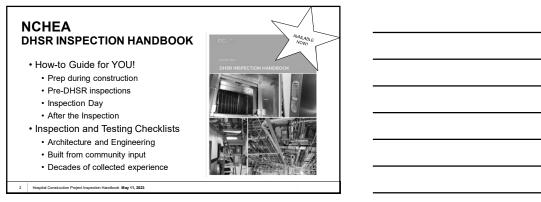
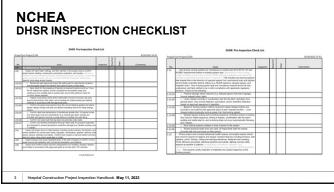


Preparing For & Implementing Successful Project Inspections HOW TO GUIDE FOR HOSPITAL PROJECT MANAGERS, DESIGNERS, AND CONTRACTORS









## **Goalposts** EXPECTATIONS FOR INSPECTION DAY

- 100% complete, all systems go!
- · Project constructed in accordance with approved plans
- Project team checked their own work
- No patient care or life safety issues
- Local Approved
- Got your books in order
- Players on the field with all their gear

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# Never too Early to Start your pre-finals! START ON THE RIGHT FOOT

- Have an early conversation to be sure
  - · Everyone agrees on which code the project will be reviewed by
  - Any exceptions to FGI anticipated
  - Any controversial or challenging existing conditions
  - Number of inspections anticipated
  - · Timeline of occupancy

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# Never too Early to Start your pre-Finals! TIMELY INSPECTIONS ALONG THE WAY SAVE THE DAY

- Build a more comprehensive schedule
- Review the Plan Review comments
- Document/review concealed conditions and challenging issues
- Coordinate testing and inspections with key players
- Collect required installation instructions as you go
- Identify and mitigate high-risk project aspects
- Address existing condition problems

### Purposeful Pre-Planning PAYS! EXAMPLE FIRE & FIRE/SMOKE DAMPERS, AHU RESPONSE

- Review installation requirements before installation
- Review sequence of operation before
  programming
- Schedule inspection/testing as installation is completed
- Schedule controls testing as programming is completed
- System is fully complete prior to pre-final testingCoordinate pre-final testing with all parties present



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# Pre-Finals Inspection and Testing RIGHT TEAM - RIGHT TIME

- Schedule just in time when ready on a system-by-system basis
- · Coordinate testing with key players present, designer, GC, and contractor
- Review and triage corrections from inspections
- Plan for issues that may not be able to be addressed before inspection day
- · Verify inspection and testing comments are corrected
- Remember the plan review comments

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## Project Completion Approaches WHEN TO SCHEDULE FINAL INSPECTION

- Two weeks notice typical for NC State AHJ
- Will you be ready in two weeks? Plan time to fix inevitable problems
- · Don't underestimate time required for final inspections & resolution of issues
- · Will you have your closeout documentation ready in time?
- Will the local AHJ complete their inspection AND approvals in time?
- Wrapping up construction the same week as AHJ final is risky business!

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### Closeout Document Prep and Review SOLID GOLD DOCUMENT PRÉPARATION

- · Know what is required for your project, check the plan review letter
- Start early, encourage completion of documentation as work is finished
- · Carefully check documentation with the design and GC team
- · Look for comments in TAB, medgas reports, isolation reports, etc.
- · Crosscheck testing areas noted against project areas
- · Crosscheck install instructions and finishes ratings against scope
- Print and include documentation of any concealed construction
- · Issues in documents that can't be resolved have a defensible plan

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## Almost Ready ... WHO TO BRING TO THE DANCE

- · Hospital PM and technicians
- · Clinical leaders (as needed)
- Knowledgeable design team
- members · GC PM and Superintendent
- · Electrician lead with supporting techs
- · Mechanical lead with supporting techs
- · Fire alarm lead and programmer

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## Almost Ready . . . WHAT TO BRING TO THE DANCE

- · Keys / cards for project areas plus
- Plotted color life safety plan
- · Current design document set
- AHJ plan review letter/response
- · Photos/documentation of concealed conditions
- Complete closeout document
- sets (x3) · Ladders of various heights

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- Nurse call programmer
- · Medical gas lead with supporting techs · Fire sprinkler lead with supporting
- techs Plumbing lead
- Locking systems techs and programmer
- · Imaging equipment reps or contacts

- Programming computers/software for BAS, Fire Alarm, Nurse Call, etc.
  - · Test smoke and pole
  - Duct detector keys/magnet · Medical gas bleed valves and spare labels

· Fire caulk and wall labels/stencils

- · Label maker
- · Radios for site communication
- · Locking systems techs and programmer

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## Final Preparations Before Arrival HOW TO MAKE IT LOOK EASY ON YOUR BIG DAY

- Arrive 1-2 Hours Prior To State
- Confirm who/what lists are present
- Brief clinical staff
- Place fire alarm in test/bypassRemove selected receptacles &
- faceplates
- Prep electrical panel cover removal
- Remove strategic ceiling tilesPrep imaging for EPO test

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- Open access doors Stage techs at FACP with radio communication
- Stage techs at BAS with radio communication
- Stage ladders strategically
- Set out closeout documents and plans

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### The Big Day is Finally Here DO'S AND DON'T'S FOR SAVVY PROJECT TEAMS

- Always keep patient safety at the top of your mind during the inspection
- Summarize the scope of work and systems and your readiness to demonstrate
- · Demonstrate the scope and systems as you inspected and tested them
- Take your own notes as you go
- · Don't be afraid to ask for clarification on comments, but steer clear of pitfalls
- Note aspects that were addressed and resolved during the construction phase
- · Correct deficiencies as you go where possible
- Before you leave the site, document any corrections made during or immediately following the inspection
- · Follow up after the inspection with any clarifications or code discussions

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# Ladies & Gents, the State has Left the Building WHAT TO DO AND EXPECT NEXT

- Review and confirm any remaining items to complete
- While the team is still mobilized, fix remaining items fast!
- Inspect corrections, be 100% sure they are fixed
- Provide documentation back to State of the remaining corrections
- Confirm re-inspection or documentation
- Final communication from State will be a requirements met letter



System Checklists HOW TO GUIDE FOR HOSPITAL PROJECT MANAGERS, DESIGNERS, AND CONTRACTORS

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# Architectural Systems FOCAL POINTS & COMMON MISSES

- Rated wall/floor/ceiling installation, labeling, and protection
- Egress path requirements
- Space layout and sizing
- Smoke compartment and suite requirements
- Door requirements for corridors and rated walls
- Locking and latching systemsHandwashing station locations

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Behavioral anti-ligature and tamper resistance

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# Mechanical Systems FOCAL POINTS & COMMON MISSES

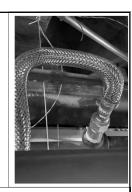
- Fire and fire/smoke damper installation and testing
- TAB report review for pressure-volume requirements
- Areas requiring exhaust are equipped as such
- Outside air intake location and separation
- AHU filtration
- Power supplies for HVAC systems
- Smoke control response sequences
- Hood ventilation systems
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# Fire Protection Systems FOCAL POINTS & COMMON MISSES

- Location and coverage area for sprinkler heads
- Fire alarm interface testing of flow and tamper switches
- Valve labeling
- Fire pump location and performance testing
- ${\mbox{ \bullet}}$  Dry pipe, kitchen hood, pre-action system test
- Piping support above ceiling
- Flexible sprinkler piping bend radius requirements

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# Plumbing Systems FOCAL POINTS & COMMON MISSES

- Lavatory fixture and bowl requirements
- Domestic hot water recirculation requirements
- Water and waste piping overhead critical areas
- Review of legionella control plans
- Lavatory hot water delivery time and temperature
- Backflow preventer requirements



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# Medical Gas Systems FOCAL POINTS & COMMON MISSES

- Gas outlet/inlet types and counts by room
- Gas piping supports, labeling, separation
- Area alarm and master alarm testing
- Source system location requirements
- Piping in booms and headwalls
- Valve labeling, location, and security
- Gas bottle storage
- Bulk tank location requirements

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# Electrical Power Systems FOCAL POINTS & COMMON MISSES

- Raceway type and joining methods
- Raceway supports
- Correct branch power for project loads
- ATS and generator testing
- Labeling and directories
- Grounding and bonding
- Boom, headwall, and column wiring
- System testing documentation



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## Lighting Systems FOCAL POINTS & COMMON MISSES

- Egress lighting from corridor to exit discharge
- Critical branch task lighting locations
- Fixture supports above ceiling
- Clinical lighting circuiting and grounding
- Patient room lighting for bed/reading/clinical lights
- Separation of essential branches and normal



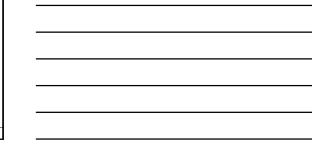
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# Nurse Call Systems FOCAL POINTS & COMMON MISSES

- Right device types at locations per FGI/99
- System programming and addressing
- Placement of dome and zone lights
- Behavioral device installations
- Code call annunciation
- Critical power for head end controls
- Bath/shower pull cord placement





# Fire Alarm Systems FOCAL POINTS & COMMON MISSES

- Area detection placement and coverage
- Audible and visual alarm placement and coverage
- Device addressing
- Smoke control, AHU, locks, damper, etc. programming
- Coordination across vintages and manufacturers
- NFPA 72 Record of Completion documentation

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**Questions & Comments**