

# **JURONGHEALTH CAMPUS (JHC) HOUSE RULES**

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## **JHC HOUSE RULES**

1. Contractor directly engaged by JHC (defined below) or through its tenants or approved occupiers to carry out works as well as provision of services within its boundaries and buildings are to comply without reservation to the prescribed rules and conditions in this House Rules ("**House Rules**").
2. The term "Contractor" shall mean the party whose offer or proposal has been accepted by JHC. All terms and provisions herein that bind the Contractor, shall similarly bind any of the Contractor's workmen, sub-contractors, suppliers, trade specialist, vendors and agents working within the hospital premises (defined below) for the purposes of the Contract. For the avoidance of doubt, the Contractor will remain responsible to JHC for the acts, omission and/or any default of the Contractor's workmen, employee, sub-contractors, suppliers, trade specialists, vendors and agents in relation to this House Rules.
3. The Contractor shall complete and sign the acknowledgment of the House Rules and return the completed acknowledgment to the Employer within 7 days from the date of receipt of the House Rules, failure of which stop-work orders will be issued and ejection of workers from JHC. Fines will also be issued by the hospital.

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## 1. Definitions and Interpretation

In this House Rules, the following words and phrases shall have the meanings hereby assigned to them except where the context otherwise requires:

- 1.1 "Agreement" means the tender in relation to the Works, its schedules, annexes and/or appendices and any amendment, modification or supplemental written agreement thereto as may be in force from time to time or any time in accordance with the terms and conditions set out in the Contractor's tender offer, letter of acceptance from the Hospital to the Contractor, and such other documents as Parties may expressly identify in writing and agree as forming part of the Agreement.
- 1.2 "Authorisation" means any consent, authorisation, registration, filing, agreement, notice of non-objection, notarisation, certificate, licence, approval, permit, or exemption from, by or with a government agency, regardless of whether such consent, authorisation, registration, filing, agreement, notice of non-objection, notarisation, certificate, licence, approval, permit, or exemption applies to the Parties and/or the Works specifically or otherwise.
- 1.3 "Department" means the department of the Hospital that issued the tender for the Works.
- 1.4 "Hospital" & "Employer" refers to the relevant entity under the management of JHC, which entered into the Agreement with the Contractor.
- 1.5 "JHC" refers to JurongHealth Campus and its associated sites.
- 1.6 "Premises" means the premises belonging to the Hospital at the address set out in the Agreement:

<u>Hospital</u>	<u>Address</u>
Ng Teng Fong General Hospital (NTFGH)	1 Jurong East Street 21, Singapore 609606
Jurong Community Hospital (JCH)	1 Jurong East Street 21, Singapore 609606

- 1.7 "Project Manager" means the JHC's project manager assigned to liaise with the Contractor on the Works.
- 1.8 "Project Owner" means the JHC's personnel assigned to be the project owner by the Department.

- 1.9 “Works” means the scope of work set out in the Agreement that is undertaken by the Contractor.
- 1.10 “Working day” means a working day in Singapore, excluding Saturdays, Sundays and public holidays.
- 1.11 “Worksite” means the site in the Premises and such other area as the Hospital instruct as forming part of the site to carry out the Works.

## 2. SECURITY

- 2.1 The Contractor with the supporting documents issued by JHC or a Main Contractor, shall submit the list of workers stating their names, IC/passport or work permit numbers (including expiry date), nationality, contact number, to the Hospital for screening at least three **(3)** working days prior to the commencement of work.
- 2.2 The Contractor shall ensure that the workers report to the Security Office to exchange for their work passes before commencing work. Security pass shall be returned to the Security Office daily at the end of each work day. When exchanging for security passes, original IC, passport or valid work permit shall be produced to the Security Office for verification purposes.
- 2.3 Pass exchange shall be conducted in an orderly manner. Supervisor of the workers shall ensure no overcrowding at the Security Office. Exchange of security pass is to be done in person, i.e. the worker to exchange his security pass himself with valid documents.
- 2.4 Security pass shall be worn prominently by the workers including foreman and site supervisor at all times.
- 2.5 An **administrative charge of \$20** will be imposed for the loss of the security pass. Loss of security pass must be reported immediately to the Security Office.
- 2.6 The Contractor shall ensure that no illegal foreign or underage workers are present at the Work Site and compliance with the employment laws at the Premises. JHC shall take necessary action against the Contractor and report to the relevant authorities for any noncompliance and JHC shall debar the Contractor from taking part in any future tenders issued by JHC.
- 2.7 The Contractor shall be solely liable for any penalties, fines or any other orders imposed by the relevant authorities or any court having jurisdiction pursuant to the commission of any offences relating to the employment of any illegal foreign, underage workers or failure to comply with any employment laws at the Premises and/or in relation to the Works.
- 2.8 The Contractor shall indemnify JHC from any losses, penalties, fines or other orders of court that may be imposed or incurred by JHC relating to the employment by the Contractor of any illegal foreign, underage worker or failure to comply with any employment laws at the Premises and/or in relation to the Works.
- 2.9 For works under Maintenance or BioMedical Engineering (BME) or Department with vendors requiring direct access into patient care or backroom areas, the Contractor shall report to the respective office to register themselves before carrying out the work. Alternatively, Contractor can report to Security Office to exchange security pass directly.

- 2.10 Contractor shall ensure its workers put on their company uniform or clothing that the Hospital can identify to the company he/she works for. Those without company uniform shall put on their company staff pass as a form of identification besides the Hospital's work pass.
- 2.11 Spot checks will be conducted by Security Office, Project Owner, Project Manager, Maintenance staff, BME staff or Department representatives to ensure workers engaged within the worksite or work area comply to the security pass or uniform/ staff pass requirement.
- 2.12 Any worker found without a security pass when carrying out works within the hospital shall be asked to leave the worksite immediately. Contractor is subject to charges or penalties as prescribed in the Charges and Penalties Section accordingly. Security Office in enforcing this shall inform in writing to the Hospital's Project Owner and/or Project Manager.
- 2.13 Strictly no trespassing into patient care areas, offices and back room support areas by any Contractor without any business whatsoever. Access into these areas must be informed and accompanied by the project or Department representatives. Violation of such shall warrant the Contractor to a penalty or charge as prescribed in the Charges and Penalties Section accordingly.
- 2.14 In the event that a key is required be drawn out, the requesting party shall be responsible for the status of the key and return it to the assigned location at the end of the session by 1900hrs on the same day.
- 2.15 No Contractor is allowed to draw out any key from Security Office. Security Office shall take necessary actions against the Contractor in the event of key duplication. Contractor shall pay for the replacement of the locksets as deemed necessary by the Security Office.
- 2.16 In the event of lost key, the party responsible shall be liable for the necessary replacement of new locksets involved.

### 3. WORKING HOURS

- 3.1 Refer to Annex section on working hours specified for respective hospitals sites.

Approval from Employers, i.e. Project Manager, Project Owner, Department representatives, maintenance, BME, etc. must be obtained for noisy works to be carried out outside of the 2 allowed timeframe.

If work is required to be carried out beyond the normal working hours, permission is to be obtained from the hospital's staff, i.e. Project Manager, Project Owner, Department representatives, maintenance, BME, etc.

- 3.2 For noisy works beyond normal working hours, Contractor has to ensure the noise generated does not contravene to the regulations in Environmental Protection and Management Act (Chapter 94A, Section 77). Contractor shall ensure the noisy works do not breach the permissible noise level as stipulated in the Act mentioned.
- 3.3 For works and access beyond normal working hours, Project Owner and/or Project Manager is to inform Security Office in writing the extend and duration of work and the time to cease work.
- 3.4 The Hospital reserves the right to stop any contractor's work at anytime if the works disturb its patients and/or affecting its work flows or processes and operations or posing a safety or health hazard.
- 3.5 Should there be a complaint by patient or incident happened due to contractor's work at site, contractor shall inform Project Manager and Project Owner in charge immediately and submit detailed INCIDENT REPORT, format of which to be obtained from JHC within 24 hours.
- 3.6 Contractor shall inform the Project Manager and Project Owner in writing for incidents requiring reporting to Ministry of Manpower (MOM) as well as National Environment Agency (NEA).
- 3.7 Contractor found violating above clauses is subject to charges and/or penalties as prescribed in the Charges and Penalties Section accordingly.



#### 4. Carparking and Loading/Unloading

- 4.1 Contractors can park their vehicles at the visitors' carparks subscribing to height and weight restriction for vehicular access into these carparks. Parking charges apply according to prevailing rates with standard terms and conditions applicable to risk of parking at these carparks.
- 4.2 Motorcycles, cars and other transport vehicles are to be parked at designated parking lots. Offenders caught parking illegally is subjected to charges and/or penalties prescribed in the Charges and Penalties Section accordingly.
- 4.3 Security Office shall carry out wheel clamping accordingly to any vehicle found parking illegally or indiscriminately. A wheel clamp release fee of \$100 (exclusive of GST) is applicable and to be paid to Security Office (cash or NETS only).
- 4.4 Contractors may apply for season parking subject to availability of parking spaces. Security Office reserves the right to reject season parking application. Payment is to be made by NETS, Cash or Cheque at the Security Office. Vehicles with season parking are to park at the designated car parks only.
- 4.5 Contractor is to manage and provide parking spaces for their vehicles (cars, motorcycles, trucks, lorries, etc) within their work site for major construction projects or major Addition and Alteration (A&A) works.
- 4.6 Loading and unloading of goods, materials, machineries, equipment, etc shall be carried out at the respective designated loading and unloading bays. Drivers must remove their vehicles from the loading and unloading bays upon completion of loading and unloading of their items.
- 4.7 No heavy loading and unloading activities inclusive of lifting works (trailers, low loaders, container trucks, dump trucks, lifters, crawlers, etc) are allowed at the service roads, roads leading to the Hospital buildings and the loading bays from **9am to 4pm, Mondays to Saturdays**. Permission is required from the Hospital for such activities to be carried out. Project Manager(s), Project Owner(s), Department(s), Maintenance, BME, etc are to inform the Security Office accordingly in writing for traffic coordination and marshalling.
- 4.8 For heavy loading and unloading activities inclusive of lifting works, Contractor shall ensure that application of permit to work is applied 3 working days in advanced. Contractor must also ensure that there is sufficient traffic escorts and marshals deployed on ground to ensure there is no obstruction for vehicular traffic in the Premises and any access for emergency vehicles (Ambulances and Fire trucks) remain unobstructed **at all times**.
- 4.9 Violation of above clauses is subject to charges and/or penalties prescribed in the Charges and Penalties Section accordingly.

## 5. Access Route

- 5.1 Access by the Contractor into the Worksite or the Hospital Premises is only via approved route as directed by the Employer (Project Manager, Project Owner, Maintenance, BME or Department representatives). This does not apply to routine deliveries by service partners and designated vendors as the routes and loading and unloading points have been pre-identified.
- 5.2 Access by Contractor to the construction area is only via the approved route as directed by JHC. Contractor shall seek relevant parties' and any relevant Authorisation for their heavy vehicles to ply the route of advance into the Hospital grounds via public and private roads during peak hours of traffic.
- 5.3 There shall be no obstruction to any hospital operation along the designated access area/ route. Contractors shall take measures to minimize the impact on traffic flow and ensure safety when using the approved access route especially within the Premises. Use of heavy vehicles shall be restricted to off peak hours, or within time periods stipulated by the Hospital as well as adhering to Land Transport Authority's rules and regulations. Contractor has to work out their delivery and traffic plan in accordance to the conditions and constraints of the Premises and neighboring parties. There shall be no road side waiting by all vehicles along access routes to the Worksite as well as both public and private roads unless authorization and permission granted from relevant parties and authorities (LTA, SCDF, JHC, NUS, etc). Contractor shall ensure the routes to the hospital be accessible to Emergency vehicles (SCDF and Ambulances) at all times and to make provisions and contingency as necessary.
- 5.4 All loading and unloading of materials shall be at designated access points as directed by JHC (Project Manager, Project Owner, Maintenance, BME or Department representatives). Contractors are to seek relevant authorities' and parties' clearance for their heavy and delivery vehicles to ply on public and private roads to access Hospital grounds to enter construction area and locating them next to public services (eg MRT station). Contractor shall be responsible in submitting their requests to Project Manager, Project Owner, Maintenance, BME or Department representatives for necessary approvals.
- 5.5 Closure of Hospital access, if necessary, is subjected to approval from the hospital. The Contractor to submit their request for closure of Hospital access (Partial or Total) together with relevant plans and supporting documents (eg Traffic Control Plan, Risk Analysis, Delivery Schedule, Emergency and Recovery Plan, etc) to the JHC Project Manager, Project Owner, Maintenance, BME or Department representatives for approval at least five (5) working days prior to intended closure date.

- 5.6 Contractor shall provide temporary lightings, if necessary, for the duration of the Contract.
- 5.7 All areas, finishes, landscape and MEP installations along the access routes and other used areas must be well protected from any damage.
- 5.8 The Contractor shall be responsible for taking every care and precaution by affording suitable protection to floor, walls, doors and other property along access/delivery routes.
- 5.9 All access routes shall be protected with 2m wide plain uniform coloured carpet over plywood or vinyl roll sheets taped to the floor with **proper** tape (equivalent to 3M).
- 5.10 No finishes, fittings, fixtures or MEP installations provided in the Hospital shall be tampered or removed without the prior notification and approval of the Hospital.
- 5.11 Protection works along the access routes must be regularly maintained to Hospital's satisfaction.
- 5.12 All temporary protection on floor and wall must be removed after practical completion and protected areas must be thoroughly cleaned and waxed for handing over to the Hospital. Any damages are to be made good to the Hospital's satisfaction.
- 5.13 All Contractors shall observe speed limits when operating their vehicles within the Hospital boundaries, that is:
- (a) Service Roads – Speed not exceeding 25 km/h
  - (b) Car Park – Speed not exceeding 15 km/h
- 5.14 The Contractor shall conform strictly to the transport/movement route for workers and materials designated in the plan provided by the Officer In-Charge. Transportation of long (more than 2 metre) or bulky objects (e.g. poles, ladders, etc.) horizontally must be done by at least two (2) persons (one in front and one at the back).
- 5.15 For transportation of bulky and long objects, the Contractor shall ensure that there are adequate resources (e.g., manpower, safety marshals and signage) to reduce risk of other personnel / public being hit by these objects.

## 6. Use of Lift Cars and Landings

- 6.1 The period of use and location of lift/lift landings shall be subject to Hospital's approval.
- 6.2 Only the designated lift shall be used for the transportation of both workers and materials.
- 6.3 All affected lift cars' walls and floors, landings, architrave, shall be protected by carpet on plywood for floors with tape (**3M** equivalent), and padded canvas sheet for vertical surfaces, to Employer's satisfaction.
- 6.4 All temporary protective linings shall be removed on completion of works, and protected areas must be cleaned thoroughly and polished before handing over to the Hospital.
- 6.5 **The Hospital shall impose fee of \$150 (1<sup>st</sup> occasion) and \$300 (subsequent occasions) on the Contractor, if Contractor's workers are found using lifts other than the designated lift.** In addition, the Contractor would be required to make good, to Hospital's satisfaction, any damages to the lifts used.
- 6.6 Any damages to the lift cars (surfaces, finishes or system wise including lift landing areas) must be made good to Hospital's satisfaction.
- 6.7 No Contractor is allowed to use lifts designated for Patient's and/or Passenger for any transportation of workers materials and/or the Contractor's equipment.
- 6.8 If the Contractor fails to comply with paragraph 6.7 above, the Hospital will impose a fee and/or penalty as prescribed in the Charges and Penalties Section accordingly.
- 6.9 No obstruction in the lift, lift lobbies and staircases at all times.

## 7. Safety, Health and Environment Rules

- 7.1 The Contractor shall ensure that all welfare and safety measures required under or by virtue of the provisions of any enactment or regulation on conditions of employment are fully complied with.
- 7.2 The Contractor shall ensure that all works performed shall comply in every respect with the prevailing Rules, Regulations and Code of Practice of all local Authorities having jurisdiction over.
- 7.3 The Contractor shall comply with the requirements of the Workplace Safety and Health Act, and other relevant Statutory Requirements in force in respect of the safety of his workers.
- 7.4 The Contractor shall ensure that safe construction practices and methods are adopted at the site by his own or his sub-contract workers.
- 7.5 The Contractor must ensure that electrical and mechanical systems are properly isolated as necessary prior the commencement of building operations. Lock Out and Tag Out (LOTO) procedures are to be strictly followed.
- 7.6 Where vapors/fumes are generated from use of solvents in building operations, care must be taken to ensure that the concentration of such fumes/vapours does not exceed permissible limits for safety and if necessary, the use of temporary mechanical ventilation system required to achieve safety standards
- 7.7 Any fire occurrence caused by contractors/occupants due to the negligence or insufficient measures taken will be subjected to charges and/or penalties prescribed in the Charges Section accordingly. Contractors/Occupants will be liable to bear the damages caused by the fire incident.
- 7.8 Chemicals and materials that have Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) must present the documents to the Hospital for review. These documents are to be made available on site during throughout their use. Contractors are to propose plans to erect temporary ventilation exhaust to purge out fumes/ vapors if deemed necessary and request for permission from the Hospital.
- 7.9 For painting works within the hospital, all paints used will be subjected to approval from JHC Facilities Maintenance and must follow the requirements below:
  - a) For painting works in within the Premises – low or ultra-low Volatile Organic Compound (VOC) paints to be used.
  - b) For materials, parts and equipment which will be painted before installation in the Premises – low or ultra-low Volatile Organic Compound (VOC) paints to be used.

- 7.10 The storage of hazardous material within the Worksite or the Premises is strictly prohibited. Where necessary, the Contractor must inform the Project Manager and ensure that such materials must be properly store in safety containers appropriate for the materials.
- 7.11 Where hot works need to be carried out, application must be made to the relevant Hospital department in advance and approval must be obtained prior to the commencement of such works. During the execution of hot works, the Contractors shall ensure that first aid and fire-fighting equipment (fire extinguishers) must be available on hand.
- 7.12 Demolition of building structure including the coring of concrete walls and floors shall require Professional Engineer's certification and endorsement at the Contractor's costs.
- 7.13 Scaffoldings in use shall be from suppliers who shall be duly approved by relevant authorities to carry out such installations. All other matters relating to scaffolding system must be in compliance to scaffolding regulations.
- 7.14 For cranes and lifting devices in used, lifting operation shall be carried out by qualified and competent personnel. The Contractor shall appoint a Safety Officer for Lifting Works, and a full-time Safety supervisor for other works requiring in-house permits and site works in accordance to relevant Authorities' regulations. Contractor shall be responsible for all safety aspects of the works, in compliance with requirements under ISO 14001, OHSAS 18001 and Workplace Safety & Health Act.
- 7.15 Works/ Installations/ Equipment that impose a dead load onto floor slabs, other than lightweight partition boards and lightweight blocks shall require certification by a Professional Engineer. The Contractor shall ensure that imposed loads, including temporary loads, on the floors shall not exceed the permissible loading of the building structure.
- 7.16 Any installations/ Equipment to be mounted on the ceiling/ walls/ erected partitions to be certified by Professional Engineer as necessary and/or required, including but not limited to overhanging ceiling mounted TV brackets, X-rays tracks, medical equipment display monitors and televisions to be mounted on walls.
- 7.17 Use of PMDs (Personal Mobility Devices such as E Scooter, E bicycle, etc.) is not allowed within the hospital premises with the exceptions for the handicapped. Any use of PMDs must be authorised by the Employer.

**PERMIT TO WORK CLEARANCE (PTW CLEARANCE)**

- 7.18 It is the responsibility of the Contractor to apply for a PTW Clearance for the following, at least three (3) working days in advance before work commencement:
- a) Hot work
  - b) Demolition work;
  - c) Excavation and trenching work in a tunnel or hole in the ground exceeding 1.5 metres depth;
  - d) Lifting operations involving tower, mobile or crawler crane;
  - e) Piling work;
  - f) Tunneling work;
  - g) Working on height: more than 2 metres; and
  - h) Work involving entry into a confined space.
- 7.19 The Contractor shall appoint a qualified Project Manager (PM) and a qualified full-time safety supervisor for work permits and site works; this is to be in accordance with the Authorities' regulations. The Contractor is held fully responsible for all aspects of safety in the works and in compliance to MOM regulations and standards of JurongHealth Campus.
- 7.20 The Contractor must ensure that electrical and mechanical systems are properly isolated as necessary prior the commencement of building operations. Permit for Lockout and Tag out are to be submitted to Facilities Management.
- 7.21 Where hot works need to be carried out, application must be made to the hospital's Fire Safety Manager (FSM) at least three (3) working days in advance for approval before commencement of such works. During the execution of hot works, the Contractors shall ensure that a first aid kit and fire extinguishers are provided on site.
- 7.22 Prior to working on heights, application form must be submitted three (3) working days before commencement of work. Any scaffolding used shall be approved types that have been certified by the relevant authorities. Scaffolding works shall comply to CP: 14 on Code of Practice for Scaffolds, Singapore Standards SS 280 and SS 311, and be certified safe for use by a qualified safety officer.
- When cranes and any lifting devices are used, the operations shall be carried out by qualified and competent personnel.
- 7.23 Hacking or demolition of any building structure, including the coring of concrete walls and floor slabs shall only be carried out after obtaining a Professional Engineer's certification and JurongHealth's clearance.

- 7.24 Fibre-wrapped ceiling finish. No drilling, coring, bracketing nor any scrapping of the fibre wrapped treatment to affected areas will be allowed. Fibre-wrapped treatment to structural ceilings are strictly contained to existing condition to protect structures. Tenanted premise to take note of affected areas and obtain approval from JurongHealth that fibre-wrapped areas have been carefully avoided and strictly adhered to.
- 7.25 Installations and new construction works which impose dead load onto floor slabs shall require certification by a Professional Engineer (PE). The Contractor shall ensure that imposed loads, including temporary loads, on the floors shall not exceed the permissible live load of the building structure.

### **RISK ASSESSMENT AND METHOD OF STATEMENT**

- 7.26 Risk Assessment is mandatory to be conducted before work commencement and the Contractor shall submit a copy of the risk assessment, including risk control measures and safe work procedures or work method statement to the Project Officer in-charge.
- 7.27 The risk assessment shall be duly signed and approved by the Risk Management (RM) or Risk Assessment (RA) Leader from the Contractor's company. A copy of the certificate of attendance of RM/RA Leader shall be attached.
- 7.28 The risk assessment documentation (including communication records on the risk assessment) for submission to the Project Officer in-charge shall be duly signed by all relevant parties involved in the work prior to commencement of work.
- 7.29 For works classified as High Risk, Contractor shall come up with mitigating actions to lower the risk level, failing which, Contractor would not be allowed to execute the said works.



**PATIENT'S SAFETY REQUIREMENTS**

- 7.30 The Contractor is to note and comply with the Hospital's Infection Control Policy on the objective of minimizing and preventing transmission of infections to patients that may arise from patients' exposure to micro-organisms in dust which are released into the environment during construction, renovation, repair and demolition activities and to ensure the health and safety of patients, healthcare workers and visitors.
- 7.31 Prior to commencement of the Works, a briefing session by the Hospital's infection Control Unit together with Safety Officer and Fire Safety Manager (FSM) shall be conducted to the contractor and consultant.
- 7.32 It shall be noted that Infection Control approval will be required on the control procedures required for the work activities affecting the type of patients risk group prior to commencement of the Works.
- 7.33 The Contractor shall ensure his full time safety officer facilitates the risk assessment for every site activity, and submit same to the Superintending Officer for verification. Prior to Submission of the risk assessment, the Contractor shall carry out prior discussion with Hospital's representatives including but not limited to the PM, Infection control unit, safety officer and FSM.
- 7.34 The Contractor shall be aware that all construction' activities are defined and managed in such a way that patients' exposure to dust and moisture are prevented or minimized.
- 7.35 The Contractor shall be aware that work activity affecting patents area shall be evaluated by JHC PM and/or Infection control unit, and the latter may modify the performance requirements for certain activities. This may include but not limited to restricted window time period for the activities,
- 7.36 The Contractor shall identify the hazards of every site activity that may affect patient's safety.
- 7.37 The Contractor shall ensure that any passage created at site shall enable safe passage for use by patients, staff and public; to also ensure that the width is wide enough for wheel chair and/ or bed trolley, and gradient is not steep.
- 7.38 The Contractor shall ensure construction, demolition, or reconstruction not capable of containment within a single room must have the following barriers erected to prevent dust and debris from escaping.
- (a) Airtight plastic barrier that extends from floor to ceiling. Seams must be sealed with duct tape
  - (b) Drywall barriers erected with joints covered or sealed

- (c) Seal all penetrations in existing barrier airtight
- (d) Barriers at penetration of ceiling envelopes, chases, spaces
- (e) Anteroom or double entrance openings that allow workers to remove protective clothing or vacuum off existing clothing
- (f) At elevator shafts or stairways within the field of construction
- (g) Overlapping flap minimum 0.5metre wide with polyethylene enclosures for personnel access

7.39 The Contractor shall implement risk assessment controls of every site activity, to eliminate or minimize the risks to patients, eg:

- (a) disruption of M&E services like water supply, aircon, electrical supply, medical gases
- (b) coring works down to below floor which is patient areas
- (c) waterproofing works where floor below is patient areas
- (d) work activities that are within the patients' area
- (e) work activities causing disturbance of existing dust or creating new dust must be done in tight enclosures, cutting off any flow of particles into patient areas.
- (f) Conduct preconstruction risk assessment (PCRA) include air quality, infection prevention and control, utilities, noise, vibration, hazardous materials and waste, fire safety, security, emergency procedure including alternate pathways/exits and access to emergency services and other hazards that affect care, treatment and services. (refer to PCRA checklist App E-1).

7.40 Allow for all cost and time incurred arising from such requirements

#### ENVIRONMENTAL REGULATIONS

Waste disposal shall be carried by licensed waste collectors registered with NEA. When it is impossible do dispose within the workday, though preferably within the same day, for such disposals, arrangements must be made with Group, Hospitality, Hospital's Housekeeping department and to store such materials at designated storage facility for disposal at an appropriate time.

Disposal of solvents and/or chemicals into floor traps, sanitary line, sewer or open drains is strictly prohibited.

### Energy emitted

Noise generated during building operations shall not exceed the limits as specified in the first schedule 'Maximum Permissible Noise Levels for construction Work.

### Emissions to air

Care must be taken to prevent the infiltration of dust, smell and fumes into existing air conditioning (ACMV) systems.

### Use of energy and resources

Contractor should not waste any energy or resources in the conduct of work.

### Earth control measures

Contractor to provide necessary silt or earth control measures around the worksite perimeter by providing earth cut off drains and sumps as per NEA's Contractor to provide wash bays and facilities to clean the soiled tires of site vehicles moving out of site (applicable to large scale worksites).

### Noise Control measures (According to NEA Guidelines)

The Contractor is to ensure that all construction noise produced from the site is within NEA's guidelines on Allowable Noise Pollution limits within a hospital environment.

Contractor is advised to reduce noise generated at worksite by taking necessary measures, for example, to use advance construction and noise damping technology, maintain and service equipment and machinery regularly to reduce noise emission.

Contractor shall make arrangement to set up monitoring stations, prior to works commencement on site, to carry out noise level readings in 5 minutes intervals during the course of construction works (Refer to NEA's guideline for permissible noise levels).

Record of the noise level should be properly kept at site and summary of records to be submitted weekly to the Hospital or full report produced when requested.

The use of diesel powered piling machine is prohibited in the Premises, unless prior written approval is obtained from the Hospital.

All tools, equipment and materials are to be kept away from patients and shall also not be left lying around unsupervised.

Noise generated during building operations shall not exceed the limits as specified in the first schedule 'Maximum Permissible Noise Levels'.

### Maximum Permissible Noise Levels For Construction Works

Affected Buildings	Max Noise Dba (12hrs)			Max Noise Dba (1hr)			Max Noise Dba (5mins)		
	7am – 7pm	7pm – 10pm	10pm – 7am	7am – 7pm	7pm – 10pm	10pm – 7am	7am – 7pm	7pm – 10pm	10pm – 7am
Monday to Saturday									
Hospital	60	50	50	---	---	---	75	55	55
Residential Buildings	75	---	---	---	55	55	90	75	55
Sundays & Public Holidays									
Hospital	60	50	50	---	---	---	75	55	55
Residential Buildings	75	---	---	---	65	55	75	55	55

Note: Please refer/ follow the Site noise limits in NEA's website.

<http://app2.nea.gov.sg/data/cmsresource/20090316829262532365.pdf>

Extra care must be taken to prevent the infiltration of dust, smell and fumes into the existing air conditioning system. Where the temporary shutdown of such systems is necessary, the Contractor shall arrange with the relevant Hospital department at least three (3) days in advance.

## 8. Signages

- 8.1 Signages are required and shall be put up as directed at strategic locations to Hospital's satisfaction, informing on:
- The nature of work
  - Completion period
  - Safety and precaution to take and note
  - Contacts of key site personnel
- 8.2 Upon completion of works, all temporary signages are to be removed by the Contractor without fail. Contractor has to make good for damages in the removal of signages.
- 8.3 When the Hospital standard signages are not employed, Contractor is to seek the Hospital's concurrence in putting up the relevant signages needed for the works/project or upgrading.
- 8.4 Project Manager to ensure updating of existing signages be it directional, road signages or building signages are catered for.
- 8.5 Necessary authorisations must be applied for new building signages installed eg a new building, a new wing, a new entrance, etc.

## 9. Fire Protection Installations

- 9.1 Application for isolation or drainage of fire protection system in connection with addition/alteration works has to be made to the Hospital at least **7 days** in advance, and approval must be obtained prior to carrying out work. A fee must be made together with application for drainage of sprinkler system. The system must be re-charged at the end of the day by 5.00 pm.

**10. Mechanical and Electrical Installations**

- 10.1 The Contractor shall uphold, protect and maintain all existing MEP and building services within and adjacent to the site and be responsible for any damage or disruption to such services resulting from building works or allied operations during the progress of the Contractor’s works.
- 10.2 The Contractor shall make good or pay for all damage to existing MEP and building services and any consequential damage or loss arising out of such damage or disruption.
- 10.3 The Employer shall impose charges, being reimbursement of costs for attending to disruption of services caused by the Contractor or his workmen. See below table.

<u>Type of Disruption</u>	<u>Reimbursement</u>
False fire alarm activation	<ul style="list-style-type: none"> <li>i. \$500 for the first occasion.</li> <li>ii. \$1,000 for each subsequent occasion.</li> <li>iii. Above 5 occasions of false activation, \$5,000 for each occasion.</li> </ul>
Tripping or shutting without prior approval from the Hospital or causing breakdown of any MEP services in the building. (Electrical, Plumbing, Sanitary, Gas, etc)	<ul style="list-style-type: none"> <li>i. \$500 for the first occasion.</li> <li>ii. \$1,000 for each subsequent occasion.</li> <li>iii. Above 5 occasions of false activation, \$5,000 for each occasion.</li> </ul>
Lift Breakdown (Due to misuse / mishandling during the course of work etc).	<ul style="list-style-type: none"> <li>i. \$500 for the first occasion.</li> <li>ii. \$1,000 for each subsequent occasion.</li> <li>iii. Above 5 occasions of false activation, \$5,000 for each occasion.</li> </ul>

- 10.4 All conduits and its necessary fittings and accessories used in the Mechanical, Electrical and Communication Systems, shall be galvanized, and shall comply with BS4568.
- 10.5 The Contractor shall seek the Hospital’s approval on prescribed forms at least **5** working days in advance where temporary shutdown of MEP and/or building services is required; this shall include request for site inspections, turn-on, and testing and commissioning of all services.  
All new electrical works are to be inspected and certified by Contractor’s M&E Qualified Person or Licensed Electrical Worker before handing over to the Hospital.
- 10.6 The Contractor is to strictly conform to the color scheme for services and all the new services to be painted accordingly. Refer to annexes on the hospital’s requirements.

All services to be labeled; identification and direction indication (where appropriate) at every 5m interval and at every bends.

**11. Disposal of Debris**

- 11.1 Debris to be removed off site daily in an orderly manner.
- 11.2 Debris to be packed and removed from worksite in a closed form where possible (placed in boxes, covered sheets, canvas bags, etc) and to use designated access route and designated lifts at specific period within the building. Large-scale constructions and worksite out of the building are to have their designated route of access and collection of debris fixed.
- 11.3 There will be no dumping in the Premises. All debris shall be disposed in statutory approved dumping sites, outside the Premises.
- 11.4 The Employer shall impose a fee of \$1,000 for each occasion of illegal dumping by the Contractor, as reimbursement for clearance by the Hospital.
- 11.5 No skid tank / container shall be allowed to be placed within the Premises unless authorised by the Employer, with conditions.
- 11.6 Contractor is to keep all records and documentation for their disposal activities.



## 12. Housekeeping

- 12.1 The Contractor shall maintain a high standard of housekeeping and ensure fire safety on site for the whole duration of the contract. Worksite and site operations shall be as clean, neat and safe as possible.
- 12.2 The windows, drains and any other external façade areas along the construction / renovation boundaries are to be cleaned daily.
- 12.3 The carpeted or vinyl (floor protection) areas surrounding the construction/ renovation boundaries are to be vacuumed or wiped with damp mop frequently to maintain a dust-free and dirt-free environment.
- 12.4 Any staircase, corridor and wall at the access routes are to be kept clean at all times.
- 12.5 Any damage, stains, scratches or markings – all shall be made good to the Hospital's satisfaction.
- 12.6 Proper safety signage to be displayed when cleaning in progress especially wet mopping of the floor.
- 12.7 The Contractor shall be penalized for creating an environment which could endanger life and safety. The Hospital may stop works until the cause or safety infringement is removed. The Hospital shall not be responsible for cost incurred or delays of the works resulting from such stoppages.
- 12.8 Sites found to be breeding mosquitoes, flies, rodents and other pests shall be reported to the NEA.
- 12.9 The Contractor is to submit a schedule for pest control for the duration of the works for contract exceeding 1 month.
- 12.10 Preventive measures must be taken to prevent vapour, dust debris or smell from transgressing from the site to adjacent areas.
- 12.11 The Contractor and his workmen shall utilize only those toilets assigned and approved by the Hospital for their use. The assigned toilets shall be used appropriately and hygienically, with consideration for other users. Dirty and muddy boots and other apparel/equipment shall not be washed in the sinks in these toilets. The Hospital has the rights to request the Contractor to supply portable toilets, at the Contractor's costs, when deemed necessary by the Hospital.
- 12.12 Toilets dedicated for the Contractor's use shall be frequently washed and maintained by the Contractor in clean, dry and odourless condition at all times.

12.13 The Contractor shall make provisions for washing bays and/or bathing facilities if such are needed by his workmen in order to prevent dirt and mud from being transferred to other parts of the Hospital. Alternatively, the Contractor may make a request with the Hospital and work together with the Hospital to secure such washing bays or bathing facilities.

**13. Key Functional Hospital Areas**

Refer to annexes for respective hospitals.

## 14. Decorum

14.1 The following shall be complied without reservations. They are:

- (a) No smoking
- (b) No gambling
- (c) No littering
- (d) No spitting
- (e) No urinating
- (f) No unruly behavior and creation of public nuisance
- (g) No running along hospital corridors and compound
- (h) No graffiti
- (i) No fighting
- (j) No sleeping in worksite
- (k) No indecent exposure
- (l) No trespassing

Any workers found not abiding to the rules shall be ordered to leave the Worksite and the security pass shall be withdrawn immediately.

All workers are not allowed to bathe or wash equipment in the toilets. They are only allowed to use a designated toilet (regular cleaning by the Contractor is required).

14.2 All workers are to be properly attired at all times within the hospital grounds and display the security pass prominently.

14.3 The consumption of food is not allowed on the Worksite. Special arrangements can be considered for practical reasons subject to the consent of the Hospital. Any food, packaging and containers left behind by the Contractor's workers shall be deemed to be a breach of hygiene requirements and shall subject the Contractor to penalty or removal of the identified workers from Worksite.

**15. INFORMATION TECHNOLOGIES**

- 15.1 Mobile phones and walkie-talkies are prohibited in Patient Dependent on Equipment areas or any designated area within the Hospital. Such communication equipment should be switched off completely in these areas.
- 15.2 Personal removable storage media devices are not allowed to be used within Hospital's premises without approval by Hospital's IT Department.
- 15.3 Sensitive and confidential documents found must be reported to Project Manager in charge or security.
- 15.4 Picture taking is not allowed in the Hospital at all times. Approval must be obtained from the Employer prior to taking any pictures.

**16. Indemnity**

- 16.1 The Contractor shall indemnify the Hospital against any expense, liability, claim or loss in respect of injury or damage whatsoever to any property, real or personal, arising out of or caused by the carrying out of the works or brought against, incurred or suffered by the Hospital as a result of a breach by the Contractor, his sub-contractors, employees, suppliers or agents of any of the conditions stated herein.

## 17. Charges

17.1 The following charges will be applicable:

S/No	Description	Charges (S\$)	Remarks
1	Loss of Security Pass	20.00	One Pass
2	Contractors' Season Parking	Prevailing Charges	Per month
3	Non disposal of debris	1,000.00	Per occasion
4	False alarm / electrical trip / lift breakdown	500.00 (First Occasion) 1,000.00 (After first occasion, each time fine) 5,000.00 (After 5 occasions, each time fine and/or stop work/suspension/ ban from site)	
5	Drainage of sprinkler	500.00	Per occasion
6	Failure to comply with any of the clauses	500.00 (First occasion) 1,000.00 (After first occasion, each time fine)  Below applies (subject to seriousness of offence/breach): <ul style="list-style-type: none"> <li>Suspension or ban from worksite Compounded fine come with suspension and/ or ban of worker from site; and/or</li> <li>Fine can carry up to 10% of value of work for each time of non-compliance subject to seriousness of offence</li> </ul>	Subsequent offences are compounded by the same clauses committed under the house rules Seriousness of offence can carry a fine and stop work as well as suspension of workers from worksite regardless of first occasion of breach or a subsequent violation.
7	Vandalism	100.00	Per occasion

S/No	Description	Charges (\$\$)	Remarks
8	Smoking	100.00 (First occasion) 200.00 (Subsequent occasions)	Per occasion
9	Workers using Patient /Passenger Lift	150.00 (First occasion) 300.00 (Subsequent occasions)	Per occasion
10	Failure to inform for any works carried out in the building	500.00	Per calendar day
11	Failure to lock plantroom / riser room / other unauthorized areas	500.00	Per episode of non-compliance
12	Loss of M&E Plant room or Equipment keys	1,000.00	Per episode of non-compliance

17.2 Following charges will be applicable to COVID-Specific, Safety Management Measures at the Workplace:

S/No	Description	Charges (\$\$)	Remarks
1	Not wearing Mask or required medical personal protective equipment (PPE) eg. N95, according to hospital PPE guidelines	300.00 (First occasion) 500.00 (Subsequent occasions)	Per occasion
2	Failure to comply to any MOM requirements as spelled out in Form 1 Section A – COVID-safe Restart Contractor Declaration Form	500.00 (First occasion) 1000.00 (Subsequent occasions)	Per occasion Seriousness of offence can carry a fine and stop work as well as suspension of workers from worksite regardless of first occasion of breach or a subsequent violation.



S/No	Description	Charges (S\$)	Remarks
3	Failure to comply to any BCA requirements as spelled out in Form 1 Section B – COVID-safe Restart Contractor Declaration Form	500.00 (First occasion) 1000.00 (Subsequent occasions)	Per occasion Seriousness of offence can carry a fine and stop work as well as suspension of workers from worksite regardless of first occasion of breach or a subsequent violation.
4	False Declaration of information	Below applies (subject to seriousness of offence/breach): Suspension or ban from worksite Compounded fine come with suspension and/or ban of worker from site.	Debarment from participating in future contracts

17.3 The Hospital shall not be responsible for cost incurred or delays of the works resulting from stoppages due to infringement of the house rules.

## 18. Acknowledgement

18.1 The Contractor shall acknowledge receipt of a copy of House Rules within 7 days from the date of receipt. The Contractor is deemed to have understood the requirements and conditions stated therein and undertake to abide by the rules when working in the Hospital.

**ACKNOWLEDGEMENT**  
**JHC HOUSE RULES**

1. Contractor : \_\_\_\_\_  
\_\_\_\_\_
2. Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Office Tel No : \_\_\_\_\_  
Mobile No : \_\_\_\_\_  
Email : \_\_\_\_\_

On behalf of the Contractor, I acknowledge receipt of the copy of JHC House Rules & Conditions of Work.

I undertake and agree to submit a copy of the Risk Assessment for the operations/works to be carried out to JHC before commencement of any works.

The Contractor acknowledge and shall abide by the House Rules and work with Hospital management to ensure that the relevant workplaces in JHC's premises are safe and safe work practices and procedures will be implemented.

\_\_\_\_\_  
**Name & Signature**

\_\_\_\_\_  
**Date**

**Note** : Please sign on the Acknowledgement page and attach with the Permit-To-Work (PTW) for clearance from JHC.

**JURONGHEALTH CAMPUS: NG TENG FONG GENERAL HOSPITAL (NTFGH)**  
**JURONG COMMUNITY HOSPITAL (JCH)**

**(I) Working hours**

Normal working hours is generally as follows unless otherwise specified

Monday to Sunday : 8.30 am to 6.00 pm

If work is required to be carried out beyond the normal working hours, permission is to be obtained from the Employers, i.e. Project Manager, Project Owner, Department Representatives, Maintenance, BME, etc

**\*\*All noisy works can only be carried out as follows:**

Clinic Tower : 7.00 am to 7.30 am  
7.00 pm onwards

Ward Tower and JCH : 9.30 am to 11.00 am  
2.00 pm to 5.00 pm

The Annexe : 6.30 pm to 9.00 pm

Approval from Employers, i.e. Project Manager, Project Owner, Department Representatives, Maintenance, etc must be obtained for noisy works to be carried out before commencement.

**(II) Services Color Codes**

<b>S/n</b>	<b>Services</b>	<b>Colour</b>
1.	Cold / Hot Water Service Pipes	Maroon Red / Greyish White
2.	Cold / Hot Water Rising Main	Sky Blue / Copper Pipe
3.	NEWater Pipes	Lilac
4.	City Gas Pipes	Yellow
5.	Soil, Waste & Vent Pipes	Black / White
6.	Chilled Water Pipe a. Supply b. Return	Light Blue Light Blue
7.	Condenser Water Pipe	Black
8.	Piped Medical Gases	White
9.	Ducting a. Supply / Fresh Air Duct b. Return Air Duct c. Exhaust Air Duct	Light Green (Linden) Pure Aluminum Duct Yellow (Canary Yellow)
10.	Drain, Vent and Waste Pipes	Black
<b>Electrical Conduits / Trunkings / Cable Trays</b>		
11.	Electrical	Orange (Tango)
12.	Automatic Control / BAS Installation	Yellow (Canary Yellow)
13.	Fire Protection System	Dark Red (Matador)
14.	Air-Conditioning and Mechanical Ventilation System	Grey
15.	Smoke Control System	Dark Red with white band
16.	Telecommunication System	White
17.	Computer Point of Sales	Light Green (Linden)
18.	MATV, PA	Light Blue (Lobelia)
19.	Security, CCTV	Light Blue with red band

**(III) Key Functional Hospital Areas**

S/n	Level	Usage
<b>The Annexe</b>		
(a)	Level 1	Childcare Centre, FCC, Storerooms, Plantrooms
(b)	Level 2 / 3	Admin Offices, Plantroom
(c)	Level 4	Admin Offices, Plantroom, Recreational Facilities - Gym, Dance Studio
(d)	Roof	Plantrooms Recreational Facilities - Half Basketball Court, BBQ
<b>Energy Centre ( beside Tower A )</b>		
(a)	Level 1	VIE Tanks, SPPG Substation, HT Switchroom, Generator Room, Bin Centre
<b>Tower A ( Clinic Tower )</b>		
(a)	Basement 2	Mortuary, Admin Offices, Plantrooms, Carparks
(b)	Basement 1	MRO, Admin Offices, Plantrooms, Carparks,
(c)	Level 1	Radiology, Auditorium, Training Rooms, Plantrooms
(d)	Level 2	Clinics, Retail Outlets, Retail Pharmacy, Plantrooms, Linkbridge to Tower B
(e)	Level 3	Clinics, Satellite Pharmacy, Admin Offices, Plantrooms, Roof Top Garden, Linkbridge to Tower B
(f)	Level 4	Clinics, Satellite Pharmacy, Admin Offices, Plantrooms
(g)	Level 5	Clinics, Satellite Pharmacy, Admin Offices, Plantrooms
(h)	Level 6	Clinics, Admin Offices, Plantrooms
(i)	Level 7	Clinics, Satellite Pharmacy, Admin Offices, Plantrooms
(j)	Level 8	Admin Offices, Plantrooms
(k)	Roof	Plantrooms

S/n	Level	Usage
<b>Tower B ( Ward Tower )</b>		
(a)	Basement 2	Logistic Hub, Main Pharmacy, Loading Bay, Kitchen, CSSD, Admin Offices, Plantrooms, Carpark
(b)	Basement 1	Clinical Laboratory, Security Office, Admin Offices, Plantrooms, Carpark
(c)	Level 1	FCC, EMD, Radiology, Isolation Ward, Retail Outlets, Admin Offices
(d)	Level 1M	Plantrooms
(e)	Level 2	Kidney Unit, Discharge Pharmacy, Retail Outlets, Admin Offices, Plantrooms, Linkbridge to Tower A
(f)	Level 3	MOTs, Endoscopy, Ambulatory Ward, Sleep Lab, Admin Offices, Plantrooms, Linkbridge to Tower A
(g)	Level 4	ICU, Roof Top Garden, Admin Offices, Plantrooms
(h)	Level 4M	Plantrooms
(i)	Level 5	Private and Subsidized Wards, Roof Top Garden, Tutorial Rooms
(j)	Level 6 - 10	Private and Subsidized Wards, Tutorial Rooms
(k)	Level 11	Subsidized Wards, Rehabilitation, Tutorial Rooms, Roof Top Garden, Plantrooms
(l)	Level 12-16	Subsidized Wards, Tutorial Rooms
(m)	Roof	Plantrooms

S/n	Level	Usage
<b>Tower C (JCH)</b>		
(a)	Basement 2	Training Labs, EMD extension, Admin Offices, Plantrooms, Carpark
(b)	Basement 1	Carpark
(c)	Level 1	Multi-Purpose Hall, Rehabilitation, Pharmacy, Clinics, Retail Outlet, Mobility Park, Plantrooms
(d)	Level 1M	Admin Offices, Plantrooms
(e)	Level 2	Rehabilitation, Contact Centre, Wards
(f)	Level 3 & 4	Wards, Roof Top Garden
(g)	Level 5-12	Wards
(h)	Roof	Plantrooms

## **PRE-CONSTRUCTION RISK ASSESSMENT (PCRA)**

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

- Air Quality
- Infection prevention and control
- Utility interruptions/impacts
- Noise
- Vibration
- Hazardous materials and waste
- Fire Safety
- Security
- Emergency procedures, including alternate pathways/exits and access to emergency services
- Other Hazards that affect care, treatment and services

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

- Project Manager
- FM Representative
- Infection Control Representative
- CIFO Representative
- Workplace Safety Office Representative
- Fire Safety Representative
- Security Representative
- Contractor Representative

Others to be considered :

- Department Representative from area being affected

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



## PRE-CONSTRUCTION RISK ASSESSMENT (PCRA)

Project Information	Tracking no. : _____
Institution : _____	Project Location: _____
Project Title: _____	
Project Start Date: _____	Project Manager : _____
Project Duration: _____	Contractor : _____

*This Pre-construction Risk Assessment is to be conducted when planning for construction, renovation or demolition projects, or maintenance activities that affect patient care. Please refer to Instructions.*

	YES	NO												
<b>A. Will the project activities directly affect patient care areas?</b> Spaces adjacent to, above and below the construction area must be considered. If yes, specify spaces that will be affected & attach plan: _____ _____														
<b>B. Will ACMV systems be affected by the project activity (i.e., outside air intakes, exhaust systems, AHU)?</b> If yes, specify which systems and provide an action plan. _____ _____														
<b>C. Are Utility Shut Downs Required? Check all that apply.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> ACMV / Ventilation system</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Medical gas</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Water supply</td> <td style="border: none;"><input type="checkbox"/> Pneumatic tube system</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Plumbing &amp; sanitary</td> <td style="border: none;"><input type="checkbox"/> Overhead paging system</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Electrical</td> <td style="border: none;"><input type="checkbox"/> Other (Specify): _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fire detection/suppression (eg. sprinkler, smoke detector)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nurse call system</td> <td style="border: none;"></td> </tr> </table> All utility shut downs must be coordinated with contractor, Facilities Management, affected departments and hospital Operation in order to minimize disruption to operations. If yes, specify the steps which will be taken to mitigate the impacts: _____ _____	<input type="checkbox"/> ACMV / Ventilation system	<input type="checkbox"/> Medical gas	<input type="checkbox"/> Water supply	<input type="checkbox"/> Pneumatic tube system	<input type="checkbox"/> Plumbing & sanitary	<input type="checkbox"/> Overhead paging system	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Fire detection/suppression (eg. sprinkler, smoke detector)		<input type="checkbox"/> Nurse call system			
<input type="checkbox"/> ACMV / Ventilation system	<input type="checkbox"/> Medical gas													
<input type="checkbox"/> Water supply	<input type="checkbox"/> Pneumatic tube system													
<input type="checkbox"/> Plumbing & sanitary	<input type="checkbox"/> Overhead paging system													
<input type="checkbox"/> Electrical	<input type="checkbox"/> Other (Specify): _____													
<input type="checkbox"/> Fire detection/suppression (eg. sprinkler, smoke detector)														
<input type="checkbox"/> Nurse call system														
<b>D. Will the project activities generate noise and/or vibration that will disrupt occupants adjacent to, above, or below the project area? If yes, affected occupants must be notified.</b> a. If yes, specify activities generating disruptive noise and/or vibration: _____ _____ b. How will work be managed to minimize disruption? _____ _____														

YES NO

		YES	NO
<b>E. Does the project activities involve any environmental hazards?</b> Please provide a list of any Hazardous Materials used or stored within the project area.			
<input type="checkbox"/> Asbestos <input type="checkbox"/> Chemicals (Specify): <input type="checkbox"/> Radioactive/Biohazards (Specify): <input type="checkbox"/> Other (Specify): If yes, review & specify steps / controls with WSH that will be implemented to control or minimize the impact: _____ _____			
<b>F. Will the project require the storage of flammable material(s)?</b> If yes, review & identify with WSH the interim measures to be taken: _____ _____			
<b>G. Will contractor deliveries or waste removal be made outside of normal working hours?</b> If yes, describe hours and any special requirements: _____ _____			
<b>H. Will waste removal require precautions above and beyond those required for the assigned ICRA precaution level? (i.e., covered carts, wiped down for levels III-IV)</b> If yes, describe additional precautions: _____ _____			
<b>I. Will contractor be working in a security sensitive area eg. Wards, Clinics, ED, OT, ICU, Pharmacy, Radiation area, MRO, IT server room?</b> If yes, specify area and describe recommendations to reduce/mitigate risk for this work: _____ _____			
<b>J. Does the project activities include any of the below work?</b>			
<input type="checkbox"/> Hot work <input type="checkbox"/> Work at height <input type="checkbox"/> Live Electrical work If yes, identify interim measures to be taken: _____ _____		<input type="checkbox"/> Confine space <input type="checkbox"/> Excavation work <input type="checkbox"/> Cranes or hoisting work	
<b>K. Would the exit or emergency access be affected?</b> If yes, identify interim measures to be taken and reviewed with the Fire Safety Manager: _____ _____			
<b>L. Are there any other hazards that may affect care, treatment and services?</b> If yes, describe additional hazards _____			

	YES	NO
Has an Infection Control Risk Assessment (ICRA) been evaluated for this project?	<input type="checkbox"/>	<input type="checkbox"/>
Date Reviewed _____	ICRA Level Assigned _____	

<b>Signatures</b>	
Project Manager : _____	Date : _____
FM Representative : _____	Date : _____
Infection Control Representative: _____	Date : _____
CIFO Representative : _____	Date : _____
WSO Representative : _____	Date : _____
Fire Safety Representative : _____	Date : _____
Security Representative : _____	Date : _____
Contractor Representative : _____	Date : _____
Other : _____	Date : _____