VANDERBILT UNIVERSITY MEDICAL CENTER ILSM ASSESSMENT TOOL

| | NOTE: REFER TO VUMC POLICY SA-40.10.11 FOR ALL CONSTRUCTION AND RENOVATION ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------|----------------------|--------------|-----------------|---------------------|-----------|--------|-------------------|----------------------------|--------|-------|--------|---------|------|--------------------|-------|---------------|-------|-------|--------|--|--|--|--|
| STEP #1 FOR THE FOLLOWING QUESTIONS, TAKE THE ACTION IN THE ASSOCIATED 'NO! OR 'VES! COLUMNS TO DETERMINE IF ILSM IS DEQUIDED. | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR THE FOLLOWING QUESTIONS, TAKE THE ACTION IN THE ASSOCIATED 'NO' OR | | | | | | | | | | NO YES NO YES | | | | | | | | | | | | | | | |
| A. W | Will this work restrict EGRESS from the affected space? | | | | | | | | | PROCEED TO STEP B . | | | | | | | | ILSM REQUIRED | | | | | | | |
| B. Is | he equipment, component, etc., part of a building LIFE SAFETY system? | | | | | | | | ILSM NOT REQUIRED | | | | | | | PROCEED TO STEP C. | | | | | | | | | |
| C. Is | the activity in a PATIENT CARE AREA or will it affect a PATIENT CARE AREA? | | | | | | | | | ILSM NOT REQUIRED | | | | | | | | ILSM REQUIRED | | | | | | | |
| | STEP #2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Today's F | oday's Date: Building: Project Loc.: | | | | | | | | | | | | | | | | | | | | | | | | |
| - | Start Date: Comp. Date: Project Mgr.: | | | | | | | | | | | | | | | | | | | | | | | | |
| Project/W | Project/WO Number: Project Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific Deficiency and Location STEP #3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE THE CRITERIA BELOW TO DETERMINE THE APPROPRIATE INTERIM LIFE SAFETY (ILSM) FOR CONSTRUCTION, MAINTENANCE, REPAIR, OR | | | | | | | | | | | | | | |)R | | | | | | | | | | |
| INSPECTION ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unless otherwise noted below, these requirements apply to impairments of a duration extending beyond the current shift (greater than 8 hours) | | | | | | | eyond | ILSM1 | ILSM2 | ILSM3 | ILSM4 | ILSM5 | ILSM6 | (LSM7** | LSM8 | LSM9 | LSM10 | LSM11 | LSM12 | LSM13 | ILSM14 | | | | |
| Check all the apply. | | | | | | | | 11 | [2 | [3 | [4 | 15 | 6 | 17** | 81 | 19 | 110 | _ | 112 | 113 | | | | | |
| _ | ny impairment of a req | | | | | | | X | | X | | X | X | X | X | X | X | X | X | X | X | | | | |
| | y impairment of a required egress greater than 4 hours e detection ALARM system impairment greater than 4 hours *** | | | | | | | X | X | Λ | | X | X | X | X | X | X | X | Λ | X | | | | | |
| | re SUPPRESSION system impairment greater than 10 hours | | | | | | | | | | | X | Χ | X | X | X | X | X | | X | | | | | |
| | Problem with a single fire or smoke door hardware | | | | | | | | | | | | X | | | | | X | | | | | | | |
| | Fire or smoke barriers with unprotected penetrations Missing or incomplete fire or smoke barriers | | | | | | | | | X | | | X | X | | X | | X | | | | | | | |
| | Missing or impaired NFPA 101 required fire or smoke dampers | | | | | | | | | X | | | X | X | | X | | X | | | | | | | |
| | Hazardous use areas not properly separated from corridors | | | | | | | | | X | v | | X | X | | X | | X | | | | | | | |
| | Accumulation of combustibles and/or materials Temporary construction doors not latching or missing hardware | | | | | | | | | X | X | | X | | | | | X | | | | | | | |
| _ | Activity involving ignition sources (welding, torching) | | | | | | | | | X | | | X | X | | | | X | | X | | | | | |
| _ | Major utility failure or outage affecting a life safety system greater than 4 hours | | | | | | | | X | X | | X | X | X | | X | X | X | X | X | | | | | |
| Multiple LS impairments within the same fire or smoke zone *Requires review by Construction Safety Subcommittee Members | | | | | | | | X | to II | SM | comm | X | X | X | X | X | X | X | X | X | | | | | |
| | *** The following functions shall be actuated and considered as part of a complete fire alarm system: Release of hold-open devices for doors or other opening protectives, Stairwell or elevator shaft pressurization, Smoke management or smoke control systems, Unlocking of doors, Elevator recall and shutdown, and HVAC shutdown. | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | INTE | RIM I IFF | | TEP #4 MPLEMENT. | ATION | ME | A SI II | DES | | | | | | | | | | | | | | | |
| ILSM1 | Inspect exits in affect | ted areas on a d | | | | | arino | 11/24 | Moes | 10-10- | | | | | | | | | | | | | | | |
| ILSM2 | Provide temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM3 | Provide additional firefighting equipment as needed. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM4 | Use temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM5 | Increase surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM6 | Enforce storage, housekeeping, and debris-removal practices that reduce the buildings flammable and combustible fire load to the lowest feasible level. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM7 | Provide additional training on use of firefighting equipment, impaired structural or fire safety features, temporary measures implemented, construction hazards, and building deficiencies. (NOTE: ILSM7 requires VEHS notification. Additional staff training is required for project duration exceeding 8 hours.) | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM8 | Conducts one additional fire drill per shift per quarter as called for by policy, best practice, or at the discretion of the VUMC Safety Officer. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM9 | Inspect and test ILSM systems monthly or once per project if the duration is less than one month. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM10 | Notify the local fire department and internal responders of the ILSM steps in place using the Interim Life Safety Measures form as required. | | | | | | | | | | | | | | | | | | | | | | | | |
| ILSM11 | Notify the occupants | in the area of t | he deficiency and | the ILSM | steps in place | e using the Int | erim Lif | e Saf | fety N | 1easu | res fo | rm a | s requ | iired. | | | | | | | | | | | |
| ILSM12 | Install signage identif | fying the location | on of alternate exit | ts to everyo | one affected. | | | | | | | | | | | | | | | | | | | | |
| ILSM13 | Refer to policy SA 10 | 0-10.08 "Fire W | Tatch Policy" (The | Fire Watc | ch Policy may | y require a tim | e limit 1 | ess tl | nan 8 | hour | s.) | | | | | | | | | | | | | | |
| ILSM14 Blocked egress paths are never left unattended. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Per | Name of Person(s) Completing this Assessment Date the assessment was completed | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Per | rson(s) Reviewing this Asses | ssment | | Date the r | review was comp | pleted | | | | | | | | | | | | | | | | | | | |