



ADDENDUM

Date Issued:	November 13, 2020
Project:	Intermountain Healthcare – Kitchen Remodel Bear River Valley Hospital 905 N. 1000 West Tremonton, Utah 84337
Addendum Number:	1

The Contractors submitting proposals on the above-captioned project shall be governed by the following addendum, changes and explanations to the drawings and specifications and shall submit their bids in accordance therewith.

Item Number	General Items Description
1	Fire sprinkler revised plans are to be submitted to the Office of the Utah State Fire Marshal.
2	Fire alarm revised plans are to be submitted to the Office of the Utah State Fire Marshal.
3	Plans have been submitted to Tremonton City Offices and Permit can be picked up by the contractor after project award. Fee for permit is \$149.85 and shall be paid for by the contractor. This fee is not to be included in contractors bid and no mark ups will be allowed. Contractor will be reimbursed by the owner.
4	<p>Contractor Questions:</p> <ol style="list-style-type: none"> The Bid Form calls for Allowances of \$30,000 for ICRA and \$500 for the building permit. Do we need to include these? There will be no allowances required for this project. See attached revised Bid Form and ICRA. The Architectural Sheets call for (2) electrical panels to be relocated, and refers us to the Electrical Sheets. We can't find on the Electrical sheets where it calls out to relocate any panels. Please verify? The electrical panels called out on the Architectural Sheets are actually 30A/3P circuit breakers for the ovens. This is what needs to be relocated. See Keyed Note #1 on ED101. On Sheet A251 note 09.22 it calls for a new 4" stainless steel closure plate. Can you clarify if this will be provided by the Cooler Box Installer or the General Contractor? Once the cooler boxes are installed, the cooler box installers will field measure for the trim. They have informed me that their trim will cover the cut opening in the existing wall. The general contractor will need to verify that their trim wraps to the inside of the cut opening. See Detail 3/A504A Keyed Note #1. On Sheet A504A Detail 1 it calls for a steel dome top, down a little farther it calls for a concrete top. Can you please clarify this? The bollards are to be capped per Keyed Note #1 on Detail 1. What color are the bollards to be painted? Safety yellow.



NJRA Architects, Inc.

5272 S. College Drive, Suite 104 | Murray, Utah 84123 | 801.364.9259 | www.njraarchitects.com

Sheet Number	Drawings
Architectural Drawings	
Engineering Drawings	

Specification Section	Project Manual
Sections	

Attachments:

Revised Bid Form

Infection Control Risk Assessment (ICRA)

SECTION 00 4000

BID FORM

TO: **IHC Health Services, Inc.** (Intermountain Healthcare)
Facility Design and Construction (FD&C)
36 South State Street, 21st Floor
Salt Lake City, Utah 84111-1486

Attention: Stephanie Joyner
Email: Stephanie.Joyner@imail.org

PROJECT: **Intermountain Bear River Valley Hospital Kitchen Remodel - Project #10011974**
905 N 1000 W
Tremonton, UT 84337

NAME OF BIDDER: _____

BIDDER ADDRESS: _____

DATE: _____

The undersigned, in compliance with your Invitation To Bid, having examined the Drawings and Specifications (Contract Documents) and related documents and the site of the proposed work and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of labor, hereby propose to furnish all labor, materials, services, equipment and appliances required in connection with or incidental to the construction of the above named project in strict conformance with the following specification and drawings:

Instructions to Bidders, General Conditions, Supplemental General Conditions, Specification Divisions as shown and all applicable addenda and Drawings as listed on the drawing cover sheets as prepared by Bertoldi Architects.

I/We certify, by signing this BID FORM, that I/We have a working relationship with the proposed subcontractors and that Bids we're not solicited from; and/or the received Contract Documents were not listed in any Plan Rooms for distribution to subcontractors broadly.

BASE BID – for the Intermountain Bear River Valley Hospital Kitchen Remodel:

For Work of the contract listed above and shown on the Drawings and described in the Project Manual, I/We agree to perform for the sum of:

_____ Dollars (\$ _____)
(In the case of discrepancy, written amount shall govern)

ALTERNATES:

Alternate No. 1: Sample

ADD/DELETE _____ Dollars (\$ _____)

(In the case of discrepancy, written amount shall govern)

Required additional calendar days: _____

CONTRACTOR’S PROPOSED CONSTRUCTION TIME PERIOD:

This Bid requires a construction time in **calendar days** from the date of authorization of _____ calendar days. The anticipated date of Substantial Completion is thus _____, 20____.

The above Bid includes _____ winter weather delay days.

ADDENDA:

I/We acknowledge receipt of the following addenda for the above noted project: ___/___/___/___/___

SCHEDULE OF VALUES:

I/We have attached with this Bid Form our Schedule of Values (Section 00 4373) which reflects the above Base Bid. We submit this for Owner review of subcontractors that are being proposed for this Project.

TYPE OF ORGANIZATION:

(Corporation, Partnership, Individual, etc.) _____

SEAL (If a Corporation)

Respectfully Submitted,

Name of Bidder

Authorized Signature

PeopleSoft Project # or Job Name:	Kitchen Remodel
-----------------------------------	-----------------

Infection Control Risk Assessment (ICRA)



Work Permit

20190305

Facility or Location Kitchen Remodel	Project Start Date:
Project Manager: Kyle Hancock/Milt White	Estimated Completion Date:
Contractor Performing Work:	Need to Relocate Patients? <input type="radio"/> Yes <input checked="" type="radio"/> No

Affected Department Supervisor Signature:

	Name: Heather Ann Marsh
	Date: 9/23/2020

Environmental Service Supervisor Signature:

	Name: Jodi Stenberg
	Date: 9.23-2020

Infection Preventionist Signature:

Christy Christensen <small>Digitally signed by Christy Christensen Date: 2020.09.22 11:58:45 -06'00'</small>	Name: Christy Christensen
	Date:

Construction Activity Class (Determine Class by using the Classification Table on pages 2 & 3):
Higher levels must include all lower levels. Example: a level III must also check I and II.

Class I
 Class II
 Class III
 Class IV

Specific Areas to be Affected by This Work:
Kitchen, kitchen hallway

Initials: CC Date: 9/22/2020

Exceptions or Additions to This Permit:
Above ceiling permit

Initials: CC Date: 9/22/2020

Signature of Permit Requested by:

	Name: Kyle Hancock
	Date: 9-23-20

Signature of Permit Approved by:

	Name:
	Date:

PeopleSoft Project # or Job Name:	Kitchen Remodel
-----------------------------------	-----------------

Construction Activity Class Worksheet

Complete Steps 1 through 3, then see Step 4.

STEP 1. Determine Construction Activity Type:

- Type A:

Inspection and non-invasive activities
Includes, but not limited to:

 - window replacement.
 - ceiling tile replacement limited to 1 tile per 50 sf.
 - painting or wall covering, without sanding
 - finish electrical and minor plumbing work

- Type B:

Small scale, short duration activities that create minimal dust and disruption to patient population via noise, vibration, odors or ventilation systems
Includes, but not limited to:

 - installing telephone or computer cabling or access to chase or mechanical spaces
 - patch or replace vinyl and/or carpet floors
 - cutting walls or ceilings where dust migration can be controlled

- Type C:

Generates moderate or high levels of dust. Demolition or removal of ANY fixed building components or assemblies. Disruption to patients with noise, vibration, HVAC systems etc.
Includes, but not limited to:

 - sanding walls to remove paint or wall coverings
 - removal of floor coverings, ceiling tiles or casework
 - new wall construction, major cabling activities, or adding new floor

- Type D:

Major demolition or construction that creates major disruption, i.e. noise, dust, vibration, odor, or mechanical systems
Includes, but not limited to:

 - new construction or buildout of shelled space
 - heavy demolition. Removal of a complete cabling system, floor, wall or ceiling

STEP 2. Determine Infection Control Risk Group:

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Lowest <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> - Office areas - Admitting - Meeting rooms - Education centers - Copy centers - Fitness centers - Gift shops - Mail rooms - Plant engineering - EVS - Non-patient areas - Low risk areas not listed elsewhere </div> | <input checked="" type="checkbox"/> Medium <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> - Cardiology - Resp. Therapy - Echocardiography - Radiology/MRI - Endoscopy - Physical therapy - Nuclear medicine - Wound Clinics - Outpatient Clinics - Laundry - Cafeteria/Foods - PT/OT/Speech - Materials Mgmt. </div> | <input type="checkbox"/> High <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> - Acute Care Floors - Surgical Units - Emergency Dept. - Post Anesthesia CU - L&D - Pharmacy - Lab and specimens - Pediatrics - Medical Units - Outpatient Surg. - Newborn Nursery - Infusion Clinic - Dialysis </div> | <input type="checkbox"/> Highest <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> - Burn Unit - Oncology or any immunocomp pts. - Catheter Labs - Cent Sterile Supply - Intensive Care Unit - Pos. Pressure Rm. - Angiography Rm. - Pharm compound areas - Level 3 Lab area - Micro Lab - Invasive proceed - OR & C-Section Rm </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PeopleSoft Project # or Job Name: **Kitchen Remodel**

STEP 3. Use the classifications from STEP 1 and 2 to determine the Construction Class below:

Higher classes must include lower classes as well. Example, III includes I, II, & III.

Construction Activity Type*

Patient Risk	Type A	Type B	Type C	Type D
Lowest	Class I	Class I	Class I	Class III
Medium	Class II	Class II	Class III	Class IV
High	Class I	Class III	Class IV	Class IV
Highest	Class III	Class III	Class IV	Class IV

*Infection Control Approval is needed for all Class III and Class IV projects

4. Follow all the appropriate Infection Control Protocols below: (Hand hygiene stations must be available)

	During Construction	Upon Completion
<input type="checkbox"/> Class I	<ul style="list-style-type: none"> - Perform work using methods to minimize raising dust or tracking dust into other areas. - Immediately replace ceiling tile upon completion of inspection. 	<ul style="list-style-type: none"> - Clean work area.
<input type="checkbox"/> Class II	<ul style="list-style-type: none"> - All measures for Class I work. - Use active dust control measures. - Use water mist to control dust while cutting. - Seal doors, ducts, vents and HVAC units. - Place dust control mats at entries to work area; keep them clean and effective. - Remove debris only in tightly covered containers. 	<ul style="list-style-type: none"> - All measures for Class I work. - Wipe all horizontal surfaces with disinfectant. - Remove debris only in tightly covered containers. - Vacuum using HEPA filtered vacuum; mop with disinfectant as appropriate. - Remove all seals from doors, ducts, vents and HVAC units.
<input type="checkbox"/> Class III	<ul style="list-style-type: none"> - All measures for Class II work. - Construct barriers to prevent dust and other contaminant migration prior to beginning work. - Maintain negative air pressure in work space using HEPA filtration units. 	<ul style="list-style-type: none"> - All measures for Class II work. - Remove construction barriers only after all needed inspections are complete and passed. - Remove construction barriers in a manner that minimizes the spread of dust and debris. - Use HEPA Filter vacuum on clothes.
<input checked="" type="checkbox"/> Class IV	<ul style="list-style-type: none"> - All measures for Class III work. - Seal all pipes, conduits and penetrations. 	<ul style="list-style-type: none"> - All measures for Class III work.

- Non-construction visitors wear shoe covers when VISITING construction area
- Construction workers wear shoe covers when Leaving the construction area
- Provide Neg Pressure Air Monitoring Log During Construction
- Construct anteroom outside area of construction
- Workers to wear clean paper overalls and shoe covers when entering/exiting site

PeopleSoft Project # or Job Name: Kitchen Remodel

Additional Requirements For This Area:

Will comply with construction requirements from the Health Department and food preparation

Initials: CC Date: 09/22/2020

Other Considerations for Work Impact

1. Identify the risk levels of areas that are adjacent to the project:

Above				Below				Lateral				Lateral				Front				Other			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest

2. Identify likely outages and their effects: plumbing, medical gas, ventilation, electrical, etc.:

Outages are expected for electrical. Breaker panels will be used to focus electrical shut off to the construction area only. Ventilation will be turned off and taped off. HEPA filter will be in place. Negative pressure will be maintained during the entirety of the project if the project cannot be completely sealed off from the facility. This will be monitored daily.

3. Describe specific containment measures to be used:

A hard wall will be placed enclosing the work area. The ventilation will be shut off and taped. Construction team will wear booties when they enter into the non-construction area. Sticky mats/wet towels will be used to wipe off feet before leaving the work site. HEPA filter will be in place during the entirety of the project.

4. Describe specific risks associated with water damage:

none anticipated

5. Describe noise and vibrations that will impact patient care areas and how you will mitigate that:

Manager(s) will be notified before noise inducing project will occur.

6. Identify the project work hours - avoiding patient care impact when possible:

Monday-Friday daytime hours.

- 7. Do plans allow for sufficient isolation/negative airflow rooms? Yes No N/A
- 8. Do plans allow for sufficient hand washing sinks per AIA guidelines? Yes No N/A
- 9. Do plans allow for sufficient access to clean and soiled utility rooms? Yes No N/A

PeopleSoft Project # or Job Name:	Kitchen Remodel
------------------------------------------	------------------------

10. Describe the Project Communication Plan for traffic patterns, EVS, etc.:

Contractors will be bringing in equipment in through facility bay doors. Hard wall will be placed to enclose work area off from the rest of the kitchen. Construction doors will remain closed to maintain negative pressure to the work site. The hard wall will not be removed until site has been checked by project manager/IP for appropriate clean up. Exit path will be maintained during project.

11. Describe the Project Monitoring Plan for infection control, safety, etc.:

Hard wall will be in place to enclose work site area. Ventilation will be shut off and taped. HEPA filter will be used to help contain dust inside work area. Terminal cleans will be done. Booties will be worn when contractors need to enter an area outside the work site. Sticky pads and wet towels will be used on shoes before leaving work site. Contractor orientation/education will be given before the project begins. Contractors will follow the facilities current screening process for COVID and will follow current masking guidelines of the facility. PPE will be supplied. Contractors will only enter and exit through designated door to bring in equipment. All equipment will be wiped down before leaving the work site or if moving from a dirty to clean area within the work site.

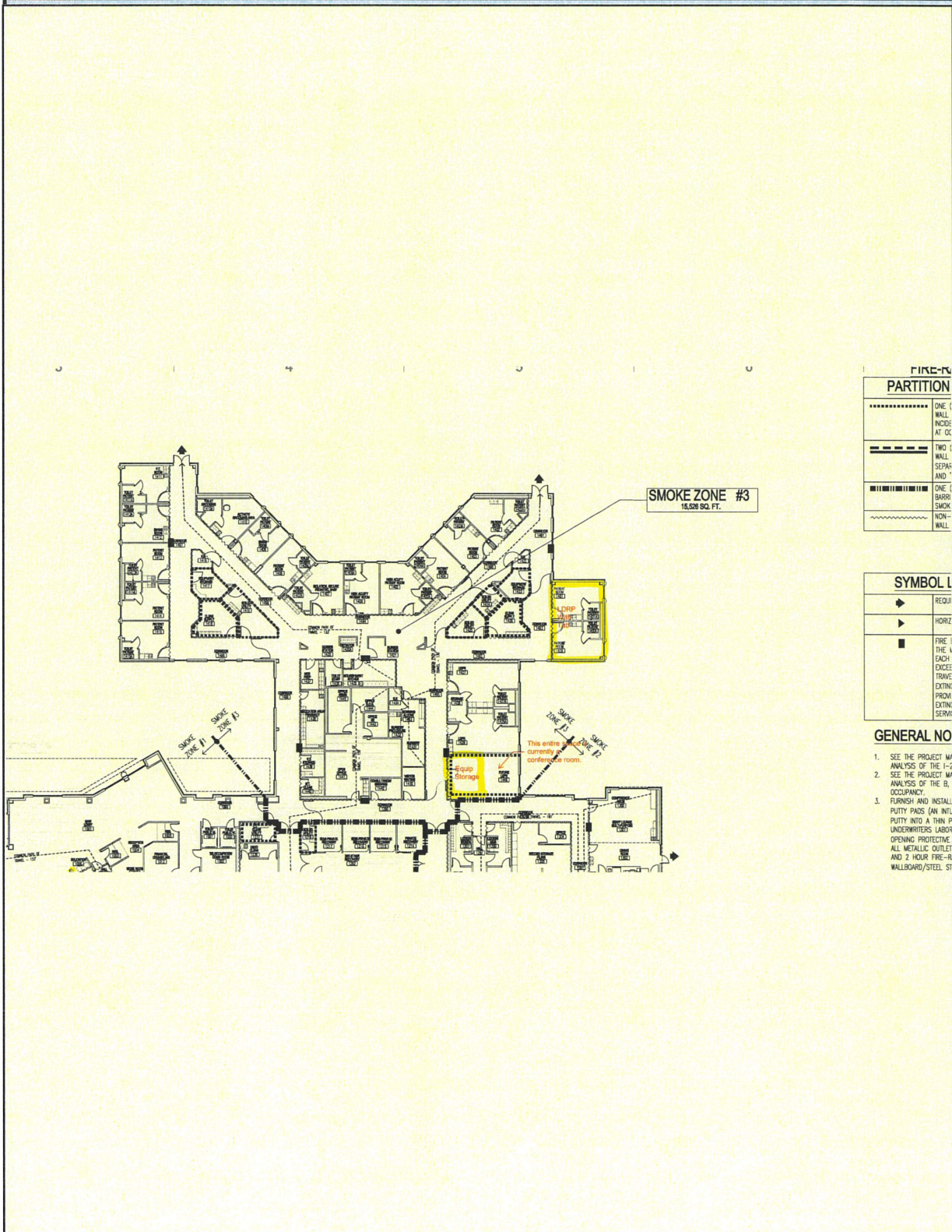
12. Project Closeout (See last page for on-going review form)

Signature for project closure, final review and approval for using the area:	
(Facility Maintenance for Class I & II, Infection Prevention for Class III & IV)	
	Name: <input style="width: 60%;" type="text"/>
	Date: <input style="width: 60%;" type="text"/>

PeopleSoft Project # or Job Name:

Kitchen Remodel

File Upload - A PDF image or PDF form can be uploaded. Only the most recent upload will show.



FIRE-R	
PARTITION	
.....	ONE (1) WALL INCLD AT OC
----	TWO (2) WALL SEPAR AND
	ONE (1) BARRI SMOKE
----	NON-WALL

SYMBOL L	
▶	REQUI
▶	HORIZ
■	FIRE (THE EACH DOOR TRAVE EXTING FROM EXTING SERV)

GENERAL NO

1. SEE THE PROJECT ANALYSIS OF THE I-2
2. SEE THE PROJECT ANALYSIS OF THE B, OCCUPANCY
3. FURNISH AND INSTALL PUTTY PADS (AN INTL PUTTY INTO A THIN P UNDERWRITERS LABOR OPENING PROTECTIVE, ALL METALLIC OUTLET AND 2 HOUR FIRE-R WALLBOARD/STEEL ST

