TITLE	Alternative/Interim Life Safety Measures		
NUMBER	NH-LS-5100	**Last Revised/Reviewed Effective Date:**	TBD
TJC FUNCTIONS	LS **Please set track changes (Ctrl+Shift+E) before editing**		
APPLIES TO	Novant Health: Hospitals, NHMG, Freestanding Surgery Centers, Rehabilitation Centers, Pharmacy Services, Corporate Departments and Entities, Foundations, Auxiliaries, and Finance Focused Removed 1/1/2022 - NH UVA: HAMC, PWMC, Caton Merchant House, Prince William Cancer Center, Prince William Foundation, Prince William Health Physician Services		

I. SCOPE / PURPOSE

The purpose of this policy is to establish procedure and guidelines for evaluation and implementation of Alternative/Interim Life Safety Measures during construction, renovation, maintenance activities, environmental rounding, surveys, and any other activity that identifies any life safety deficiencies.

II. POLICY

It is the policy of Novant Health to protect occupants during periods when the Life Safety Code is not met. Our procedure is to implement Alternative/Interim Life Safety Measures (ALSM/ILSM) during any construction, renovation, repairs, additions, or when other Life Safety Code (NFPA 101) deficiencies are identified. ALSM/ILSM standards are in accordance with The Alternative/Interim Life Safety Measures Plan which complies with all related standards. **As required by standards, the occupants will be protected during periods when the Life Safety Code (LSC) is not met or during periods of construction.**

III. QUALIFIED PERSONNEL

Construction Project Managers, Plant Engineering Services Directors/Managers, Corp. Property Management, Corp. Environmental Health and Safety, Corp. Life Safety, Corp. Facilities Compliance, Safety Officer

IV. EQUIPMENT

N/A

V. PROCEDURE

The procedure serves as a guideline to assist personnel in accomplishing the goals of the policy. While following these procedural guidelines personnel are expected to exercise judgment within their scope of practice and/or job responsibilities.

ALSM/ILSM During Construction, Renovation, Repairs and/or Additions:
The Project Manager, Plant Engineering Services (PES) Manager, or the **Qualified Personnel** designated in this policy shall be responsible for implementing the necessary ALSM/ILSM steps outlined in this Alternative/**Interim Life Safety Measures - NH-LS-5100-Form1** (**Appendix A G**).

The Project Manager is responsible for ensuring that the construction work has not inadvertently impacted the existing life safety systems, or created a new deficiency associated with the newly constructed or renovated area.

If a deficiency is noted that is not specifically noted on the Risk assessment, a team consisting of the facility leader, Construction Manager PES Manager, and an Environmental Health and Safety Representative, and Safety Officer shall determine what mitigation shall be put into place.

All ALSM/ILSM conditions in affect shall be documented and reported to the facility Environment of Care Committee/Physical Environment Council, and facility leadership.

All ALSM/ILSM documents required by this policy shall be retained for (3) three years along with the rest of the ALSM/ILSM documents for the project.

- **Instructions for completing Appendix A and B**
  This tab will provide some guidance for completing Appendix A and B; provides the ALSM/ILSM standards ; renovation, alterations, demolition (Rules of Thumb); and non-construction life safety deficiency findings (ALSM/ILSM Short Form)

- **Appendix A: Alternative/Interim Life Safety Measures Pre-Risk Assessment**
  During periods of construction, each facility will conduct a Life Safety Pre-Risk Assessment for the construction area. The Project Manager and PES Manager are responsible to ensure that the applicable Pre-Risk Assessment is completed. If any question on the Pre-Risk assessment is answered yes, then actions to be taken are outlined in Appendix B, ALSM/ILSM Matrix.

- **Appendix B: ALSM/ILSM Matrix (actions to be taken)**
  The **Qualified Personnel** involved will complete the ALSM/**ILSM Matrix Form** and then implement the Action(s) listed on ALSM/ILSM Matrix. If the indicated item listed in the matrix is not applicable to the situation, indicate NA on the form. Any ALSM/ILSM project extending greater than 30 days shall require an additional fire drill per shift per quarter until the ALSM/ILSM is closed out.

- **Appendix C: Initiation of Alternative/Interim Life Safety Measures**
  The **Qualified Personnel** involved shall complete the **Initiation of ALSM/ILSM Form**, based on the activities checked on the ALSM/**ILSM Matrix Form**. These activities are followed and documented throughout the project.

- **Appendix D: Termination of Alternative/Interim Life Safety Measures**

At the point in time when the life safety deficiencies(s) have been mitigated or no longer exist, the **Qualified Personnel** involved shall complete the **Termination of ALSM/ILSM Form** and distribute the completed form to the applicable personnel.

- **Appendix E: Alternative/InterimLife Safety Measures During Construction**

and Renovation Projects Checklist
The **Qualified Personnel** involved shall complete the checklist daily and provide a copy to appropriate personnel as deemed by facility.

- **Appendix F: Fire Watch Log**
  The **Qualified Personnel** involved shall initiate fire watch when the fire alarm is out for more than 4 hours or sprinkler system is out of service for more than 10 hours in a 24-hour period of time.

  - Appendix G: ALSM/ILSM Training Documentation

ALSM/ILSM For Non-Construction Activities:
When a building Life Safety code deficiency is identified during environmental rounding, survey, regular maintenance, etc. and the deficiency cannot be corrected within a 24-hour time frame, the need for a full ALSM/ILSM program may not be necessary. In place of implementing a full ALSM/ILSM Program, the Alternative/**Interim Life Safety Measures Risk Assessment- NH-LS-5100-Form2** can be used for those deficiencies outlined in the tab "Instructions for Appendix A and B."

Once the deficiency is repaired, the device will be retested. The results will be documented on the ALSM/ILSM Short Form. Also, any corresponding documentation associated with the ALSM/ILSM deficiency shall be maintained with the ALSM/ILSM Risk Assessment.

All ALSM/ILSM conditions in affect shall be documented and reported to the facility Environment of Care Committee/Physical Environment Council, and facility leadership.

All ALSM/ILSM documents required by this policy shall be retained for (3) three years along with the rest of the ASM/ILSM documents for the project.

VI. DOCUMENTATION

- **Alternative/Interim Life Safety Measures - NH-LS-5100-Form1**
- Alternative/**Interim Life Safety Measures Risk Assessment- NH-LS-5100-Form2**

VII. DEFINITIONS

Life Safety Specialist – The Plant Engineering Services Director or Manager and/or Safety Officer that has responsibility for the Life Safety Program.

Immediate – When a Life Safety deficiency is discovered, it can be repaired within 24 hours. If the deficiency cannot be resolved during the 24-hours, then ALSM/ILSM will be implemented.

VIII. RELATED DOCUMENTS

Alternative/Interim Life Safety Forms

IX. REFERENCES

NFPA 101 2012 edition

X. SUBMITTED BY

Corporate Life Safety Sub-Committee Team

XI. KEY WORDS

Alternative/Interim life safety measures

XII.

INITIAL EFFECTIVE DATE	August 1, 2009
DATES REVISIONS EFFECTIVE	November 2012, June 20, 2013, 2/17/2015, 07/15/2017, 06/2021, TBD
DATES REVIEWED (No changes)	(Add HAMC 11-25-13), 8/2019, NHUVA Removed 1/1/2022
Date Due for Next Review	TBD

SIGNATURE SHEET

TITLE	Alternative/Interim Life Safety Measures
NUMBER	NH-LS-5100
TJC FUNCTIONS	LS
APPLIES TO	Novant Health: BMC, FMC (FMC main, CMC, KMC & all other locations), HMC, MMC, MPH, MHMC, PMC (PMC main, COH & all other locations), RMC, TMC, NHMG, Freestanding Surgery Centers, Rehabilitation Centers, Pharmacy Services, Corporate Departments and Entities, Foundations, Auxiliaries, and Finance Focused Removed 1/1/22 - NH UVA: HAMC, PWMC, Caton Merchant House, Prince William Cancer Center, Prince William Foundation, Prince William Health Physician Services
ACTION	Revised

APPROVED BY:

Title	Approved By	Signature	Date
Corp. Director of Life Safety Accreditation	Terry Fair		See electronic approval
VP of Plant Engineering Services and Construction	Matt Stiene		See electronic approval

COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
Leader Corporate Environment of Care Team	Gary Milewski	9/16/2022
Leader Corporate Life Safety Sub-Committee	Laura Speary	9/16/2022

Alternative/Interim Life Safety Measures

Table of Contents

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Instructions for completing Alternative/Interim Life Safety Pre-Risk Assessment (Appendix A) and Alternative/Interim Life Safety Measures Risk Assessment Matrix (Appendix B)

Review the Alternative/Interim Life Safety Policy. The individual overseeing the project will complete the Alternative/Interim Life Safety Measures Risk Assessment at least one week prior to the start of the project. If the work is required immediately because of an unforeseen incident, or an identified life safety code deficiency, Plant Engineering will be notified immediately, and this document is to be completed without delay.

When Pre-Assessment Appendix A indicates by a yes answer the Life Safety Code Assessment person assigned by the facility or their designee will indicate under the column "PROJECT EXPECTED TO IMPACT OR AFFECT", with a checkmark the deficiency or condition impacted in the appropriate left column of the document. The assigned individual will review the pre-selected Alternative/Interim Life Safety Actions criteria in columns 1 through 17. This will be used by the individual overseeing the work to determine the necessary steps required for ALSMs/ILSMs. The completed form must be distributed to all parties identified on the ALSM/ILSM initiation form (Appendix B) and a copy maintained in either the construction project file or in the Plant Engineering department (depending on who initiated the form). It then becomes the responsibility of the individual overseeing the work to take the steps necessary to have the identified Alternative/Interim Life Safety Measure actions performed for the duration of the activity. If additional fire drills or environmental rounds are indicated, these will be performed by the individuals that ordinarily perform these functions within the facility, and the additional rounds or drills will be conducted specifically in those areas that are impacted.

ALSM/ILSM Requirements NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2

- As necessary notify fire department and initiate fire watch when fire alarm is out of service for more than 4 hours or the sprinkler system is out of service for more than 10hours in a 24 hour period
- As necessary post signage identifying the location of alternate exist to everyone affected.
- Ensure inspection of exits in affected areas are completed daily - Per Policy
- As necessary ensure a temporary but equivalent fire alarm and detection system is provided when a fire system is impaired - Per policy
- As necessary ensure Additional Fire Fighting Equipment is provided in areas impacted by the increased life safety risks - Per policy
- As necessary ensuring temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire - Per policy
- As necessary ensure increased surveillance of buildings, grounds and equipment with special attention to construction, storage, excavation and field office areas - Per policy
- As necessary ensure enforcement of storage, housekeeping and debris removal practice that reduce the buildings flammable and combustible fire loading to the lowest feasible level - Per policy
- As necessary ensure additional training to contractors and those who work in the organization on the use of fire fighting equipment as necessary - Per policy
- As necessary conduct one additional fire drill per quarter - Per policy
- When temporary systems are implemented ensure monthly testing is completed and documented - Per policy
- As necessary ensure education to affected staff on awareness of building deficiencies, construction hazards and temporary measures implemented to maintain fire safety – Per policy
- Conducting organization wide safety education programs to promote awareness of LSC deficiencies, construction hazards and ALSM/ILSM - Per policy

- Any other life safety deficiency that may require ALSM/ILSM.

Renovation / Alterations / Demolition (Rules of Thumb)

* **Maintain sprinkler system in service as long as possible. Notify Plant Engineering at least 1 regular business day before taking it off line.**
* **Maintain fire detection system in service as long as possible. Notify Plant Engineering at least 1 regular business day before taking it off line.**
* **Consider replacing smoke detectors with heat detectors in construction spaces.**
* **Limit combustibles to the minimum necessary to complete 1 shifts work.**
* **Remove trash and debris at the end of each work day.**
* **Do not leave smoke/fire/floor barrier penetrations open overnight (temporary seal).**
* **Penetrate one barrier (such as floor slab) at a time. Avoid penetrating horizontal and vertical barriers simultaneously.**
* **Keep all doors leading to the construction area closed to limit unauthorized foot traffic into the area construction and limit dust from entering into occupied areas.**
* **Keep hazardous chemical use to a minimum. Flammable/combustible liquids needs to be approved by Environmental Health & Safety and SDSs be available.**
* **Consider temporary ventilation equipment (HEPA filtration) when dust from construction will be heavy.**
* **Elevators that have compromised life safety equipment should be shut down if at all possible. If not possible, a manual operator may be used to prevent elevators from being taken into a dangerous situation.**

Alternative/Interim Life Safety Measures Pre-Risk Assessment — Appendix A

[ ] Project Name / [ ] Deficiency Identified: _____

Location: _____

Project Start Date/Deficiency Identification Date: _____

Projected Completion Date: _____

In the event any questions are answered YES, review actions Appendix B utilizing instructions for Appendix A and B	YES	NO	NA
A. Is the integrity of smoke/fire walls, barriers or partitions compromised where they would be incapable of affording their rated level of protection to occupants housed in the area?			
B. Is the structure or operation of smoke/fire doors (including sliding and rolling fire doors and smoke curtains) compromised where they would be incapable of affording their rated level of protection to occupants housed in the area?			
C. Are doors, corridors, stairs, exits exit discharges, access to the public way or any other component of egress from the facility locked or obstructed such that occupants would either be unable to exit or impeded in their ability to exit the facility?			
D. Is any component of the fire alarm system inoperative to the point where it is incapable of providing notification to and protection of the occupants of the facility?			
E. Is any component of the sprinkler system inoperative to the point where it is incapable of providing protection to the occupants in the facility?			
F. Is any other fire suppression equipment (kitchen ansul systems, data center/control room systems, fire extinguishers, etc.) not present or not functional such that they would not be able to provide the protection for which they were designed?			
G. Are any of the protective components associated with air handling and distribution systems (air handling unit shutdown, smoke control systems, soke/fire dampers, etc.) not functional such that they would not be able to provide the protection for which they were designed?			
H. Are exit signs, egress lighting or other required signage compromised to the point that building occupants would be unable to find their way out of the facility in an emergency?			
I. Is storage of combustible materials (in quantities that can be classified as a hazard) taking place in areas that are not designed to protect building occupants from the hazard?			
J. Is access to the facility by emergency responders obstructed to a point that they would be unable to effectively respond (roads, doors, hydrants, fire department connections, etc.)?			
K. Are the safety features associated with operation of elevators (Phase I and II Fire Operation) not functional such that they would not be able to provide the protection for which they were designed?			
L. Are there other safety hazards posed by construction or required repairs that negatively impact the life safety systems of the facility?			

This is a planning guide only. For each item with a "YES" response, a separate action plan may need to be developed to assign responsibilities and schedules.

Signature Plant Engineering Leader _____ **Date** _____

Signature Construction Project Manager _____ **Date** _____

Alternative/**Interim Life Safety Measures Risk Assessment Matrix** **Appendix B**

Alternative/Interim Life Safety Actions

Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction, Contractor Work or Maintenance Activities

PROJECT EXPE

This section pre-determines minimum actions for the duration of the ALSM/ILSM Additional actions should be checked as necessary. **If a required action is not applicable to the situation indicate NA on the form.**

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
			Ensure notification of Fire Watch Times are Documented during hotworks operation and required ALSM/ILSM periods and at least 30 minutes after the operation.	Ensure Signage identifying the location of alternate entrances and exits to everyone affected is posted and that alternate exits are adequatley illuminated	Educate staff occupying area that fire/smoke barriers are compromised and where they will need to evacuate to in the event of a fire	Ensure operational life safety systems or substitute temporary system (i.e. Fire Watch, heat detectors, etc.) when the need for equivalent systems is determined	Inspect and test temporary systems monthly	Provide Additional Fire fighting equipment and document all training of users	During construction install temporary construction barriers that are smoke tight and of noncombustible / limited combustible material that will not contribute to the spread of fire	Increase environmental rounding of grounds buildings and equipment in the impacted area with special attention to construction, storage, excavation and field office areas	Enforce Storage, Housekeeping and debris removal practices in the impacted area to ensure the buildings flammable and combustible fire loads are reduced to their lowest feasible level	Conduct one additional fire drill per shift per quarter in the impacted area if the duration of the ALSM/ILSM is greater than 30 days	Conduct training to appropriate personnel and contractors as necessary to promote awareness of building deficiencies in Life Safety Features, construction hazards and temporary measures implemented to maintain Fire Safety	Notify Emergency Forces/ Insurance Reciprocals of ALSM/ILSM and obtain approval	If door is intact but will not automatically close and latch, educate staff in the area to manually close door upon activiation of fire alarm	Ensure a free and unobstructed access for emergency fire, police, and EMS services is maintained	During construction Inspect egress routes daily.	If door is structurally compromised, treat area as compromised smoke/fire barrier (see Item A)	Notify internal
DEFICIENCIES IDENTIFED IN APPENDIX A																			
A	Compromised smoke/fire walls or barriers				X			X	X	X	X		X			X	X		
B	Compromised smoke/fire doors				X			X	X	X	X		X		X	X		X	
C	Blocked or impeded egress			X			X		X	X	X		X	X		X	X		
D	Impact to Fire Alarm System		X			X			X	X	X	X	X	X		X			
E	Impact to Sprinkler System		X				X		X	X	X		X	X		X			
F	Impact to other Fire Suppression Systems		X				X		X	X	X		X	X		X			
G	Impact to Ventilation System Protection				X	X			X	X	X	X	X			X			
H	Impact to egress lighting or signage			X					X	X	X	X	X			X	X		
I	Hazardous areas are not properly protected						X		X	X	X		X			X			
J	Ability for Emergency Responders to Access Area is Compromised			X					X	X	X		X	X		X	X		X
K	Impact to Elevator Safety Features			X					X	X	X		X	X		X	X		
L	Other (based on hazard, PES leader and/or Project Manager will determine which actions apply)																		

Project Name / Deficiency Identified:_____

Reviewed By: _____ Date: _____

APPENDIX C

INITIATION of Alternative/Interim Life Safety Measures

Novant Health

Date Initiated:		**Time:**	**Name of Person Initiating :**
Projected Duration of :			**Title:**

Areas/Units affected:	**1**	
	2	
	3	

Vice President of Affected Area:	**Phone:**

Director of Affected Area:	**Phone:**

Nature of Deficiency(s):	**Describe:**

Plan for Equivalent Protection:	
What special information is required for staff in affected areas:	☐ **Fire Protection Systems** **Is Fire Watch Necessary** ☐ **Yes** ☐ **No** ☐ **Exits** ☐ **Construction Hazards** ☐ **Emergency Service Access**
Describe:	
Notification: **(The areas shaded are required to be notified when ALSM/ILSM is initiated)**	☐ **All affected Areas** ☐ **Infection Control** ☐ **Director of Affected Area** ☐ **Protective Services Office** ☐ **Fire Department (if applicable)** ☐ **Engineering Department** ☐ **Project Manager** ☐ **Safety Manager** **For questions contact Facilities Engineering:**

APPENDIX D

TERMINATION of **A**lternative/**I**nterim **L**ife **S**afety **M**easures

Novant Health

Initiation Information

Date Initiated:		**Time:**		**Name of Person Initiating :**	
Project Manager				**Title:**	

Termination Information

Date Terminated:		**Time:**		**Name of Person Terminating :**	
Projected Duration of :				**Title:**	

Areas/Units affected:	**1**	
	2	
	3	

Vice President of Affected Area:	**Phone**
Director of Affected Area:	**Phone**

Due to completion of the construction and/or repair of the affected Life Safety systems, you are hereby notified that the Alternative/Interim Life Safety Measures initiated for your work area are no longer necessary. Standard policy and procedures should now apply.

Notification:	☐	**All Affected Areas**	☐	**Engineering department**
(The areas shaded are required to be notified when ALSM/ILSM is terminated)	☐		☐	**Infection Control**
	☐	**Director of Affected Area**	☐	**Project Manager**
	☐	**Safety Manager**	**For questions contact Facilities Engineering Phone:**	
	☐	**Protective Services office**	☐	

APPENDIX E

Alternative/Interim Life Safety During Construction and Renovation Projects Checklist

The contractor will complete this checklist daily and provide a sufficient number of copies (as deemed by facility) each week to the Novant Health Public Safety office

Location of Inspection: _____

Name of Project/Project #: _____

Date: _____ Time: _____

Recommendations	Yes	No	N/A
At a minimum 2 exits remote from each other are accessible at all times, all exits provide free and unobstructed egress.	☐	☐	☐
Personnel working in the area have received training when alternative exits have been designated.	☐	☐	☐
Fire Watch Times are documented when appropriate	☐	☐	☐
Fire alarm detection and suppression systems are not impaired without an equivalent system in place (notification is made as required when systems are impaired).	☐	☐	☐
Temporary construction partitions comply with smoke and non-combustible construction.	☐	☐	☐
Additional firefighting equipment and training is provided.	☐	☐	☐
Required signage in place that is readily accessible and directs occupants to the nearest exit and is illuminated including when power failure occurs	☐	☐	☐
Debris is removed daily and storage of combustibles is limited to the lowest level possible	☐	☐	☐
A minimum of one additional Fire drill per quarter shall be conducted if the duration of the ALSM/ILSM is greater than 30 days (consideration should be determined for conducting in the area of construction). The Public Safety office can assist in drills as assigned by the facility.	☐	☐	☐
Inspection has been made for potential hazards.	☐	☐	☐
No flammable liquids are stored or used in the area without written permission of Project Manager.	☐	☐	☐
Personnel have received training when structural or compartmentation features of fire safety are compromised.	☐	☐	☐

Comments: _____

_____

_____

Name of Inspector: _____

Agency/Title: _____

APPENDIX F

FIRE WATCH PROCEDURE

Where a fire alarm monitoring system is out of service for more than 4 hours, or the sprinkler/suppression system is out of service for more than 10hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all area affected by the shutdown. This will be in place until the fire alarm monitoring, sprinkler or suppression system has been returned to service.

A fire watch dedicated to conducting fire watch, inspections with no other responsibilities, will be in place. Note here that additional duties on normal staffing will not suffice as a dedicated fire watch. This additional staffing is required for scheduled Fire Alarm Monitoring when the system is out of service for more than 4 hours, or the Sprinkler or Suppression System service interruptions that extend 10 hours or more in a 24 hour period and should be included in the Impairment report distributed to the Local Fire Department for review. If accepted by the Local Fire Department a notice of receipt of acknowledgment will be returned to the facility by the Local Fire Department and only then will the system or components will be removed from service for the duration of the impairment. The inspection of the area shall be documented on the Fire Watch Log (Appendix G) and observations will be noted along with the conditions for resolution found during inspection. This document shall be maintained with impairment files.

In the event the Fire Alarm system is out of service Fire Watches may be initiated by assigning available team members to walk the areas affected. The assigned dedicated Fire Watch should be individuals that have completed CBL Training for Fire Watch which includes training in fire prevention and in occupant and fire department notification techniques, and have demonstrated an understanding of the particular fire safety situation for public education purposes.

NOVANT HEALTH

NOTE: Fire watch rounds are to be completed at intervals no greater than 60 minutes. Complete one fire watch documentation form for every 24 hour period.

I certify that I have received training and understand my role in a "fire watch"

Signature:_____

Fire Watch Log (Appendix F)

Date	Time	Team Member	Conditions Found

ANY OF THE FOLLOWING CONDITIONS BELOW MUST BE REPORTED IMMEDIATELY AND CORRECTED. APPROPRIATE DOCUMENTATION OF THE RESOLUTION TO THE CONDITION MUST BE RECOREDED BY PLANT ENGINEERING

There is fire, smoke, or a strong smell of smoke or other evidence of a fire, follow facility fire alarm activation procedures.	Fire alarm pull stations, smoke or heat detectors, or other fire alarm elements are blocked, obstructed, rendered inaccessible, damaged or broken.	Fire extinguishers are damaged, do not have the proper inspection tag, are blocked obstructed, or rendered unavailable to immediate use.
Exit Path is blocked, or obstructed. Exit stairs have any materials or supplies or debris in stairwell. Exit path lighting is not operational or areas are dark.	Exit path is blocked, or obstructed. Exit stairs have any materials or supplies, or debris in the stairwell. Exit door at bottom of stair is obstructed or non-functional, unable to be easily opened.	Fire and smoke doors are damaged, broken, or do not close fully and latch appropriately. Fire and smoke doors are blocked, obstructed by materials, equipment, or wedging.
Corridors have trash, debris, or other material obstructing any part of the corridor. Supplies, equipment, materials, and or water materials are stored in the corridor.	Construction materials or equipment storage obstruct the corridor, exit path, stairs, or other use areas.	Fire separations have holes or penetration or unprotected opening.

APPENDIX G
ILSM/ALSM TRAINING DOCUMENTATION

PROJECT: _____

ILSM/ALSM START DATE: _____

EDUCATION DATE: _____

INSTRUCTOR: _____

I HAVE REVIEWED AND UNDERSTAND THE INTERIM/ALTERNATIVE LIFE SAFETY MEASURES IN PLACE FOR: _____. I UNDERSTAND MY ROLE IN THE SAFE EVACUATION OF PATIENTS AND VISITORS IN THE EVENT OF AN EMERGENCY SITUATION.

NAME (SIGNATURE)	EMPLOYEE NUMBER	DEPARTMENT	DATE

NOVANT HEALTH

Life Safety
ILSM/ALSM Risk Assessment

Device Location	Bar Code Number	Exits / Barriers / Compartmentation	Exit sign not illuminated	Rated door deficient (not latching, labeling, gaps)	Fire or smoke damper (not functioning or accessible)	Sliding or rolling fire door deficient	Other	Impaired Fire Alarm / Detection / Suppression Systems	Smoke/Heat Detector	Pull Station	Sprinkler	Fire Extinguisher	Kitchen Ansul System	Other	Date Initiated	Date Corrected	Retested Pass / Fail

Do conditions of a deficiency / impairment exist? ☐ **Yes** ☐ **No**
If yes, further assessment is required.

Assessment Notes:

Interim/Alternative Life Safety Measures Implemented	Check ILSM/ALSM in Use		
Initiate fire watch and document times		Explanation:	
Provide additional fire fighting equipment		Explanation:	
Conduct one additional fire drill per shift per quarter		Explanation:	
Educate staff on deficiencies, hazards, and ILSM		Explanation:	
Other ILSM/ALSM (describe in comments)		Explanation:	
ILSM/ALSM Assessment Completed by:		Date:	
Manager/Supervisor Signature:		Date:	