURE: \_\_\_\_\_

TO WHOM WAS REPORT MADE: \_\_\_\_\_

<u>ACTION(S) TAKEN:</u>	<u>BY WHOM:</u>	<u>TIME:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

SYSTEM FAILURE RESOLUTION: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
TITLE: \_\_\_\_\_

THIS REPORT MUST BE FILED WITH THE CHIEF OPERATING ENGINEER OF SPRMC

**NORTHNAVFACENGCOM**

**FIRE PROTECTION DESIGN REVIEW CHECKLIST**

REV 2.0 (10/98)

NOTE: This checklist provides a recommended framework for the Fire Protection Engineering Quality Review Process. This checklist shall not be submitted as a substitute for a narrative Fire Protection Engineering Design Analysis. It may be submitted as an appendix to the narrative design analysis, if desired. Obviously, not all fire protection requirements are listed herein. Designers and reviewers must consult the actual criteria documents while using this checklist.

**PART I - GENERAL REQUIREMENTS**

(This part is applicable to all new construction, addition, and whole-building renovation projects.)

**TOPIC:**

**REFERENCE:**

**1. CONSTRUCTION AND HEIGHT & AREA LIMITS**

- a. Provide description of function(s) performed in the building: UBC, Table 3-A  
HDBK 1008, App. A  

---

---
  - b. Classify building occupancy Group(s) and Division(s) per UBC: UBC Table 3-A  

---
  - c. State gross floor area: 

---
  - d. State height in stories & feet (m): \_\_\_\_\_ / \_\_\_\_\_ ft (m).
  - e. For existing buildings, state Construction Type and Sub-Type, determined from UBC based on actual construction of building: UBC, Table 6-A  
Section 601-606  
Type: \_\_\_\_\_
  - f. For new construction/additions, determine building Construction Type and Sub-Type per UBC, based on the allowable height and area for the occupancy. UBC Tables 5-B&6-A,  
Chapter 5 and  
Mil-HDBK 1008  
Type: \_\_\_\_\_
- Determine basic allowable area from UBC: \_\_\_\_\_

Apply UBC-allowable area or height increases as appropriate per UBC.

Sect. 504 \_\_\_\_\_  
X  
Sect. 505 \_\_\_\_\_.

Total Allowable Area: \_\_\_\_\_

Show hourly ratings of all fire rated assemblies on drawings. Indicate on drawings UL, FM, or other nationally recognized testing laboratory approved assembly reference number(s) to allow NORTHDIV to verify the fire rating of assemblies.

g. For renovations or additions to \_\_\_\_\_ UBC

an existing building, is occupancy permitted in that construction type? Sec 504-508, HDBK-1008 \_\_\_\_\_

Will final height and area be within UBC limits for the type of construction and occupancy? \_\_\_\_\_

If not, explain in detail remedial actions proposed to bring the finished building into compliance with the code. \_\_\_\_\_

---

h. If a building has mixed occupancies, determine required interior separation per UBC and NFPA 101. Show UBC Sect 302 Table 3-B, NFPA 101, Ch. 6

hourly ratings of all fire rated assemblies on drawings. Indicate on drawings UL, FM, or other nationally recognized testing laboratory approved assembly reference number(s).

- i. Determine if automatic sprinkler system or other fire suppression system is required. HDBK-1008, NFPA 101, UBC, Other Criteria

**2. BUILDING SEPARATION & EXPOSURE PROTECTION**

- a. Determine required separation between new bldg and existing bldgs and other hazards Per UBC Sect. 503 and Table 5-A based on fire resistance of bldg exterior. Use DM-22 for separation from POL tanks. **NOTE: Table 5-A lists the building-to-property line distance! For bldgs on Gov't property, assume an imaginary property line between them and increase the distances in Table 5-A accordingly.**
- Exterior Wall Rating: \_\_\_\_\_

Wall Opening Protection: \_\_\_\_\_

Separation Distance Req'd: \_\_\_\_\_

- b. Determine type of roof deck assembly and roof covering allowed per HDBK-1008.

Covering (pph 2.9.1) Class: \_\_\_\_\_

Deck (pph 2.9.2) FM Class: \_\_\_\_\_

- c. Is access provided for fire HDBK 1008, pph 2.11

apparatus around building?

\_\_\_\_\_

**3. OCCUPANCY**

- a. Are all spaces/rooms on plans identified to indicate usage and contents. Provide a legend if abbreviations are used.
- b. Are all borders between mixed occupancies shown?

\_\_\_\_\_

\_\_\_\_\_

**4. FIRE WALLS, FIRE AND SMOKE PARTITIONS**

- a. Area fire walls must separate building into areas not exceeding the maximum floor area allowed. UBC, SECS. 505 & 506 Table 5-C HDBK-1008
- b. Determine fire wall ratings from UBC and HDBK 1008. Use NFPA 101 for ratings of means of egress.
- c. Show all wall, floor, and roof ratings on drawings. Include UL or FM design #'s.
- d. Is parapet required on fire wall? HDBK-1008, UBC
- e. Show doors in rated walls as self-or automatic-closing and of appropriate label and rating. HDBK-1008, NFPA 101
- f. Ensure all vertical stairs and shafts are properly enclosed by fire rated construction. HDBK-1008, NFPA 101
- g. Ensure hazardous areas are properly enclosed by rated construction. (See NFPA 101 occupancy chapter Section x-3.) NFPA 101
- h. Provide corridor fire resistance rating if required. Use NFPA 101, not UBC. NFPA 101
- i. Ensure fire doors and windows are of proper rating and shown on door/window schedules. NFPA 101, UBC, HDBK-1008
- j. Ensure rated doors and windows are in labeled frames. NFPA 80

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

- k. Ensure proper door hardware (self-closers, automatic closers, latches, etc.) is specified and shown on door schedule. NFPA 101  
NFPA 80 \_\_\_\_\_
- l. Provide automatic dampers in ducts passing through rated partitions where required. (Generally > 1 hour.) NFPA 90A  
NFPA 101, Ch 6 \_\_\_\_\_
- m. Determine if smoke barriers are required. (e.g. health care.) NFPA 101, 6-3 \_\_\_\_\_
- m-1. Doors and dampers protecting openings in smoke barriers must be self-closing or automatic-closing by smoke detector activation. NFPA 101 \_\_\_\_\_

**5. MEANS OF EGRESS/LIFE SAFETY**

- a. Classify occupancy(ies) per Life Safety Code. NFPA 101, Ch. 4 \_\_\_\_\_
  - b. Determine Occupant Load Factor from Life Safety Code NFPA 101, Sect. 5-3 \_\_\_\_\_
  - c. Determine occupant load by dividing floor area by Occupant Load Factor. Calculate this for each floor or area, and sum for total load. NFPA 101, Sect. 5-3 \_\_\_\_\_
  - d. Determine the minimum required number of exits from every area. NFPA 101, Sect. 5-4 \_\_\_\_\_
  - e. Determine Egress Capacity for each approved component of the means of egress per the Life Safety Code. NFPA 101, Sect. 5-3.
- Stairs: \_\_\_\_\_ in(cm)/person
- Level Components and Ramps: \_\_\_\_\_ in(cm)/person
- f. Determine minimum required width of each egress component by multiplying egress capacity factor by the occupant load (number of people) served by the egress component. NFPA 101, Para 5-3.3.1 \_\_\_\_\_
  - g. In addition to the calculation performed in (e) above, does each component of egress meet the required absolute minimum width? NFPA 101, Para 5-3.4 \_\_\_\_\_

- h. Determine the maximum allowable travel distance to the nearest exit. NFPA 101, Table A-5-6.1
- 
- State the maximum *designed* travel distance to nearest exit and its location.
- 
- i. Determine the maximum allowable dead end distance. NFPA 101, Table A-5-6.1
- 
- State the maximum *designed* dead end and its location.
- 
- j. Determine the maximum allowable common path of travel. NFPA 101, Sect. 5-6, and Occupancy Chapter
- 
- State the maximum *designed* common path of travel and its location.
- 
- k. Are exits remote from one another as required? (Use diagonal rule.) NFPA 101, Sect. 5-5
- 
- l. Are exit components (stairs, ramps, etc.) approved for the particular occupancy? NFPA 101, Ch. 5 and Occupancy Chapter
- 
- m. Do stairs and ramps comply with dimensional requirements? NFPA 101, Sect. 5-2
- 
- n. Do exits and stairs discharge directly to the outside or through a protected passageway when required? NFPA 101, Sect. 5-7
- 
- o. Do doors swing in the direction of exit travel when required? NFPA 101 5-2.1.4
- 
- p. Does door hardware (locks, latches, hinges, etc.) comply with Life Safety requirements? NFPA 101 5-2.1.5
- 
- q. Is panic hardware provided where required (schools, assembly, child care)? (Consult OPNAVINST 1700.9D for CDCs) NFPA 101 5-2.1.7 And Occupant Ch.
- 
- r. If fire or smoke doors are likely to be kept open by occupants, are smoke-detector actuated automatic-closers provided? NFPA 101 5-2.1.8 NDIV FPEDG
-

- s. Ensure exit paths are not through hazardous or lockable rooms. NFPA 101, Sec. 5-5.2 \_\_\_\_\_
- t. Is normal illumination provided in egress? NFPA 101, Sec 5-8 \_\_\_\_\_
- u. Is emergency lighting provided where required? NFPA 101, Sec. 5-9 \_\_\_\_\_
- v. Are battery-type emergency lighting units wired to the circuits serving lights in corresponding areas? N.E.C. (NFPA 70) Art. 700-12, NDIV FPEDG. \_\_\_\_\_
- w. Are illuminated exit signs provided? NFPA 101, Sec. 5-10 \_\_\_\_\_
- x. Are exit signs provided with battery back-up? NFPA 101 5-10.3 NDIV FPEDG \_\_\_\_\_
- k. Is interior finish material limited to Class A in exits, sleeping rooms and correctional facilities and in compliance with NFPA 101 elsewhere? Are plastic finishes prohibited? HDBK-1008, 2.7 \_\_\_\_\_
- n. Is floor carpet properly specified? HDBK-1008, 2.7 \_\_\_\_\_
- o. Is insulation properly specified? Does it comply with flame and smoke ratings? HDBK-1008, Sec. 2.7 \_\_\_\_\_

**6. WATER SUPPLY**

- a. Ensure building has an adequate water supply.
- b. Determine fire flow demand. (Provide copies of calculations.) HDBK 1008, Sec. 5.3, 5.4  
 \_\_\_\_\_ GPM, at \_\_\_\_\_ PSI
- c. Conduct hydrant flow test. NDIV FPEDG, NFPA 291  
 Determine from test:  
 1. Static pressure. \_\_\_\_\_  
 2. Residual flow and pressure. \_\_\_\_\_
- d. If pressure and/or flow is inadequate, provide appropriate correct- HDBK 1008, Sec. 5.6, 5.7

- ive measures (reinforce distribution system, provide booster fire pump, or provide storage tank and pump. \_\_\_\_\_
- e. Conduct flow test before 35% submission. NDIV FPEDG \_\_\_\_\_
  - f. Provide adequate number of hydrants. HDBK-1008, Sec. 5.7.3 \_\_\_\_\_
  - g. Ensure Hydrants are at least 50 feet from the buildings they protect. HDBK-1008, Para 5.7.3, NDIV FPEDG \_\_\_\_\_
  - h. Provide adequate sectional valves in any additions to the distribution system. HDBK-1008, Para 5.7.2 \_\_\_\_\_

**PART II - FIRE PROTECTION SYSTEMS**

(This part applies only to those systems required or used on the project. It is not necessary to complete sections on systems not used.)

**1. FIRE ALARM AND DETECTION SYSTEMS**

(Use NFGS 13852 or **N-13855 NORTHDIV REGIONAL SPEC.**)

- a. Is a system required? If so, what type?  
(Required for all buildings with 100 or more occupants, and as required by NFPA 101.) NDIV FPEDG  
HDBK-1008, Sec 7.2, 7.3 \_\_\_\_\_
  
- b. Provide manual stations at each exit and intermediate locations where required. NFPA 101, Paras 7-6.2.3 and 7-6.2.4, NDIV FPEDG \_\_\_\_\_
  
- c. Make manual stations handicapped-accessible. NDIV FPEDG  
ADAAG \_\_\_\_\_
  
- d. Automatic detection (generally only for life safety in sleeping occupancies or protection of high-value electronics.) HDBK-1008, Sec 7.3, NDIV FPEDG \_\_\_\_\_
  
- e. Do not locate smoke detectors where subject to false alarms (janitor's closets, laundries, mechanical rooms, toilet rooms, kitchens, and unfinished concealed spaces such as crawl spaces and attics.). If detection in this rooms is needed, indicate heat detectors. NDIV FPEDG \_\_\_\_\_
  
- f. Duct smoke detection: Follow NFPA 90A, coordinate with HVAC specifications. Specify HVAC shutdown on any alarm from fire alarm system. NFPA 90A, Ch 4, NFPA 101, Para. 6-3.5, NDIV FPEDG \_\_\_\_\_
  
- g. Control panel (w/ integral annunciation) shall be located in an accessible place such as the entrance. **NOT IN MECHANICAL OR ELECTRICAL ROOM!** NDIV FPEDG \_\_\_\_\_
  
- h. Is the master box located in an NDIV FPEDG \_\_\_\_\_



- least 6" size? Is depth of bury IAW NFPA 24? \_\_\_\_\_
- j. If water source is nonpotable, is this clearly stated on drawings? NDIV FPEDG \_\_\_\_\_
- k. Is automatic power shutdown provided for electronic equipment? NFPA 75, NDIV FPEDG \_\_\_\_\_
- m. Is the Fire Department connection accessible to the fire dept. from paved surface? \_\_\_\_\_
- m-1. Is there a fire hydrant within 150' of the fire department connection? HDBK 1008 5.7.3.2 \_\_\_\_\_
- n. Does the sprinkler system activate the building fire alarm? HDBK-1008 6.1.1 & 7.2.1 \_\_\_\_\_
- o. Does the sprinkler system send an alarm to the Fire Department? HDBK-1008 6.1.4.3 \_\_\_\_\_
- p. Are sprinkler and fire alarm specs coordinated (i.e., flow switch under sprinkler section and wiring to alarm system under fire alarm section)? \_\_\_\_\_
- q. Are PIVs at least 40 feet from the buildings they control? NFPA 24, 3-3.2 \_\_\_\_\_

**2.2 Carbon Dioxide Systems REQUIRED: YES NO (circle one)**

NFGS-13961 High Pressure CO2  
 NFGS-13962 Low Pressure CO2

- a. Is CO<sub>2</sub> required? (Electronics rooms and underfloor areas; water-reactive HAZMAT hazards) HDBK-1008, Secs 4.8, 6.6 NDIV FPEDG \_\_\_\_\_
- b. Are all areas/zones to be protected clearly indicated on dwgs? \_\_\_\_\_
- c. Are all openings sealed or protected with self or automatic-closing assemblies. NFPA 12, 2-2 NDIV FPEDG, \_\_\_\_\_
- d. If system is actuated by smoke detectors, are detectors cross-zoned with the proper sequence of operations. NDIV FPEDG, \_\_\_\_\_
- e. Are both automatic and manual acti- NDIV FPEDG \_\_\_\_\_

vation means provided?

- f. Are pre-discharge and discharge alarms shown and specified? \_\_\_\_\_
- g. Is CO<sub>2</sub> initiation and control system shown in the same level of detail as the fire alarm system on the one-line riser diagrams? \_\_\_\_\_
- h. Are the interconnections between CO<sub>2</sub> control panel, fire alarm control panel and HVAC controls shown on the one-line riser diagrams? \_\_\_\_\_
- i. For multiple hazards, is the CO<sub>2</sub> system arrangement shown (i.e., separate supplies; common supply with zone selector valves, etc.) \_\_\_\_\_

### 2.3 Wet Chemical Systems For Range Hood Protection

(NFGS-13971, NFPA 17) REQUIRED: YES NO (circle one)

- a. Required for cooking equipment such as deep fat fryers, open griddles, char-broilers, and hood/plenum areas. (Note: Protection for duct only may be deleted if approved grease extractor is in the duct.) NDIV 4042, G.1  
NFPA 96, Para 7-1 \_\_\_\_\_
- b. Provide manual and automatic activation. NDIV 4042  
G.1, G.4 \_\_\_\_\_
- c. Show manual stations near an exit and distinct from stations used for the building alarm and other extinguishing systems. NDIV 4042, G.4 \_\_\_\_\_
- d. Indicate automatic fuel or power shut-down. NFPA 96, Para 7-3.1.3 \_\_\_\_\_
- e. Show connection to building alarm. If no building alarm, connect directly to the base fire alarm system or to the Fire Department, if possible. NDIV 4042, G.2 \_\_\_\_\_

### 2.4 Foam Systems REQUIRED: YES NO (circle one)

For Haz/Flam Facilities: HDBK 1008, NFPA 30, NFGS-15358

For Aircraft Hangars: HDBK 1008, NFPA 409, NFGS-15356

For Storage Tanks: HDBK 1008, NFPA 11, NFGS-15357

For Storage Tanks:

- a. Determine application rate. NFPA 11, Ch 3 \_\_\_\_\_
- b. Determine foam duration time. NFPA 1, Ch 3 \_\_\_\_\_
- c. Determine # of supplemental hose streams NFPA 11, Ch 3 \_\_\_\_\_
- d. Calculate required foam quantity NFPA 11, Ch 3 \_\_\_\_\_
- e. Determine number of foam makers NFPA 11, Ch 3 \_\_\_\_\_

For Aircraft Hangars:

- a. For all projects, use wet pipe sprinklers or single interlocked overhead pre-action sprinklers activated by rate compensated heat detectors and manual pull stations.
- b. Sprinkler heads must be 175 deg. F, Quick-Response type.
- c. Heat detectors, if used, must be 165 deg. F.
- d. Low level nozzles must be activated by cross-zoned UV/IR or triple-spectrum IR optical fire detectors and by manual stations.
- e. For Air Force projects, follow AFM 88-15. \_\_\_\_\_
- f. With the exception of the above, follow NFPA 409. \_\_\_\_\_

For Haz/Flam Storage, Transfer & Disposal Facilities:

- a. Follow Mil-Hdbk-1008, Mil-hdbk-1032/2, NFPA 30, other criteria as directed by NORTHDIV

**3. STANDPIPES**

Mil-Hdbk-1008 (SECT. 6.4), NFPA 14, NFGS-N-13975

- a. Provide in every stair tower of buildings 4 stories or more, connected to fire department pumper connection. HDBK-1008, Sec. 6.4 \_\_\_\_\_
- b. Is the standpipe dry or wet? (Is it subject to freezing?) \_\_\_\_\_
- c. Are the Fire Department connections accessible? \_\_\_\_\_
- d. Is there a fire hydrant within 150' of HDBK-1008

- the fire dept. pumper connection? \_\_\_\_\_
- e. 2 1/2" valved outlets without hose  
located as required by NFPA 14? \_\_\_\_\_
- Are pressure reducers required at  
lower floors due to high static or  
residual pressure? (Avoid if possible.) \_\_\_\_\_
- f. Is the standpipe properly sized (attach  
calculations) per NFPA 14? \_\_\_\_\_

**4. FIRE PUMPS**

(NFGS 13920, NFPA 20)

- a. Must be diesel-powered unless electric  
power is supplied from two independent  
sources. NDIVFPEDG \_\_\_\_\_
- b. Are controllers spec'd as UL/FM listed,  
standard products (Not custom built). NFPA 20 \_\_\_\_\_
- c. Are remote Pump Running and  
Supervisory alarms sent to fire  
Dispatch per NFPA 20, 7-4.7 & 9-4.3? NFPA 20 7-4 & 9-4 \_\_\_\_\_
- e. Spec special anti-corrosion alloys  
for salt water pumps? NDIVFPEDG \_\_\_\_\_
- f. Are both test header and flow meter  
properly shown on the drawings? NDIVFPEDG \_\_\_\_\_

**5. FIRE EXTINGUISHERS**

(NFGS N10520, NFPA 10)

- a. Are cabinets to be provided? Consult  
NTHDIV FPE \_\_\_\_\_
- b. Are extinguisher locations shown on drawings? \_\_\_\_\_
- c. Are extinguishers properly spaced per NFPA 10?  
NFPA 10, Ch 3: \_\_\_\_\_
- d. Are extinguishers Government or  
contractor furnished? If contractor  
furnished, specify type(s) and UL Consult  
NTHDIV FPE \_\_\_\_\_

ratings.

**FIRE PROTECTION BUILDING PROFILE**  
**BUILDING:**

**DATE:**

GENERAL BUILDING INFORMATION				
DATE OF SURVEY		SURVEYOR		
BUILDING NAME				
BUILDING ADDRESS				
CITY, STATE, ZIP				
BUILDING NUMBER				
STORIES ABOVE GRADE		STORIES BEL. GRADE		
GROSS AREA PER FLOOR (SQ. FT.)		TOTAL GRCSS FLOOR AREA (SQ. FT.)		
FLOORS OCCUPIED BY THE GOVERNMENT		AGENCIES		
HEIGHT TO HIGHEST OCCUPIED GOV'T FL. (FT.)		HEIGHT TO ROOF (FT.)		
FLOOR PLANS		OCCUPANCY TYPE	Business/Assembly	
POPULATION OF FEDERAL OCCUPANTS		NAME AND TEL. NO.		
(PRE-LEASE ONLY) FLOORS OFFERED	N/A	(PRE-LEASE ONLY) AREA (SQ. FT.)	N/A	
FIRE PROTECTION INFORMATION	YES	NO	N/A	COMMENTS
SPECIAL HAZARD AREAS:				
BOILER ROOMS				
LIBRARIES				
PARKING GARAGES				
FIRING RANGES				
PRINTING PLANTS				
LABORATORIES				
STORAGE AREAS EXCEEDING 1,000 SQ. FT.				
COMPUTER ROOMS				
TELEPHONE FRAME ROOMS				
SECURE OR HOLDING AREAS				
<b>CONSTRUCTION</b>				

**FIRE PROTECTION BUILDING PROFILE**  
**BUILDING:**

**DATE:**

<b>FIRE PROTECTION INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<b>CONSTRUCTION TYPE (CIRCLE ONE)</b>				
Type I (443)                  Type I (332)                  Type II (222)				
Type II (111)                  Type II (000)                  Type III (211)				
Type III (200)                  Type IV (2HF)				
Type V (111)                  Type V (000)				
<b>CONSTRUCTION MATERIAL (CIRCLE ONE)</b>				
REINFORCED CONC.                  UNPROT. STEEL FRAME				
CONC. ENCASED STEEL FRAME      BLOCK, METAL ROOF				
WOOD FRAME                          BLOCK, WOOD ROOF				
STEEL FRAME/FIRE PROOFING      BRICK JOIST				
HEAVY TIMBER                          OTHER				
<b>FLOOR/CEILING CONSTRUCTION</b>				
<b>ROOF CONSTRUCTION</b>				
<b>CORRIDORS</b>				
<b>FIRE WALLS</b>				
<b>FIRE SEPARATION OF SPECIAL HAZARD AREAS</b>				
<b>VERTICAL OPENINGS/EXIT STAIRS</b>				
<b>ARE FLOOR AND FIRE SEPARATION WALL OPENINGS ADEQUATELY FIRESTOPPED?</b>				
<b>EXPOSURE</b>				
<b>NORTH</b>				
<b>SOUTH</b>				
<b>WEST</b>				
<b>EAST</b>				
<b>EGRESS</b>				
<b>ARE TWO REMOTE EXITS PROVIDED FROM EACH FLOOR?</b>				
<b>DO THE EXITS DISCHARGE DIRECTLY TO THE EXTERIOR AND/OR A PROTECTED LOBBY?</b>				
<b>DO EXIT DOORS AND DOORS FROM HAZARDOUS AREAS SWING IN DIRECTION OF EXIT TRAVEL?</b>				
<b>ARE TYPICAL EXITS FROM FLOOR AREAS REMOTE?</b>				
<b>DISTANCE BETWEEN EXITS (FT.)</b>				
<b>DIAGONAL DISTANCE (FT.)</b>				

FIRE PROTECTION BUILDING PROFILE  
 BUILDING:

DATE:

FIRE PROTECTION INFORMATION	YES	NO	N/A	COMMENTS
PERCENT REMOTENESS (%)				
ARE EXITS/EXIT STAIRS ADEQUATELY ENCLOSED IN FIRE-RATED CONSTRUCTION?				
ARE HANDRAILS PROVIDED?				
ARE THERE ANY DEAD ENDS?				
ARE THERE ANY COMMON-PATH-OF-TRAVEL PROBLEMS?				
EXIT DIMENSIONS				
STAIR WIDTH (IN.)				
TREAD WIDTH (IN.)				
RISER HEIGHT (IN.)				
CORRIDOR WIDTH (IN.)				
DO EXIT DOORS REQUIRE ONLY ONE ACTION?				
ARE THERE ANY SPECIAL LOCKING ARRANGEMENTS?				
IS EXIT STAIR SIGNAGE PROVIDED GIVING ADEQUATE INFORMATION? (STAIR, FLOOR, RE-ENTRY)				
CALCULATED OCCUPANT LOAD (PERSONS)				CALCULATION:
CALCULATED EXIT CAPACITY (PERSONS)				CALCULATION:
MAXIMUM TRAVEL DISTANCE (FT.)				
TIMED EXIT CALCULATION (MINUTES) $T = (N + n)/(r \times u)$ N= Number of people above the first floor n= Number of people stairs can hold at 3 sq. ft. per person or number of people on floor, whichever is less r= 45 u = Number of 22-inch exit units				CALCULATION:

FIRE PROTECTION BUILDING PROFILE  
 BUILDING:

DATE:

FIRE PROTECTION INFORMATION	YES	NO	N/A	COMMENTS
<b>EXIT SIGNS &amp; EMERGENCY LIGHTING</b>				
ARE EXIT SIGNS PROVIDED AT EXITS AND WHERE DIRECTION TO EXIT IS NOT CLEAR?				
IS EMERGENCY LIGHTING PROVIDED IN EXITS AND ACCESS TO EXITS?				
SECONDARY POWER SUPPLY (CIRCLE ONE) NONE                      2 ELEC. FEEDS TO BLDG. BATTERIES              GENERATOR              OTHER				
<b>INTERIOR FINISH</b>				
EXIT ROUTES (CIRCLE ONE) CLASS A(0-25)              CLASS B(0-75)              CLASS C(0-200)				
ROOMS AND SUITES (CIRCLE ONE) CLASS A(0-25)              CLASS B(0-75)              CLASS C(0-200)				
ANY CELLULAR OR FOAMED PLASTIC MATERIALS USED?				
IS SMOKE DEVELOPMENT RATING < 450?				
TYPE(S) OF FLOOR COVERING (CIRCLE) VINYL TILE                      CONCRETE                      CARPETING MARBLE                      OTHER				
TYPE(S) OF CEILING TILE (CIRCLE) CONCRETE                      PLASTER                      MINERAL FIBER TILE FIBERGLASS TILE              COMB. FIBERBOARD              OTHER				
<b>DETECTION, ALARM AND COMMUNICATION</b>				
IS THERE A FIRE ALARM SYSTEM?				
TYPE(S) OF ALARM SYSTEM (CIRCLE) CODED    PRE-SIGNAL                      ADDRESSABLE LOCAL    AUX. PROTECTIVE              REMOTE STATION PROPRIETARY PROT.				
IS THERE A CONNECTION TO A CENTRAL STATION OR FIRE DEPARTMENT? (IDENTIFY IN COMMENTS COLUMN)				
MANUFACTURER/MODEL				

**FIRE PROTECTION BUILDING PROFILE**  
**BUILDING:**

**DATE:**

<b>FIRE PROTECTION INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
LOCATION OF CONTROL PANEL				
OPERATING VOLTAGE				
INITIATING DEVICES PROVIDED				
MANUAL FIRE ALARM STATIONS				
SMOKE DETECTORS				
DUCT SMOKE DETECTORS				
HEAT DETECTORS				
WATER FLOW DETECTORS				
VALVE SUPERVISORY DEVICES				
OTHER INITIATING DEVICES (IDENTIFY)				
STYLE OF INITIATING CIRCUITS				
INDICATING DEVICES PROVIDED				
HORNS				
BELLS				
SPEAKERS				
VISIBLES/STROBES				
OTHER INDICATING DEVICES (IDENTIFY)				
STYLE OF ALARM INDICATING CIRCUITS				
NOTIFICATION SYSTEM (CIRCLE ONE)				
BUILDING-WIDE      FIRE FLOOR				
FIRE FLOOR & FLOOR ABOVE AND BELOW      OTHER				
FIRE ALARM SYSTEM CONTROLS				
ELEVATORS				
SMOKE CONTROL				
DOOR LOCKS				
DOOR CLOSURE				
OTHER (IDENTIFY)				
SECONDARY POWER SUPPLY (CIRCLE ONE)				
NONE                  BATTERIES                  GENERATOR				
2 ELEC. FEEDS TO BLDG.                  OTHER				
ARE THERE ANY REMOTE ANNUNCIATORS?				
IS THERE A 2-WAY FIRE DEPARTMENT TELEPHONE SYSTEM?				
IS THERE A PUBLIC ADDRESS SYSTEM?				

FIRE PROTECTION BUILDING PROFILE  
 BUILDING:

DATE:

FIRE PROTECTION INFORMATION	YES	NO	N/A	COMMENTS
<b>SUPPRESSION</b>				
EXTENT OF SPRINKLER PROTECTION (CIRCLE ONE)  NONE      COMPLETE      PARTIAL      BASEMENT				
SYSTEM DEMAND				
ARE WATERFLOW ALARMS PROVIDED BY FLOOR AND/OR ZONE				
ARE CONTROL VALVES PROVIDED BY FLOOR AND/OR ZONE				
ARE CONTROL VALVES SUPERVISED? (INDICATE HOW IN COMMENTS COLUMN)				
ARE STANDPIPES PROVIDED?				
RISER SIZE (IN.)				
RISER LOCATION				
NUMBER PER FLOOR				
ARE 2½-INCH CONNECTION WITH 1½-INCH REDUCERS PROVIDED AT ALL FLOOR LEVELS ON RISERS?				
ARE THERE ANY OTHER FIRE SUPPRESSION SYSTEMS? (INDICATE TYPE IN COMMENTS COLUMN)				
PORTABLE FIRE EXTINGUISHERS (CIRCLE TYPE(S))  NONE      ABC DRY CHEMICAL      WATER CARBON DIOXIDE      HALON 1211      OTHER				
NUMBER OF EXTINGUISHERS PER FLOOR				
<b>WATER SUPPLY</b>				
SIZE OF SUPPLY LINE FEEDING BUILDING (IN.)				
SIZE OF CITY WATER MAIN FEEDING CONNECTION (IN.)				
LOCATION OF CITY WATER MAIN				
WATER SUPPLY (STATIC, RESIDUAL)				
LOCATION OF FIRE DEPARTMENT CONNECTION				
LOCATION OF NEAREST FIRE HYDRANT				
LOCATION OF NEAREST FIRE DEPARTMENT				
IS A FIRE PUMP PROVIDED?				
RATED CAPACITY (gpm)				

**FIRE PROTECTION BUILDING PROFILE**  
**BUILDING:**

**DATE:**

<b>FIRE PROTECTION INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
DO ELEVATORS HAVE TELEPHONES CONNECTED TO ATTENDED LOCATION?				
DATE OF INSPECTION CERTIFICATE				
<b>EMERGENCY POWER</b>				
DOES THE BUILDING HAVE ANY EMERGENCY POWER? (CIRCLE ONE)  GENERATOR            2 SEPARATE FEEDS TO BUILDING  OTHER				
RATING OF GENERATOR				
DOES THE GENERATOR SERVE ALL REQUIRED SYSTEMS?				
<b>MAINTENANCE OF SYSTEMS</b>				
IS THE GENERAL CONDITION OF THE SYSTEMS GOOD?				
ARE PREVENTIVE MAINTENANCE RECORDS COMPLETE?				
IS INSPECTION, TEST AND MAINTENANCE FREQUENCY ADEQUATE?				
WERE ANY TESTS ON THE SYSTEMS CONDUCTED?				
WERE ANY PROBLEMS FOUND WITH THE SYSTEM MAINTENANCE OR TESTS?				
<b>EMERGENCY PLAN AND FIRE SAFETY PROGRAM</b>				
IS THERE A BUILDING OCCUPANT EMERGENCY PLAN (OEP)?				
DATE OF THE PLAN				
DATE OF LAST FIRE DRILL				
FREQUENCY OF FIRE DRILLS				
IS ANNUAL TRAINING PROVIDED FOR OEP MEMBERS?				
ARE HANDICAPPED EVACUATION PROCEDURES COVERED IN THE OEP?				
ARE THERE ANY SPECIAL PROCEDURES FOR EGRESS AFTER NORMAL BUSINESS HOURS?				
HAS THE LOCAL FIRE DEPARTMENT CONDUCTED PRE-FIRE PLANNING AT THE SITE?				
DOES THE LOCAL FIRE DEPARTMENT HAVE A WRITTEN PRE-FIRE PLAN FOR THE BUILDING?				

**FACILITY MANAGEMENT**

<b>Installation/Activity:</b>						
<b>Date of Visit:</b>						
<b>Reviewer's Name &amp; Phone #:</b>						
		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>D</b>	<b>DwL</b>
<b>I. FACILITY MANAGEMENT ORGANIZATION AND STAFFING</b>						
<b>FM ORGANIZATION MISSION AND RESPONSIBILITIES</b>						
	1. Core Elements. Does the FM organization provide directly or have contracts to provide the following services? If not, who does?					
	a. Preventive Maintenance (PM)	X				
	b. Unscheduled/Emergency Maintenance	X				
	c. Project Management	X				
	d. Financial Management	X				
	e. ISA Management (for facility support only)	X				
	f. Design Engineering	X				
	g. Construction Supervision	X				
	h. Contract Administration	X				
	i. Quality Assurance	X				
	j. Facility Master Planning	X				
	k. Energy Conservation	X				
	l. As-built drawings Management	X				
	m. Spare Parts/Tools Management	X				
<b>Remarks:</b>						
	2. Extra Duties. Are the following services the responsibility of someone OTHER THAN the FM organization?					
	a. Safety Administration	X				
	b. Physical Security	X				
	c. Space Management	X				
	d. Ground Maintenance	X				
	e. Pest Control	X				
	f. Hazardous Material/Waste Management	X				
	g. Environmental Services, Housekeeping	X				
	h. Communications/Information Management	X				
	i. Transportation Management	X				
	j. Medical Equipment Maintenance	X				
	k. Food Service Equipment	X				
<b>Remarks:</b>						
	3. a. Is the FM or his representative a designated COR on any contracts? If so, which contracts?					
		X				
	b. Has the COR been to training?					
		X				
<b>Remarks:</b>						
	4. Does the FM organization have a written mission statement?					
		X				
<b>Remarks:</b>						
	5. Is there a facility life cycle management strategy for this activity? Provide it for review.					
		X				
<b>Remarks:</b>						
<b>PERFORMANCE MEASUREMENT/ IMPROVEMENT</b>						

D = Deficiency

DwL = Deficiency W/Potential Liability

**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
	6. Have priorities for short and long-term continuous improvements been established?	X				
<b>Remarks:</b>						
	7. Does the FM and other supervisory staff participate in the development programs available to increase management, leadership and technical skills?	X				
<b>Remarks:</b>						
	8. Are performance measurements used to evaluate the total efficiency and effectiveness of service throughout the FM operation? If so, what?	X				
<b>Remarks:</b>						
	9. Are labor and material costs review monthly against previous costs or budgeted costs to evaluate current trends?	X				
<b>Remarks:</b>						
	10. Have realistic labor performance standards/estimates been developed and used for all planned work and recurring tasks?	X				
<b>Remarks:</b>						
	11. Is maintenance staff labor performance reviewed at least monthly to evaluate actual performance against established performance standards?	X				
<b>Remarks:</b>						
	12. Is the measurement of maintenance staff utilization available to evaluate productive hands-on, wrench time vs. non-productive maintenance staff time?	X				
<b>Remarks:</b>						
	13. Are periodic reviews done to evaluate the operation by determining overall maintenance staff utilization and the nature of delays and non-productive time such as waiting for parts, instructions, other staff, or waiting for equipment, etc?	X				
<b>Remarks:</b>						
	14. Is the effectiveness of planning and scheduling evaluated by factors such as:					
	a. percent work/service orders planned vs. total work/service orders?	X				
	b. percent work/service orders completed as planned vs. total planned work/service orders?	X				
	c. percent work/service orders with estimates vs. total work/service orders completed?	X				
<b>Remarks:</b>						
	15. Is baseline performance factors and information available to evaluate all ongoing improvements against past performance?	X				
<b>Remarks:</b>						
<b>FM ORGANIZATIONAL STRUCTURE</b>						
	16. a. Is there a full time facility manager on staff? Who?	X				
	b. Is the FM position on the TDA? What is the series/grade?	X				
	c. Is the FM that series/grade? If not, what is the FM?	X				
<b>Remarks:</b>						
	17. a. Does the FM serve on key committees and boards including, but not limited to:					
	(1) Safety/Environment of Care?	X				
	(2) Space Management?	X				
	(3) Security?	X				
	(4) Master Planning?	X				

D = Deficiency

DwL = Deficiency W/Potential Liability

**FACILITY MANAGEMENT**

	YES	NO	N/A	D	DwL
(5) Minor Construction Review Board?	X				
(6) Pre-design and Pre-Construction Review Boards?	X				
(7) Installation Review Boards?	X				
(8) Energy Council?	X				
(9) Resource Management and Budget Review Boards?	X				
(10) Medical Equipment Capital Improvement Boards?	X				
b. Does the FM serve on any other committee(s) or Board(s)?	X				
<b>Remarks:</b>					
18. Is there a current organizational diagram available for review that accurately reflects the facility management organization and fully defined areas of responsibility?	X				
<b>Remarks:</b>					
<b>ADEQUACY OF FM STAFF AND MAINTENANCE WORKFORCE</b>					
19. a. Does the FM have adequate personnel to include technical staff, first-line supervisors, and maintenance personnel to perform the services listed under the core elements in question #1?	X				
b. Does the FM have adequate additional personnel to perform those extra duties in question #2 as identified by the command as FM responsibilities?	X				
c. Does the FM have adequate clerical support to maintain records and project files and free up the technical staff?	X				
<b>Remarks:</b>					
20. Is the FM evaluating, on at least an annual basis, the economic feasibility of contracting out maintenance activities versus using in-house work force or vice-versa)?	X				
<b>Remarks:</b>					
21. Is the maintenance staff's time being charged to each job?	X				
<b>Remarks:</b>					
22. Are monthly reports available to show distribution of maintenance staff labor in critical categories: breakdown repairs, corrective work, PM work, etc?	X				
<b>Remarks:</b>					
23. Are monthly reports available to monitor backlog status and priority of planned or project work, etc?	X				
<b>Remarks:</b>					
24. Is backlog trend data available to highlight the need for maintenance staff increases, scheduled overtime, or outsourcing?	X				
<b>Remarks:</b>					
25. Is sufficient man-hour data available that allows valid decisions as to which jobs must be delayed if new jobs or projects are added to the schedule?	X				
<b>Remarks:</b>					
26. Are the first-line supervisors responsible for the performance of at least 12 but not more than 15 maintenance staffs personnel?	X				
<b>Remarks:</b>					
<b>II. ADMINISTRATION AND TRAINING</b>					
<b>PLANS, STANDARDS, CODES, REGULATIONS AND REFERENCES</b>					
1. Does the FMB have the following current Plans (signed as required)? (regardless of proponent)					
a. Repair, Alteration, Maintenance and Operations Plan (RAMOP)	X				

**FACILITY MANAGEMENT**

	YES	NO	N/A	D	DwL
b. Health Care Business Plan (Medical Master Plan)	X				
c. Operations and Maintenance Management Plan (OMMP) to include the following:					
(1) FM organization's Concept of Operations	X				
(2) Maintenance Plan	X				
(3) Financial Plan	X				
(4) Staffing Plan	X				
(5) Outsourcing Plan	X				
(6) Training Plan	X				
d. Work Plan / Project List	X				
e. Emergency Plan	X				
f. Utility Management Plan	X				
g. Quality Surveillance/Assurance Plan for PM	X				
h. Quality Assurance Plan for projects	X				
i. Safety Plan	X				
j. Security Plan	X				
k. Hazardous Material/Waste Management Plan	X				
l. Fire Prevention Plan	X				
m. Statement of Condition/Plan for Improvement SOC/PFI	X				
<b>Remarks:</b>					
2. Has a Statement of Conditions been performed on the clinic(s) or other facilities classified as "Business Occupancy" to help track their Life Safety Code (LSC) issues?	X				
<b>Remarks:</b>					
3. Is the FM aware that the Facility Information Bulletins (FIBs) and the toolbox manual are available through the ACSIE&FM WEB site?	X				
<b>Remarks:</b>					
4. Does the FM organization have access to the following current codes, standards, pubs, regulations, etc.? (many of them are located in the library on line at "fedlogspt.com")					
a. Current Accreditation Standards (JCAHO, AAALAC, CAP)	X				
b. National Fire Protection Association (NFPA)	X				
c. DoD, Army and MEDCOM Regulations, Pubs, PAMs and TMs	X				
d. ADA/UFAS Regulations	X				
e. Center for Disease Control and Prevention Guidelines	X				
f. Appropriate building code (i.e. UBC, BOCA, etc.)	X				
g. National Standard Plumbing Code.	X				
h. American Hospital Association (AHA)	X				
i. American National Standards Institute/American Society of Mechanical Engineers (ANSI/ASME)	X				
j. AIA Academy of Architecture for Health - Guidelines for Design and Construction of Hospitals and Health Care Facilities.	X				
k. Occupational Safety and Health Administration (OSHA) Requirements.	X				
<b>Remarks:</b>					
<b>TRAINING</b>					

**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
	5. Is there a training program? This program should be designed to further train the staff and promote skill development and improve retention of the staff and maintenance workforce and to provide any required continuing certification education.	X				
<b>Remarks:</b>						
	6. Have the overall training needs for the FM organization been developed with a plan of action and cost?	X				
<b>Remarks:</b>						
	7. Have the types and levels of staff skills required for an effective FM organization's operation been identified?	X				
<b>Remarks:</b>						
	8. Has the program for staff skills development been designed to address priority-training needs and is it being implemented?	X				
<b>Remarks:</b>						
	9. Has an assessment of the current job knowledge and skill level of each staff member been made to determine individual training needs?	X				
<b>Remarks:</b>						
	10. Are results of training determined by a competency-based approach, which ensures demonstrated capability to perform on newly trained tasks?	X				
<b>Remarks:</b>						
	11. Does the FM organization provide the necessary resources for staff training and skills development?	X				
<b>Remarks:</b>						
<b>III. OPERATIONS AND MAINTENANCE</b>						
<b>PREVENTIVE MAINTENANCE (PM)</b>						
	1. Is the percentage of Maintenance dollars within the acceptable standards? The intent is to determine distribution of PM with other workload. What are the Percentages?					
	a. Preventive Maintenance (goal is 55-75%)	X				
	b. Corrective Maintenance (goal is 25-45%)	X				
	c. New Work / Major Repair (10% max)	X				
<b>Remarks:</b>						
	2. Do PM schedules include the following?					
	a. Tasks to be performed	X				
	b. Estimated time required to perform the PM	X				
	c. Trades required to perform the PM	X				
	d. Parts required to perform the PM	X				
	e. Estimated cost associated with performing the PM	X				
	f. Reference material required to perform the PM	X				
	g. Safety procedures required to perform the PM	X				
<b>Remarks:</b>						
	3. Have optimal routes for PM inspections been established to help minimize travel time?	X				
<b>Remarks:</b>						
	4. Have the total maintenance staff labor requirements by maintenance staff type to accomplish the overall PM program been established to validate staffing needs for effective PM?	X				
<b>Remarks:</b>						

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**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
	5. Is the required level of manpower being committed to achieve the total scope of PM services?	X				
<b>Remarks:</b>						
	6. Are lubrication services viewed as a key part of preventive maintenance and are not neglected or overlooked?	X				
<b>Remarks:</b>						
	7. Are corrective repair work/service orders that are generated as a result of PM inspections annotated as such so as to provide one measure of PM success?	X				
<b>Remarks:</b>						
	8. Is actual maintenance staff time devoted to PM known and evaluated as a percentage of total maintenance staff time available?	X				
<b>Remarks:</b>						
	9. Are inspection intervals and procedures periodically reviewed for changes/improvements and updated as required as part of well defined PM change process?	X				
<b>Remarks:</b>						
	10. Is the success of PM measured based on multiple factors such as:					
	a. Reduced emergency repairs?	X				
	b. Increased planned maintenance work?	X				
	c. Reduced downtime?	X				
	d. Elimination of the root cause of problems?	X				
<b>Remarks:</b>						
	11. Are PM manpower needs adjusted to satisfy changing PM inspection requirements?	X				
<b>Remarks:</b>						
<b>PREDICTIVE MAINTENANCE (PdM)</b>						
	12. Has equipment been evaluated for the application of current predictive (PdM) maintenance technology?	X				
<b>Remarks:</b>						
	13. Does the FM organization have the technical knowledge and necessary skills for using PdM techniques?	X				
<b>Remarks:</b>						
	14. Is PM scheduling derived using PdM indicators? If so, what type?					
	a. Vibration Analysis	X				
	b. Ultrasonic	X				
	c. Thermography	X				
	d. Lubrication Analysis	X				
	e. Pressure Differential Monitoring	X				
	f. Other	X				
<b>Remarks:</b>						
<b>CORRECTIVE MAINTENANCE (UNSCHEDULED)</b>						
	15. Is there a centrally located and staffed work/service order center for processing and tracking service orders? If not, explain the process.	X				
<b>Remarks:</b>						
	16. Is the work/service order center responsive on a 24 hour basis?	X				
<b>Remarks:</b>						
	17. Does everyone within the organization understand the proper procedures for submitting a work/service order?	X				

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**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
<b>Remarks:</b>						
	18. Are cost, performance, and job priority information captured on the work/service order form for planning purposes?	X				
<b>Remarks:</b>						
	19. Are work/service orders classified by type, e.g. emergency, planned repairs, PM, project work, etc?	X				
<b>Remarks:</b>						
	20. Are work/service orders given a priority classification based on an established priority system?	X				
<b>Remarks:</b>						
	21. Is a reasonable "date-required" included on each work/service order with restrictions against using "ASAP" etc?	X				
<b>Remarks:</b>						
	22. Is the "Back Log" of Corrective Maintenance, less than 5%? How much is it?	X				
<b>Remarks:</b>						
	23. Is there a minimum response time requirement in the contract for the following Priority types? If so, what is it?					
	a. Emergency service orders	X				
	b. Urgent service orders	X				
<b>Remarks:</b>						
	24. Have there been any critical system failures since the last Survey? If so, provide a list for review showing the failed system(s) and corrective action(s).	X				
<b>Remarks:</b>						
	25. Are chronic facility breakdowns and problems aggressively investigated to determine root cause?	X				
<b>Remarks:</b>						
	26. Does the Work/Service Order planner use the priority system in combination with parts and maintenance staff labor availability to develop a start date for each planned job?	X				
<b>Remarks:</b>						
	27. Does the Work/Service Order planner develop estimated times for planned repair work/service and includes that time on work/service orders for each maintenance staff?	X				
<b>Remarks:</b>						
	28. Is a master plan for all major repairs available indicating planned start date, duration, completion date, and type maintenance staff required?	X				
<b>Remarks:</b>						
	29. Is a daily or weekly work/service schedule available to the supervisor who schedules and assigns work/service to maintenance staffs personnel?	X				
<b>Remarks:</b>						
	30. Are planned repairs completed on time and in line with completion dates promised?	X				
<b>Remarks:</b>						
	31. Are scheduling/progress meetings held periodically to ensure understanding, agreement and coordination of planned work, backlogs, and problem areas?	X				
<b>Remarks:</b>						
<b>SPECIALTY TOOLS, EQUIPMENT AND SPARE PARTS MANAGEMENT</b>						
	32. Is there a program for managing tools and spare parts?	X				

**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
<b>Remarks:</b>						
	33. Are all specialty tools accounted for by a method that ensures proper accountability and control?	X				
<b>Remarks:</b>						
	34. Is there an adequate number of specialty tools available and easily checked out through a tool control procedure?	X				
<b>Remarks:</b>						
	35. Does the FM organization maintain a broad awareness of new tools and equipment to improve methods and continually upgrade tools and equipment to increase maintenance staff safety and performance?	X				
<b>Remarks:</b>						
	36. Does the parts inventory system provide an accurate and complete record of information for each stock item?	X				
<b>Remarks:</b>						
	37. Is inventory accuracy determined by an effective cycle counting program?	X				
<b>Remarks:</b>						
	38. Is there an up-to-date listing of all stock items, storage locations, stock numbers, available?	X				
<b>Remarks:</b>						
	39. Is parts usage history continually reviewed to determine proper stock levels, excess inventory items, and obsolete items?	X				
<b>Remarks:</b>						
	40. Are requisitions and issues tied to work/service orders?	X				
<b>Remarks:</b>						
	41. Does purchasing have an effective program to evaluate vendor performance and quality?	X				
<b>Remarks:</b>						
	42. Has purchasing developed partnerships with selected vendors and suppliers and is committed to purchasing based on fast delivery, price, quality parts, and service?	X				
<b>Remarks:</b>						
<b>QUALITY CONTROL, QUALITY ASSURANCE AND CUSTOMER SATISFACTION</b>						
	43. a. If there is an in-house maintenance workforce, is there a quality surveillance plan for verification of PM? Explain the process.	X				
	b. If there is a contract maintenance work force, does the maintenance contractor have a quality control plan for verification of PM? Explain the process.	X				
<b>Remarks:</b>						
	44 a. If there is a contract maintenance work force, Is there a process in place for quality assurance for verification of PM? Explain the process.	X				
	b. Are the QA personnel government employees?	X				
	c. Have the QA personnel had proper QA training?	X				
<b>Remarks:</b>						
	45. Are follow-up inspections conducted and documented to insure corrective action has been taken on previously cited deficiencies?	X				
<b>Remarks:</b>						
	46. Are customer surveys available for customer input?	X				
<b>Remarks:</b>						
	47. Are customer complaints properly investigated for validity, documented, and resolved to satisfaction?	X				
<b>Remarks:</b>						

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**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
<b>ENERGY CONSERVATION</b>						
	48. a. Is the FM organization the proponent for the energy conservation program?	X				
	b. Does the FM organization have an SOP (or a copy of it if not the proponent) for the energy conservation program?	X				
<b>Remarks:</b>						
	49. a. Is the main hospital/clinic metered? If not, are there plans to meter it in the future? If not, why?	X				
	b. Are all other MTF buildings metered? If not, provide a list of what buildings are not metered. Are there plans to meter these buildings in the future? If not, why?	X				
<b>Remarks:</b>						
	50. If not metered, is the basis for utility rate structure based on Square Footage?	X				
<b>Remarks:</b>						
	51. Has an energy audit been conducted for the facility based upon state and federal energy management guidelines?	X				
<b>Remarks:</b>						
	52. Have energy costs been tracked and reflected in facility budgets?	X				
<b>Remarks:</b>						
	53. Has equipment such as air compressors, air handling units, and exhaust fans been properly sized and have pipes and ducts been checked for any leaks and corrected as needed?	X				
<b>Remarks:</b>						
	54. Is technology such as ultrasonic analysis used to check for air leaks in pipes, ducts etc?	X				
<b>Remarks:</b>						
	55. Is technology such as infrared analysis used to check the condition of the roof, switch gear etc?	X				
<b>Remarks:</b>						
	56. Has an energy team been formed and chartered to deal with energy issues?	X				
<b>Remarks:</b>						
	57. Are energy efficient motors, lights, ballasts, etc. used throughout the facility?	X				
<b>Remarks:</b>						
	58. Have the heating and cooling systems of the facility been assessed to lower natural gas and electrical consumption?	X				
<b>Remarks:</b>						
	59. Are boilers well maintained and periodically inspected and trimmed for maximum efficiency?	X				
<b>Remarks:</b>						
	60. Are automatic energy control systems in place in the facility?	X				
<b>Remarks:</b>						
<b>IV. RESOURCE/FINANCIAL MANAGEMENT</b>						
<b>FINANCIAL MANAGEMENT</b>						
	1. Is the FM organization responsible for maintaining a Central Energy Plant?	X				
<b>Remarks:</b>						
	2. How is the operations (not maintenance) of the Central Energy Plant funded (to include labor and materials)? If by more than one account, then give the percentage of each.	X				

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**FACILITY MANAGEMENT**

	YES	NO	N/A	D	DwL
a. Maintenance "R-Line" dollars?	X				
b. Utility "J-Account" dollars?	X				
c. Other? If so, explain.	X				
<b>Remarks:</b>					
2. How does the FM organization pay for the FMB staff? (Not Maintenance staff, if any). If by more than one account, then give the percentage of each.					
a. Maintenance "R-Line" dollars?	X				
b. Utility "J-Account" dollars?	X				
c. MTF core budget?	X				
d. Other? If so, explain.	X				
<b>Remarks:</b>					
3. Are facility expenditures charged to work/service centers or operating departments and budget variances monitored to highlight problem areas?	X				
<b>Remarks:</b>					
4. During the budgeting process, are all unfunded, deferred maintenance and repairs identified and presented with an evaluation as to the negative future impact of deferring maintenance?	X				
<b>Remarks:</b>					
5. Are labor and material costs defined for all work/service orders to include documenting the problem, causes and action taken?	X				
<b>Remarks:</b>					
6. Are the maintenance history files reviewed periodically to analyze repair trends and define root causes as means to evaluate and resolve critical problem areas and to track life-cycle cost?	X				
<b>Remarks:</b>					
7. Is the remaining life expectancy data included in the inventory for each equipment items and systems requiring maintenance to help budget replacement costs?	X				
<b>Remarks:</b>					
8. Does the FM organization have adequate additional funds to perform the extra duties identified in question #2?	X				
<b>Remarks:</b>					
9. a. Is there a signed Installation Support Agreement in place to define maintenance responsibilities of supporting agencies (DPW, DOIM etc.)? Provide it for review.	X				
b. Is there a signed Memorandum of Understanding with the DPW to detail levels of maintenance responsibility? Provide it for review.	X				
<b>Remarks:</b>					
10. Are labor and material costs estimated prior to the start of major planned repair work and projects?	X				
<b>Remarks:</b>					
11. Are cost approval guidelines established for large or special repair jobs as compared to normal repair?	X				
<b>Remarks:</b>					
12. Is an overall facilities assessment periodically conducted for capital budgeting and future planning of repairs? Is it available for review?	X				
<b>Remarks:</b>					
13. Are major work order and project related cost variances investigated?	X				
<b>Remarks:</b>					
14. Is warranty work enforced when entitled?	X				

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**FACILITY MANAGEMENT**

		YES	NO	N/A	D	DwL
<b>Remarks:</b>						
	15. Does the organization allow for adequate use of RPM account dollars for training and awards for FM organization personnel?	X				
<b>Remarks:</b>						
	16. Does the FM have credit card(s) DIRECTLY available for use on facilities requirements? The intent of this is to determine if the FM has control of his/her funds, as opposed to having to get permission from others to function.	X				
<b>Remarks:</b>						
<b>SPACE MANAGEMENT</b>						
	17. a. Are the building square footages correct?	X				
	b. Are the building Categories correct?	X				
	c. Do they match what is in the DPW's IFS system and on the 1354s?	X				
<b>Remarks:</b>						
	18. Is the FM included in the planning for space utilization within the hospital?	X				
<b>Remarks:</b>						
	19. Has a department-level space analysis been performed with-in the past year? Provide it for review.	X				
<b>Remarks:</b>						
	20. Does the FM have floor plans that accurately account for and show how space is currently allocated on a department basis in the hospital? If so, provide them for review.	X				
<b>Remarks:</b>						
	21. a. Have all W.W.II wood buildings been turned in? If not, provide list of remaining.	X				
	b. Is there a plan for turn-in of these structures to the DPW?	X				
<b>Remarks:</b>						