

**Naval Hospital Oak Harbor
Interim Life Safety Risk Assessment**

Project Number: _____ **Title:** _____
Project Manager: _____ **Date:** _____

This risk assessment is used to identify and document required interim life safety measures. This assessment must be performed and adhered to for all facility work and must be filled out, signed and retained in the project file for facility projects. If the answers to any questions are yes, consult with NHOH Fire Marshal to determine necessary Interim Life Safety Measures ILSM(s).

Y N Will the project affect a fire exit or other means of egress?

Y N Will the affected exits be used by anyone other than project contractor personnel?

Y N Will the project obstruct building access for emergency responders?

Y N Will the project obstruct construction area access for emergency responders?

Y N Will the project impair the operation of the fire alarm, detection or suppression systems?

Y N Will the project involve temporary construction partitions?

Y N Will the project involve the storage of flammable or combustible material?

Y N Will the project affect structural features such as fire and smoke barriers or doors?

Required ILSM(s)

Temporary fire protection systems: _____

Additional fire fighting equipment: _____

Additional fire prevention and response training for construction and/or hospital personnel: _____
