

# TENANT HANDBOOK



SHIPLEY'S CHOICE MEDICAL PARK

8601 Veteran's Highway

MILLERVILLE, MARYLAND 21108

# BUILDING MANAGEMENT AND SERVICES

## SHIPLEY'S CHOICE MEDICAL PARK

8601 VETERAN'S HIGHWAY

MILLERSVILLE, MD 21108

BUILDING SERVICES REQUIRED FOR THE PROPERTY ARE DELIVERED BY a combination of on-site maintenance personnel, Manekin's service department and third party vendors supervised by Manekin's property manager, under the direction of UMMS Corporate Property Management Office. All current service contractors and their scope of work are evaluated for appropriateness, quality and cost. Manekin will implement a consistent oversight and management program to seek top level service and performance from contractors.

Manekin provides for the Shipley's Choice Medical Park site outlined below:

### **Contract Services**

- Daily Janitorial Services including Vacuuming Carpet
- Window Cleaning
- Environmental and Safety Monitoring
- Interior Lighting – repairs and replacements
- Police Common Areas
- Pest Control
- Security

- Sprinkler/Alarm Testing & Inspection & Monitoring
- HVAC PM and Maintenance
- Emergency Services (MEP)

### **Manekin Service Department**

- Special Owner/Tenant Requests
- Safety and JCAHO Inspections
- Routine Property Inspections
- Miscellaneous Repairs and Maintenance
- Contractor Monitoring
- Emergency Response

\*Manekin provides 24 hour, seven days per week  
Emergency Response

**QUICK REFERENCE PHONE NUMBERS:**

**Manekin Management Office: 410-423-2001**

**SOSC: 410-328-8711**

**Emergency: 911**

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# I. MOVE-IN INFORMATION

# I. MOVE-IN INFORMATION

**W**elcome to the Shipley's Choice Medical Park location. Please find pre-move checklist and copies of forms required to facilitate your transition. If you have any questions, please contact Larry Hierstetter at 410-290-1465.

## ***Pre-Move Checklist***

Please refer to the following checklist, provided for your convenience, to ensure a smooth transition to your new offices.

- ❑ Order new stationary, envelopes and business cards with new address and numbers
- ❑ Notify the post office of your change of address
- ❑ Send a change of address card or note to clients, vendors and friends
- ❑ Complete required move-in forms at least two weeks prior to your move (See Next Section for details).
- ❑ Furnish your moving company with a copy of the Moving Company Guidelines included in this manual.

## ***An Explanation of Forms to Return***

The following forms must be returned to the Shipley's Choice Medical Park at least two weeks in advance of your move in. These forms are available in Appendix VI.

### **TENANT MOVE-IN DAY INFORMATION**

The CPM Tenant Move-In Day Information Form requests information regarding your move-in day. If there are any changes, please notify the Office Manager as soon as possible, in order to avoid scheduling conflicts and ensure receipt of appropriate paperwork.

### **AUTHORIZED INDIVIDUALS & AFTER HOURS EMERGENCY CONTACT LIST**

These lists will be used by security in the case of property removal questions, after-hours emergencies or after-hours access into the building. Security will only allow the desired action to take place with the approval from an authorized individual.

### **FLOOR RESPONSE TEAM**

This form designates individuals from your staff who will serve as floor wardens in the event of a building emergency.

### **PHYSICALLY IMPAIRED INDIVIDUALS**

Please list those individuals who may need assistance in case of an emergency evacuation.

### **EMERGENCY PROCEDURES ACKNOWLEDGEMENT**

Complete this form to acknowledge receipt of the Emergency Procedures information found in this handbook. Please note emergency evacuation plans are also included for your perusal in addition to being placed throughout the building.

## ***An Explanation of Forms to Fill Out Online***

The following forms must be filled out online at [www.umms.org](http://www.umms.org) under the Corporate Property Management link at least two weeks in advance of your move. Examples of these online forms are included in Appendix VI.

### **ACCESS CARD REQUEST**

The CPM Access Card Request/Work Order Form is to request an access card for all employees in your department who require access into the building. This must be submitted by your Office Manager.



## KEY DISTRIBUTION

The CPM Office keeps a list of all persons holding keys and having access to the building. Please complete the CPM Key Distribution/Work Order Form found on the UMMS Intranet, upon move-in and remember to alert the Office Manager, as well as retrieve building keys, when employees holding keys are terminated.

## DOOR SIGN ORDER

Please fill out the Office Manager Door Sign Order Form/Work Order Form with the name of your department as you wish it to be displayed outside your suite door. Door signs must be ordered by your Office Manager at least three weeks prior to your move-in, in order for installation to occur upon occupancy.

## LOBBY DIRECTORY STRIP ORDER

Please indicate on the Office Manager Lobby Directory Strip Order Form/Work Order Form exactly how you wish your lobby directory strip to read. Your directory strip must be ordered at least three weeks prior to your move-in by your Office Manager in order for installation to occur upon occupancy.

## **An Explanation of Policies For Your Information**

The following policies are included for your perusal. Please note that these forms are for your reference only.

## INTERIM LIFE SAFETY

The purpose of the UMMC *Interim Life Safety Policy* is to minimize potential life safety hazards to patients, employees, and all other personnel during demolition, construction, and renovation activities. The intent of the *Interim Life Safety Policy* is to comply with the most current issues of the Environment of Care (EOC) handbook, the American Institute of Architects (AIA) guidelines, and the NFPA LSC Section 101. It is the policy of UMMC to minimize the life safety risks of patients, employees, and all other personnel.

## CORPORATE PROPERTY MANAGEMENT CONSTRUCTION PROCEDURES

The UMMS Corporate Property Management Construction Procedures are to be considered as part of the Contract for Construction and or Other Related Work. All Procedures are strictly enforced. Failure on the part of any Contractor's worker, their Sub-Contractors or Agents to adhere to the policies may result in the individual(s) involved being asked to leave the premises.

## **Moving Company Guidelines**

### **MOVING INSURANCE**

When moving into Shipley's Choice Medical Park, your moving company will be required to provide a Certificate of Insurance with coverage for General Liability, Worker's Compensation and Auto Liability as specified on attached Exhibit A, "Insurance Requirements".

**University of Maryland Medical System** is to be named as additional insured. An Additional Insured Endorsement (Form B, see attached exhibit C) must be provided as part of but separate from the Certificate in order for it to be acceptable.

For your convenience, a sample Certificate of Insurance with Endorsement form is attached.

Once completed, the insurance information may be faxed to 410-328-2105.

Please mail the original to:

**University of Maryland Medical System  
110 South Paca Street  
Baltimore, Maryland 21201  
Attn: Calvin Hoffmaster**

Also send a copy to:

**Manekin LLC  
8601 Robert Fulton Drive Suite 200  
Columbia, MD 21046  
Attn: Larry Hierstetter**

### **MOVE-IN HOURS**

CPM request that your move be scheduled after 6:00 p.m. Monday through Friday, or anytime on Saturday and Sunday. Please notify the Corporate Property Management Office and Manekin of the date and time you have scheduled your move-in.

SHIPLEY'S CHOICE MEDICAL PARK  
ADDITIONAL INSURED ENDORSEMENT  
**UMMS INSURANCE REQUIREMENTS**

UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
COMPREHENSIVE INSURANCE PROGRAM  
GENERAL CONTRACT GUIDELINES

Tenant/Contractor/Subcontractor Insurance Requirements:

- A. Workers' Compensation and employers' liability insurance:
  - Workers; compensation: statutory limits
  - Employers' liability: Each employee \$500,000 BI by accident  
Each employee \$500,000 BI by disease  
Policy limit \$500,000 BI by disease
  - Property Insurance with limited coverage equal to or greater than total value of tenant's personal property and leasehold improvements must be provided.
- B. Commercial general liability insurance on an occurrence form, with minimum limits of coverage of:
  - \$2,000,000 General Aggregate
  - \$1,000,000 Each occurrence
  - \$1,000,000 Bodily injury and property damage each occurrence
  - \$1,000,000 Personal injury and advertising injury each occurrence
  - \$1,000,000 Products/completed operations
- C. Business automobile liability insurance with combined single limit of \$1,000,000.
- D. Umbrella liability insurance on an occurrence form with minimum limits of four million dollars (\$4, 000,000).
- E. Certificate of said insurance must be submitted to UMMS before the work starts not on the work site.
- F. Tenants/Contractor(s)/subcontractor(s) are responsible for insuring all machinery, tools and equipment used in performance of contract requirements.
- G. Tenant/Contractor shall be named and UMMS shall be named additional insured in said policies of insurance. Tenant/Contractor shall notify UMMS in writing at least thirty (30) days prior to any changes or cancellations of said policies, and shall deliver evidence of said insurance to UMMS prior to moving in or commencing work.
- H. In the event any Contractor you retain fails to maintain and keep in force insurance requirements as herein provided, you shall cancel and terminate the contract upon UMMS' request.
- I. The insurance requirements contained herein are not subject to changes in, or modifications of coverage, forms and/or limits without prior approval by UMMS.
- J. Tenant/Contractor shall provide UMMS with certification by properly qualified representatives of the insurer that Tenant's/Contractor's insurance complies with the requirements of this section.
- K. The certificate evidencing the amount and type of insurance must be sent to the UMMS contact within fifteen (15) days of acceptance of the contract.
- L. All insurance policies required shall be issued by companies who hold a current policyholder's alphabet and financial size category rating of not less than an A- (X) according to Best's insurance reports. Insurance shall be at the sole expense of the Contractor, and shall continue during the term of any resulting contract.

## II. PROPERTY MANAGEMENT OFFICE

## II. PROPERTY MANAGEMENT OFFICE

### IMPORTANT NUMBERS

#### **Management Office:**

Manekin LLC  
8601 Robert Fulton Drive  
Suite 200  
Columbia, MD 21046  
Service Desk 410-423-2001

SOSC/ Security  
22 South Greene Street 24/7  
410-328-8711

### BUSINESS HOURS

#### **Building Hours:**

M – T 7:30 am – 7:00 pm  
F – 7:30 am – 7:00 pm  
Sat 8:00 am-1:00 pm

### MANAGEMENT STAFF

#### **Management Office Staff:**

Marie Gerwig	Asset Manager	410-290-1474
Larry Hierstetter	Property Manager	410-290-1465
Karen Salley	Asst. Property Mgr.	410-290-1464

# III. BUILDING OPERATIONS

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### BUILDING ACCESS

#### Access Card Request

At move-in, tenants are required to complete the **CPM Access Card Request/Work Order Form** so that identification badges for access to the building and after-hours secured access, if applicable, can be issued for each employee. This form may also be used any time a new employee is hired, a keycard is lost, or the access status of an employee changes. Please note that that this form includes an "Authorized Signature" block which must be signed by the Office Manager and dated by your authorized representative in order for us to process your request.

## **BUILDING SECURITY**

### **SECURITY PHONE NUMBER DURING BUSINESS HOURS (SOSC)**

410-328-8711

#### **After-Hours Security**

All **after-hours** security assistance calls should be directed to:

410-328-8711

### **GENERAL SECURITY GUIDELINES**

For your safety, your cooperation is asked in observing the following building safety guidelines:

1. Notify Manekin of loiterers or suspicious persons in corridors or restrooms.
2. Turn away all solicitors and report solicitors to Manekin.
3. Always remember to take your suite keys and building access card with you when you leave the premises.
4. Keep corridor doors closed at all times.
5. Do not leave personal valuables unguarded in reception areas, on desk tops or in unlocked drawers.
6. Notify Manekin and the Police of any crimes.
7. Collect keys and building access cards from employees who have resigned or have been terminated.
8. Copy and distribute these general guidelines to your entire office staff.



## BUILDING MAINTENANCE

Building engineers are on call Monday through Friday during normal business hours. They are here to maintain building operations and to provide standard building maintenance. A designated office contact should be the person to place all maintenance requests. A CPM Work Request Form should be submitted for all requests. Please complete a **Tenant Service Request Form** on the **UMMS Intranet or on the Internet at [www.UMMS.org](http://www.UMMS.org) under the Corporate Property Management** link, follow the instructions, and then click save new request.

## URGENT REQUESTS

Please have your designated office contact notify the Manekin Management Office of any **URGENT** maintenance or repair requests, or requests requiring immediate attention (i.e. Leaking water, strange odors, temperature control for computer/server rooms, etc.) Manekin will have a building engineer assist you as soon as possible. Please follow up all verbal requests with the submission of a CPM Work Order Form. Please complete a **Tenant Service Request/Work Order Form** on the **UMMS Intranet or on the Internet at [www.UMMS.org](http://www.UMMS.org) under the Corporate Property Management** Link, follow the instructions, and then click save new request.

## MANEKIN PROPERTY MANAGEMENT OFFICE: 410-423-2001

When requesting maintenance, please be prepared to provide the following information:

1. Your name and department
2. Contact phone number
3. Clearly identify the nature and location of the problem

## GENERAL MAINTENANCE REQUESTS

For general maintenance requests not requiring immediate attention, please complete a **CPM Tenant Service Request/Work Order Form** on the **UMMC Intranet or on the Internet at [www.UMMS.org](http://www.UMMS.org) under the "Corporate Property Management"** link, follow the instructions, then click "save new request" Your request will be emailed to the Manekin Service Desk and a courtesy copy will be emailed to you. Manekin will respond to your request within 60 minutes with information as to when an engineer or vendor will respond to the problem.

## JANITORIAL SERVICE

Janitorial service is provided in the evenings for routine service after normal business hours. Routine cleaning includes vacuuming, dusting and emptying wastebaskets, service counter and exam room cleaning.

As a reminder, please do not place any object near or against trash receptacles if the material is not to be thrown away. **For designated boxes or other items for disposal; place a sign or mark trash on the items to be removed.**

Please note that the janitorial crew will **NOT** dust any computer equipment, including terminals, hard drives or keyboards; nor will they vacuum or dust near computer cables or wires. This is for your protection to avoid disturbing any sensitive computer equipment.

### **SPECIAL REQUESTS**

If you have any special requests or require emergency janitorial assistance, please direct your request to:

**MANEKIN PROPERTY MANAGEMENT OFFICE: 410-423-2001**

### **PARKING /HANDICAP SPACES**

Parking stalls reserved for handicapped individuals are clearly marked. As a reminder, do not park in these spaces unless you have a valid handicap license plate or tag.

### **PARKING GUIDELINES & REMINDERS**

To ensure the safety and proper use of our parking lot, please adhere to the following guidelines:

1. Phone the Manekin Management Office if you observe any hazards in the parking areas.
2. Remember to always lock your vehicle and remove any valuables including cellular phones. The Shipley' Choice Landlord is not responsible for any damages to or theft from your vehicle.
3. Please observe all directional, speed limit and stop signs throughout the parking area.
4. Do not park illegally or in fire lanes. Cars parked in these areas are subject to citation and/or towing.
5. Trailers and towed vehicles are not permitted in the parking areas.
6. Handicapped spaces are reserved for disabled persons only. Cars illegally parked in these areas are subject to citation and/or towing.

### **VENDOR REGULATIONS**

When arranging for services provided by an outside vendor for work in individual office suites, employees and their vendors are asked to please comply with the following guidelines:

- Inform the Office Manager and Manekin Property Management Office at 410-423-2001.
- A vendor shall be permitted access to the building only pursuant to the request of the employee and only for the purpose of direct deliveries to

the specified suite.

- Employees' outside vendors are allowed access to the building during normal business hours 8:00 am –5:00 pm Monday - Thursday. Vendors requiring after-hours access will only be admitted if employee has completed a **Visitor Access Request Form** (found in Section VI of this handbook).
- Vendor must provide a Certificate of Insurance covering General Liability, Worker's Compensation and Auto Liability prior to starting work.
- **University of Maryland Medical System** must be named as Additional Insured and Certificate Holder. An **Additional Insured Endorsement Form** (found in Section VI of this handbook) must be included as part of, but separate from, the Certificate of Insurance in order for it to be acceptable. A copy of the certificate may be faxed to the Corporate Property Management Office at 410-328-2105.
- All vendors must comply with the **University of Maryland Medical Center's** latest Interim Life Safety Policy and the Corporate Property Management Construction Procedures. Both can be found in the Forms Section of the Tenant Handbook.

Please mail the original copy to:

**University of Maryland Medical System  
110 South Paca Street  
Baltimore, Maryland 21201  
Attn: Calvin Hoffmaster**

Also send a copy to:

**Manekin LLC  
8601 Robert Fulton Drive Suite 200  
Columbia, MD 21046  
Attn: Larry Hierstetter**

If you have any questions regarding the above requirements, please feel free to call the Corporate Property Management Office at 410-328-2104.

## **SMOKING**

In compliance with State Law, smoking is prohibited inside the building. For the convenience of building employees who smoke, please smoke in the designated smoking areas only.

As a courtesy to non-smokers and all guests to our building, CPM asks that you please adhere to the following guidelines:

- Please use designated smoking areas and refrain from smoking at building entryways or in stairwells.
- Please use the smoking urns provided for disposal of ashes and cigarette butts.
- Do not discard of cigarette waste on walkways, in planters or building landscaping.

## **SOLICITORS**

University Care/UMMS has adopted a "No Solicitors" policy. Please notify the Security of any solicitors on the premises.

# IV. BUILDING RULES & REGULATIONS

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**T**enant shall faithfully observe and comply with the following Rules and Regulations:

1. UMMS and Manekin have the right to access at all times. Tenant shall not alter any lock or install any new or additional locks or bolts on any doors or window of the Building without obtaining prior written consent from Manekin or Corporate Property Management Office. Tenant shall bear the cost of any lock changes or repairs required by tenant.
2. Additional keys required by Tenant must be obtained from the Office Manager.
3. All doors opening to public corridors shall be kept closed at all times except for normal ingress and egress to the Premises, unless electrical holdbacks have been installed.
4. UMMS reserves the right to close and keep locked all entrance and exit doors during hours when the Building is closed. Employees and agents must be sure that the doors to the Building are securely closed and locked when leaving the Premises if it is after the normal hours of operation for the building. Any employees, agents or any other person entering or leaving the Building at any time when it is so locked, or any time when it is considered to be after the normal hours of operation for the Building, may be required to sign the Building register when so doing. Access to the Building may be refused unless the person seeking access has proper identification or has previously arranged for a pass to access the Building. UMMS shall in no case be liable for damages for any error with regard to the admission to or exclusion from the Building of any person. In case of invasion, mob, riot, public excitement, or other commotion, UMMS and Manekin reserves the right to prevent access to the Building during the continuance of same by any means it deems appropriate for the safety and protection of life and property.
5. UMMS shall have the right to control and operate the public portions of the Building, the public facilities, the heating and air conditioning, and any other facilities furnished for the common use of tenants, in such manner as is customary for comparable buildings in the vicinity of the Building.
6. The requirements of Tenant will be attended to only upon application at the office location designated by the Corporate Property Management Office. Employees of Manekin shall not perform any work or do anything outside their regular duties unless under special instruction from the Corporate Property Management Office.
7. Tenants shall not disturb, solicit, or canvass any occupant of the Building and shall cooperate with UMMS Corporate Property Management to prevent same.

8. The rest rooms, urinals, sinks and other apparatus shall not be used for any purpose other than that for which they were constructed, and no foreign substance of any kind whatsoever shall be thrown therein.
9. Tenants shall not overload the floor of the Premises, nor mark, drive nails or screws, or drill into the partitions, woodwork or plaster or in any way deface the Building or any part thereof without the Corporate Property Management Office's consent.
10. Except for vending machines intended for the sole use of employees and invitees, no vending machine or machines of any description other than fractional horsepower office machines shall be installed, maintained or operated upon the Premises without the written consent of the Corporate Property Management Office.
11. Tenants shall not use or keep in or on the premises any kerosene, gasoline or other inflammable or combustible fluid or material.
12. Tenants shall not use, keep, or permit to be used or kept, any foul or noxious gas or substance in or on the Premises, or permit or allow the Premises to be occupied or used in a manner offensive or objectionable to CPM or other occupants of the Building by reason of noise, odors, or vibrations, or interfere in any way with other Tenants or those having business therein.
13. Tenants shall not bring into or keep within the Building or the Premises any animals, birds, or any vehicles including bicycles.
14. Cooking shall not be done or permitted on the Premises, nor shall the Premises be used for the storage of merchandise, for lodging or for any improper, objectionable or immoral purposes. Notwithstanding the foregoing, microwave ovens may be used on the Premises for heating food and brewing coffee, tea, hot chocolate and similar beverages, provided that such use is in accordance with applicable federal, state and city laws, codes, ordinances, rules and regulations, and does not cause odors which are objectionable to UMMS and other Tenants.
15. CPM will approve where and how telephone and telecom wires are to be introduced to the Premises. No boring or cutting for wires shall be allowed without the consent of the Corporate Property Management Office. The location of telephone, call boxes and other office equipment affixed to the Premises shall be subject to the approval of the Corporate Property Management Office.
16. UMMS reserves the right to exclude or expel from the Building any person who, in the judgment of UMMS or the Corporate Property Management Office, is intoxicated or under the influence of liquor or drugs, or who shall in any manner do any act in violation of any of these Rules and Regulations.
17. Tenants shall not loiter in the entrances or corridors, nor in any way obstruct the sidewalks, lobby, halls, stairways or elevators, and shall use the same only as a means of ingress and egress for the Premises.

18. Tenants shall not waste electricity, water or air conditioning and agrees to cooperate fully with UMMS to ensure the most effective operation of the Building's heating and air conditioning system, and shall refrain from attempting to adjust any controls. This includes the closing of exterior blinds, disallowing the sunrays to shine directly into areas adjacent to exterior windows.
19. Tenants shall store all trash and garbage within the interior of the Premises. No material shall be placed in the trash boxes or receptacles. If materials is of such a nature that it may not be disposed of in the ordinary and customary manner of removing and disposing of trash and garbage in Baltimore City without violation of any law or ordinance governing such disposal. All trash, garbage and refuse disposal shall be made only through entryways provided for such purposes at such times, as UMMS shall designate.
20. Tenants shall comply with all safety, fire protection and evacuation procedures and regulations established by UMMS or any governmental agency.
21. Tenants shall assume any and all responsibility for protecting the Building from theft, robbery and pilferage, which includes keeping doors locked and other means of entry to the Building closed, when the Premises are not occupied.
22. No awnings or other projects shall be attached to the outside walls of the Building without the prior written consent of UMMS. No curtains, blinds, shades or screens shall be attached to or hung in, or used in connection with, any window or door of the Building without prior written consent of the Corporate Property Management Office. All electrical ceiling fixtures hung in offices or spaces along the perimeter of the Building must be fluorescent and/or of a quality, type, design and bulb color approved by the Corporate Property Management Office.
23. The sashes, sash doors, skylights, windows, and doors that reflect or admit light and air into the halls, passageways and other public places in the Building shall not be covered or obstructed by Tenant, nor shall any bottles, parcels or other articles be placed on the windowsills.
24. The washing and/or detailing of or, the installation of windshields, radios, telephones in or general work on, automobiles shall not be allowed on the Premises.
25. Tenants shall comply with any non-smoking ordinance adopted by any applicable governmental authority. In addition, UMMS reserves the right to designate, in UMMS's sole discretion, the only outside areas of the Premises where smoking shall be permitted.
26. The Corporate Property Management Office reserves the right at any time to change or rescind any one or more of these Rules and Regulations, or to make such other and further reasonable Rules and Regulations as in UMMS's judgment may from time to time be necessary for the management, safety, care and cleanliness of the Premises and Building, and for the preservation of



- good order therein, as well as for the convenience of other occupants. UMMS shall not be responsible to any occupant or to any other person for the non-observance of the Rules and Regulations and Tenant shall agree to abide by these rules as a condition of its occupancy of the Premises.
27. Tenants shall not use any method of heating or air conditioning other than that which is supplied by UMMS, without the prior written consent of the Corporate Property Management Office
  28. Electric Space heaters are not permitted in the Building at any time.

# V. EMERGENCY PROCEDURES

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## OVERVIEW

The management of the SHIPLEY'S CHOICE MEDICAL PARK site takes Fire and Life Safety very seriously. Our objective is to provide our employees with a safe and comfortable working environment. With this in mind, these Emergency Procedures were developed.

While the Fire/Life Safety Systems in the Building are engineered for the safety of all occupants in the building in the event of an *emergency or fire*, it is important that all individuals working in the Building understand the Building's emergency procedures. However, each emergency is unique and sometimes the recommended procedures may not be suitable for all conditions that arise. Therefore, common sense should always be the primary element of any emergency procedure.

Please take the time to familiarize your entire staff with these procedures. If you have any questions regarding these procedures or any of the Fire & Life Safety systems in place in the SHIPLEY'S CHOICE MEDICAL PARK site, please contact the Corporate Property Management Office at 410-328-2104.

## EMERGENCY PHONE NUMBERS

Medical Emergency:	911
Fire Department:	911
Police Department:	911
Management Office:	410-423-2001
After-Hours Emergencies:	410-328-8711
Security:	410-328-8711

## RESPONSE TEAM

At the time of move-in, each tenant is asked to complete the **Floor Response Team Form** (found in Section VI of this handbook) designating personnel that will be responsible for taking charge in the event of an emergency.

It is up to each Manager to assure that this form is updated when designated personnel leave employment or for any other reasons are no longer able to perform the outlined duties of emergency personnel.

While the Corporate Property Management Office will periodically host Floor Response Team training, the general responsibilities are outlined here. It is the responsibility of all the Floor Response Team Response Team personnel to familiarize themselves with these guidelines as well as all of the Building's Emergency Procedures.

### The primarily response team positions are:

- **Floor Warden**- Responsible for controlling staff in event of emergency and explaining/overseeing all emergency actions.  
Each tenant should designate an alternate Floor Warden in case the Floor Warden is out of the office when an emergency occurs.
- **Stairwell Monitor**- At the direction of the Floor Warden leads employees to the stairwell exits and monitors the area for the safe and efficient evacuation of the building.
- **Searcher**- After assisting the evacuated personnel from the suite, the searcher returns to the suite area, only if it is sage to do so, to ensure that all employees have in fact been evacuated from the area and that there are no injured persons left behind.
- **Assistant to the Physically Impaired**- Assists any handicapped individuals during an emergency and/or building evacuation.

## FLOOR WARDEN RESPONSIBILITIES

Each member of the building's Floor Response Team has an extremely important job to perform in the event of an emergency. Each Floor Response Team designee should become familiar with the following duties:

### FLOOR WARDEN

- Appoints personnel to the emergency team and fills all vacant positions
- Maintains an updated roster of the Floor Response Team personnel
- Keeps the Corporate Property Management Office updated on any changes in the Floor Response Team personnel
- Alerts the Floor Response Team designees of potential emergencies
- Supervises the activities and training of the Floor Response Team
- Responsible for informing and training the Floor Response Team in emergency procedures

- Ensure that the Floor Response Team know their assigned duties and locations in case of an emergency
- Pre-plans the handling of physically impaired personnel during evacuation
- Responsible for the evacuation of the Floor Response Team

#### **STAIRWELL MONITOR RESPONSIBILITIES/DUTIES**

- Takes position at assigned exits and assist in the evacuation of all personnel
- Feels stairwell doors with the back of the hand for heat. If no heat is detected opens doors slowly to inspect stairwell for possible heat and smoke conditions before evacuation
- Instructs personnel to form a single file line in the stairwell and assist personnel in exiting along the right side of the stairwell
- Supervises and monitors evacuation flow while remaining calm and encouraging others to remain calm and orderly during evacuation
- Remains at the exit until Searchers have cleared all personnel from the floor

#### **SEARCHER RESPONSIBILITIES/DUTIES**

- Under the supervision of the Floor Warden, Searchers are responsible for finding and evacuating all personnel from the floor; specifically from remote areas such as storage rooms, file rooms, coffee/break areas, restrooms, etc.
- Check all rooms including restrooms, conference rooms, reception areas, offices and remote areas
- Close, but do not lock, all doors after you have determined that the room has been evacuated.
- Advises any remaining personnel on the floor of the emergency and assist in their evacuation.
- Evacuation non-employees found on the floor.
- Must be familiar with the building's emergency procedures and the location of all stairwells and exits.

#### **ASSISTANT TO THE PHYSICALLY IMPAIRED DUTIES**

- Under the supervision of the Floor Warden, the Assistant to the Physically Impaired is responsible for the safe evacuation of any physically impaired personnel.
- Maintains an up- to- date list of the physically impaired employees.
- Moves all wheelchair bound personnel to a specific area of refuge and waits with them until emergency personnel arrive.

## **FIRE**

1. Advise others and move everyone away from the fire
2. Confine the fire by closing all doors in the area
3. Notify the Fire Department (911) and provide the following information:
  - Nature of the Emergency –Fire
  - Building Name and Address
  - Nearest Cross Street
  - The Exact Location of the Fire
  - Your call back number

**NOTE:** Do not hang up until the Emergency Operator does so and Pull the nearest Fire Alarm.

4. Proceed to the nearest exit to evacuate. Exit via stairwell; do not use the elevators.
5. Notify SOSOC at 410-328-8711 and the Manekin Property Management office at 410-432-2001.
6. Once outside the building, move to a safe refuge area away from the building and the Fire Department operations.

**NOTE:** FIRE NEEDS FUEL, HEAT AND OXYGEN TO SURVIVE. YOU CAN REDUCE OR EXTINGUISH FIRE BY CLOSING DOORS.USING AN EXTINGUISHER TO REDUCE OXYGEN. THROW WATER ON THE FIRE TO REDUCE HEAT-UNLESS IT IS AN ELECTRICAL FIRE, AND ELIMINATE FUEL SOURCES BY REMOVING NEARBY PAPER PLASTICS, AND OTHER FLAMMABLES.

### **IF A FIRE IS DISCOVERED OUTSIDE OF YOUR SUITE:**

If you are in your suite and smoke or heat is evident in the corridor, and you are not able to exit, proceed as follows:

Call 911 and provide the following information:

- Building Name
- Building Address
- Nearest Cross Street
- Floor, Suite Number and the Exact Location of Fire
- You call back number

**NOTE:** Do not hang up until the Emergency Operator does so and Pull the nearest Fire Alarm.

1. Call the SOSOC at 410-328-8711 and the Manekin Property Management Office 410-423-2001.
- Report your name, building number, and floor and suite number.
2. FEEL THE DOOR. If it is hot or warm, DO NOT OPEN IT!
3. CLOSE AS MANY DOORS AS POSSIBLE BETWEEN YOU AND THE FIRE.
4. IF SMOKE ENTERS YOUR SUITE FROM BENEATH THE DOOR, seal the area with a fire blanket, wet towel or other mist material.

5. IF YOUR TELEPHONE STOPS WORKING, display brightly colored material from the window. Wave it to make it more visible to rescuers.

### **FIRE SAFETY REMINDERS**

1. Please regard all alarms as Legitimate: don't ignore them because it is inconvenient.
2. Post Emergency Phone Number for all employees.
3. Make sure all employees are aware of the location of the fire extinguishers and are familiar with how an extinguisher operates.
4. In a fire or other emergency, follow the instruction of your designated Floor Warden and other Emergency Personnel.
5. Never use the elevators.
6. If you encounter smoke, get down on your hands and knees. Air is cleaner and cooler near the floor. Crawl to the nearest exit if it is safe to do so.
7. Few people are burned to death in fires. Most fire-related deaths are the result of smoke inhalation, poisonous gas or panic. Panic can be avoided by being well prepared for an emergency. Learn all the emergency procedures as if they were second nature.

### **FIRE PREVENTION TIPS**

1. Replace any electrical cord that has cracked insulation or a broken connector.
2. Do not pinch electrical cord under or behind furniture
3. Do not run electrical extension cords under chair mats or across doorways where they can be stepped on or chaffed.
4. Leave space for air to circulate around heat-producing equipment such as copies and computer terminals.
5. Turn off or unplug all appliances, including coffee makers at the end of each workday.
6. Electric heaters/lamps are prohibited in the building.
7. Keep work areas, exits, storage areas and stairways free from waste paper, empty boxes, dirty rags and other fire hazards.
8. Know the locations of fire extinguishers in the building and yours work areas.
9. Remove trash on a regular basis.
10. Close all doors after working hours.
11. Observe the building's NO SMOKING policies. Never throw matches or cigarette butts into waste containers (inside or outside of building).
12. 18" Clearance from the tops of the shelves to the bottom of the sprinkler heads, in the storage areas, is required by the Baltimore City Fire Department.

### **FIRE EXTINGUISHER BASIC OPERATION**

All extinguishers in the Building may be used on fires originating from wood, paper, plastic, grease, oil and electricity.

Fire extinguishers are located in the elevators lobbies and in the core office space on the walls.

**OPERATING A FIRE EXTINGUISHER:**

To open the cabinet, turn the handle and pull open.

Remember the “**P-A-S-S**” method for effective fire extinguisher use:

- P-** Pull the safety pin. This is usually the pin with a string attached.
- A-** Aim the hose, nozzle or horn at the base of the fire.
- A-** Squeeze the trigger handle
- S-** Sweep from side to side and watch for the re-flash of the fire.

**NOTE: ALWAYS MAINTAIN A THREE-FOOT CLEARANCE ARE AROUND FIRE EQUIPMENT. ONCE THE EQUIPMENT HAS BEEN USED, DO NOT RE-HANG IT, EVEN FOR A FEW SECONDS. USED EXTINGUISHERS ARE TO BE SERVICED IMMEDIATELY!**



## EARTHQUAKES

While Earthquake Emergency Procedures are similar to those of a fire, one specific difference should be communicated to all building occupants: Evacuation during fire is highly probable, whereas **EVACUATION DURING AND EARTHQUAKE IS NOT PROBABLE.**

Please adhere to the following safety procedures during an earthquake:

1. Take shelter away from windows and seek protection under tables, desks, or other objects that offer shelter from flying glass and debris.
2. Do not leave the sheltered area or exit the building until the quake is over. Seek safety where you are and leave calmly afterward if evacuation is necessary.
3. Do not dash for exits – hallways may be unsafe.
4. Stay clear of bookcases, file cabinets, windows and other heavy objects.
5. Turn off electrical equipment. Do not be surprised if electricity goes off or alarm systems are activated.
6. Do not smoke or use matches in case of gas leaks. If power fails, use battery operated lights.

## IF YOU ARE OUTSIDE DURING AN EARTHQUAKE

1. Move away from buildings, utility wires and poles, debris and areas subject to falling glass.
2. If threatened by falling debris, cover face with one forearm and the back of the head with the other.

## AFTER AN EARTHQUAKE

1. Check for injured persons. DO NOT attempt to move a seriously injured person unless they are in immediate danger.
2. DO NOT use matches, candles or other open flames.
3. Turn off items. DO NOT turn on electrical switches or appliances.
4. Inspect your area for damage. Check for fire. Check utilities for gas and water leaks or electrical shorts. Stay clear of wires that are shorting out.
5. If you smell gas, open all windows. Evacuate the building if possible and report the leak first to the Fire Department, if possible, and then to Manekin at 410-423-2001.
6. Replace telephone receivers to restore the communication. However, do not use the telephones except to communicate with the Fire Department or other emergency personnel.
7. Listen to the radio for emergency reports.
8. DO NOT spread false rumors regarding the condition of the building or anything else that may cause panic.

9. Cooperate with Management, the Fire Department and other emergency personnel.
10. Be prepared and stay alert for aftershocks.

## TORNADOS

There are two designations placed on a Tornado: a **WATCH** and a **WARNING**. A Tornado **WATCH** indicates weather conditions are right for a tornado. A Tornado **WARNING** indicates that a tornado is anticipated in the area within the next 24 hours.

### IN THE EVENT OF A TORNADO WATCH

The Corporate Property Management Office or the SECURITY DESK will notify the tenants of the Building of any impending, severe or threatening weather by contacting the Office Manager or the Designated Floor Warden and advising them of the conditions.

1. The Office Manager or the Floor Warden should alert all staff of the watch or warning immediately.
2. Once you have been notified of the watch or warning, please monitor the conditions and be prepared to react.

### IN THE EVENT OF A TORNADO WARNING

1. Move away from the perimeter of the building (windowed areas) toward the center of the building and close the doors behind you.
2. Do not exit these designated areas.
3. Protect yourself by placing your head close to your knees and covering your neck with your hands.
4. If you cannot reach a corridor in time, the next safest place is under a desk, table or chair.
5. Remain in the designated area until an announcement has been made by designated emergency personnel or building management that it is safe to return to your work station.
6. Once everyone has returned to their workstation, emergency personnel should assist Building Management in accounting for all employees.
7. If anyone has been injured, designated emergency personnel should assist where possible and follow the Medical Emergency Procedures outlined in this handbook.
8. If any portion of your office(s) or the surrounding building's area has been damaged, please notify the Corporate Property Management Office immediately.

## HURRICANES

There are two designations placed on a Hurricane: a **WATCH** and a **WARNING**. A Hurricane **WATCH** indicates weather conditions are right for a hurricane. A Hurricane **WARNING** indicates that a hurricane is anticipated in the area within the next 24 hours.

### IN THE EVENT OF A HURRICANE WATCH

The Corporate Property Management Office or the SECURITY DESK will notify the tenants of the Building of any impending, severe or threatening weather by contacting the Office Manager or the Designated Floor Warden and advise them of the conditions.

1. The Office Manager or the Floor Warden should alert all staff of the watch or warning immediately.
2. Once you have been notified of the watch or warning, please monitor the conditions and be prepared to react.

### **IN THE EVENT OF A HURRICANE WARNING**

1. Move away from the perimeter of the building (windowed areas) toward the center of the building and close the doors behind you.
2. Do not exit these designated areas.
3. Protect yourself by placing your head close to your knees and covering your neck with your hands.
4. If you cannot reach a corridor or lobby in time, the next safest place is under a desk, table or chair.
5. Remain in the designated area until an announcement has been made by designated emergency personnel or building management that it is safe to return to your work station.
6. Once everyone has returned to their workstation, emergency personnel should assist Building Management in accounting for all employees.
7. If anyone has been injured, designated emergency personnel should assist where possible and follow the Medical Emergency Procedures outlined in this handbook.
8. If any portion of your office(s) or the surrounding building's areas has been damaged, please notify the Corporate Property Management Office immediately.

### **EXPLOSIONS**

If an explosion occurs, please adhere to the following procedures:

1. Call 911 IMMEDIATELY to report the explosion.
2. Care as best as you can for the injured.
3. Evacuate the area and wait for help.

## MEDICAL EMERGENCIES

Should a Medical Emergency situation develop which requires immediate intervention by trained personnel, proceed as follows:

1. Call 911. Reassure the injured person that help is on the way. Remain calm and provide the following information:
  - Nature of the Medical Emergency.
  - Building name, address and suite number
  - The name of the sick or injured person, their exact location and whether they are conscious or not.

**NOTE:** Do not hang up until the emergency operator does so.

2. Security will coordinate with responders to transport.... Site will follow "Dr. Blue" process.
  - State whether you called 911, your name and department name
  - The nature of the Medical Emergency
  - The name of the sick or injured person, their exact location and whether they are conscious or not. State if there is the presence of bodily fluids.
  - A number where you can be reached
3. Direct any on-lookers away from the area of the injured person. Clear the area of any objects that might impede the rescue or interfere with emergency personnel.
4. Remain with the victim. DO NOT move the victim unless there is immediate danger of further injury. Keep the victim comfortable and warm.
5. Designate a responsible person to do the following:
  - Wait at the building's main entrance for medical personnel. When they arrive, direct them to the injured person.

**NOTE:** CPR training and first aid courses are available through your local American Red Cross and are sometimes offered through the Corporate Property Management Office. All occupants are encouraged to participate.

## BOMB THREATS

Bomb threats should always be taken seriously. Do not assume that a bomb threat is a prank call or that they are only made to the Corporate Property Management Office. Anyone can receive a bomb threat and all building occupants should be prepared.

## TELEPHONE BOMB THREATS

1. DON'T PANIC. The person receiving the call should try to get as much information as possible, from the caller, using the checklist as provided.
2. LISTEN CAREFULLY. You may be able to help authorities identify the caller, his location, or the location of the explosive by his comments, vocal characteristics and any background noise.
3. Keep the caller on the phone for as long as possible. Ask the caller to repeat the message.
4. Obtain as much information from the caller as possible such as location of bomb, time of detonation, appearance of bomb, and callers reason for

planting the bomb (please see the **Bomb Threat Questionnaire** found in section VI of this handbook).

5. Once the caller has hung up, immediately call 911 and provide the following information:
  - Your name
  - Your location (building and suite number)
  - Your phone number
  - Name of any other person who heard the threat
  - Name of any employee threatened by the caller and his/her work location
  - Time the bomb is to detonate if known
  - Location and description of the bomb if known
  - Any reason given for planting the bomb
  - Any other information received from the bomb threat perpetrator
6. Complete the Bomb Threat Questionnaire and provide it to the Police Department as soon as possible.

### **WRITTEN BOMB THREATS**

Upon receipt of a written bomb threat:

1. Immediately notify 911, Emergency Personnel and Security.
2. Do not destroy the note
3. Do not let others handle the note
4. Turn the note over to Emergency Personnel

### **PERSONAL RECEIPT OF BOMB THREATS**

When a bomb threat is directed to a specific individual, he/she should immediately call 911/ the Police and wait for instructions. Please remember the following:

- Look for anything out of the ordinary or out of place.
- Look high and low – not just at eye level.
- Methodically visually search from one end of your work area to the other. Do not touch anything.

### **SEARCHING YOUR SUITE FOR A SUSPECTED BOMB**

Once a telephone or written bomb threat has been called into 911, report it to Security. Follow the directions and the evacuation procedures provided by the Emergency Personnel.

**NOTE:** If you notice a suspicious object during evacuation - **DO NOT TOUCH IT!** Report the finding immediately to the Emergency Personnel.

## **SUSPICIOUS MAIL OR PACKAGES PER USPS**

Protect yourself, your business and your mailroom. If you receive a suspicious letter or package:

- Stop. Don't handle
- Isolate it immediately
- Don't open, smell, or taste
- Activate your emergency plan. Notify a Supervisor.

### **WATCH FOR:**

- No return address
- Restrictive markings
- Sealed with tape
- Misspelled words. Badly typed or written
- Unknown powder or suspicious substance
- Possibly mailed from a foreign country. Excessive postage.
- Oily stains, discolorations, crystallization on wrapper
- Excessive tape
- Strange odor
- Incorrect title or addressed to title only
- Rigid or bulky
- Lopsided or uneven
- Protruding wires

## **UPON RECEIPT OF A SUSPICIOUS PACKAGE**

If you suspect the mail or package contains a bomb (explosive), or radiological, biological, or chemical threat:

- Isolate area immediately
- Call 911
- Wash your hands with soap and water.
- Immediately call Security.

## **SUSPECTED BOMB SAFETY PRECAUTIONS**

During a suspected Bomb Threat Emergency follow the directions and the evacuation procedures provided by the Emergency Personnel.

## **EVACUATION**

In the event of an emergency, it may become necessary to evacuate the Building. All Floor Response Team personnel as well as general personnel should

Be completely familiar with the following evacuation procedures: In an emergency situation, wait until management or the designated Floor Response Team personnel indicate that it is safe and appropriate to evacuate the building.

- If you are directed to evacuate, closely follow the instructions of all the Floor Response Team personnel including the Floor Wardens, the Searchers and the Exit Monitors.
- Do not stay in the building.
- Exit only after an Exit Monitor has deemed it safe to do so.
- Familiarize yourself with the location of all emergency exits; in the event an exit is blocked, proceed to an alternate exit.
- Use safe exit procedures including:
  - ❖ Remain calm and quiet
  - ❖ Remove high heel shoes
  - ❖ Exit in a single file and keep to the right of the hallway
  - ❖ Move quickly, but do not run
  - ❖ Assist those who may have trouble keeping pace or who may have been injured
  - ❖ Treat injuries once you exit the building when it is safe to do so

### **EVACUATING THE INJURED**

If you are alone with an injured person who is unable to leave the area unassisted, you may find that a “blanket drag” will provide you with the means to remove the person from the hazardous area. The drag can also be accomplished with a coat. If you are unable to carry the person, the “blanket drag” may be your only means of moving the person out of danger.

To get the person onto the coat, turn the person on his/her side and roll the coat up, lengthwise, so that when you roll them over to the other side, you can open the coat. Grasp the corners nearest the head of the injured and pull the person out of the area.

### **CIVIL DISTURBANCES**

Although riots and civil disturbances are rare, there is still a need for a planned course of action in the event a civil disturbance erupts. Should a disturbance start outside the building, the Security will?

- Secure all building entrances.
- Notify the police.
- Notify the tenants.
- Prevent access to all suites.

**In the event that a civil disturbance initiates inside the building:**

- Make sure all occupants are in your office and lock your suite doors including the main entrance. Assign a responsible individual to stand by the entrance door with a key allowing authorized personnel only to enter and leave.
- Immediately notify the Security and provide the following information:
  - Exact location of the disturbance, demonstrators and/or rioters
  - A Cell Phone number
  - Approximate number of demonstrators or rioters
  - Your name, company name and call back number

**POWER FAILURE**

In the event of a power failure, the SHIPLEY'S CHOICE MEDICAL PARK site will provide standard for emergency lighting. There is no back up generator at this facility.



# VI. FORMS

## VI. FORMS

### MOVE-IN

The following forms should be completed and returned to the Corporate Property Management Office two weeks prior to your scheduled move. Send an original, completed copy to the Corporate Property Management Office and retain one copy for your records. For replacement forms, please contact the Corporate Property Management Office at 410-328-2104.

#### FORMS TO RETURN

- A. Tenant Move-In Information Form
- B. Authorized Individuals & After-Hours Emergency Contacts Form
- C. Floor Response Team Form
- D. Physically Impaired Individuals Form
- E. Emergency Procedures Acknowledgement Form/Emergency Evacuation Plans

FORMS TO FILL OUT ONLINE at <http://www.umms.org/management/index.html>

- F. Key Distribution Request/Work Order Form
- G. Door Sign Order Form/Work Order Request
- H. Lobby Directory Strip Order Form/Work Order Request
- I. Tenant Work Request/Work Order Form

#### POLICIES

- J. Interim Life Safety Policy
- K. Corporate Property Management Construction Procedures

# SHIPLEY'S CHOICE MEDICAL PARK

## A. TENANT MOVE-IN INFORMATION FORM

Tenant Name: \_\_\_\_\_

Tenant Move-In Coordinator: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Moving Date: \_\_\_\_\_

Moving Time: Start: \_\_\_\_\_ Completion: \_\_\_\_\_

Moving Company: \_\_\_\_\_

Moving Company Telephone: \_\_\_\_\_

Moving Company Supervisor: \_\_\_\_\_

Moving Company Provided Certificate of Insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of Movers: \_\_\_\_\_ Oversized Furniture or Equipment: \_\_\_\_\_

\_\_\_\_\_

Special Move-In Cleaning Requirements: \_\_\_\_\_

\_\_\_\_\_

Additional Security Requirements: \_\_\_\_\_

\_\_\_\_\_

Emergency Tenant Names and Phone Numbers During Move:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

# SHIPLEY'S CHOICE MEDICAL PARK

## B. AUTHORIZED INDIVIDUALS & AFTER HOURS EMERGENCY CONTACTS

For our files, please indicate the name and home phone number of three (3) individuals from your suite who will go on our records as authorized individuals. In the event of an after-hours emergency or security authorization, a member of the management staff will contact one of the individuals listed below.

---

---

Department: \_\_\_\_\_

Suite #: \_\_\_\_\_

---

---

In case of emergency or security authorization, please notify:

1) Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

2) Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

3) Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

---

---

Form Completed by: \_\_\_\_\_  
Signature

Date Signed: \_\_\_\_\_

**SHIPLEY'S CHOICE MEDICAL PARK  
FIRE & LIFE SAFETY  
C. FLOOR RESPONSE TEAM**

Tenant/Department: \_\_\_\_\_

Suite #: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Position:**

**Name:**

Floor Warden: \_\_\_\_\_

& Alternate: \_\_\_\_\_

Searcher #1: \_\_\_\_\_

& Alternate: \_\_\_\_\_

Searcher #2: \_\_\_\_\_

& Alternate: \_\_\_\_\_

Assistant to the  
Physically Impaired #1: \_\_\_\_\_

& Alternate: \_\_\_\_\_

Assistant to the  
Physically Impaired #2: \_\_\_\_\_

& Alternate: \_\_\_\_\_

***NOTE: For your safety and the safety of all building tenants, please keep your Floor Response Team list updated.***

# SHIPLEY'S CHOICE MEDICAL PARK

## D. PHYSICALLY IMPAIRED INDIVIDUALS

Please provide the following information regarding individuals in your office who will require special assistance In case of an emergency.

Department Name: \_\_\_\_\_

<u>Suite #:</u>	<u>individual:</u>	Assigned <u>Assistants:</u>	<u>Phone #:</u>	<u>Manager:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NOTE:** *For your safety and the safety of all the building tenants, please keep your Floor Response Team list updated.*

# SHIPLEY'S CHOICE MEDICAL PARK

## E. EMERGENCY PROCEDURES ACKNOWLEDGEMENT FORM

Each tenant is required by law to observe and cooperate with the Shipley's Choice Medical Park Emergency Procedures and to enforce occupant participation in all related training and drills. It is tenant's responsibility to review the Emergency Procedures with all employees and to ensure that the handbook is available for immediate reference in the event of an emergency.

By signing this form, tenant acknowledges the receipt of the Shipley's Choice Medical Park Emergency Procedures; acknowledges that the information provided is clear; and acknowledges the responsibility to share the contents of the procedures with tenant's entire staff and any new employees that join the department.

Tenant/Department Name:

---

Authorized Individual:

---

Authorized Signature:

---

Date:

---

**Please return this form to the Corporate Property Management Office within 30 days of occupancy. Retain one copy for your records.**

# SHIPLEY'S CHOICE MEDICAL PARK EMERGENCY EVACUATION PLANS



UMMS SHIPLEY'S CHOICE MEDICAL PARK  
F. ACCESS CARD REQUEST  
WORK ORDER FORM

**CORPORATE PROPERTY MANAGEMENT**

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record	Cancel Changes	Status: O
Request No.:		
Request Date:		
Request Time:		
Building:		
Requester's Full Name:		
Telephone:		
Requestor's E-mail:		
Floor:		
Room / Space:		
Department:		
Department Approval:		
Cost Center:		
Project Description:		
Work Description:		
Approval Memo:		

Please fill in all the fields and press **"Save New Record"**. Thank you.





UMMS SHIPLEY'S CHOICE MEDICAL PARK  
G. KEY DISTRIBUTION REQUEST  
WORK ORDER FORM

CORPORATE PROPERTY MANAGEMENT

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record	Cancel Changes	Status: O	
Request No.:			
Request Date:			
Request Time:			
Building:			
Requester's Full Name:			
Telephone:			
Requestor's E-mail:			
Floor:			
Room / Space:			
Department:			
Department Approval:			
Cost Center:			
Project Description:			
Work Description:			
Approval Memo:			

Please fill in all the fields and press "Save New Record". Thank you.



UMMS SHIPLEY'S CHOICE MEDICAL PARK  
H. DOOR SIGN ORDER FORM  
WORK ORDER REQUEST

CORPORATE PROPERTY MANAGEMENT

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record	Cancel Changes	Status: O	
Request No.:			
Request Date:			
Request Time:			
Building:			
Requester's Full Name:			
Telephone:			
Requestor's E-mail:			
Floor:			
Room / Space:			
Department:			
Department Approval:			
Cost Center:			
Project Description:			
Work Description:			
Approval Memo:			

Please fill in all the fields and press "Save New Record". Thank you



UMMS SHIPLEY'S CHOICE MEDICAL PARK  
I. LOBBY DIRECTORY STRIP ORDER FORM  
WORK ORDER REQUEST

CORPORATE PROPERTY MANAGEMENT

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record	Cancel Changes	Status: O	
Request No.:			
Request Date:			
Request Time:			
Building:			
Requester's Full Name:			
Telephone:			
Requestor's E-mail:			
Floor:			
Room / Space:			
Department:			
Department Approval:			
Cost Center:			
Project Description:			
Work Description:			
Approval Memo:			

Please fill in all the fields and press "Save New Record". Thank you



UMMS SHIPEY'S CHOICE MEDICAL PARK  
 J. TENANT WORK REQUEST  
 WORK ORDER FORM

CORPORATE PROPERTY MANAGEMENT

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record		Cancel Changes		Status: O	
Request No.:					
Request Date:					
Request Time:					
Building:					
Requester's Full Name:					
Telephone:					
Requestor's E-mail:					
Floor:					
Room / Space:					
Department:					
Department Approval:					
Cost Center:					
Project Description:					
Work Description:					
Approval Memo:					

Please fill in all the fields and press **"Save New Record"**. Thank you



University of Maryland Medical Center

*K. Interim Life Safety Policy*

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## Section I - DEFINITIONS

### Definitions

1. *Quality Assurance Inspections* – periodic inspections performed in order to validate if a project is compliant with the required Interim Life Safety Measures (*ILSMs*).
2. *ILSM Assessment Tool* - located in Appendix A, the *ILSM Assessment Tool* assists in identifying life safety hazards which may arise during the life of a project and prescribes the necessary components of required *ILSMs*.
3. *ILSM Compliance Surveys* – weekly or daily inspections conducted to verify that continuous compliance with *ILSMs* is occurring for a project.
4. *ILSM Forms* - located in Appendix B, the *ILSM Forms* consists of standard forms used in the preparation/creation of *ILSMs* required for a project. The *ILSM Forms* includes the following forms:
  - An Alternate Access/Egress Routes Form
  - An *ILSM* Compliance Survey Form
  - An Emergency Response Notification Form
  - Adjacent Areas User Notification Form
  - A Monthly Test of Smoke Detectors Form
  - An *ILSM* Contractor Requirements Form
  - A Fire Watch Form
  - A Division of Safety and Environmental Health Contact Form
  - A Fire Watch Log Form
5. *ILSM Panel* – a multi-disciplinary team comprised of representatives from Project Management, the Planning Department, the Division of Safety and Environmental Health, the Facilities Management Department, and other personnel as needed, that identify a demolition, construction, or renovation projects potential life safety hazards during planning.
6. *ILSM Plan* - the *ILSM Plan* demonstrates how to compensate for any life safety hazards which may arise during the life of the project. *ILSM Plans* should include a plan view of the construction area with details, a symbols key and a schedule where necessary. The *ILSM Plan* should conform to the most current issues of the American Institute of Architect's (AIA) Guidelines for construction in Health Care Facilities, the National Fire Protection Agency Life Safety Code (NFPA LSC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Environment of Care handbook.
7. *ILSMs* – Interim Life Safety Measures (*ILSMs*) are proper controls which are selected and implemented temporarily when life safety hazards are created during a demolition, construction or renovation project to reduce risk and minimize impact of these activities.

8. *Interim Life Safety Policy* - the University of Maryland Medical Center (UMMC) *Interim Life Safety Policy* is a critical component of maintaining a safe environment. The *Interim Life Safety Policy* outlines the life safety precautions which must be taken by all responsible departments, employees, contractors, licensed independent practitioners, volunteers and students who are involved in demolition, construction, or renovation activities.
9. *Owner* - the UMMC.
10. *Owners Representative* - anyone representing the interests of UMMC.
11. *User* – any persons for whom the demolition, construction, and renovation activities are being performed for.



## Section II- INTRODUCTION

### Purpose

The purpose of the University of Maryland Medical Center (UMMC) *Interim Life Safety Policy* (this document) is to minimize potential life safety hazards to patients, employees, and all other personnel during demolition, construction, and renovation activities. The intent of the *Interim Life Safety Policy* is to comply with the most current issues of the Environment of Care (EOC) handbook, the American Institute of Architects (AIA) guidelines, and the NFPA LSC Section 101. It is the policy of UMMC to minimize the life safety risks of patients, employees, and all other personnel by producing *ILSMs* life safety hazards are created.

### Scope

The UMMC *Interim Life Safety Policy* is committed to establishing and maintaining a safe environment for all patients during demolition, renovation, or construction projects. When planning demolition, construction, or renovations, the UMMC takes a proactive approach by conducting a risk assessment using risk criteria to identify hazards that could potentially compromise care, treatment, and services in areas of the organizations buildings. The UMMC uses risk criteria that address the impact of demolition, construction, or renovation activities and when hazards are identified, proper controls shall be selected and implemented to reduce risk and minimize the impact of these activities.

### Procedure

It is required that all responsible departments, employees, contractors, licensed independent practitioners, volunteers and students who are under the jurisdiction of UMMC be familiar with the *Interim Life Safety Policy*. Every individual listed above is expected and encouraged to alert their supervisory team of any potential life safety risk they have identified in the work place.

So that all responsible departments, employees, contractors, licensed independent practitioners, volunteers and students who are under the jurisdiction of UMMC may recognize and understand these risks, the specific steps of the *Interim Life Safety Policy* have been outlined below:

1. The *ILSM Assessment Tool* is completed by the Planning Department.
2. The *ILSM Assessment Tool* is reviewed by the *ILSM Panel* during the planning meeting to confirm that the required *ILSMs* are appropriate for the project.
  - a. The Division of Safety and Environmental Health shall approve the *ILSM Assessment Tool* and the required *ILSMs* for the project.
3. The completed *ILSM Assessment Tool* and required *ILSMs* are submitted to the architect for development of the *ILSM Plan*.
4. The *ILSM Plan* is reviewed by the *ILSM Panel* during the design review meeting.
  - a. The *ILSM Forms* are prepared by the Project Manager.

5. The final package, including the completed *ILSM Assessment Tool* (including Part I, Part II, & Cover page), the required *ILSMs*, and *ILSM Plan* is reviewed and approved by the Division of Safety and Environmental Health.
6. The *ILSM Plan* is included in the scope of the demolition, construction, and/or renovation project.
7. *ILSMs* are implemented by the contractor.
8. *ILSM Compliance Surveys* are conducted weekly or daily by the Project Manager or their designee. *ILSM Compliance Surveys* shall be conducted by the contractor at the beginning and end of each work shift.
9. *Quality Assurance Inspections* shall be conducted by the Division of Safety and Environmental Health.

### Section III – DUTIES

#### A. Planning Department

##### GENERAL DUTIES

1. The Planning Department should complete the *ILSM Assessment Tool* for presentation to the *ILSM Panel*.
2. The Planning Department shall participate on the *ILSM Panel*.

#### B. ILSM Panel

##### GENERAL DUTIES

1. The *ILSM Panel* shall participate in the initial review of the *ILSM Assessment Tool* and the required *ILSMs* for a project. The *ILSM Panel* will convene during the planning meeting to review these documents. The *ILSM Assessment Tool* should serve as a guide for *ILSM Panel* discussions.
2. The *ILSM Panel* shall participate in design review meetings to confirm that the *ILSM Plan* meets the requirements of the *ILSM Assessment Tool*.

#### C. Project Manager

##### GENERAL DUTIES

1. Whenever a demolition, construction, and renovation project is approved, the UMMC Director of Project Management will assign a Project Manager.
2. Project Managers shall participate on the *ILSM Panel*.
3. Project Managers shall complete the Architect Requirements Form and oversee the development of the *ILSM Plan* by the Architect.
4. For each new project, Project Managers shall complete the required *ILSM Forms* and submit copies to the Division of Safety and Environmental Health. The *ILSM Assessment Tool* should serve as a guide indicating which *ILSM Forms* must to be completed by Project Managers.
5. Project Managers or their designee shall perform *ILSM Compliance Surveys* on a daily or weekly basis, as specified by the *ILSM Assessment Tool*. The Project Manager will maintain records of *ILSM Compliance Surveys* and violations. If Daily AND Weekly *ILSM Compliance Surveys* are required for Sections A, B, and C of the survey form, always requires the more stringent survey requirement (Daily).
6. Project Managers or their designee shall develop an emergency contacts list which is to be posted outside of work areas.
7. Project Managers shall educate the *User* of required *ILSMs* and provide necessary training.
8. Project Managers shall educate contractors and give a field review of required *ILSMs* for a project before the project begins.

9. Project Managers shall identify any time that a change of conditions is expected or occurs. The Project Manager must work with the contractor and the Division of

Safety and Environmental Health to account for these changes of conditions develop a plan and submit for review by the Division of Safety and Environmental Health prior to creating the hazard.

#### **D. Division of Safety and Environmental Health**

##### GENERAL DUTIES

1. The Division of Safety and Environmental Health shall participate on the *ILSM Panel*.
2. The Division of Safety and Environmental Health shall review and approve the final package.
3. The Division of Safety and Environmental Health serves as the authority for interpreting the need for *ILSMs*. This department shall collaborate with the other *ILSM Panel* members to determine what *ILSMs* are necessary to compensate for any life safety hazards posed during demolition, construction, and renovation activities.
4. The Division of Safety and Environmental Health will perform periodic *Quality Assurance Inspections* of demolition, construction, or renovation projects and notify the Project Manager of any deficiencies.

#### **E. Facilities Management Department**

##### GENERAL DUTIES

1. The Facilities Management Department shall participate on the *ILSM Panel*.

#### **F. User**

##### GENERAL DUTIES

1. The *User* may participate in the *ILSM Panel* as necessary. The *User* shall provide input and insight into the functionality of the space, how much equipment will need to be moved, equipment storage issues, and other information which will assist in identifying potential life safety hazards.
2. The *User* shall participate in *ILSM* training, and make sure all staff is aware of *ILSMs* required for a project.

## G. Architect

### GENERAL DUTIES

1. The Architect shall be provided with an *Interim Life Safety Policy*, a completed *ILSM Assessment Tool* for a project, and a completed ILSM Architect Requirements Form. Architects shall use these documents to develop an *ILSM Plan* in accordance with the
2. Most current issues of the American Institute of Architect's (AIA) Guidelines for construction in Health Care Facilities, the National Fire Protection Agency Life Safety Code (NFPA LSC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Environment of Care handbook. The required (checked) areas on the ILSM Architect Requirements Form must be shown on the *ILSM Plan*.

## H. Contractors

### GENERAL DUTIES

1. Contractors shall be provided with an *Interim Life Safety Policy*, a completed *ILSM Assessment Tool* for this project, a completed ILSM Contractor Requirements Form, and an *ILSM Plan*. These documents will be submitted to the contractor in the pre-bid package and will be part of their contract scope requirements.
2. Before any demolition, construction, or renovation work begins, all workers should be familiar with the *Interim Life Safety Policy* and all individual *ILSMs* required for the project. A field review of required *ILSMs* will be required with the Project Manager before the beginning of work. The contractor is expected to have completed all required duties marked (checked) on the ILSM Contractor Requirements Form.
3. Each contractor must have an English speaking and English literate superintendent.
4. The contractor is expected and encouraged to alert their supervisory team of any potential patient risk they have identified in the work place.
5. If violations and/or noncompliance occur, contractors shall correct the deficiencies immediately. The *Owner* or the *Owner's Representative* has the right to halt construction activities until any or all deficiencies are corrected. Costs associated with the failure of the contractor to correct deficiencies and corrective action taken by the *Owner* shall be paid by the contractor. The contractor will bear full responsibility for any delay of work.
6. Contractors shall perform daily *ILSM Compliance Survey* inspections at the beginning and end of the work day and retain copies of the surveys onsite.
7. Contractors shall notify Project Managers if a change of conditions is expected or occurs, and should work with the Project Manager to complete the tool again and develop a new ILSM plan for review and approval prior to creating the hazard.
8. The contractor's performance will be evaluated on an on-going basis. Failure to comply with the *Interim Life Safety Policy* will be considered a breach in contract and could result in a termination of the contract. All costs associated with the termination will be borne by the contractor.

## Section IV – ILSM PROCESS, LIFE SAFETY HAZARDS & FORMS

### **A. ILSM Assessment Tool – Part I**

Part I of the *ILSM Assessment Tool* presents 10 life safety hazards which may be encountered during a demolition, construction, and renovation project. These life safety hazards include Unobstructed Exits – Staff, Unobstructed Exits – Emergency Responders, Fire Alarm and Detection Systems, Fire Suppression Systems, Fire Safety – Partitions, Fire Safety – Personnel, Temporary Construction Partitions, Accumulation of Debris, and Other Potential Hazards. Beneath each of the 10 life safety hazards is a question which requires a “Yes” or “No” box to be checked. By checking the appropriate “Yes” or “No” box for each question, it can be determined which *ILSMs* are required for a project.

### **B. ILSM Assessment Tool – Part II**

Part II of the *ILSM Assessment Tool* consists of *ILSMs*, which are REQUIRED for each “Yes” answer given in Part I. In other words, by completing of the *ILSM Assessment Tool – Part I*, it can be determined what, if any, temporary *ILSMs* are required (*ILSM Assessment Tool – Part II*) to compensate for life safety hazards posed during demolition, construction, and renovation activities.

For each project, the following 10 life safety hazards (in bold below) shall be evaluated using the *ILSM Assessment Tool*, and if found to exist, the following *ILSMs* (bulleted numbers below) are REQUIRED.

1. **Unobstructed Exits – Staff:** Unobstructed access/egress for staff shall be maintained at all times. If staff access/egress routes will be obstructed, the following must be done:
  - 1) Create alternative routes for public access/egress and train staff. Completion of the Alternate Access/Egress Routes Form (Attachment 1) is required.
  - 2) Conduct daily *ILSM Compliance Survey* inspections of the area's access/egress routes for the duration of obstruction. Completion of the ILSM Compliance Survey Form (Attachment 2), Section A is required.
  - 3) Post fire safety signs indicating temporary access/egress routes in English and other languages as needed.
  
2. **Unobstructed Exits – Emergency Responders:** Unobstructed access/egress routes for emergency responders shall be maintained at all times. If emergency responders access/egress routes will be obstructed, the following must be done:
  - 1) Conduct daily *ILSM Compliance Survey* inspections of the area's access/egress routes for the duration of obstruction. Completion of the ILSM Compliance Survey Form (Attachment 2), section A is required.
  - 2) Complete and submit an Emergency Response Notification Form (Attachment 3) to the Division of Safety and Environmental Health for review and approval. The Division of Safety and Environmental Health shall notify security and other emergency responders as it deems necessary.

3. **Fire Alarm and Detection Systems:** Fire alarm or detection systems shall remain operable at all times. If a fire alarm or detection system will be impaired for more than one shift, the following must be done:
  - 1) Perform a fire watch using contractors or facility staff members for the duration of the outage. It is required that a Fire Watch Form (Attachment 7) is completed and submitted to the Division of Safety and Environmental Health for approval. The Division of Safety and Environmental Health shall notify security and other emergency responders as it deems necessary. In addition, a Fire Watch Log Form (Attachment 9) should be posted outside of the construction site for the duration of the fire watch.
  - 2) Implementation of the outage and intervention process when de-activating or re-activating alarms.
  - 3) Where feasible, install temporary and equivalent fire alarm systems before crews take fire-warning systems out of service. A Monthly Test of Smoke Detectors Form must be completed initially and monthly thereafter (Attachment 5).
  - 4) Specify and discuss storage procedures for storage of combustibles and determine if amount of combustibles in affected areas must be reduced or stored elsewhere.
  
4. **Fire Suppression Systems:** Fire suppression systems shall remain operable at all times. If fire suppression systems will be impaired for more than one shift, the following must be done:
  - 1) Conduct daily inspections of the area's access/egress routes for the duration of the suppression outage. Completion of the ILSM Compliance Survey Form (Attachment 2), Section A is required.
  - 2) Post fire safety signs indicating temporary access/egress routes in English and other languages as needed.
  - 3) Perform a fire watch using contractors or facility staff members for the duration of the outage. It is required that a Fire Watch Form (Attachment 7) is completed and submitted to the Division of Safety and Environmental Health for approval. The Division of Safety and Environmental Health shall notify security and other emergency responders as it deems necessary. In addition, a Fire Watch Log Form (Attachment 9) should be posted outside of the construction site for the duration of the fire watch.
  - 4) Implementation of the outage and intervention process when re-activating alarms.
  - 5) Specify and discuss storage procedures for storage of combustibles with *ILSM Panel* and determine if amount of combustibles in affected areas needs to be reduced and stored elsewhere.
  - 6) Provide extra fire extinguishers in affected areas and train personnel in their use.
  
5. **Fire Safety – Walls/Ceilings/Doors/Smoke Dampers:** Smoke or fire walls, ceilings, doors, or smoke dampers shall be maintained at all times. If smoke or fire walls, ceilings, doors, or smoke dampers are compromised, the following must be done:
  - 1) Conduct weekly inspections of temporary construction partitions for the duration of construction. Completion of the ILSM Compliance Survey Form (Attachment 2), section C is required.
  - 2) **Specify and discuss how staff members are to compensate for compartment deficiencies with *ILSM Panel* at planning meeting.**

6. **Fire Safety – Adjacent Compartments:** The safety of personnel in adjacent compartments shall be maintained at all times. If the safety of personnel in adjacent compartments will be compromised, the following must be done:
  - 1) Post fire safety signs indicating temporary access/egress routes in English and other languages as needed.
  - 2) Train staff members on alternate egress routes, mark exit routes, and document training. Completion of the Adjacent Areas User Notification Form (Attachment 4) is required.
  
7. **Temporary Construction Partitions:** Temporary construction partitions shall be constructed where deemed necessary. If temporary construction are required for a project, the following must be done:
  - 1) **Specify and discuss the appropriateness of temporary partitions for fire ratings and dust and smoke protection to properly isolate construction areas from the rest of the building.**
  - 2) Conduct weekly inspections of temporary construction partitions for the duration of construction. Completion of the ILSM Compliance Survey Form (Attachment 2), section C is required.
  
8. **Accumulation of Debris:** The project shall maintain an acceptable amount of debris at all times. If the project will result in the accumulation of an unacceptable amount of debris and materials which will increase the combustible load of the work area, the following must be done:
  - 1) Conduct daily inspections of the construction area. Completion of the ILSM Compliance Survey Form (Attachment 2), section A is required.
  - 2) Specify and discuss storage procedures for storage of combustibles and determine if amount of combustibles in affected areas needs to be reduced and/or stored elsewhere.
  
9. **Other Potential Hazards:** Any other potential hazards which may result from demolition, construction, or renovation activities shall be accounted for. If the project will result in other potential life safety hazards, the following must be done:
  - 1) Specify and discuss other potential life safety hazards. Temporary *ILSMs* should be developed to compensate for these hazards, which should be documented on the Division of Safety and Environmental Health Contact Record Form (Attachment 8).
  
10. **Anticipated Changes to ILSM:** In the planning phase, design phase, or Between the start date and the completion date of the project, the *ILSM Assessment Tool* criteria may require changes or a re-evaluation (taking into consideration project phases and/or unforeseen ILSM changes which may be needed part way through the project). If such changes are required, the *ILSM Panel* must insure the following is done:
  - 1) Perform a re-evaluation of the *ILSM Assessment Tool* for each additional phase of a project or for ILSM changes, which may be needed halfway through project. This re-evaluation may be required



**C. ILSM Forms**

After the *ILSM Assessment Tool* is completed and project requirements are understood, it is the Project Manager's responsibility to complete the necessary *ILSM Forms*. The completed *ILSM Assessment Tool* should be used as a guide to inform the Project Manager of what *ILSM Forms* must be completed. There are a total of 9 *ILSM Forms*.

**D. ILSM Cover Page**

The last step of the *ILSM Assessment Tool* is to fill out the ILSM Cover Page. Once the ILSM Cover Page has been completed, the final package, including the completed *ILSM Assessment Tool* (Part I, Part II, & Cover page), the required *ILSMs*, and *ILSM Plan* are submitted reviewed to the Division of Safety and Environmental Health for approval.

### Section V – PROJECT COMPLIANCE

1. The Project Manager or their designee will ensure compliance with any *ILSMs* necessary for a project by conducting daily or weekly inspections of the project. The frequency of *ILSM Compliance Surveys* will be determined by completing the *ILSM Assessment Tool*. The Project Manager will maintain records of *ILSM Compliance Surveys* and violations.
2. Completed and signed *ILSM Compliance Surveys* shall serve as appropriate documentation of compliance by the facility with required *ILSMs*. The Project Manager and other designated staff will file records of *ILSM Compliance Surveys* in the project file.
3. The Division of Safety and Environmental Health will perform *Quality Assurance Inspections* of demolition, construction, or renovation areas periodically in order to validate the Project Managers inspections and confirm projects are compliant. A record of each *formal site inspection* and/or violation will be maintained by the Division of Safety and Environmental Health.
4. When conditions of the *ILSMs* are not met, the Project Manager will convene with contractors or involved personnel to formalize and document a plan of action to correct the deficiencies. The goal is to immediately resolve all required *ILSM* deficiencies and monitor corrective actions until completed.
5. The contractor is expected to comply with the *Interim Life Safety Policy* at all times. Before any demolition, construction, and renovation work begins, all construction supervisors on site shall be familiar with the *Interim Life Safety Policy*, which is included in the pre-bid documents. A field review of *ILSMs* will be required for each project. Before the beginning of the project, the contractor will have completed all required *ILSMs*. Project Managers shall verify compliance prior to the commencement of work.
6. If violations and/or noncompliance occur, the *Owner* or the *Owner's Representative* has the right to halt construction activities until any or all deficiencies are corrected. Costs associated with the failure of the contractor to correct deficiencies or corrective action taken by the *Owner* shall be paid by the contractor. The contractor will bear full responsibility for any delay of work.

7. The Contractor's performance will be evaluated on an on-going basis. Failure to comply with the *Interim Life Safety Policy* will be considered a breach in contract and could result in a termination of the contract. All costs associated with the termination will be borne by the contractor.
8. Contractors shall perform daily *ILSM Compliance Survey* inspections at the beginning and end of the work day and retain copies of the surveys onsite.



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Appendix A – ILSM Assessment Tool



Appendix B – ILSM Forms

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## CORPORATE PROPERTY MANAGEMENT

### L. Construction Procedures

The following UMMS Corporate Property Management Procedures are hereby to be considered as part of this Contract for Construction and or Other Related Work. All Procedures will be strictly enforced. ***Failure on the part of any Contractor's workers, their Sub-Contractors or Agents to adhere to these policies may result in the individual(s) involved being asked to leave the premises.***

Prior to commencement of the Work, all contractors shall provide to the Owner, Certificate of Insurance in compliance with UMMS Insurance Requirements, UMMS will be listed as additional insured. A list of personnel that will be working on UMMS properties, and telephone numbers where they can be reached in the event of an emergency.

The Contractor shall abide by the directions of UMMS representative in matters affecting the operation, safety and security of the property, it's tenants, and it's visitors.

All personnel employed by the contractor, including sub-contractors and their employees, shall be instructed by the Contractor to abide by all published regulations, and all directives of UMMS representative.

Contractor will not block fire exits or fire corridors or use these areas for storage.

All Contractors will comply with fire drill and life safety measures.

The Building Fire Alarm System will only be temporarily disabled during renovation, and must be fully functioning at the end of each day!

The Sprinkler Contractor will coordinate with UMMS Corporate Property Management and have an **"IMPAIRMENT ORDER"** issued on a **DAILY BASIS** for the impairment of sprinkler service on the floor they are working.

UMMS Corporate Property Management will issue the "IMPAIRMENT ORDER", and fax SAME order to FM Global Insurance, UMMS insurance carrier!

The Sprinkler Contractor will place the floor(s) back in service at the end of each day!

The Electrical Contractor will place lock out tags on electrical breakers that are out of service or under renovations. At the end of each day, the floor will be illuminated with exit signs and a minimum of emergency lighting.

UMMS Corporate Property Management (CPM)  
Construction Procedures

The H.V.A.C. and Plumbing Contractors will coordinate with Corporate Property Management and have a "HOT WORK" permit issued daily on all Hot Work to be performed. **The HOT WORK permit guideline must be followed.**

The Contractor shall be required to maintain a "Fire Watch", security effort for a minimum of thirty (30) minutes at the completion of each burning, soldering and welding operation.

The Service Elevator will be protected from construction debris. Service of this elevator will be coordinated by Corporate Property Management Staff for deliveries of building materials, loading floors that are to be renovated, and hauling of debris from those floors.

Contractors will not overload the service elevator.

Contractors will only use the designated freight elevator to move materials.

Contractors will provide dust protection for elevator lobbies.

Contractors will provide walk off mats at the entrance of elevators to be used by workers.

Contractors will provide a garbage can for lunch garbage and have it removed from the building daily.

Construction dumpster will be located where UMMS Corporate Property Management designates.

Contractors will maintain this area daily from construction debris.

Contractors will coordinate early and weekend access to the building with Corporate Property Management.

The Contractor shall execute the Work in this Contract as quietly as is practical to avoid unnecessary disturbances to occupants within the premises.

Any complaints duly registered by UMMS of unacceptable noise levels shall be cause for the use of special precautions and methods of operation by the Contractor to reduce noises to acceptable levels.

UMMS shall be the sole judge of the tolerability of noise levels.

Use of portable radios or tape recorders will not be allowed on the premises other than two way communication radios.

All employees of the Contractor and all sub-contractors shall be required to wear identification badges.

## UMMS Corporate Property Management (CPM) Construction Procedures

The identification badges shall be conspicuously fixed to outer garments above elbow while on UMMS property.

Any of the Contractor's personnel or sub-contractor's personnel who do not comply with these requirements at all times will be denied access to the property or will be escorted off the premises by UMMS security officers.

At no time shall the employees of the Contractor or sub-contractors that are employed by the Contractor be allowed to park their vehicles on UMMS premises, except for loading and unloading. Tools and materials must be brought into the building via the loading dock.

All contracting personnel shall use the restroom facilities designated for the project.

### **Smoking is prohibited.**

Windows shall remain closed, if possible. If the windows are opened, they shall be closed at the end of each Work day.

### Normal limit of operations:

The Contractor's normal limit of operations shall be confined within the area of Work as designated on the Drawings.

UMMS will prohibit personnel (other than engineering and maintenance) tenants and visitors from using these areas.

UMMS, architect and other contractors performing Work within these limits of operation shall be allowed access at all times.

The Contractor shall maintain corridors and stairways within the area for emergency purposes. The Contractor shall keep the corridors and stairways within the areas lighted and clear of any obstructions.

### Periodic operations outside limits of operation:

Use of certain loading docks, passage ways, elevators and other areas, outside limits of operation as defined, will be granted to the Contractor by UMMS on intermittent basis as required and requested in advance by the Contractor. UMMS will be the judge as to the proper time and extent of such use.

All existing unattached equipment to be salvaged or reused will be identified and be removed from the limits of operation by UMMS.

Existing attached equipment which has been tagged and or marked for salvage rescue by UMMS shall be disconnected and removed by the Contractor. All equipment shall be removed in the largest possible sections convenient for hauling.

The Contractor shall disconnect and cap all services and utilities serving such equipment and make any necessary patching required according to all required building and fire safety codes.

All tagged and marked equipment shall remain in the property of the UMMS and shall be delivered by the Contractor to such storage areas within UMMS property as designated by UMMS.



## UMMS Corporate Property Management (CPM) Construction Procedures

All arrangements for Work which will involve interference with normal property functioning, particularly in occupied tenant areas, or adjacent thereto, shall be scheduled in advance with UMMS to provide for a minimum of disruption and inconvenience.

UMMS will schedule such interference's so as to cause a minimum of disruption to normal business functioning.

The Contractor's requests for use of docks, corridors, elevators and other spaces shall be limited to an hour by hour basis and shall be approved by UMMS in advance.

Utility and service outages shall be kept to a minimum, occur during periods of low activity and will be permitted only with prior written approval from UMMS Corporate Property Management.

Prior to requesting an outage, contractors must search out the utilities/systems and develop a plan of action in advance.

The Contractor shall notify UMMS and receive permission from UMMS for the Contractor's personnel to work outside normal daytime working hours either within or outside the limits of the Contract. Normal working hours shall be 7:00 a.m. to 3:30 p.m., Monday thru Friday.

If at any time in the judgment of UMMS, any item of work is being so unreasonably delayed as to interfere with the progress of other dependent work through no fault of UMMS, overtime work may be ordered at the Contractor's expense.

Out of necessity, UMMS may direct the Contractor to perform overtime work required by the Contract. In such instances, the Contractor will be paid for part-time only.

When necessary to perform the Work, the Contractor will be issued keys to extend mechanical and electrical equipment spaces by UMMS.

All keys shall be returned, at the request of UMMS, at the end of each work day on which they are issued and redrawn on succeeding days, if necessary.

### Overnight Storage:

Coordinate storage of all materials and equipment with UMMS Corporate Property Management prior to delivery.

Do not store materials and equipment in public areas, corridors, and unfenced yards or in areas specifically disallowed by UMMS Property Management.

## VI. FORMS

### DAILY OPERATIONS

The following forms are for use throughout the life of your tenancy. To use a form, please make a copy from the original, returning the original to this Handbook for future use. Send one copy of your completed form to the Corporate Property Management Office and retain one copy for your records. If you use or misplace an original form, please contact the Corporate Property Management Office at 410/328-2104 to receive another form.

- A. Visitor Access Request Form
- B. Tenant Work Order Request Form
- C. Additional Ensured Endorsement
- D. Bomb Threat Checklist

# SHIPLEY'S CHOICE MEDICAL PARK

## A. VISITOR ACCESS REQUEST FORM

Date: \_\_\_\_\_

Visitor's Name: \_\_\_\_\_

Employee Escort: \_\_\_\_\_

Guest(s) to be admitted: \_\_\_\_\_

Guest/Company Name: \_\_\_\_\_

Date(s) to be admitted: \_\_\_\_\_

Signature: \_\_\_\_\_

Time(s) to be admitted: \_\_\_\_\_

Department(s) Authorized: \_\_\_\_\_

Employee Authorization: \_\_\_\_\_

Building Authorization: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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UMMS SHIPLEY'S CHOICE MEDICAL PARK  
 B. TENANT WORK ORDER REQUEST FORM

CORPORATE PROPERTY MANAGEMENT

[www.umms.org](http://www.umms.org) or [www.umm.edu](http://www.umm.edu)

Save New Record		Cancel Changes		Status: O	
Request No.:					
Request Date:					
Request Time:					
Building:					
Requester's Full Name:					
Telephone:					
Requestor's E-mail:					
Floor:					
Room / Space:					
Department:					
Department Approval:					
Cost Center:					
Project Description:					
Work Description:					
Approval Memo:					

Please fill in all the fields and press **"Save New Record"**. Thank you.

# SHIPLEY'S CHOICE MEDICAL PARK

## C. ADDITIONAL INSURED ENDORSEMENT

### UNIVERSITY OF MARYLAND MEDICAL SYSTEM COMPREHENSIVE INSURANCE PROGRAM GENERAL CONTRACT GUIDELINES

Tenant/Contractor/Subcontractor Insurance Requirements:

- A. Workers' Compensation and employers' liability insurance:
  - a. Workers; compensation: statutory limits
  - b. Employers' liability: Each employee \$500,000 BI by accident  
Each employee \$500,000 BI by disease  
Policy limit \$500,000 BI by disease
  - Property Insurance with limited coverage equal to or greater than total value of tenant's personal property and leasehold improvements must be provided.
- B. Commercial general liability insurance on an occurrence form, with minimum limits of coverage of:
  - \$2,000,000 General Aggregate
  - \$1,000,000 Each occurrence
  - \$1,000,000 Bodily injury and property damage each occurrence
  - \$1,000,000 Personal injury and advertising injury each occurrence
  - \$1,000,000 Products/completed operations
- C. Business automobile liability insurance with combined single limit of \$1,000,000.
- D. Umbrella liability insurance on an occurrence form with minimum limits of four million dollars (\$4,000,000).
- E. Certificate of said insurance must be submitted to UMMS and Manekin before the work starts not on the work site.
- F. Tenants/Contractor(s)/subcontractor(s) are responsible for insuring all machinery, tools and equipment used in performance of contract requirements.
- G. Tenant/Contractor shall be named and UMMS and Manekin shall be named additional insured in said policies of insurance. Tenant/Contractor shall notify UMMS and Manekin in writing at least thirty (30) days prior to any changes or cancellations of said policies, and shall deliver evidence of said insurance to UMMS and Manekin prior to moving in or commencing work.
- H. In the event any Contractor you retain fails to maintain and keep in force insurance requirements as herein provided, you shall cancel and terminate the contract upon UMMS' and Manekin request.
- I. The insurance requirements contained herein are not subject to changes in, or modifications of coverages, forms and/or limits without prior approval by UMMS and Manekin.
- J. Tenant/Contractor shall provide UMMS and Manekin with certification by properly qualified representatives of the insurer that Tenant's/Contractor's insurance complies with the requirements of this section.
- K. The certificate evidencing the amount and type of insurance must be sent to the UMMS and Manekin contact within fifteen (15) days of acceptance of the contract.
- L. All insurance policies required shall be issued by companies who hold a current policyholder's alphabet and financial size category rating of not less than an A- (X) according to Best's insurance reports. Insurance shall be at the sole expense of the Contractor, and shall continue during the term of any resulting contract.

# SHIPLEY'S CHOICE MEDICAL PARK

## D. BOMB THREAT CHECKLIST

**CALL 911 IMMEDIATELY:** *(If possible, have someone else call 911 during the call.) After calling 911, immediately contact the Corporate Property Management Office at 410-328-2104.*

All employees, especially those answering phones, should keep a copy of this checklist on their desk or near their phone at all times in the event a bomb threat is received.

**Department Name:** \_\_\_\_\_

**Name of Person Taking Call:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone number call came in on:** \_\_\_\_\_

**Time call was received:** \_\_\_\_\_

### IF POSSIBLE, ASK THE CALLER THE FOLLOWING QUESTIONS:

1. When is the bomb going to explode? \_\_\_\_\_
2. Where is it right now? \_\_\_\_\_
3. What will cause the bomb to explode? \_\_\_\_\_
4. Did you place the bomb? \_\_\_\_\_
5. Why did you place the bomb? \_\_\_\_\_
6. Sex of caller: \_\_\_\_\_
7. Approximate length of call: \_\_\_\_\_

### PLEASE CHECK THE ADJECTIVES THAT APPLY TO THE SOUND OF THE CALLER'S VOICE:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Calm   | <input type="checkbox"/> Rapid            | <input type="checkbox"/> Voices               |
| <input type="checkbox"/> Laughing   | <input type="checkbox"/> Clearing Throat  | <input type="checkbox"/> PA System            |
| <input type="checkbox"/> Lisp   | <input type="checkbox"/> Stutter          | <input type="checkbox"/> Static/Ringing       |
| <input type="checkbox"/> Disguised  | <input type="checkbox"/> Deep Breathing   | <input type="checkbox"/> House Noises         |
| <input type="checkbox"/> Angry  | <input type="checkbox"/> Soft             | <input type="checkbox"/> Auto / Motor         |
| <input type="checkbox"/> Crying   |   | <input type="checkbox"/> Factory or Machinery |
| <input type="checkbox"/> Raspy  | <b>Describe Threat</b>                    | <input type="checkbox"/> Aerial Noises        |
| <input type="checkbox"/> Accent   | <b>Language:</b>                          | <input type="checkbox"/> Water                |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Well spoken      | <input type="checkbox"/> Local                |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Educated         | <input type="checkbox"/> Long Distance        |
| <input type="checkbox"/> Deep   | <input type="checkbox"/> Foul             | <input type="checkbox"/> Telephone Booth      |
| <input type="checkbox"/> Familiar: (if so, who did it sound like?)<br>_____ | <input type="checkbox"/> Irrational       | <input type="checkbox"/> Clear                |
| <input type="checkbox"/> Slow   | <input type="checkbox"/> Incoherent Taped | <input type="checkbox"/> Cell Phone           |
| <input type="checkbox"/> Cracking Voice                                     | <b>Describe Any</b>                       | <input type="checkbox"/> Music                |
| <input type="checkbox"/> Slurred Voice                                      | <b>Background Sounds</b>                  | <input type="checkbox"/> Animals              |
| <input type="checkbox"/> Loud   | <b>Heard:</b>                             | <input type="checkbox"/> Office               |
| <input type="checkbox"/> Nasal  | <input type="checkbox"/> Street Noises    | <input type="checkbox"/> Other                |
|   | <input type="checkbox"/> Crockery         | <b>REMARKS:</b> _____                         |