## Remodel Building 51-1 Eastside St. Cloud VAMC VA PROJECT NUMBER: 656-19-307

## 4801 VETERANS DRIVE ST CLOUD, MN 56303



U.S. Department of Veterans Affairs Veterans Health Administration

## TECHNICAL SPECIFICATIONS Volume 3: APPENDICES

ANDERSON ENGINEERING OF MN, LLC Project Number: 15479

Issue for **100% CD Submittal** 

JULY 24, 2024

# **A** N D E R S O N

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Prepared in association with the following:

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## Remodel Building 51-1 Eastside St. Cloud VAMC VA PROJECT NUMBER: 656-19-307

APPENDIX A Report: Asbestos and Lead Inspection Profile

## ASBESTOS & LEAD INSPECTION PROFILE

Building  $51 - 1^{st}$  Floor East Side Building  $48 - 1^{st}$  Floor West Side

St. Cloud VA Medical Center 4801 Veterans Drive St. Cloud, MN 56303

December 28, 2023



Submitted to:

Ed Markfort Anderson Engineering

Submitted by: Institute for Environmental Assessment 9201 West Broadway North, Suite 600 Brooklyn Park, MN 55445-1922

763-315-7900 / 800-233-9513

**IEA Project #202311198** 

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# **SECTION I**

Asbestos Bulk Sample Summary

## ASBESTOS BULK SAMPLE SUMMARY

## Building 51 – 1<sup>st</sup> Floor East Side St. Cloud VA Medical Center St. Cloud, MN 56303

On December 19, 2023, the Institute for Environmental Assessment (IEA) conducted a limited asbestos inspection of areas and materials that will be impacted during renovation, according to drawings supplied by Anderson Engineering, dated January 9, 2023, on the First Floor East Side of Building 51 located at the St. Cloud VA Medical Center. Thirty six (36) bulk samples were collected on December 19, 2023, and analyzed by polarized light microscopy (PLM).

The results are as follows:

Sample #	Location	Material Type	Results
121923ML-01	Hall Near Stairs 122	Sheet Vinyl Flooring and Adhesive	None Detected
121923ML-01	Hall Near Stairs 122	Floor Filler	None Detected
121923ML-02	Hall Near Room 124	Sheet Vinyl Flooring and Adhesive	None Detected
121923ML-03	Lobby Area Near Sink	12" Floor Tile and Mastic – Dark Gray Mottle	None Detected
121923ML-04	Room 124	12" Floor Tile and Mastic – Beige w/Multi-Color	None Detected
121923ML-04	Room 124	Old Black Flooring Mastic	5% Chrysotile
121923ML-04	Room 124	Floor Filler	None Detected
121923ML-05	Room 123	12" Floor Tile and Mastic – Beige w/Multi-Color	None Detected
121923ML-05	Room 123	Old Black Flooring Mastic	5% Chrysotile
121923ML-05	Room 123	Floor Filler	None Detected
121923ML-06	Room 126	12" Floor Tile and Mastic – Beige w/Multi-Color	None Detected
121923ML-07	Room 120	12" Floor Tile and Mastic – Beige Mottle	None Detected
121923ML-07	Room 120	Floor Filler	None Detected
121923ML-08	Lounge/Reception	24" Floor Tile and Mastic – Multi Shaded w/Texture	None Detected
121923ML-09	Lounge/Reception	24" Floor Tile and Mastic – Multi Shaded w/Texture	None Detected
121923ML-09	Lounge/Reception	Floor Filler	None Detected
121923ML-10	Lounge/Reception	Plaster - Wall	None Detected
121923ML-11	Room 124	Plaster - Ceiling	None Detected
121923ML-12	Lounge/Reception	2'x2' Ceiling Tile - Small Dents w/ Pinholes	None Detected
121923ML-13	Lounge/Reception	2'x2' Ceiling Tile – Dents, Gouges w/ Pinholes	None Detected
121923ML-14	Hall Near Room 126	Gray Duct Caulk	None Detected
121923ML-15	Hall Near Room 118	Gray Duct Caulk	None Detected
121923ML-16	Hall Near Room 112	Red Fire Stop	None Detected
121923ML-17	Lounge/Reception	Red Fire Stop	None Detected
121923ML-18	Room 110	Fixture Caulk	None Detected
121923ML-19	Room 111 Restroom	Fixture Caulk	None Detected
121923ML-20	Room 118	2'x2' Gypsum Ceiling Tile	None Detected
121923ML-21	Room 118	Black Wall Coating	None Detected
121923ML-22	Lounge/Reception	Black Wall Coating	None Detected
121923ML-23	Lounge/Reception	Black Wall Coating	None Detected
121923ML-24	Room 110	Security Window Caulk	None Detected
121923ML-25	Room 117	Security Window Caulk	None Detected

Sample #	Location	Material Type	Results
121923ML-26	Lounge/Reception	White Penetration Filler	None Detected
121923ML-27	Lounge/Reception	White Penetration Filler	None Detected
121923ML-28	Room 111	Baseboard & Adhesive – 4" Dark Brown	None Detected
121923ML-29	Lounge/Reception	Baseboard & Adhesive – 4" Dark Brown	None Detected
121923ML-30	Lounge/Reception	Sheetrock and Taping Compound	None Detected
121923ML-31	Lounge/Reception	Vinyl Wall Covering	None Detected
121923ML-32	Room 113	Baseboard & Adhesive – 4" Light Brown	None Detected
121923ML-33	Room 128	Baseboard & Adhesive – 4" Light Brown	None Detected
121923ML-34	Room 121 Restroom	2"x2" Ceramic Floor Tile System	None Detected
121923ML-35	Room 121 Restroom	4"x4" Ceramic Wall Tile System - White	None Detected
121923ML-36	Room 126	4"x4" Ceramic Wall Tile System - Tan	None Detected
101519BD-01	Room 119	2"x2" Ceramic Floor Tile System	None Detected
101519BD-02	Room 119	4"x4" Ceramic Wall Tile System - White	None Detected
101519BD-03	Room 119	Transite Panels in Convector Unit	40% Chrysotile

The purpose of the inspection was to sample all suspect materials that were not previously identified in asbestos inspection reports supplied under separate cover. Any suspect materials not identified in the above referenced table or not identified in previous asbestos inspection survey reports that are uncovered prior to or during renovation should be assumed to contain asbestos or sampled.

Asbestos sample location map can be found in Section II. Asbestos laboratory report can be found in Section III

# **SECTION II**

Asbestos Bulk Sample Locations Drawing



# **SECTION III**

Asbestos Laboratory Report



3410 Winnetka Avenue North New Hope, MN 55427 Tel/Fax: (763) 449-4922 / (763) 449-4924 http://www.EMSL.com / minneapolislab@emsl.com EMSL Order: 352311307 Customer ID: IFEA50 Customer PO: Project ID:

Attention: Emma Squires-Sperling	Phone:	(763) 315-7927
Inst. For Environmental Assessment	Fax:	(763) 315-7920
9201 West Broadway	Received Date:	12/20/2023 2:45 PM
Suite 600	Analysis Date:	12/22/2023
Brooklyn Park, MN 55445	Collected Date:	12/19/2023
Project: 202311198- Building 51		

## Test Report: Asbestos Analysis of Bulk Materials via AHERA Method 40CFR 763 Subpart E Appendix E supplemented with EPA 600/R-93/116 using Polarized Light Microscopy

			<u>Non-Asbestos</u>		<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
121923MC-01-Floor Tile 352311307-0001	Hall near Stair 122, Sheet Vinyl Flooring & Mastic	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-01-Brow n Layer 352311307-0001A	Hall near Stair 122, Sheet Vinyl Flooring & Mastic	Brown Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-01-Gray Layer 352311307-0001B	Hall near Stair 122, Sheet Vinyl Flooring & Mastic	Gray Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-02-Floor Tile 352311307-0002	Hall near rm 122, Sheet Vinyl Flooring & Mastic	Tan/White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-02-Masti c 352311307-0002A	Hall near rm 122, Sheet Vinyl Flooring & Mastic	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-03-Floor Tile 352311307-0003	Lobby near sink, 12" Floor Tile & Mastic- Dark Gray Mottle	Gray Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-03-Masti c <i>352311307-0003A</i>	Lobby near sink, 12" Floor Tile & Mastic- Dark Gray Mottle	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-04-Floor Tile 352311307-0004	Rm 124, 12" Floor Tile & Mastic- Beige w/ Multi-Color	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected
121923MC-04-Tan Mastic 352311307-0004A	Rm 124, 12" Floor Tile & Mastic- Beige w/ Multi-Color	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method") but augmented with procedures outlined in the 1993 ("final") version of the method. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478



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			<u>Non-</u>	Asbestos	Asbestos
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
121923MC-04-Black	Rm 124, 12" Floor Tile	Black		95.0% Non-fibrous (Other)	5% Chrysotile
Mastic	& Mastic- Beige w/	Non-Fibrous			
352311307-0004B	Multi-Color	Homogeneous			
121923MC-04-Filler	Rm 124, 12" Floor Tile	Tan/White		100.0% Non-fibrous (Other)	None Detected
352311307-0004C	& Mastic- Beige w/	Non-Fibrous			
	Multi-Color	Homogeneous			
121923MC-05-Floor	Rm 123, 12" Floor Tile	White		100.0% Non-fibrous (Other)	None Detected
Tile	& Mastic- Beige w/	Non-Fibrous			
352311307-0005	Multi-Color	Homogeneous			
121923MC-05-Tan	Rm 123, 12" Floor Tile	Tan		100.0% Non-fibrous (Other)	None Detected
Mastic & Mastic- Beige w/ 352311307-0005A Multi-Color	Non-Fibrous				
	Homogeneous				
121923MC-05-Black	Rm 123, 12" Floor Tile	Black		95.0% Non-fibrous (Other)	5% Chrysotile
Mastic	& Mastic- Beige w/	Non-Fibrous			
352311307-0005B	Multi-Color	Homogeneous			
121923MC-05-Filler	Rm 123, 12" Floor Tile	Gray/White		100.0% Non-fibrous (Other)	None Detected
352311307-0005C	& Mastic- Beige w/	Non-Fibrous			
	Multi-Color	Homogeneous			
121923MC-06-Floor	Rm 126, 12" Floor Tile	Tan/White		100.0% Non-fibrous (Other)	None Detected
Tile	& Mastic- Beige w/	Non-Fibrous			
352311307-0006	Multi-Color	Homogeneous			
121923MC-06-Masti	Rm 126, 12" Floor Tile	Tan		100.0% Non-fibrous (Other)	None Detected
С	& Mastic- Beige w/	Non-Fibrous			
352311307-0006A	Multi-Color	Homogeneous			
121923MC-07-Floor	Rm 120, 12" Floor Tile	White		100.0% Non-fibrous (Other)	None Detected
Tile	& Mastic- Beige Mottle	Non-Fibrous			
352311307-0007		Homogeneous			

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			<u>Non-Asbestos</u>		Asbestos
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
121923MC-07-Masti	Rm 120, 12" Floor Tile	Tan		100.0% Non-fibrous (Other)	None Detected
С	& Mastic- Beige Mottle	Non-Fibrous			
352311307-0007A		Homogeneous			
121923MC-07-Filler	Rm 120, 12" Floor Tile	White		100.0% Non-fibrous (Other)	None Detected
352311307-0007B	& Mastic- Beige Mottle	Non-Fibrous			
		Homogeneous			
121923MC-08-Floor	Lobby/Reception, 24"	Gray		100.0% Non-fibrous (Other)	None Detected
Tile	Floor Tile & Mastic-	Non-Fibrous			
352311307-0008	Multi-Shade w/ Texture	Homogeneous			
121923MC-08-Masti	Lobby/Reception, 24"	Tan		100.0% Non-fibrous (Other)	None Detected
С	Floor Tile & Mastic-	Non-Fibrous			
352311307-0008A Multi-Shade w/ Texture	Homogeneous				
121923MC-09-Floor	Lobby/Reception, 24"	Gray		100.0% Non-fibrous (Other)	None Detected
Tile	Floor Tile & Mastic-	Non-Fibrous			
352311307-0009	Multi-Shade w/ Texture	Homogeneous			
121923MC-09-White	Lobby/Reception, 24"	White		100.0% Non-fibrous (Other)	None Detected
Mastic	Floor Tile & Mastic-	Non-Fibrous			
352311307-0009A	Multi-Shade w/ Texture	Homogeneous			
121923MC-09-Filler	Lobby/Reception, 24"	Gray		100.0% Non-fibrous (Other)	None Detected
352311307-0009B	Floor Tile & Mastic-	Non-Fibrous			
	Multi-Shade w/ Texture	Homogeneous			
121923MC-09-Tan	Lobby/Reception, 24"	Tan		100.0% Non-fibrous (Other)	None Detected
Mastic	Floor Tile & Mastic-	Non-Fibrous			
352311307-0009C	Multi-Shade w/ Texture	Homogeneous			
121923MC-10-Gray	Lobby/Reception,	Gray		100.0% Non-fibrous (Other)	None Detected
Layer	Plaster- Wall	Non-Fibrous			
352311307-0010		Homogeneous			

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			Non-A	sbestos	<u>Asbestos</u>
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
121923MC-10-White	Lobby/Reception,	White		100.0% Non-fibrous (Other)	None Detected
Layer	Plaster- Wall	Non-Fibrous			
352311307-0010A		Homogeneous			
121923MC-11-Light	Rm 124, Plaster-	Gray/White		100.0% Non-fibrous (Other)	None Detected
Gray	Ceiling	Non-Fibrous			
352311307-0011		Homogeneous			
121923MC-11-Dark	Rm 124, Plaster-	Gray		100.0% Non-fibrous (Other)	None Detected
Gray	Ceiling	Non-Fibrous			
352311307-0011A		Homogeneous			
121923MC-12	Lounge/Reception,	Gray/White	40% Cellulose	10% Perlite	None Detected
352311307-0012	2'x2' Ceiling Tile- Small	Fibrous	40% MinWool	10.0% Non-fibrous (Other)	
	Dots w/ Pinholes	Homogeneous			
121923MC-13	Lounge/Reception,	Gray/White	40% Cellulose	10% Perlite	None Detected
352311307-0013	2'x2' Ceiling Tile- Dots,	Fibrous	40% MinWool	10.0% Non-fibrous (Other)	
	gouges & Pinholes	Homogeneous			
121923MC-14	Hall near rm 126, Gray	Gray		100.0% Non-fibrous (Other)	None Detected
352311307-0014	Duct Caulk	Non-Fibrous			
		Homogeneous			
121923MC-15	Hall near rm 118, Gray	Gray		100.0% Non-fibrous (Other)	None Detected
352311307-0015	Duct Caulk	Non-Fibrous			
		Homogeneous			
121923MC-16	Hall near rm 112, Red	Red/Black	5% Glass	95.0% Non-fibrous (Other)	None Detected
352311307-0016	Fire Stop	Non-Fibrous			
		Homogeneous			
121923MC-17	Lounge/Reception, Red	Red/Black	5% Glass	95.0% Non-fibrous (Other)	None Detected
352311307-0017	Fire Stop	Non-Fibrous			
		Homogeneous			

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			Non-Asbe	stos	Asbestos
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
121923MC-18	Rm 110, Fixture Caulk	White		100.0% Non-fibrous (Other)	None Detected
352311307-0018		Non-Fibrous			
		Homogeneous			
121923MC-19	Rm 111 RR, Fixture	White		100.0% Non-fibrous (Other)	None Detected
352311307-0019	Caulk	Non-Fibrous			
		Homogeneous			
121923MC-20	Rm 118, 2'x2' Gypsum	Brown/White	10% Cellulose	88.0% Non-fibrous (Other)	None Detected
352311307-0020	Ceiling Tile	Fibrous	2% Glass		
		Homogeneous			
121923MC-21	Rm 118, 2'x2' Gypsum	Brown/White	10% Cellulose	88.0% Non-fibrous (Other)	None Detected
352311307-0021	Ceiling Tile	Fibrous	2% Glass		
		Homogeneous			
121923MC-22	Lounge/Reception,	Gray/Black		100.0% Non-fibrous (Other)	None Detected
352311307-0022	Black Wall Coating	Non-Fibrous			
		Homogeneous			
121923MC-23	Lounge/Reception,	Gray/Black		100.0% Non-fibrous (Other)	None Detected
352311307-0023	Black Wall Coating	Non-Fibrous			
		Homogeneous			
121923MC-24	Rm 110, Security	White		100.0% Non-fibrous (Other)	None Detected
352311307-0024	Window Caulk	Non-Fibrous			
		Homogeneous			
121923MC-25	Rm 117, Security	White		100.0% Non-fibrous (Other)	None Detected
352311307-0025	Window Caulk	Non-Fibrous			
		Homogeneous			
121923MC-26	Lounge/Reception,	White		100.0% Non-fibrous (Other)	None Detected
352311307-0026	White Penetration	Non-Fibrous			
	Filler- At Ceiling	Homogeneous			

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Attention:	Emma Squires-Sperling	Phone:	(763) 315-7927
	Inst. For Environmental Assessment	Fax:	(763) 315-7920
	9201 West Broadway	Received Date:	12/20/2023 2:45 PM
	Suite 600	Analysis Date:	12/22/2023
	Brooklyn Park, MN 55445	Collected Date:	12/19/2023
Project:	202311198- Building 51		

## Test Report: Asbestos Analysis of Bulk Materials via AHERA Method 40CFR 763 Subpart E Appendix E supplemented with EPA 600/R-93/116 using Polarized Light Microscopy

			<u>Non-A</u>	NON-ASDESTOS				
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре			
121923MC-27	Lounge/Reception,	White		100.0% Non-fibrous (Other)	None Detected			
352311307-0027	White Penetration	Non-Fibrous						
	Filler- At Ceiling	Homogeneous						
121923MC-28-Base	Rm 111, Baseboard &	Gray		100.0% Non-fibrous (Other)	None Detected			
board	Adhesive- 4" Dark	Non-Fibrous						
352311307-0028	Brown	Homogeneous						
121923MC-28-Adhe	Rm 111, Baseboard &	Tan		100.0% Non-fibrous (Other)	None Detected			
sive	Adhesive- 4" Dark	Non-Fibrous						
352311307-0028A	Brown	Homogeneous						
121923MC-29-Base	Reception, Baseboard	Gray		100.0% Non-fibrous (Other)	None Detected			
board	& Adhesive- 4" Dark	Non-Fibrous						
352311307-0029	Brown	Homogeneous						
121923MC-29-Adhe	Reception, Baseboard	Tan		100.0% Non-fibrous (Other)	None Detected			
sive	& Adhesive- 4" Dark	Non-Fibrous						
352311307-0029A	Brown	Homogeneous						
121923MC-29-Wrap	Reception, Baseboard	Tan/White/Purple	50% Cellulose	50.0% Non-fibrous (Other)	None Detected			
352311307-0029B	& Adhesive- 4" Dark	Fibrous						
	Brown	Homogeneous						
			Adhesive include in analysis					
121923MC-30	Reception, Sheetrock	Brown/White	10% Cellulose	88.0% Non-fibrous (Other)	None Detected			
352311307-0030	& Taping Compound	Fibrous	2% Glass					
		Homogeneous						
			This is a composite result of sheetrock	k, taping compound, and tape				
121923MC-31	Reception/Lounge,	Gray/White	50% Cellulose	50.0% Non-fibrous (Other)	None Detected			
352311307-0031	Vinyl Wall Coating	Fibrous						
		Homogeneous						
121923MC-32-Base	Rm 113, Baseboard &	Brown/Gray		100.0% Non-fibrous (Other)	None Detected			
board	Adhesive- 4" light	Non-Fibrous						
352311307-0032	Brown	Homogeneous						

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method") but augmented with procedures outlined in the 1993 ("final") version of the method. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. Non-friable organically bound materials present a problem matrix and therefore EMSL recommends gravimetric reduction prior to analysis. Unless requested by the client, building materials manufactured with multiple layers (i.e. linoleum, wallboard, etc.) are reported as a single sample.

Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478



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Attention: Emma Squires-Sperling	Phone:	(763) 315-7927
Inst. For Environmental Assessment	Fax:	(763) 315-7920
9201 West Broadway	Received Date:	12/20/2023 2:45 PM
Suite 600	Analysis Date:	12/22/2023
Brooklyn Park, MN 55445	Collected Date:	12/19/2023
Project: 202311198- Building 51		

## Test Report: Asbestos Analysis of Bulk Materials via AHERA Method 40CFR 763 Subpart E Appendix E supplemented with EPA 600/R-93/116 using Polarized Light Microscopy

			Non-A	Asbestos	<u>Asbestos</u>		
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре		
121923MC-32-Adhe sive 352311307-0032A	Rm 113, Baseboard & Adhesive- 4" light Brown	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-33-Base board <i>352311307-0033</i>	Rm 128, Baseboard & Adhesive- 4" light Brown	Brown/Gray Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-33-Adhe sive 352311307-0033A	Rm 128, Baseboard & Adhesive- 4" light Brown	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-34-Cera mic Tile <i>352311307-0034</i>	Rm 121 RR, 2"x2" Ceramic Floor Tile System	White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-34-Grout 352311307-0034A	Rm 121 RR, 2"x2" Ceramic Floor Tile System	Gray Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-34-Beige Layer 352311307-0034B	Rm 121 RR, 2"x2" Ceramic Floor Tile System	Beige Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-34-Adhe sive 352311307-0034C	Rm 121 RR, 2"x2" Ceramic Floor Tile System	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-35-Cera mic Tile <i>352311307-0035</i>	Rm 121 RR, 4"x4" Ceramic Wall Tile System- White	White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-35-Grout 352311307-0035A	Rm 121 RR, 4"x4" Ceramic Wall Tile System- White	White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		

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Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478



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Attention: Emma Squires-Sperling	Phone: (763) 315-7927
Inst. For Environmental Assessment	<b>Fax:</b> (763) 315-7920
9201 West Broadway	Received Date: 12/20/2023 2:45 PM
Suite 600	Analysis Date: 12/22/2023
Brooklyn Park, MN 55445	Collected Date: 12/19/2023
Project: 202311198- Building 51	

## Test Report: Asbestos Analysis of Bulk Materials via AHERA Method 40CFR 763 Subpart E Appendix E supplemented with EPA 600/R-93/116 using Polarized Light Microscopy

			Non-Asbes	tos	Asbestos		
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре		
121923MC-35-Adhe sive 352311307-0035B	Rm 121 RR, 4"x4" Ceramic Wall Tile System- White	Tan Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-36-Cera mic Tile 352311307-0036	Rm 126, 4"x4" Ceramic Wall Tile System- Tan	Tan/White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		
121923MC-36-Textu re <i>352311307-0036A</i>	Rm 126, 4"x4" Ceramic Wall Tile System- Tan	White Non-Fibrous Homogeneous		100.0% Non-fibrous (Other)	None Detected		

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Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478



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Attention:	Emma Squires-Sperling	Phone:	(763) 315-7927
	Inst. For Environmental Assessment	Fax:	(763) 315-7920
	9201 West Broadway	Received Date:	12/20/2023 2:45 PM
	Suite 600	Analysis Date:	12/22/2023
	Brooklyn Park, MN 55445	Collected Date:	12/19/2023
Project:	202311198- Building 51		

The samples in this report were submitted to EMSL for analysis by Asbestos Analysis of Bulk materials via EPA/600 (0513) Method using Polarized Light Microscopy. The reference number for these samples is the EMSL Order ID above. Please use this reference number when calling about these samples.

## **Report Comments:**

Sample Receipt Date:	12/20/2023	Sample Receipt Time:	2:45 PM
Analysis Completed Date:	12/22/2023	Analysis Completed Time:	3:50 PM

Analyst(s):

leck Isunion

Nicholas Asuncion PLM (66)

## Samples Reviewed and approved by:

Rachel Travis, Laboratory Manager or other approved signatory

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Samples analyzed by EMSL Analytical, Inc. New Hope, MN NVLAP Lab Code 200019-0; Colorado AL-24478

2 Mar	9201 West Broadway North, Suite 600 Brooklyn Park, MN 55445 (763) 315-7900 1-800-233-9513
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# **CHAIN OF CUSTODY**



Client #	mt fladesen England Dag Project Name Building ST									- Shade Labor	Shaded Areas are for Laboratory Use Only!				
Address	as Contact Person IFA										t Manag	<b>b</b> er		12	
Other Information															
Verbal results to Phone, Fax No. or E-Mail TAT (circle) 6 hr 24 hr 48 hr 72h 96 hr Specify															
TATICITIES O IT 24 NT 48 IT 120 90 NT Specity													_		
Verbal results re	layed to	a di walio di	The second second	Verbal r	recults rela	yed by			D	ate	79.5	Tin	ie		
Analysis loca	tion: OO	n Site OLa	ab ORegional Off	fice ØOther	Emsi			Matri	<u>x type</u>	An	alysis r	requested	Filt	er ty	pe
Sample #	WorkArea or Phase #		Sample Descripti	on/Location	N	Sample type or	Volume	Air Bulk	Dust	PCM	PLM	Other	MCE	8 um	.45 um
121923ML- 01	Hellocan	Shut	Vall Elister	+ Aucho		KIAN		0 4	40	0	80	>	0	0	0
1 02	Hallacan No. 124	H	any i rearing	"		KIA		0	10	0	X o	)	110	0	0
-3	Lobby Nor tink	12" Plain	Tile + Mistic -	Di-k Gay M	ottla	K2K.		0 8	xo	0	XO	)	0	0	0
04	R-124	0	) tij 🛶	Big of Multi-Co	lon	×28-		0	x o	0	XO		0	0	0
05	Rm123	-11				K25 4		0	x o	0	\$ C	)	0	0	0
06	Rm 126	N		и		XET IN		0 \$	x o	0	\$ c	)	0	0	0
07	Rm 120	12" Fla	rTile + Mast	tic - Brige M	the	K2Cm		0 8	0	0	90		0	0	0
08	Ruchan	24" Fla	stik + mistic	-Multi-Shok	J. Tota	+3A -		0	80	0	\$ c	)	0	0	0
07	L m	н		ц		- ARGENE		0 9	0	0	X C	)	0	0	0
10	Reiphn	Plaston	- Wall				V	0 3	X O	0	pa c		0	0	0
	Rn 124	Plasto	- Caling	1				0		0	80	)	0	0	0
12	Here her	2 Y2'Cer!	ig Tile = smill	Duts -/ Pinho	145			0 }	R O	0	A C	)	0	0	0
	Hallows	1'x2'G. 1	y Tile - Dents q	joges + Pinha	15			0 }	Q O	0	pa c	)	0	0	0
14	m 126	670	het Coulk					0 /	0 0	0	RO	)	0	0	0
	cm If		11					0 9	1 0	0	Se C	)	O	0	0
The MN Departr	ment of Healt	h Alternative I	indoor Air Standard for	this project is:		F/CC Ba	tch Number:		1.1		Sample	s Acceptable?	O Yes	ON	No
Sampled by		Da te Tim	Deiv ered by	Date	T ime	Received by		Date	Time	Enter	red by		DaJe	Ti	me
Received by	12	9 24 Date Tim	Delivered by	Date	Time	Analysis by	v2 -111 ) v2	Date	Time	Deli	vered by		Date	Ti	me

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E	9201 West Broadway North, Suite 600 Brooklyn Park, MN 55445 (763) 315-7900 1-800-233-9513
EA	9201 West Broadway North, Suite 600 Brooklyn Park, MN 55445 (763) 315-7900 1-800-233-9513



# CHAIN OF CUSTODY

						-				-	-		100.000		
Client #     Project # 2023/198     Building Name     Building State     Shate       Client     Anderson Engineerin     Project Name											- Labor	Shaded Areas are for Laboratory Use Only!			
Address	Address Contact Person IEA Project Manager														
Other Information															
Verbal results to			1	Phone, Fax No. or E-M	ail	-	-	TAT (ci	rcle) 6 hr 24 l	hr 48 hr	12 hh	96 hr Spec	ify		
Verbal results rel	Emma	Squiri	<u>_</u>	THE REAL PROPERTY.	Varbal	nonalite pole	uno d hav	-			ato		Tim		
A nalveis locat	tion: O	On Site	OLab		o Othor	Courts rea							111	E TIL	
Analysis local		On Site	OLau	O Regional Office	e ouler	Ent	>~		Matrix	type	An	alysis re	quested	<u>Fut</u>	<u>er type</u>
Sample #	Work Ar or Phase 4	28	Sa	mple Description	/Location		Sample type or Material code	Volame	Air Bulk	Dust	PCM	PLM	Other	MCE	.8 um .45 um
121923-1-11	Hall nest	R	d Fork	Stop					oX	0	0	0		0	00
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18	Am 110	F	thre (	Colk				12	0 0	0	0	00		0	00
- 19	Pm IIR	2 1.		W	-C				0 0	0	0	0 0		0	00
20	Rn 118	2'	+2' G.	ps on Certing	tile				0 0	0	0	0 0		0	0 0
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22	Ridor	BI	scle h	1211 Costing		_			09	0	0	p o		0	0 0
	<u> </u>	6		h 7					0 9	0	0	p o		0	0 0
24	Rn 110	SL	curity	window C	pulk				0 9	0	0	0 0		0	0 0
25	Rn 117	- 11	1		65				0 0	0	0	0 0	_	0	0 0
	- Sup	m wh	the Pe	notation Fillor	- At Cert.	3			0 0	0	0	0.0		0	0 0
- 2+		K		11 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	- At Cub	3				0	0	90		0	0 0
28	Par III	- 6-5	chard	+ Adhesive - 4	" Darke Bron	~			00	0	0	00		0	0 0
	Kices pho	Sher	hade at	The Constant	1		Camposte		00	0	0	0		0	0 0
The MN Departm	sent of Her	alth Altern	ative Indo	or Air Standard for thi	s project is:		F/CC. Bat	tch Number:				Samples	Acceptable?	O Yes	ONo
Sampled by		Date	Time	Delivered by	Date	Time	Received by	lab	Pate	Time	Enter	red by	1	Date	Time
Mittlidbur		2/19/23	-	15 IF 11		-	MDE(E	MSL-mu	1/19/13	14:43	D.F			Det	
Keceived by	2	Date	lime	Delivered by	Date	l'ime	Analysis by	-	Date	Time	Deliv	vered by	1	Date	lime

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Verbal results to Emma Signing         Phone, Fax No. or E-Mail         TAT (circle) 6 hr 24 hr 48 hr (72 fr 96 hr Specify           Verbal results relayed to         Verbal results relayed by         Date           Analysis location: O On Site OLab O Regional Office Ot her Eins L         Matrix type         Analysis requessi           Sample 8         Sample Description/Location         Sample type         Volume         Image: Signify of the Superior Sup	ted Filt	
Verbal results to Emma Squines       Phone, Fax No. or E-Mail       TAT (circle) 6 hr 24 hr 48 hr (22 fr 96 hr Specify         Verbal results relayed to       Date         Analysis location: O On Site O Lab O Regional Office O ther       Emma Sample type       Matrix type       Analysis request         Sample #       WorkArea o Phase #       Sample Description/Location       Sample type       Volume       #       #       O       %       O       %       O         12       192.3mc_51       Rwith // Wry/ Will Curban       // // // // // // // // // // // // //	ted Filt	
Verbal results relayed to         Date           Analysis location: OOn Site OL:ab ORegional Office Of ther         Encycle         Matrix type         Analysis requess           Sample #         Work Area or Phase #         Sample Description/Location         Sample type or Materia/toted         Volume         #         Matrix type         Analysis requess           12 192.3mL-51         Kurtikurit         Vur/ Will Curtan         0	ted Filt	
Analysis location: $\bigcirc On Site \bigcirc Lab \bigcirc Regional Office & Other _ E / S L$ Matrix type       Analysis request         Sample #       Work Area or Phase #       Sample Description/Location       Sample type (Materis/location)       Volume $\frac{1}{2}$ $\frac$	ted Film	
Sample #         Work Area or Phase #         Sample Description/Location         Sample type Materia/tended         Volume $\frac{1}{2}$	MCCE	8 um
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The MN Department of Health Alternative Indoor Air Standard for this project is: F/CC Batch Number: Samples Accept		es ONo
Sampled by Date Time Delivered by Date BLONE Received bylab Date Time Entered by Mott Ladberz 12/19/73	table? O Yes	-

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# **SECTION IV**

Lead-Based Paint Inspection Summary

## LEAD-BASED PAINT INSPECTION SUMMARY

Inspection for:	Anderson Engineering
Performed at:	Building 51 – First Floor East Side
Performed by:	Institute for Environmental Assessment
Inspection Dates:	December 19, 2023
Instrument Used:	SciAps X-550 Pb X-Ray Fluorescence (XRF) Analyzer
Serial Number:	X550-01398
Standard:	$1.0 \text{ mg/cm}^2$

A total of one hundred and one (101) surfaces were analyzed for lead content utilizing the XRF Analyzer. All samples were given a result of positive or negative for lead (above or below 1.0 mg/cm<sup>2</sup>), the standard established by the Minnesota Department of Health (MDH) and HUD for lead in paint. Results are located in Section V.

Positive results include:

• Original Building Window Frame

For purposes of renovation, the renovation contractor must be notified of the lead content in paint. It is the contractor's responsibility to comply with OSHA's Lead in Construction Rule 29 CFR 1926.62. OSHA does not acknowledge the standards established by MDH and HUD and regulates any amount of lead in paint.

Calibration check tests were conducted throughout the inspection using standards with a known lead content of  $0.0 \text{ mg/cm}^2$  to  $3.5 \text{ mg/cm}^2$ .

## LEAD-BASED PAINT INSPECTION SUMMARY

Inspection for:	Anderson Engineering
Performed at:	Building 48 – First Floor West Side
Performed by:	Institute for Environmental Assessment
Inspection Dates:	December 19, 2023
Instrument Used:	SciAps X-550 Pb X-Ray Fluorescence (XRF) Analyzer
Serial Number:	X550-01398
Standard:	$1.0 \text{ mg/cm}^2$

A total of forty six (46) surfaces were analyzed for lead content utilizing the XRF Analyzer. All samples were given a result of positive or negative for lead (above or below  $1.0 \text{ mg/cm}^2$ ), the standard established by the Minnesota Department of Health (MDH) and HUD for lead in paint. Results are located in Section V.

Positive results include:

• Original Metal Door Frames

For purposes of renovation, the renovation contractor must be notified of the lead content in paint. It is the contractor's responsibility to comply with OSHA's Lead in Construction Rule 29 CFR 1926.62. OSHA does not acknowledge the standards established by MDH and HUD and regulates any amount of lead in paint.

Calibration check tests were conducted throughout the inspection using standards with a known lead content of  $0.0 \text{ mg/cm}^2$  to  $3.5 \text{ mg/cm}^2$ .

# **SECTION V**

Lead-Based Paint Inspection Reports

## SCVAMC - Building 51 First Floor XRF Results

<u>Test #</u>	<u>Date</u>	<u>Room</u>	<b>Component</b>	Substrate	<u>Color</u>	<u>Side</u>	<u>Results</u>	<u>Pb (mg/cm2)</u>
1	12/19/2023		Calibration		Red		Positive	1.1
2	12/19/2023		Calibration		Red		Positive	1.1
3	12/19/2023		Calibration		Red		Positive	1
4	12/19/2023	108	Door Frame	Metal	White	East	Negative	0
5	12/19/2023	108	Wall	Plaster	Beige	West	Negative	0.3
6	12/19/2023	108	Wall	Drywall	Beige	South	Negative	0
7	12/19/2023	108	Window Frame	Wood	Beige	West	Negative	0
8	12/19/2023	109	Wall	Drywall	Beige	South	Negative	0
9	12/19/2023	110	Door Frame	Metal	White	East	Negative	0
10	12/19/2023	110	Wall	Plaster	Beige	West	Negative	0.2
11	12/19/2023	110	Wall	Drywall	Beige	North	Negative	0
12	12/19/2023	111	Wall	Plaster	Beige	North	Negative	0.3
13	12/19/2023	111	Wall	Drywall	Beige	West	Negative	0
14	12/19/2023	111	Wall	Drywall	Beige	East	Negative	0
15	12/19/2023	111	Window Frame	Wood	Beige	North	Negative	0
16	12/19/2023	111	Radiator	Metal	Beige	North	Negative	0
17	12/19/2023	112	Wall	Plaster	Beige	East	Negative	0.2
18	12/19/2023	112	Wall	Drywall	Beige	North	Negative	0
19	12/19/2023	112	Window Frame	Wood	Beige	East	Negative	0
20	12/19/2023	112	Radiator	Metal	Beige	East	Negative	0
21	12/19/2023	113	Wall	Drywall	Beige	South	Negative	0
22	12/19/2023	114	Door Frame	Metal	White	West	Negative	0
23	12/19/2023	114	Wall	Plaster	Beige	East	Negative	0
24	12/19/2023	114	Wall	Plaster	Blue	East	Negative	0.1
25	12/19/2023	114	Wall	Ceramic	Tan	North	Negative	0
26	12/19/2023	114	Original Window Frame	Metal	Beige	East	Positive	1.9
27	12/19/2023	117	Wall	Plaster	Beige	East	Negative	0.1
28	12/19/2023	117	Wall	Drywall	Beige	North	Negative	0
29	12/19/2023	118	Wall	Plaster	Beige	East	Negative	0.3
30	12/19/2023	118	Wall	Drvwall	Beige	South	Negative	0
31	12/19/2023	119	Ceiling	Drywall	Beige	East	Negative	0
32	12/19/2023	119	Floor	Ceramic	Gray	South	Negative	0
33	12/19/2023	119	Radiator	Metal	Beige	East	Negative	0.4
34	12/19/2023	119	Wall	Ceramic	White	South	Negative	0
35	12/19/2023	119	Wall	Plaster	Beige	East	Negative	0
36	12/19/2023	119	Wall	Drvwall	Beige	West	Negative	0
37	12/19/2023	119	Window Frame	Wood	Beige	East	Negative	0
38	12/19/2023	120	Wall	Ceramic	White	East	Negative	0
39	12/19/2023	120	Wall	Drvwall	White	East	Negative	0
40	12/19/2023	120	Door Frame	Drvwall	Beige	West	Negative	0
41	12/19/2023	121	Beam	Plaster	White		Negative	0.1
42	12/19/2023	121	Wall	Plaster	Beige	East	Negative	0.1
43	12/19/2023	121	Wall	Drywall	Beige	North	Negative	0
44	12/19/2023	121	Wall	Ceramic	Tan	South	Negative	0
45	12/19/2023	121	Window Frame	Wood	Beige	Fast	Negative	0
46	12/19/2023	121	Radiator	Metal	Beige	Fast	Negative	0
47	12/19/2023	123	Ceiling	Plaster	White		Negative	0
48	12/19/2023	123	Wall	Drvwall	Beige	East	Negative	0
49	12/19/2023	123	Wall	Ceramic	White	West	Negative	0
50	12/19/2023	124	Wall	Ceramic	White	East	Negative	0
51	12/19/2023	124	Wall	Drvwall	Beige	South	Negative	0
				,	0-			-

## SCVAMC - Building 51 First Floor XRF Results

Test #	<u>Date</u>	<u>Room</u>	<b>Component</b>	Substrate	<u>Color</u>	<u>Side</u>	<u>Results</u>	<u>Pb (mg/cm2)</u>
52	12/19/2023	124	Wall	Plaster	Beige	West	Negative	0
53	12/19/2023	124	Radiator	Metal	Beige	West	Negative	0
54	12/19/2023	124	Ceiling	Plaster	White		Negative	0
55	12/19/2023	125	Wall	Drywall	Beige	South	Negative	0
56	12/19/2023	126	Wall	Plaster	Beige	West	Negative	0.2
57	12/19/2023	126	Wall	Drywall	Beige	South	Negative	0
58	12/19/2023	126	Wall	Ceramic	Tan	North	Negative	0
59	12/19/2023	126	Window Frame	Wood	Beige	West	Negative	0
60	12/19/2023		Calibration		Red		Positive	1.1
61	12/19/2023		Calibration		Red		Positive	1
62	12/19/2023		Calibration		Red		Positive	1.1
63	12/19/2023	127	Door	Wood	Stain	East	Negative	0
64	12/19/2023	127	Door Frame	Metal	White	East	Negative	0
65	12/19/2023	127	Wall	Drywall	Beige	South	Negative	0
66	12/19/2023	127	Wall	Plaster	Beige	West	Negative	0
67	12/19/2023	127	Wall	Drywall	Beige	North	Negative	0
68	12/19/2023	127	Wall	Ceramic	Tan	South	Negative	0
69	12/19/2023	127	Window Frame	Wood	Beige	West	Negative	0
70	12/19/2023	127	Radiator	Metal	Beige	West	Negative	0
71	12/19/2023	128	Wall	Drvwall	Beige	North	Negative	0
72	12/19/2023	128	Wall	Plaster	Beige	West	Negative	0
73	12/19/2023	128	Door Frame	Metal	White	East	Negative	0
74	12/19/2023	110 Restroom	Wall	Ceramic	Beige	West	Negative	0
75	12/19/2023	110 Restroom	Floor	Ceramic	White	West	Negative	0
76	12/19/2023	110 Restroom	Wall	Drvwall	Beige	West	Negative	0
77	12/19/2023	111 Restroom	Wall	Ceramic	Beige	North	Negative	0
78	12/19/2023	111 Restroom	Wall	Ceramic	Beige	North	Negative	0.2
79	12/19/2023	112 Restroom	Original Window Frame	Metal	Beige	Fast	Positive	2.2
80	12/19/2023	112 Restroom	Wall	Ceramic	White	Fast	Negative	0
81	12/19/2023	112 Restroom	Floor	Ceramic	White	Fast	Negative	0
82	12/19/2023	115 Dining	Ceiling	Drywall	White	Fast	Negative	0
83	12/19/2023	115 Dining	Hatch	Metal	White	Fast	Negative	0
84	12/19/2023	115 Dining	Radiator	Metal	White	Fast	Negative	0
85	12/19/2023	115 Dining	Wall	Drywall	Blue	North	Negative	0
86	12/19/2023	115 Dining	Wall	Plaster	White	Fast	Negative	0
87	12/19/2023	115 Dining	Wall	Plaster	Reige	Fast	Negative	0.2
88	12/19/2023	115 Dining	Window Frame	Wood	White	Fast	Negative	0
89	12/19/2023	116A	Wall	Drywall	Beige	North	Negative	0
90	12/19/2023	121 Restroom	Wall	Ceramic	White	Fast	Negative	0
91	12/19/2023	121 Restroom	Wall	Plaster	White	Fast	Negative	0
92	12/19/2023	121 Restroom	Wall	Drywall	White	South	Negative	0
93	12/19/2023	121 Restroom	Floor	Ceramic	White	oouur	Negative	0
9/	12/19/2023	123 Restroom	Wall	Ceramic	White	West	Negative	0
95	12/19/2023	123 Restroom	Floor	Ceramic	White	West	Negative	0
96	12/19/2023	123 Restroom	Wall	Drywall	Reige	North	Negative	0
97	12/19/2023	129 Locked Ward	Ream	Plaster	Green	North	Negative	0.2
97	12/10/2023	129 Locked Ward	Column	Plaster	Boido	W/ost	Negative	0.2
ga	12/19/2023	129 Locked Ward	Column	Plaster	Beige	West	Negative	0
100	12/19/2022	129 Locked Ward	Door	Wood	Stain	West	Negative	0
101	12/10/2023	120 Locked Ward	Door Frame	Motal	White	West	Negative	0
102	12/19/2023	129 Locked Ward	Wall	Drywall	Tan	South	Negative	0
102	12/10/2020		**all	Diywall	run	ooun	negative	U

## SCVAMC - Building 51 First Floor XRF Results

<u>Test #</u>	<u>Date</u>	<u>Room</u>	Component	Substrate	<u>Color</u>	<u>Side</u>	<u>Results</u>	<u>Pb (mg/cm2)</u>
103	12/19/2023	129 Locked Ward	Wall	Plaster	Beige	South	Negative	0.1
104	12/19/2023	129 Locked Ward	Window Frame	Wood	Beige	South	Negative	0
105	12/19/2023	130 Stair	Door	Metal	Brown	North	Negative	0
106	12/19/2023	130 Stair	Door Frame	Metal	White	North	Negative	0.1
107	12/19/2023	North Corridor	Pipe	Metal	White	South	Negative	0
108	12/19/2023	North Corrodor	Wall	Drywall	Gray	West	Negative	0
109	12/19/2023	North Corrodor	Wall	Drywall	Gray	East	Negative	0
110	12/19/2023	South Corridor	Wall	Drywall	Purple	North	Negative	0
111	12/19/2023		Calibration		Red		Positive	1.1
112	12/19/2023		Calibration		Red		Positive	1.1
113	12/19/2023		Calibration		Red		Positive	1

## SCVAMC - Building 48 First Floor XRF Results

<u>Test #</u>	<u>Date</u>	<u>Room</u>	<u>Component</u>	Substrate	<u>Color</u>	<u>Side</u>	<u>Results</u>	<u>Pb (mg/cm2)</u>
1	12/19/2023		Calibration		Red		Positive	1.1
2	12/19/2023		Calibration		Red		Positive	1.1
3	12/19/2023		Calibration		Red		Positive	1
4	12/19/2023	Corridor C1C	Wall	Plaster	Beige	South	Negative	0.3
5	12/19/2023	Corridor C1C	Wall	Plaster	Beige	North	Negative	0.2
6	12/19/2023	Corridor C1C	Door	Metal	Brown	North	Negative	0
7	12/19/2023	Corridor C1C	Door Frame	Metal	Brown	North	Negative	0
8	12/19/2023	Corridor C1C	Flectrical Panel	Metal	Beige	North	Negative	0.2
9	12/19/2023	Corridor C1C	Door Frame	Metal	Brown	West	Positive	1
10	12/19/2023	Corridor C1W	Wall	Plaster	Beige	West	Negative	0
11	12/19/2023	Corridor C1W	Wall	Drywall	Beige	Fast	Negative	0
12	12/10/2023	Corridor C1W	Wall	Ceramic	White	Wast	Negative	0
12	12/10/2023	Corridor C1W	Door Framo	Motal	Brown	North	Positivo	1
14	12/19/2023	102	Wall	Plactor	Cray	South	Nogativo	1 1
14	12/19/2023	103	Wall	Plaster	Baiga	West	Negative	0.3
15	12/19/2023	103		Plaster	Beige	vvest	Negative	0.2
16	12/19/2023	103	vvall	Plaster	Beige	East	Negative	0.2
1/	12/19/2023	103	wall	Plaster	Beige	North	Negative	0.1
18	12/19/2023	103	Door	Metal	Brown	North	Negative	0.1
19	12/19/2023	103	Door Frame	Metal	Brown	North	Positive	1.7
20	12/19/2023	103	Door Frame	Metal	Brown	North	Positive	1
21	12/19/2023	106C	Wall	Plaster	Gray	East	Negative	0
22	12/19/2023	106C	Wall	Drywall	Beige	North	Negative	0
23	12/19/2023	106C	Wall	Drywall	Beige	West	Negative	0
24	12/19/2023	106C	Wall	Plaster	Beige	South	Negative	0.4
25	12/19/2023	106C	Radiator	Metal	Gray	East	Negative	0
26	12/19/2023	106C	Radiator	Metal	Beige	South	Negative	0.2
27	12/19/2023	108	Door	Metal	Brown	East	Negative	0
28	12/19/2023	108	Door Frame	Metal	Brown	East	Negative	0
29	12/19/2023	108	Wall	Drywall	Gray	West	Negative	0.1
30	12/19/2023	108	Wall	Drywall	Beige	North	Negative	0
31	12/19/2023	108	Wall	Drywall	Beige	East	Negative	0
32	12/19/2023	108	Wall	Plaster	Beige	South	Negative	0.3
33	12/19/2023	108	Convector Cover	Metal	Beige	South	Negative	0.3
34	12/19/2023	108	Convetor Housing Shield	Metal	Silver	South	Positive	2.5
35	12/19/2023	108	Convetor Housing Shield	Metal	Silver	South	Positive	4.3
36	12/19/2023	110A	Door Frame	Metal	Brown	East	Positive	1
37	12/19/2023	113	Door Frame	Metal	Brown	East	Positive	1
38	12/19/2023	114	Wall	Plaster	Beige	North	Negative	0
39	12/19/2023	114	Wall	Plaster	Beige	East	Negative	0.1
40	12/19/2023	114	Wall	Plaster	Beige	South	Negative	0.3
41	12/19/2023	114	Wall	Plaster	Grav	South	Negative	0.1
42	12/19/2023	114	Wall	Drywall	Grav	South	Negative	0
43	12/19/2023	114	Wall	Ceramic	White	South	Negative	0
44	12/19/2023	116	Wall	Plaster	Reige	North	Negative	0 1
45	12/19/2023	116	Wall	Plaster	Reige	South	Negative	0.1
40	12/10/2023	116	Wall	Plaster	Grav	Wast	Negative	0.1
40	12/10/2023	116	Wall	Plastor	Grav	Fact	Nogativo	0.0
47	12/10/2023	116	Noor	F lasiel Motol	Brown	Lasi	Nogative	0.2
40	12/10/2022	116	Door Frame	Motol	Brown	South	Negative	0
49	12/10/2023	110		meidl	DIOWII	South	Desitive	U 1 1
50	12/19/2023		Calibration		Red		Positive	1.1
51	12/19/2023				Red		Positive	1.1
52	12/19/2023		Caubration		Red		Positive	1

# **SECTION VI**

Asbestos Inspectors' and Lead Assessor's Licenses

## Asbestos Inspector State Certification/Accreditation



## **Inspector**

I have completed an EPA-approved training course and all appropriate refresher courses and am licensed as an Asbestos Inspector by the Minnesota Department of Health.

Signature

Matt Lindberg Print Name December 19, 2023 Date of Inspection

AI3896

State Certification/Accreditation Number

## Asbestos Inspector State Certification/Accreditation



Director, Env. Health Div.

ASBESTOS DEPARTMENT Certified by: State of Minnesota Department of Health Expires: 08/04/2024 Branden D Voigt 15784 Okapi St NW Ramsey, MN 55303

No Al10892 Issued: 08/23/2023

## **Inspector**

I have completed an EPA-approved training course and all appropriate refresher courses and am licensed as an Asbestos Inspector by the Minnesota Department of Health.

Signature

Branden Voigt Print Name December 19, 2023 Date of Inspection

AI10892 State Certification/Accreditation Number

## Lead Risk Assessor Certification/Accreditation



Director, Env. Health Div.

LEAD DEPARTMENT Risk Assessor Licensed by: State of Minnesota Department of Health License No. LR3877 Expires 01/07/2023

Branden D Voigt 15784 Okapi St NW Ramsey, MN 55303

**Risk Assessor** 

I have completed an approved training course and all appropriate refresher courses and am licensed as a Lead Risk Assessor by the Minnesota Department of Health.

Signature

Branden Voigt Print Name December 19, 2023 Date of Inspection

LR3877 State Certification/Accreditation Number

## Remodel Building 51-1 Eastside St. Cloud VAMC VA PROJECT NUMBER: 656-19-307

**APPENDIX B Mounted Patient Lift Specifications** 

VA Project 656-19-307 July 24, 2024 100% CD SUBMISSION VERSION 11-01-20

## SECTION 11 73 00 CEILING MOUNTED PATIENT LIFT SYSTEM

#### PART 1 - GENERAL

#### 1.1 DESCRIPTION

- A. Ceiling Mounted Patient Lift Systems for the transfer of physically challenged patients are specified in this section.
  - 1. Structural support is via the construction contract.
  - 2. The equipment track and lift module is via the VA's equipment process.
  - 3. An "H" track system for 100% coverage of the required room.

## 1.2 RELATED WORK

- A. Section 01 00 00, GENERAL REQUIREMENTS: Requirements for pre-test of equipment.
- B. Section 26 05 11, REQUIREMENTS FOR ELECTRICAL INSTALLATIONS: General Electrical Requirements and items, which are common to sections of Division 26.

#### **1.3 QUALITY ASSURANCE**

- A. Certification for compliance is required for Ceiling Mounted Patient Lift Systems. Certifications shall be provided by the manufacturer who will conduct testing to ensure that the ceiling lift and charging system are safe and in compliance with ISO 10535 & UL 60601-1.
- B. Inspection of equipment after installation is required prior to use for patient movement. Inspection shall be in accordance with manufacturer's installation checklist and the facilities installation checklist (Patient Safety Alert AL14-07).

#### 1.4 SUBMITTALS

- A. Submit in accordance with specification Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA, AND SAMPLES.
  - 1. Shop drawings shall show structural supports to the underside of structure. Structural calculations for the support of the track and its attachment to ceiling structure shall be submitted. Shop drawings used in the quoting phase shall be PDFs, and either 2D CAD files or 3D BIM files showing structural support to underside of structure. Shop drawings shall also provide general room layout with bed position and all obstructions to ceiling lift.
  - Once the purchase order is accepted by the vendor, a set of stamped drawings shall be provided by the vendor. Shop drawings and

VA Project 656-19-307 July 24, 2024 100% CD SUBMISSION VERSION 11-01-20

structural calculations shall be signed and stamped by a registered structural engineer, and shall meet all code requirements in the jurisdiction having authority. Structural engineer shall ensure ceiling minimum structure capacity shall support the loads specified in the shop and installation drawings and be in compliance with local structural and seismic codes.

- 3. Shop drawings shall show obstructions such as curtains, lights and sprinklers, and coordinate their relocation.
- Manufacturer shall provide BIM (Building Information Model) for clash detection on the request of the Resident Engineer (RE), VA Construction Agent, or General Contractor.
- B. Certificates of Compliance from Manufacturer
- C. Manufacturer's Literature and Data:
  - 1. Lifting Capacity
  - 2. Lifting Speed
  - 3. Vertical Axis Motor
  - 4. Emergency Brake
  - 5. Emergency Lowering Device
  - 6. Emergency Stopping Device
  - 7. Electronic Soft-Start and Soft-Stop Motor Control
  - 8. Current Limiter for Circuit Protection
  - 9. Strap Length
  - 10. All equipment anchors and supports. Submittals shall include weights, dimensions, center of gravity of the structural support, standard connections, manufacturer's recommendations and behavior problems (e.g., vibration, thermal expansion,) associated with equipment or piping so that the proposed installation can be properly reviewed.
- D. Individual Room layouts showing location of lift system installation shall be approved before proceeding with installation of lifts.
- E. Manufacturer's Checklist for after installation inspection.
- F. Any Special Tools required for maintenance and/or operation of basis of design and installed product shall be identified within the submittal product data.

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#### 1.5 APPLICABLE PUBLICATIONS

- A. The publications listed below form a part of this specification to the extent referenced. The publications are listed in the text by the basic designation only.
- B. International Organization for Standardization (ISO): 10535-06......Hoist for the Transfer of Disabled Persons-Requirements and Test Methods
- C. Underwriters Laboratories (UL):

60601-1(2003).....Medical Electrical Equipment: General Requirements for Safety

- 94-2013.....UL Standards for Safety Test for Flammability of Plastic Materials for Parts in Devices and Appliances-Fifth Edition
- D. International Electromagnetic Commission (IEC): 60601-1-2(2015).....Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral Standard: Electromagnetic disturbances - Requirements and tests.

#### PART 2 - PRODUCTS

#### 2.1 CEILING TRACK SYSTEM

- A. The Ceiling Track shall be made from high strength extruded aluminum or VA approved equal. Provide anchor supports at ceiling substrate.
- B. Installed rail shall be security tested for 1.5 times greater than the motor's weight capacity and maximum allowable deflection of a horizontal rail is no more than 1mm (1/16th inch) per 200mm (7.87 inch) of track length. (As per ISO 10535 standards.)
- C. Rail system must allow for seamless transition to a second rail system using a non-motorized gate system. The gate system must be automatic, non-electric, and require no external activation via pull cord or switch. The gate system must open upon alignment of rails and remain locked when rails are out of alignment.

## 2.2 LIFT UNIT

A. The Lift Unit shall be constructed of a steel frame system driven by a gear reduced high torque motor or VA approved equal.

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- B. The Lift system shall have the following features.
  - 1. Lifting capacity: 770 lbs (350 kg)
  - 2. Electronic soft-start and soft-stop motor control
  - 3. Emergency lowering device
  - 4. Emergency stopping device
  - 5. Current limiter for circuit protection in case of overload.
  - 6. Safety device that stops the motor to lift when batteries are low.
  - 7. Emergency brake (in case of mechanical failure)
  - 8. Strap length: 98 inches
  - 9. Cab: VO plastic-fire retardant, UL 94
  - 10. Hand controls: The hand control must be wired, with LCD screen. A second wireless hand control must be provided for each hoist.
  - 11. Integrated/internal scale with weight displayed through LED screen on the wired hand control.
  - 12. Software: Wifi ready usage analytics and maintenance analytics software preloaded.

#### 2.3 MOTORS

A. Vertical Movement-DC Motor

## 2.4 BATTERIES

- A. The life cycle (number of charging cycles) for batteries shall be in compliance with IEC 6100-1-2.
- B. Provide rechargeable batteries with up to 35 transfers with a load of 200lbs (74kg) (for repositioning) a minimum of 17 transfers with its maximum load.

## 2.5 CHARGER

- A. Charger
- B. Lift shall be charged via continuous AC charging.

## 2.6 STRAPS AND SLING

- A. The straps shall meet ISO 10535 guidelines. The straps shall ensure the patient's safety by preventing the patient from falling out of the sling.
- B. The sling shall meet ISO 10535 guidelines. The sling shall cradle the body of the patient. Bariatric slings shall be rated to a minimum of 750 lbs.

#### PART 3 - EXECUTION

#### 3.1 INSTALLATION

- A. Install ceiling mounted patient lift system as per manufacturer's instruction and under the supervision of manufacturer's qualified representative and as shown on drawings.
- B. If the distance in between the suspended ceiling and anchors is more than 12" consult with manufacturer to determine if lateral braces will be required.
- C. Any Special Tools required for maintenance and/or operation of basis of design and installed product shall be included within the

#### 3.2 INSTRUCTION AND PERSONNEL TRAINING

Training shall be provided for the required personnel to educate them on proper operation and maintenance for the lift system equipment. Any Special Tools required for maintenance and/or operation of basis of design and installed product shall be included.

#### 3.3 TEST

Conduct performance test, in the presence of the Resident Engineer (RE) and/or Inspector of Record (IOR), and a manufacturer's field representative, to show that the patient lift system equipment and control devices operate properly and in accordance with design, specification, and code requirements.

#### 3.4 INSPECTION

- Inspection of installed ceiling mounted patient lift systems shall be conducted in accordance with the manufacturer's installation checklist and the VA installation checklist (Patient Safety Alert AL14-07) prior to use for patient movement.
- Periodic Inspection shall be provided by the manufacturer on a manufacturer's warranty or extended service contract basis in compliance with ISO 10535.

- - - E N D - - -

Installation or Relocation Checklist for Ceiling Mounted Patient Lifts					
	The commissioning for a patient ceiling lift system(s) shall	l include, but not be limited to, the	e following po	oints as	
	components of the com	nissioning procedures.			
	NOTE: Ceiling mounted patient lifts are not to be install	led in treatment units with active	ly suicidal pa	tients.	
Facil	Work Order:	Manufacturer:			
Lift L	ocation:	Model:	1		
VAN	IC Contact:	Serial Number:	EE Number:		
VAN	C Contact's Phone Number:	Mfgr Contact:			
nsta	ller:	Mfgr Contact's Phone Number:			
nsta	ller's Phone Number:	Date:			
Pre-Installation					
1	Perform site survey of the pre-existing conditions and as-	built drawings above and below fir	nish ceiling		
T	at the installation location to confirm existing structural a	nd ceiling conditions.			
_	Obtain structural and related engineering design drawing	s and calculations for the new lift i	nstallation.		
2	Design drawings shall be developed for specific lift installa	ation under specific pre-existing co	onditions of		
	If the facility is located in a seismic area, as identified in V	A Handbook H-18-8 Seismic Desig	n		
	Requirements, verify that the ceiling mounted patient lift	system installation is in compliance	ce with the		
3	requirements of VA Directive 7512 Seismic Safety of VA B	uildings and VA Master Design Spe	ecification		
	13.05.041 Seismic Restraint Requirements for Non-Struct	ural Components.			
	Verify that the lift is listed by the manufacturer to be insta	alled and operated in the environn	nent that		
4	the lift is operating under. (For example, water tight lifts s	hall be installed and operated in v	vet, damp		
	or humid locations such as pools or bathrooms.)	ding but not limited to fire enrickly	orboada		
5	and nining).	ung but not innited to me sprinki	er neaus		
6	Verify NFPA 99 and NFPA 70 compliance for proper groun	ding and bonding.			
7	Verify NEPA 99 and NEPA 70 compliance for access to elec	ctrical and safety systems.			
	Verify required access to mechanical. HVAC, and fire syste	ems components within the lift ins	tallation		
8	area.				
0	Verifiy minimum clearances for operation are compliant v	vith manufacturer recommendation	ons. (Ensure		
9	room clearance and that the ceiling height is adequate for	r lift usage.)			
10	Perform pre-installation walkthrough to confirm full unde	rstanding and consensus of desigr	n drawing(s)		
	and installation conditions.				
101	LJ.				
	Installation			COMPLETE	
1	Verify proper connections of the lift's structural system to	) the building's structure (including	g seismic		
Ŧ	bracing if applicable).				
2	Verify proper interface at the ceiling (hard deck or soft tile	e) and proper installation of all pro	otective		
	features around the support rods and rails/tracks.				

3	Verify structural component sizing and physical installation to ensure that the correct structural system is in place and properly installed to support the lift.		
_	Verify proper installation of electric motor per manufacturer's instructions to ensure operational		
4	rigidity of motor mounting.		
5	Verify proper electrical connections per design drawings and manufacturer's instructions.		
NOT	ES:		
	<b>-</b> · · · · <b>#</b> · ·		
	Post-Installation	СОМ	PLETE
1	Perform walkthrough to ensure compliance of the installation per the design drawing(s) and manufacturer's instructions		
2	Perform operational test to verify lift functionality.		
NOT	ES:		
	Rails/Tracks and End Stops	PASS	FAIL
1	Rails/Tracks and End Stops Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.	PASS	FAIL
1	Rails/Tracks and End Stops           Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.           Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail	PASS	FAIL
1 2	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to provide the set of the s	PASS	FAIL
1 2 3	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)	PASS	FAIL
1 2 3 4	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:	PASS	FAIL
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1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:         Lift Unit and Straps	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:         Lift Unit and Straps         Inspection of lift unit casing for cracks and alignment.	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         Es:         Lift Unit and Straps         Inspection of lift unit casing for cracks and alignment.         Verification that the lift unit charges properly.	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:         Lift Unit and Straps         Inspection of lift unit casing for cracks and alignment.         Verification that the lift unit charges properly.         Inspection and activation of hand control for full operation (e.g., up, down, left, right) and "return to	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         Es:         Lift Unit and Straps         Inspection of lift unit casing for cracks and alignment.         Verification that the lift unit charges properly.         Inspection and activation of hand control for full operation (e.g., up, down, left, right) and "return to charge" function if applicable.	PASS	FAIL
1 2 3 4 NOT	Rails/Tracks and End Stops         Verification that all fasteners and set screws are properly tightened on the trollies and rails/tracks.         Ensure that the rail/track is free of gaps (unless required by design). If included in installation, verify rail turntable function, exchanger function, gate alignment, and safety block installation.         Confirm track is clean and clear of all debris. (Use manufacturer's recommended cleaning materials to avoid damage to the motor case and other components.)         Verification that all manufacturer specified end stops or docking gates are properly installed.         ES:         Lift Unit and Straps         Inspection of lift unit casing for cracks and alignment.         Verification that the lift unit charges properly.         Inspection and activation of hand control for full operation (e.g., up, down, left, right) and "return to charge" function if applicable.         Confirm any and all lift unit indicator lights are functioning. (e.g., red service warning light, charging state light)	PASS	FAIL

6	Full extension and inspection of lift strap for loose threads or frays.		
7	Inspection of spreader bar and clips for cracks and for loose or missing rings or cotter pins.		
NOT	ES:		
	Load Testing	DACC	EAU
	Verification of any "soft start" or "soft stop" features and that lifting speed does not exceed 2.5 inches	PASS	FAIL
1	per second with "zero" load		
	Verification of load testing and deflection testing at the manufacturer's specified maximum rated lift		
2	capacity.		
2	Verification of any "soft start" and "soft stop" features and that lifting speed does not exceed 1.5		
5	inches per second under maximum rated lift capacity.		
4	Verification of function of emergency stop at maximum rated lift capacity.		
5	Verification of emergency lowering feature at maximum rated lift capacity.		
ΝΟΤ	ES:		
	Manuals	COM	
	Manuals	СОМ	PLETE
1	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.	сом	PLETE
1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES:	COM	PLETE
1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES:	СОМ	PLETE
1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES:	COM	PLETE
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1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES:	СОМ	PLETE
1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES:	COM	PLETE
1 NOT	Manuals Confirm that the manufacturer's operating and maintenance manuals for this lift have been received. ES: Training	СОМ	PLETE
1 NOT	Manuals         Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.         ES:         Training         Verify that manufacturer or manufacturer's representative has provided training on the use of patient	COM	PLETE
1 NOT	Manuals         Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.         ES:         Training         Verify that manufacturer or manufacturer's representative has provided training on the use of patient handling equipment to clinicians and other staff who move and handle patients.	СОМ	PLETE
1 NOT	Manuals         Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.         ES:         Training         Verify that manufacturer or manufacturer's representative has provided training on the use of patient handling equipment to clinicians and other staff who move and handle patients.         Verify that training and competency are documented prior to release for use with patients.	СОМ	PLETE
1 NOT	Manuals         Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.         ES:         Training         Verify that manufacturer or manufacturer's representative has provided training on the use of patient handling equipment to clinicians and other staff who move and handle patients.         Verify that training and competency are documented prior to release for use with patients.         ES:	COM	PLETE
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1 NOT	Manuals         Confirm that the manufacturer's operating and maintenance manuals for this lift have been received.         ES:         Training         Verify that manufacturer or manufacturer's representative has provided training on the use of patient handling equipment to clinicians and other staff who move and handle patients.         Verify that training and competency are documented prior to release for use with patients.         ES:	COM	PLETE

Installing Contractor		COMPLETE
After the activities listed in the above checklist and in the manufacturer's installation/operations/owner's manual(s) have been completed, the installing contractor shall release the ceiling mounted lift installation to VA representative.		
SIGNATURE:	DATE:	
TITLE:		

VA Representative		COMPLETE		
After the activities listed in the above checklist and in the manufacturer's installation/operations/owner's				
manual(s) have been completed, the VA representative shall review those items with the installir	וg			
contractor prior to releasing the ceiling mounted lift into service to ensure completion of all requirements.				
SIGNATURE:	DATE:			
TITLE:				

Manager of the Service Using the Ceiling Mounted Lifts		COMPLETE
After the activities listed in the above checklist and in the manufacturer's installation/operations/owner's manual(s) have been completed, the manager of the service using the ceiling mounted lifts confirms that the current staff have received initial training on ceiling mounted lifts and that there is a process in place to		
provide ongoing training on the proper use of ceiling mounted lifts.		
SIGNATURE:	DATE:	
TITLE:		

## ADDITIONAL NOTES: