

Project: UVOC ASC Conversion
Addendum 1

Date: December 22, 2022

To: Contractors/Subcontractors

From: HKS Architects, Inc
90 South 400 West, Suite 110
Salt Lake City, Utah 84101
(801) 532-2393

The Pricing Documents shall be amended and/or revised by Addendum hereinafter specified and all Work affected by this Addendum shall be included.

Except as may otherwise be described, labor and materials for the Work hereinafter shall conform to all requirements of the original Contract Documents.

Pages of Addendum: 23 each pages or sheets

General Clarifications:

Include items noted in 12/16/2022 e-mail from David Rowbury as part of this addendum: “We have been given the green light to do the work on the UVOC ASC Operating Rooms in 2 phases (3 rooms at a time). Attached is a red-lined phasing plan, updated bid form (also in procore documents), and proposed ICRA forms for reference as you prepare your bids. We will include this in an official addendum but wanted to let you know as soon as possible that the base bid to complete the work in 2 phases is all that is needed. There is no need to provide alternate pricing at this time.”

ICRA statements, ICRA – phasing, and updated bid form are attached

Architectural Clarifications:

Ceiling barrier A4.01/04:

Finish on exposed metal is as noted, aluminum (no paint)

What is holding the glass in the channel: The sealant noted

If channel is bolted to the grid (yes it is), does the grid need reinforcement: Provide additional wires from grid to structure at each channel anchorage to grid.

Electrical Clarifications:

Existing drawings noting electrical devices on the ceilings are attached to this addendum. Note that only 2 OR's show the booms / lights, but all 6 of the OR's have the same OR light / boom configuration.

There is no intent to remove the booms or lights in order to do the mechanical installation. As stated in the Pre-Bid walkthrough, the large ceiling items shall be protected in place

End of Addendum

Attachments:

Existing electrical drawings – 3 sheets.

PeopleSoft Project # or Job Name:	
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Infection Control Risk Assessment (ICRA)

Work Permit

20220307



Facility or Location

Project Start Date:

Contractor Project Manager:

Estimated Completion Date:

Contractor Performing Work:

Need to Relocate Patients? Yes No

Affected Department Supervisor Signature:
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Name:
Date:

Environmental Service Supervisor Signature:
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Name:
Date:

Intermnt Hlthcare Project Manager Signature:

Name:
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:
Initials: Date:

Exceptions or Additions to This Permit:
Initials: Date:

Signature of Permit Requested by:
Name:
Date:

Infection Prevention Approval Signature:
Name:
Date:

PeopleSoft Project # or Job Name:	
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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 millwork
 - 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:

Lowest	Medium	High	Highest
<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 	<ul style="list-style-type: none"> - Cardiology - Resp. Therapy - Echocardiography - Radiology/MRI - Physical therapy - Nuclear medicine - Wound Clinics - Outpatient - Clinics Laundry - Cafeteria/Foods - PT/OT/Speech - Materials Mgmt. 	<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 - Endoscopy 	<ul style="list-style-type: none"> - Burn Unit - Oncology or any immune comp patients. - Catheter Labs - Central Sterile Supply (Instrument Processing Room) - Intensive Care Unit - Pos. Pressure Rm. - Angiography Rm. - Pharm compound areas - Level 3 Lab area - Micro Lab - Invasive proceed - OR & C-Section Rm

PeopleSoft Project # or Job Name:	
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STEP 3. Use the classifications from STEP 1 and 2 to determine the Construction Class below:

Higher classes 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 II	Class III	Class IV	Class IV
Highest	Class III	Class III	Class IV	Class IV

*Infection Control Approval is needed for all projects

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

	During Construction	Upon Completion
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.
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.
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.
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.

N/A Yes

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:	
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Additional Requirements for This Area:

Initials: Date:

Other Considerations for Work Impact

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

Above				Below				Lateral				Lateral				Front				Other			
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.:

3. Describe specific containment measures to be used: Existing Doors and Walls are Acceptable for barrier if negative pressure can be achieved.

4. Describe specific risks associated with water damage:

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

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

- | | | | |
|--|-----|----|-----|
| 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:

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

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

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12. Contractor Acknowledgment and Compliance with ICRA Work Permit

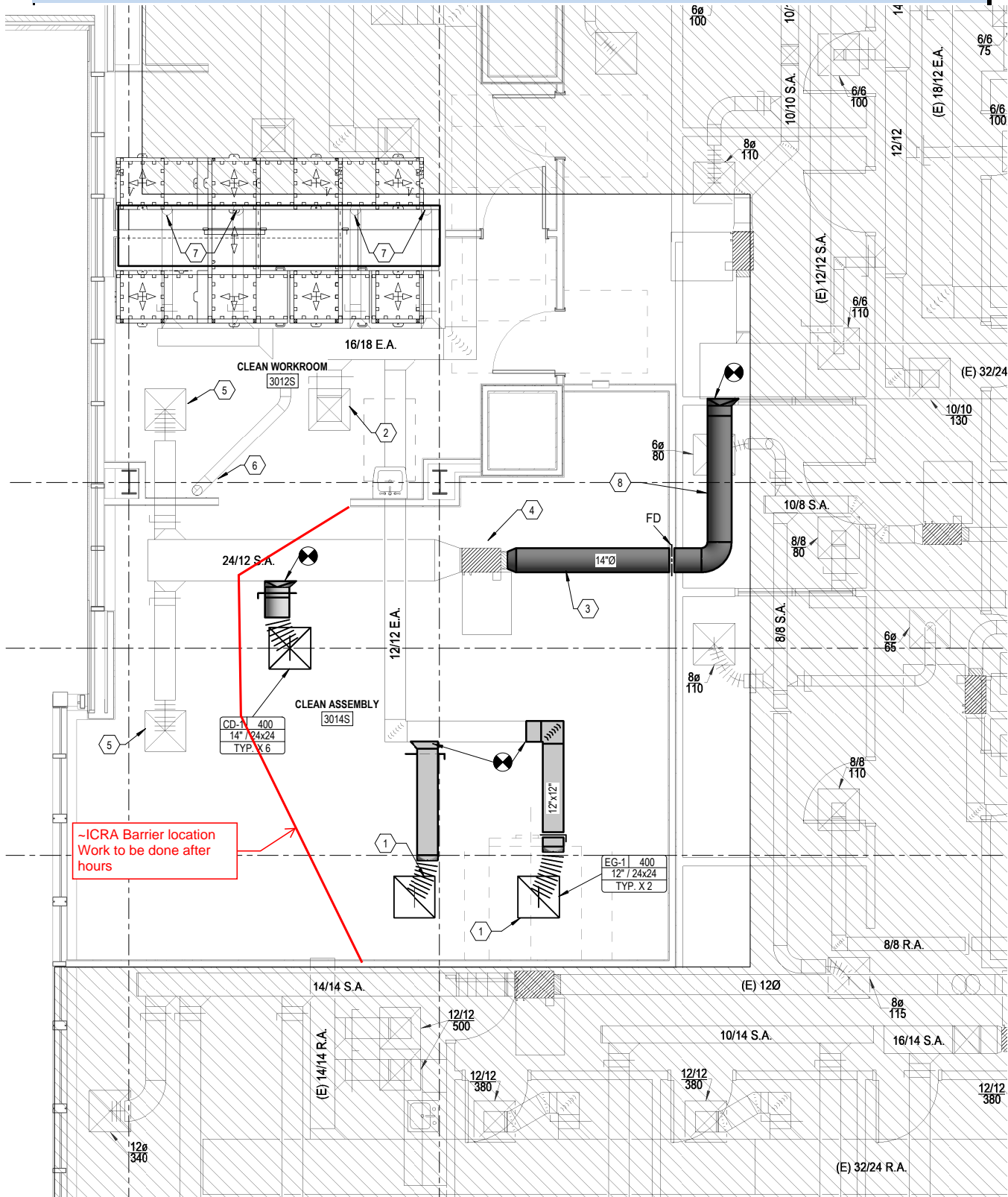
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	Name: <input type="text"/>
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13. Project Closeout (See last page for on-going review form)

Signature for project closure, final review and approval for using the area:	
(Facility Maintenance for Class I & II, Infection Prevention for Class III & IV)	
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PeopleSoft Project # or Job Name:

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	Date: <input type="text"/>

PeopleSoft Project # or Job Name:

File Upload - A PDF image or PDF form can be uploaded

**PHASE 1:
PROVIDE MODIFICATIONS IN
THE 3 EAST OPERATING
ROOMS**



**PHASE 2:
PROVIDE MODIFICATIONS IN
THE 3 WEST OPERATING
ROOMS**

**PHASE 1:
WORK IN LEVEL 3 CENTRAL
PROCESSING AREA (SEE
SHEET A4.01)**

01 LEVEL 3 & 4 PHASING PLAN
1/8" = 1'-0"

PLOT DATE: FILE NAME: FILE DATE: XREFS:

SECTION 00 4000

BID FORM

TO: **IHC Health Services, Inc.** (Intermountain Healthcare)
Facility Design and Construction (FD&C)
36 South State Street, 16th Floor
Salt Lake City, Utah 84111-1486

Attention: AnnaLisa Silcox
Email: AnnaLisa.Silcox@imail.org

PROJECT: **Intermountain Healthcare UVOC ASC Conversion**
1157 N 300 W
Provo, UT 84604

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 HKS Architects, Inc.

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 UVOC ASC Conversion for Intermountain Healthcare:

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)

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

#	DATE	REVISIONS	DESCRIPTION

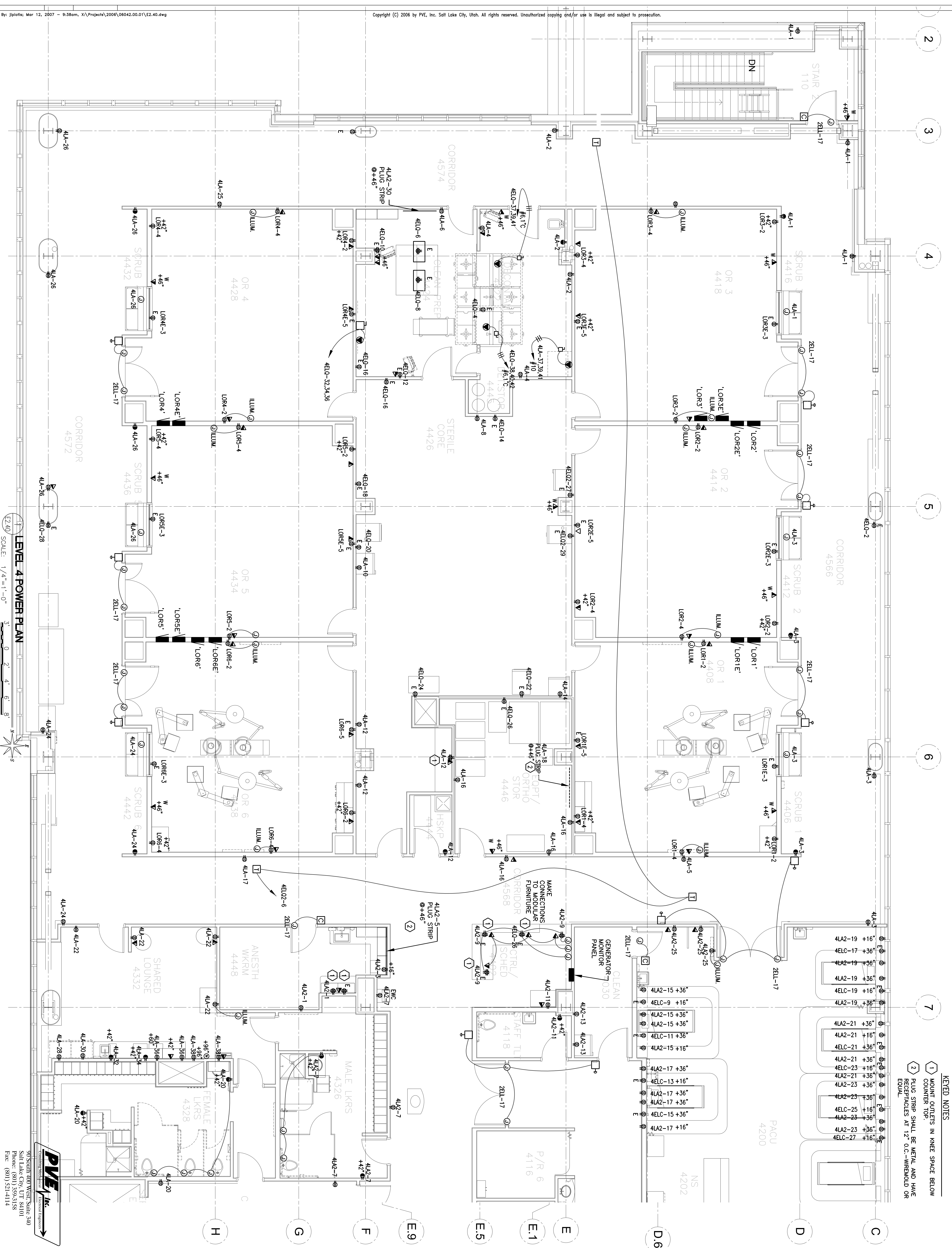
PVE PROJECT NUMBER
06042.00.01

DATE
March 12, 2007

ISSUE
Bid Package #3

SHEET TITLE
LEVEL 4 POWER PLAN

- KEYED NOTES**
- 1 MOUNT OUTLETS IN KNEE SPACE BELOW COUNTER TOP.
 - 2 PLUG STRIP SHALL BE METAL AND HAVE RECEPTACLES AT 12" O.C.-WIREFOLD OR EQUAL.





KEY PLAN

#	DATE	REVISIONS	DESCRIPTION

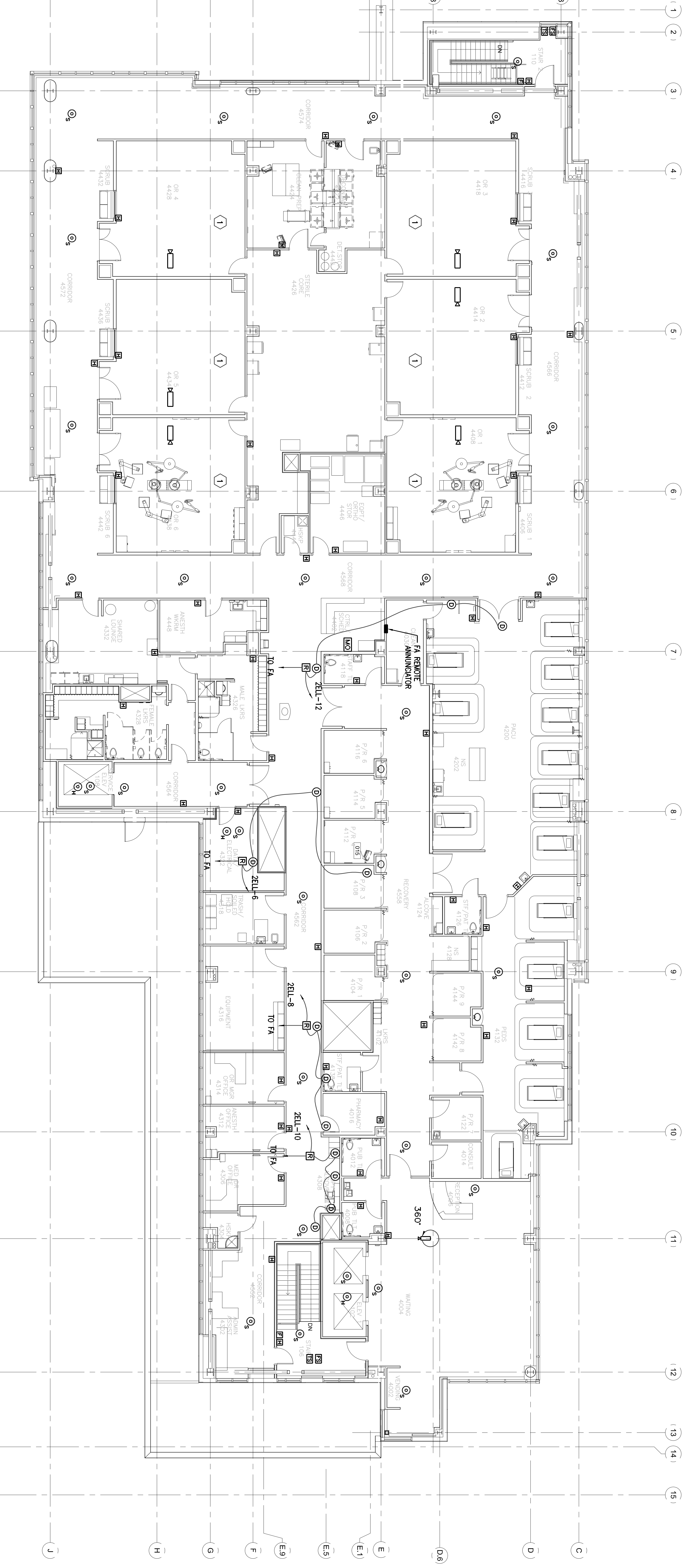
P/E PROJECT NUMBER
06042.00.01

DATE
March 12, 2007
ISSUE
Bid Package #3

SHEET TITLE
**LEVEL 4 SPECIAL
SYSTEMS PLAN**

SHEET NO.
E2.42

KEYED NOTES
1 PROVIDE STENOPHONE HANDS-OFF SOUND AMPLIFICATION AND RECORDING SYSTEM (EACH OR 2). ALSO, LINE ISOLATION MONITOR (EACH) AT THIS POINT. THEIR NEED IS UNCERTAIN.



1 LEVEL 4 SPECIAL SYSTEMS PLAN
SCALE: 1/8"=1'-0"
0' 4' 8' 12' 16'

ARCHITECT
 HKS INC.
 10 EXCHANGE PLACE SUITE 200
 SALT LAKE CITY, UT 84111
CIVIL ENGINEER

STRUCTURAL ENGINEER

MET ENGINEER
 HKS INC.
 90 SOUTH 400 WEST, SUITE 340
 SALT LAKE CITY, UT 84111
 (801) 526-5158 Fax: (801) 521-4114
ELECTRICAL SPECIALTY ENGINEER

INTERIOR ARCHITECTURE
 10 EXCHANGE PLACE SUITE 200
 SALT LAKE CITY, UT 84111
 (801) 526-5158 Fax: (801) 521-4114
LANDSCAPE

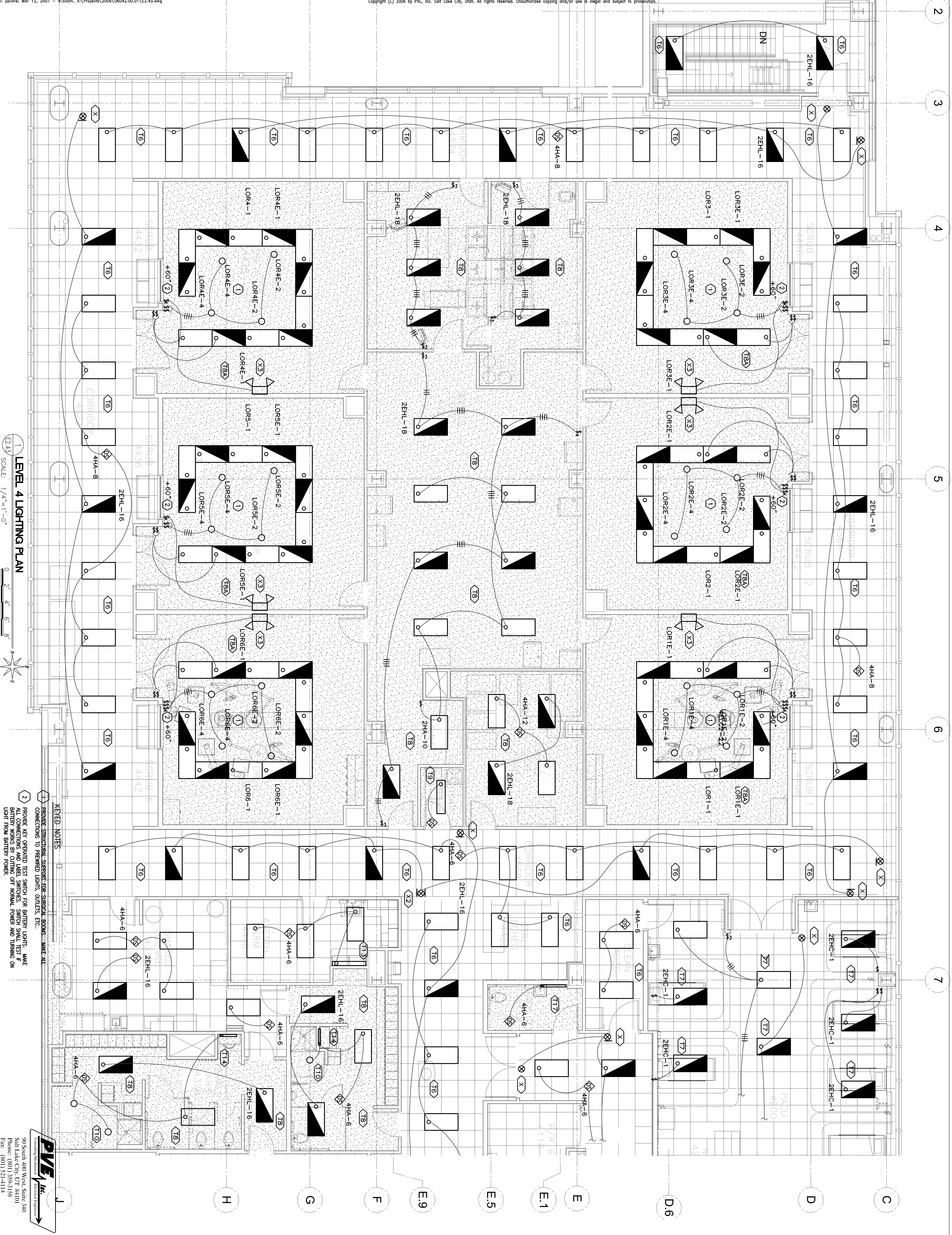
INTERMOUNTAIN
 Utah Valley Regional
 Medical Center
 Northeast
 Plaza

OWNER
 INTERMOUNTAIN HEALTHCARE INC. 2300
 SALT LAKE CITY, UT 84111
OWNER CONSULTANT
 HKS INC.
 3000 SOUTH 300 WEST
 SALT LAKE CITY, UT 84115

REGISTERED PROFESSIONAL ENGINEER
 No. 15487
 LEWIS P.
 HENRICH
 ENGINEER

#	DATE	REVISIONS	DESCRIPTION

PVE Inc.
 Consulting Engineers
 90 South 400 West, Suite 340
 Salt Lake City, UT 84111
 Phone: (801) 359-3158
 Fax: (801) 521-4114



LEVEL 4 LIGHTING PLAN
 SCALE: 1/4"=1'-0"
 0 2 4 6 8'

KEYED NOTES:
 1 PROVIDE STRUCTURAL SUPPORT FOR SIGNAL ROOMS. MAKE ALL CONNECTIONS TO PROVIDED LIGHTS, OUTLETS, ETC.
 2 PROVIDE KEY OPERATED TEST SWITCH FOR BATTERY LIGHTS. MAKE ALL CONNECTIONS AND LABEL SWITCHES. SWITCH SHALL TEST FROM LIGHT FROM BATTERY POWER.

DATE
 March 12, 2007
ISSUE
 Bid Package #3
SHEET TITLE
 LEVEL 4 LIGHTING PLAN
 ENLARGED NORTH

SHEET NO.
 E2.43

PROJECT NUMBER
 06042.00.01

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