


## HEALTH CARE FACILITY INTERIM LIFE SAFETY ASSESSMENT

<b>PROJECT TITLE:</b>		<b>PROJECT NUMBER:</b>		 <b>HSE DOCUMENTS</b> <small>Ready2Use Free Editable</small>
<b>LOCATION:</b>		<b>ESTIMATED PROJECT START DATE:</b>		
<b>COMPLETION DATE:</b>				

SR.	DESCRIPTION	YES	NO
A.	Will any exits become blocked or obstructed? (Don't forget internal, horizontal exits)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 1, 5, 7, 8 &amp; 9</b>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Will access to the ER become blocked or obstructed?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 1 &amp; 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Will part of any fire alarm, detection, and/or suppression system be impaired or shutdown? (Include tie-in operations.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 3, 9 &amp; 12</b>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Will smoke or firewalls be breached?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 1, 9 &amp; 12</b>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Will it be necessary to erect any temporary construction partitions?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 4</b>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Will the project result in the accumulation of debris or construction materials?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 5, 6, 7 &amp; 9</b>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Will construction affect grounds safety (pits, storage, equipment, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>IF YES - DO 9</b>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Will construction present other safety hazards?	<input type="checkbox"/>	<input type="checkbox"/>

1. Ensure free and unobstructed exits. Perform and document personnel training for alternate means of egress. Inspect alternate exits daily.
2. Ensure free and unobstructed access to emergency room and for fire, police and other emergency forces.
3. Install temporary fire alarm and suppression systems if possible. Test temporary systems monthly and document. If down more than 4 hours in a 24 hour period notify the Fire Department and establish a Fire Watch.
4. Document fire and smoke resistive rating of partition material/structure.
5. Provide firefighting equipment and user training. Document.
6. Prohibit smoking in and adjacent to all construction areas.
7. Develop and implement storage, housekeeping and debris removal policies/procedures.
8. Conduct and document 2 fire drills per shift per quarter.
9. Adopt and document daily hazard surveillance inspections of construction areas.
10. Provide and document training related to other safety hazards.
11. Conduct organization-wide safety education programs to promote awareness of LSC deficiencies, construction hazards and ILSM.

12. Conduct daily inspections.

This is a planning guide only. For each item from the "DO" list, a separate action plan may be needed to assign responsibilities and schedules. This hospital is smoke free and policies related to smoking are not required.

**Hospital Safety Officer:**

**Date:**