Date: April 14, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum # 1 to RFP #25-0325 HBMC FAMILY BIRTHING CENTER RENOVATION Question/Answers; Exhibit A - ICRA Documents; Exhibit B - Flooring Integral Cove Base Revision; Link to HBMC Family Birthing Center Addendum 1 – Design Partners Incorporated.**

This correspondence serves as Solicitation Addendum #1 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the Proposal Submission Deadline has not changed and proposals are due no later than **May 2, 2025 by 2:00 P.M. HST**.

Responses to the questions posted are as follows:

Q1. **RFP sub-section 2.2.3 states: *"The Contractor shall provide in their proposal a Preliminary Construction Schedule in accordance with Section 013200 Construction Progress Documentation. The building permit has been applied for but not yet issued, with the Contractor revising the schedule upon building permit issuance, and commencing construction within one week of the building permit's issuance. A shorter Construction Schedule, with supporting documentation confirming the schedule is achievable, will be evaluated favorably."* Kindly describe what type of "supporting documentation" is expected or acceptable for an Offeror to provide?**

A1. Documentation deemed acceptable in response to the inquiry includes any and all materials that provide specific and objective data. Such documentation must support the qualitative evaluation of one Offeror's construction schedule, including clearly defined and verifiable milestones, in comparison to another Offeror's construction schedule with similarly verifiable milestones.

Q2. **3. RFP Section 3.4 Submission of Proposals states: "The Issuing Officer must receive one (1) original hardcopy and one (1) electronic copy of the proposal no later than**

the "Closing Date for Receipt of Proposals", identified in Section 1, paragraph 1.1. Proposals received after this time/date may be rejected. Please digitize all proposal documents and submit via the email address provided." a. Similar to previous HHSC submittals and in order to provide HHSC with a competitive price proposal that is submitted in a timely manner, we kindly request allowance that the required hard copy of the proposal be allowed to be submitted within three (3) business days after the closing date for receipt of proposals and submission of the electronic copy.?

A2. The Request for Proposals (RFP) issued on March 7, 2025, is hereby amended in response to a submitted question pertaining to Section 3.4 – *Submission of Proposals*. Offerors are no longer required to submit a hard copy of their proposal. All proposals shall be submitted electronically in a single PDF file. The Contracting Authority will make reasonable efforts to time-stamp all received proposals and issue an email confirmation of receipt. Electronic submission is preferred, as it provides a clear and auditable chain of custody regarding the time and date of submission. Offerors are reminded to review Section 1.2 of the RFP for all scheduled dates and any updates or modifications issued via addenda.

Q3. b. With regard to the submittal of the electronic copy via email no later than the "Closing Date for Receipt of Proposals": 1. Kindly advise as to the maximum file size allowable to be received by HHSC via email? 2. Should an Offeror's electronic Proposal file exceed the allowable email file size, please advise if there is an alternative means for submittal or if an offeror is able to provide a FTP link for HHSC's retrieval of the Proposal file.?

A3. The Contract Management Office is generally able to receive email attachments up to 25 megabytes in size. Offerors are respectfully requested to submit their proposals—formatted as a single PDF file—via standard email, to the address specified in the RFP or any accompanying addenda, by the stated deadline. Proposals received after the specified deadline will not be accepted or considered for evaluation.

Offerors are strongly encouraged not to wait until the final moments before the submission deadline to verify whether their file size is outside of acceptable system limits.

To mitigate any potential issues with file size or email delivery, we recommend that offerors initiate a test submission well in advance—preferably 4 to 6 hours prior to the deadline. This will allow sufficient time to implement alternative delivery methods, if necessary, and avoid complications related to the email system's security or processing limitations.

In cases where the proposal file exceeds 25 megabytes, offerors may utilize the following **secure upload link**:

https://hawaiihealthsystemcorporation.sharefile.com/share/upload/1e45461d3f874c39

If this alternative upload method is used, it is the responsibility of the offeror to contact the RFP Issuing Officer, Mr. H. Frank Schneider, to confirm successful receipt of the submission.

Each offeror bears the responsibility to plan and prepare accordingly to ensure timely and compliant submission of their proposal.

Q4. Please confirm whether the fire alarm system manufacturer must match the existing system in the rest of the building.

A4. The fire alarm system manufacturer must match to the existing fire alarm system in the rest of the building.

For your reference, link to RFP #25-0325 – HBMC Family Birthing Center, Addendum 1, prepared by Design Partners Incorporated, at the following location:

(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q5. Please confirm whether the access control system vendor needs to match the rest of the build.

A5. The access control system vendor must match to the rest of the build.

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(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q6. Please confirm whether the nurse call system manufacturer must match the existing system in the rest of the building.

A6. The nurse call system manufacturer must match to the existing system in the rest of the building.

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Q7. There are no nurse call devices shown in any of the 3 Exam rooms (room numbers 232, 233,234). Are those being intentionally omitted?

A7. Please see updated Nurse Call Drawings accessible via the following link to RFP 25-0325 HBMC Family Birthing Center Addendum 1 - Design Partners Incorporated.

(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q8. There are no nurse call devices shown in the Nursery (room number 207). Is that area being intentionally omitted?

A8. Please see updated Nurse Call Drawings accessible via the following link to RFP 25-0325 HBMC Family Birthing Center Addendum 1 - Design Partners Incorporated.

(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q9. There is no audio device in the Break Room (room 245). Is that being intentionally omitted?

A9. We can have a communication station on the wall, no need for a full call device. Nurse call staff station shall be installed in Breakroom.

Please see updated Nurse Call Drawings accessible via the following link to RFP 25-0325

HBMC Family Birthing Center Addendum 1 - Design Partners Incorporated.
(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q10. LDRP 8 shows a Code Blue switch and an audio station against the wall of the bathroom in the patient room (see red circle in drawing below). Is that intentional? If so, what is this spot intended for?

A10. Only room with the CB/Audio in that location. LDRP 8 is the designated the twin infants' room, thus there is (1) code blue emergency button and staff station @ each warmer (warmers are in different wall locations).

Please see updated Nurse Call Drawings accessible via the following link to RFP 25-0325 HBMC Family Birthing Center Addendum 1 - Design Partners Incorporated.

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Q11. All of the LDRP's show an audio station and a code blue switch on the wall opposite the bed position (see blue circle in drawing below). Is that intended as the position for an infant care area (Radiolucent warmer, etc.)? If that is the case, should the Code switch in that location be a Code Pink switch or some other color code call to indicate that the medical emergency is for an infant?

A11. Preference here would be for a code blue button/audio station. This is where the warmer will be and how we will activate a code blue for baby if needed. It sounds like you do not want to designate code pink switch for infant medical emergency only, code blue is acceptable for both mothers and infants there is a code blue & staff station next to the infant warmer.

Maybe conflicting since Code Pink is infant abduction under HBMC emergency codes. Believe the emergency code announcement protocol such as code pink for infant abduction is to remain same as current.

Please see updated Nurse Call Drawings accessible via the following link to RFP 25-0325 HBMC Family Birthing Center Addendum 1 - Design Partners Incorporated.

(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q12. We interested in the above project and trying to download the plans from the link listed on page 7 of the RFP but the link does not work. How can we obtain plans for this?

A12. As of April 10, 2025, the hyperlink referenced in Section 2.2.1 of RFP No. 25-0325 remains active and fully operational. The link provides access to two (2) files containing the drawings and specifications relevant to the Family Birthing Center Renovation project.

Please be advised that certain applications or software settings may prevent the link from launching directly from within the RFP document. Offerors experiencing this issue are encouraged to copy and paste the URL directly into their web browser to ensure proper access.

For the most reliable access, it is recommended that offerors utilize the version of the RFP available on the HBMC Open Solicitations webpage:

https://www.hbmc.org/procurement/open-solicitations-active/

Q13. 23 09 23. Direct Digital Control System for HVAC, 2.2 Connection to Existing Network, B. Does the existing server and common system graphics have an existing DDC system connected to the server? If so, what brand is the DDC system?

A13. HBMC existing DDC system is Carrier IVu system.

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(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0)

Q14. On previous projects, we were able to submit electronic copies on bid day, hard copy to follow within 3 days. Please confirm that the "one (1) original hardcopy" can be delivered no later than three (3) business days after the Closing Date.

A14. RFP No. 25-0325 is hereby amended with respect to Section 3.4 – *Submission of Proposals*. Offerors are no longer required to submit a hard copy of their proposal. All proposals shall be submitted electronically to ensure a clear and auditable chain of

custody with regard to the time and date of delivery.

Please be advised that any proposal received after the specified submission deadline will be deemed non-compliant and will not be considered for evaluation. Offerors are strongly encouraged to plan accordingly to ensure timely submission

Q15. Are there any requirements needed for personnel on site? TB test, covid vaccinations, etc.?

A15. At this time, there are no additional requirements regarding personnel TB testing, COVID-19 precautions, or necessary vaccinations for this project.

Q16. Is there any specific phasing plan for barricades in corridors? Is the contractor to submit a corridor barricade phasing plan? Are there any specific barricade requirements?

A16. As part of the procedural requirements for the Family Birthing Center Project RFP 25-0325, the Contractor is required to prepare and submit a proposed temporary barricade layout plan for review and approval by HBMC, before construction is initiated. This plan must align with the HBMC Family Birthing Center Project and Infection Control Risk Assessment standards, as detailed for review in Exhibit A.

Prior to the commencement of any construction activities, the corresponding form must be fully completed and signed by both the HBMC project team and the Contractor. Once executed, the approved barricade layout plan shall be prominently displayed at the project site entrance and remain posted for the full duration of construction.

Q17. Where will the contractor lay down area be located?

A17. The Contractor may explore alternative offsite options, as appropriate. While there may be 'grubbed' areas available along the perimeter of the hospital site, access to and use of these areas shall be at the Contractor's sole risk and responsibility. HBMC makes no representations or warranties regarding the suitability, availability, or safety of these areas for construction-related purposes.

Q18. Will parking be provided for contractors?

A18. Designated parking areas for vendors and contractors are available; however, due to increased construction activity on the HBMC campus, parking may be limited. Contractors are therefore encouraged to consider carpooling or other transportation arrangements to mitigate potential parking constraints.

Q19. What hospital operations, services, events, etc. will require pauses in construction activities?

A19. HBMC is committed to minimizing disruptions to ongoing Hospital operations and will endeavor to limit pauses in construction activities to the greatest extent practicable.

However, it is understood that certain construction activities may, from time to time, generate excessively loud noise and/or vibrations that could potentially impact the sensitive environment of operating room surgeries. In such instances, when construction activities are anticipated to produce excessively disruptive noise and/or vibrations affecting surgical procedures, temporary pauses may become necessary to ensure patient safety and the integrity of medical procedures. To proactively mitigate the potential for such disruptions, the Vendor is respectfully requested to schedule any known periods of work likely to generate excessively loud noise and/or vibrations during off-hours or weekend daytime hours, whenever feasible and without unduly impacting the project timeline.

Q20. What are the hours of construction operations? Noisy hour time frame?

A20. At this time, hours are 7:00am-7:00 PM.

Q21. Is the contractor allowed to work through the night?

A21. Night work for certain activities is permissible upon coordination with and approval from HBMC management. However, loud construction activities will be restricted to minimize impact on patient care and safety.

Q22. Does the AHU solely serve the area of scope of work? Can the unit be shut down during construction?

A22. The AHU (AHU-16) serves only the second floor. Specifically, the 2nd floor space that is being renovated for the Family Birthing Center and a small portion of hallway outside of the renovation.

Provisions will need to be made to provide air in the existing adjacent corridor.

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(https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0

Q23. Are trash chutes allowed?

A23. Contractor shall submit a demolition staging plan to the Hospital for regulatory compliance and logistical coordination.

Q24. Will the contractor be able to use elevators?

A24. Contractor shall have access to staff and service elevators. HBMC prefers non-utilization of patient elevators to optimize patient safety. Two (2) existing adjacent stairwells are available for project site access to the exterior

Q25. Material Finish Schedule calls for RCB-1 cove base to be installed in every room.

RCB-1 is a top set cove base. Detail A6 sheet A24 shows integral flash coving. We know that some procedure rooms should have the integral flash coving for sanitary purposes. Please confirm with the architect what rooms to receive integral flash coving as shown on detail A6 sheet A24.

A25. Integral cove base shall be provided in Soiled holding 206, LDRP 7 Isolation room and Ante Room 215B. Soiled work room 238 and C-Section Room 240 (refer to Exhibit B). Also see revised interior finish schedule showing locations where integral cove base is required, data is presented in HBMC Family Birthing Center Addendum 1- Design Partners Incorporated link presented for review (https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42699c0129884a10bb2fa4f7172189d0).

Q26. Specification Section 08 81 50 is for View Control Decorative Glazing Film. Please provide the locations/glazing types to where this will be applied.

A26. This section not needed when we removed the glazed openings in the tub room.

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HILO BENIOFF MEDICAL CENTER
HONOKA`A HOSPITAL
KA`U HOSPITAL
Y. OKUTSU STATE VETERANS HOME

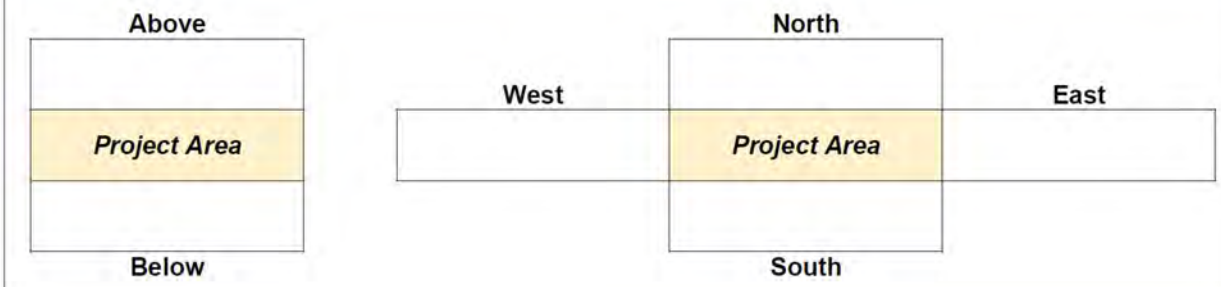
Project and Infection Control Risk Assessment

Matrix of Precautions for Construction, Renovation and Operations

General Information

Date:		Project Number:	
Project:			
Project Location:			
Contact Person:		Phone Number:	
Start Date:		Duration:	
Work Activities:			

Departments Affected



Assessments

☐	Wall repair w/o dust production. Includes but not limited to: Adjusting corner guards, Caulk adjacent surfaces, and painting. Complete class II assessment. The assessment must be at the job site at all times.
☐	Dust producing repairs. Includes but not limited to; Ceramic tile installation, drywall repair, install flooring base, sanding. Complete class III assessment. HEPA filtration must be used. The assessment must be at the job site at all times.
☐	Above ceiling repairs. Includes but not limited to: Tile replacement, grid replacement, and wall repair. Complete class II assessment in non-patient areas. HEPA filtration may be used. Assessment must be at the job site at all times. Complete class III assessment in patient areas. HEPA filtration may be used. Assessment must be at the job site at all times.
☐	Floor repairs. Includes but not limited to: Polishing and replacement flooring. Complete class II assessment in non-patient areas. Assessment must be at the job site at all times. Complete class III assessment in patient areas. Assessment must be at the job site at all times.
☐	Other:

Identify the Construction Project Activity Type (A-D).

Use Table 1 below for reference.

Table 1 – Construction Project Activity Type:

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Non-existing cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

Identify the Patient Risk Group(s)

Use Table 2 for reference. If more than one risk group will be affected, select the higher risk group.

Table 2 – Patient Risk Group:

Low Risk	Medium Risk	High Risk	Highest Risk
Non-patient care areas such as:	Patient care support areas such as:	Patient care areas such as:	Procedural, invasive, sterile support and highly compromised patient care areas such as:
• Public hallways and gathering areas not on clinical units. • Office areas not on clinical units. • Breakrooms not on clinical units. • Bathrooms or locker rooms not on clinical units. • Mechanical rooms not on clinical units. • EVS closets not on clinical units.	• Waiting areas. • Clinical engineering. • Materials management. • Sterile processing department - dirty side. • Kitchen, cafeteria, gift shop, coffee shop, and food kiosks.	• Patient care rooms and areas • All acute care units • Emergency department • Employee health • Pharmacy - general work zone • Medication rooms and clean utility rooms • Imaging suites: diagnostic imaging • Laboratory.	• All transplant and intensive care units. • All oncology units. • OR theaters and restricted areas. • Procedural suites. • Pharmacy compounding. • Sterile processing department - clean side. • Transfusion services. • Dedicated isolation wards/units. • Imaging suites: invasive imaging.

Infection Control Risk Assessment (ICRA) "Primary Containment Area"

Match the Patient Risk Group (*Low, Medium, High, Highest*) from Table 2 with the planned Construction Activity Project Type (*A, B, C, D*) from Table 1 using Table 3 to find the Class of Precautions (*I, II, III, IV or V*) or level of infection control activities required. The activities are listed in Table 4 – Minimum Required Infection Control Precautions by Class.

Table 3 – Class of Precautions:

	Construction Project Type			
Patient Risk Group	☐ TYPE A	☐ TYPE B	☐ TYPE C	☐ TYPE D
☐ **LOW** Risk Group	I	II	II	III
☐ **MEDIUM** Risk Group	I	II	III	IV
☐ **HIGH** Risk Group	I	III	IV	V
☐ **HIGHEST** Risk Group	III	IV	V	V

Infection control permit and approval will be required when Class of Precautions III (Type C) and all Class of Precautions IV or V are necessary.

Environmental conditions that could affect human health, such as sewage, mold, asbestos, gray water and black water will require Class of Precautions IV for LOW and MEDIUM Risk Groups and Class of Precautions V for HIGH and HIGHEST Risk Groups.

***Type C [Medium Risk groups] and Type D [Low Risk Groups] work areas [Class III precautions] that cannot be sealed and completely isolated from occupied patient care spaces should be elevated to include negative air exhaust requirements as listed in Class IV Precautions.**

Mitigation Activities

Use Table 4 and 5 for reference.

Table 4 – Minimum Required Infection Control Precautions by Class – Before and During Work Activity

Class of Precautions	Mitigation Activities (Performed Before and During Work Activity)
Class I	1. Perform noninvasive work activity as to not block or interrupt patient care. 2. Perform noninvasive work activities in areas that are not directly occupied with patients. 3. Perform noninvasive work activity in a manner that does not create dust. 4. Immediately replace any displaced ceiling tile before leaving the area and/or at end of noninvasive work activity.
Class II	1. Perform only limited dust work and/or activities designed for basic facilities and engineering work. 2. Perform limited dust and invasive work following standing precautions procedures approved by the organization. 3. This Class of Precautions must never be used for construction or renovation activities.
Class III	1. Provide active means to prevent airborne dust dispersion into the occupied areas. 2. Means for controlling minimal dust dispersion may include hand-held HEPA vacuum devices, polyethylene plastic containment, or isolation of work area by closing room door. 3. Remove or isolate return air diffusers to avoid dust from entering the HVAC system. 4. Remove or isolate the supply air diffusers to avoid positive pressurization of the space, 5. If work area is contained, then it must be neutrally to negatively pressurized at all times. 6. Seal all doors with tape that will not leave residue. 7. Contain all trash and debris in the work area. 8. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 9. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled. 10. Maintain clean surroundings when area is not contained by damp mopping or HEPA vacuuming surfaces.
Class IV	1. Construct and complete critical barriers meeting NFPA 241 requirements. Barriers must extend to the ceiling or if ceiling tile is removed, to the deck above. 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor. 3. Seal all penetrations in containment barriers, including floors and ceiling, using approved materials (UL schedule firestop if applicable for barrier type). 4. Containment units or environmental containment units (ECUs) approved for Class IV precautions in small areas totally contained by the unit and that has HEPA-filtered exhaust air. 5. Remove or isolate return air diffusers to avoid dust entering the HVAC system. 6. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 7. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized. 8. Maintain negative pressurization of the entire workspace by use of HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air. 9. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas. 10. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (e.g., bathroom exhaust) is not acceptable. 11. Install device (e.g., magnehelic, manometer, or digital monitoring) on exterior of work containment to continually monitor negative pressurization. The "ball in the wall" or similar apparatus are not acceptable. 12. Contain all trash and debris in the work area.

	13. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 14. Worker clothing must be clean and free of visible dust before leaving the work area. HEPA vacuuming of clothing or use of cover suites is acceptable. 15. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed. 16. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled. 17. Consider collection of particulate data during work to monitor and ensure that contaminates do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.
Class V	1. Construct and complete critical barriers meeting NFPA 241 requirements. Barriers must extend to the ceiling or if ceiling tile is removed, to the deck above. 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor. 3. Seal all penetrations in containment barriers, anteroom barriers, including floors and ceiling using approved materials (UL schedule firestop if applicable for barrier type). 4. Construct anteroom large enough for equipment staging, cart cleaning, workers. The anteroom must be constructed adjacent to entrance of construction work area. 5. Personnel will be required to wear coveralls at all times during Class V work activities. Coveralls must be removed before leaving the anteroom. 6. Remove or isolate return air diffusers to avoid dust entering the HVAC system. 7. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 8. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized. 9. Maintain negative pressurization of the entire workspace using HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air. 10. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas. 11. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (bathroom exhaust) is not acceptable. 12. Install device (e.g., magnehelic, manometer, or digital monitoring) on exterior of work containment to continually monitor negative pressurization. The “ball in the wall” or similar apparatus are not acceptable. 13. Contain all trash and debris in the work area. 14. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 15. Worker clothing must be clean and free of visible dust before leaving the work area anteroom. 16. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed. 17. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled. 18. Consider collection of particulate data during work to monitor and ensure that contaminates do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.

Table 5 – Minimum Required Infection Control Precautions | Upon Completion of Work Activity

Class of Precautions	Mitigation Activities (Performed upon Completion of Work Activity)
Classes I, II and III	Cleaning: 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. HVAC Systems: 1. Remove isolation of HVAC system in areas where work is being performed. Verify that HVAC systems are clean and operational. 2. Verify the HVAC systems meet original airflow and air exchange design specifications.
Classes III, IV and V	Class III (Type C Activities only), IV, and V precautions require inspection and documentation for downgraded ICRA precautions. Construction areas must be inspected by an infection preventionist or designee and engineering representative for discontinuation or downgrading of ICRA precautions. Work Area Cleaning: 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. Removal of Critical Barriers: 1. Critical barriers must remain in place during all work involving drywall removal, creation of dust and activities beyond simple touch-up work. The barrier may NOT be removed until a work area cleaning has been performed. 2. All (plastic or hard) barrier removal activities must be completed in a manner that prevents dust release. Use the following precautions when removing hard barriers: i. Carefully remove screws and painter tape. ii. If dust will be generated during screw removal, use hand-held HEPA vacuum. iii. Drywall cutting is prohibited during removal process. iv. Clean all stud tracks with HEPA vacuum before removing outer hard barrier. v. Use a plastic barrier to enclose area if dust could be generated. Negative Air Requirements: 1. The use of negative air must be designed to remove contaminates from the work area. 2. Negative air devices must remain operational at all times and in place for a period after completion of dust creating activities to remove contaminants from the work area and before removal of critical barriers. HVAC systems: 1. Upon removal of critical barriers, remove isolation of HVAC system in areas where work is being performed. 2. Verify that HVAC systems are clean and operational. 3. Verify the HVAC systems meets original airflow and air exchange design specifications.

Interim Life Safety Measures Assessment

Asses potential interim life safety measures in Table 6 and 7 as needed. List any other potential risks in Table 8.

Table 6 – Life Safety Features

Life Safety Features	No	Yes	If yes, what is ILSM?
Will the project breach, alter, or compromise the integrity of any exits, exit routes, or the means of egress greater than four hours?	☐	☐	ILSM 2, 3, 7, 8, 10, 12
Will the project impair any structural or compartmentalization features of life safety? (i.e., fire/smoke barriers, floor slabs, walls, etc.)	☐	☐	ILSM 6, 7, 8, 10, 12, 13
Will the project obstruct access by emergency services or by fire, police, or other emergency forces?	☐	☐	ILSM 3, 7, 8, 12
Will fire suppression systems be impaired for more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented.	☐	☐	ILSM 1, 3, 5, 7, 8, 9, 10, 11, 12
Will an approved fire alarm or detection system be out of service for more than 4 hours in a 24-hour period?	☐	☐	ILSM 1, 3, 4, 5, 7, 8, 9, 10, 11, 12
Will the project involve hot work? (i.e., cutting, welding, torches, open flame devices, etc.)	☐	☐	ILSM 3, 5, 8, 9, 12
Will the project involve the presence of large quantities of combustibles or debris?	☐	☐	ILSM 3, 8, 12
Will any other existing or temporary life safety features be compromised?	☐	☐	ILSM 12, 13, 14

Table 7 – Interim Life Safety Measures (ILSM) are required per LS.01.02.01

ILSM1/EP2	Initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period. Notify HI County Fire Department of Interim Life Safety Measures implementation.
ILSM2/EP3	Posts signage identifying the location of alternative exits to everyone affected.
ILSM3/EP4	Ensure free and unobstructed exits. Give staff additional information/communication when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of exiting construction areas shall be inspected daily.
ILSM4/EP5	Ensure that fire alarm, detection, and suppression systems are in good working order. Provide and test temporary systems. The completion date of the test is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.
ILSM5/EP6	Provide additional fire-fighting equipment and train staff in its use.
ILSM6/EP7	Ensure that temporary construction partitions are smoke-tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.
ILSM7/EP8	Increase surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices.
ILSM8/EP9	Enforce storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.
ILSM9/EP10	Train staff on the use of firefighting equipment.
ILSM10/EP11	Conduct an additional fire drill per shift, per quarter as stated per policy.
ILSM11/EP12	Inspect and test temporary systems monthly.

ILSM12/EP13	Conduct education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety.
ISLM12/EP14	Train staff to compensate for impaired structural or compartmental fire safety features. Compartmentalization is the concept of using various building components for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit.
ISLM14/EP15	The hospital's policy allows the use of other ILSMs not addressed in EPs 2-14.
☐	Interim Life Safety Measures (ILSM) are not required
Prohibit smoking throughout the hospital's buildings and in and near construction areas is not applicable as it is automatically covered by a hospital-wide no smoking policy.	
Comments:	

Table 8 – Other Potential Risks

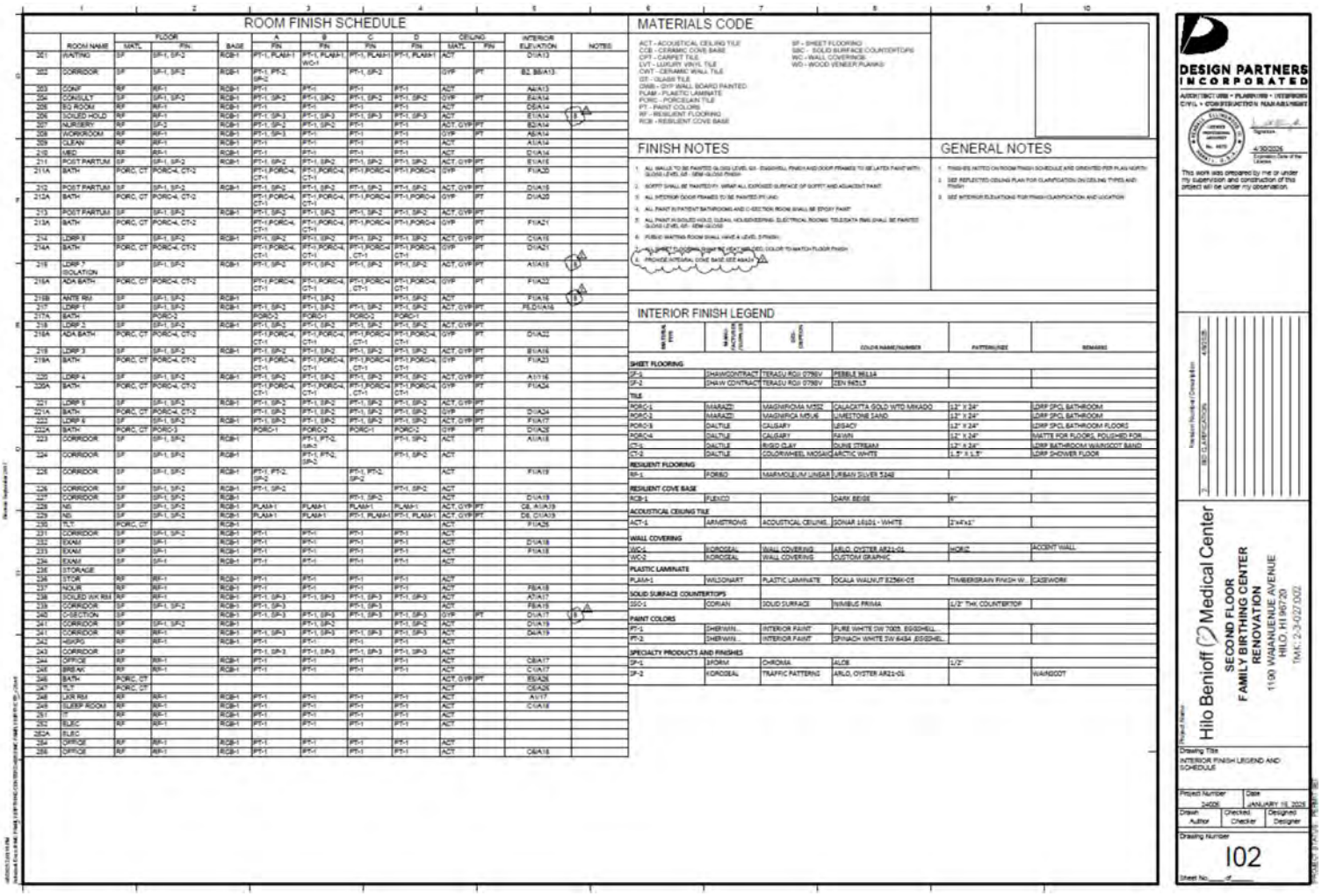
Issues	Not a Risk	Risk	Action/Comments
Noise	☐	☐	
Vibration	☐	☐	
Air Quality	☐	☐	
Emergency Procedures	☐	☐	
Utility Needs	☐	☐	
Operational Impact	☐	☐	
Contractor Access	☐	☐	
Equipment Danger/Risk	☐	☐	
Additional Requirements:			

Location

Insert picture or as-built map of location affected.

Signatures of Approval / Distribution List

Project Manager:		Signature:		Date:	
Facilities Management:		Signature:		Date:	
Safety and Security:		Signature:		Date:	
Hospital Epidemiology:		Signature:		Date:	
Contractor:		Signature:		Date:	



ROOM FINISH SCHEDULE

	ROOM NAME	FLOOR MATL	FLOOR FIN	BASE	A FIN	B FIN	C FIN	D FIN	CEILING MATL	CEILING FIN	INTERIOR ELEVATION	NOTES
201	WAITING	SF	SF-1, SF-2	RCB-1	PT-1, PLAM-1 SF-2	PT-1, PLAM-1 WD-1	PT-1, PLAM-1	PT-1, PLAM-1	ACT		D1/A13	
202	CORRIDOR	SF	SF-1, SF-2	RCB-1	PT-1, PT-2, SF-2		PT-1, SF-2		GYP	PT	B2, B5/A13	
203	CONF	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		A6/A13	
204	CONSULT	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	GYP	PT	B4/A14	
205	EQ ROOM	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		D5/A14	
206	SOILED HOLD	RF	RF-1	RCB-1	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	ACT		E1/A14	5
207	NURSERY	RF	SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1	PT-1	ACT, GYP	PT	B2/A14	
208	WORKROOM	RF	RF-1	RCB-1	PT-1, SF-3	PT-1	PT-1	PT-1	GYP	PT	A9/A14	
209	CLEAN	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		A1/A14	
210	MED	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		D1/A14	
211	POST PARTUM	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	E1/A15	
211A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4	PT-1,PORC-4	GYP	PT	F1/A20	
212	POST PARTUM	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	D1/A15	
212A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4	PT-1,PORC-4	GYP	PT	D1/A25	
213	POST PARTUM	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT		
213A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4	PT-1,PORC-4	GYP	PT	F1/A21	
214	LDRP 8	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	D1/A15	
214A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	GYP	PT	D1/A21	
215	LDRP 7 ISOLATION	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	A5/A15	5
215A	ADA BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1, PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	GYP	PT	F1/A22	
215B	ANTE RM	SF	SF-1, SF-2	RCB-1		PT-1, SF-2		PT-1, SF-2	ACT		F1/A15	5
217	LDRP 1	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	PEDI/A16	
217A	BATH		PORC-3		PORC-3	PORC-1	PORC-3	PORC-1				
218	LDRP 2	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT		
218A	ADA BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1, PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	GYP	PT	D1/A22	
219	LDRP 3	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	B1/A16	
219A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1, PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	GYP	PT	F1/A23	
220	LDRP 4	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	A1/116	
220A	BATH	PORC, CT	PORC-4, CT-2		PT-1,PORC-4, CT-1	PT-1, PORC-4, CT-1	PT-1,PORC-4, CT-1	PT-1,PORC-4, CT-1	GYP	PT	F1/A24	
221	LDRP 5	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT		
221A	BATH	PORC, CT	PORC-4, CT-2		PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	GYP	PT	D1/A24	
222	LDRP 6	SF	SF-1, SF-2	RCB-1	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	PT-1, SF-2	ACT, GYP	PT	F1/A17	
222A	BATH	PORC, CT	PORC-3		PORC-1	PORC-2	PORC-1	PORC-2	GYP	PT	D1/A25	
223	CORRIDOR	SF	SF-1, SF-2	RCB-1		PT-1, PT-2, SF-2		PT-1, SF-2	ACT		A1/A18	
224	CORRIDOR	SF	SF-1, SF-2	RCB-1		PT-1, PT-2, SF-2		PT-1, SF-2	ACT			
225	CORRIDOR	SF	SF-1, SF-2	RCB-1	PT-1, PT-2, SF-2		PT-1, PT-2, SF-2		ACT		F1/A19	
226	CORRIDOR	SF	SF-1, SF-2	RCB-1	PT-1, SF-2			PT-1, SF-2	ACT			
227	CORRIDOR	SF	SF-1, SF-2	RCB-1			PT-1, SF-2		ACT		D1/A19	
228	NS	SF	SF-1, SF-2	RCB-1	PLAM-1	PLAM-1	PLAM-1	PLAM-1	ACT, GYP	PT	D5, A1/A19	
229	NS	SF	SF-1, SF-2	RCB-1	PLAM-1	PLAM-1	PT-1, PLAM-1	PT-1, PLAM-1	ACT, GYP	PT	D5, D1/A19	
230	TLT	PORC, CT		RCB-1					ACT		F1/A26	
231	CORRIDOR	SF	SF-1, SF-2	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
232	EXAM	SF	SF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		D1/A18	
233	EXAM	SF	SF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		F1/A18	
234	EXAM	SF	SF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
235	STORAGE											
236	STOR	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
237	NOUR	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		F8/A18	
238	SOLED WK RM	RF	RF-1	RCB-1	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	ACT		A1/A17	
239	CORRIDOR	SF	SF-1, SF-2	RCB-1	PT-1, SF-3		PT-1, SF-3		ACT		F8/A18	
240	C-SECTION	SF		RCB-1	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	GYP	PT	D1/A17	5
241	CORRIDOR	SF	SF-1, SF-2	RCB-1		PT-1, SF-3		PT-1, SF-3	ACT		D1/A19	
241	CORRIDOR	RF	RF-1	RCB-1	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	ACT		D4/A19	
242	HSKPG	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
243	CORRIDOR	SF			PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	PT-1, SF-3	ACT			
244	OFFICE	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		C8/A17	
245	BRE AK	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		C1/A17	
246	BATH	PORC, CT							ACT, GYP	PT	E5/A26	
247	TLT	PORC, CT							ACT		C6/A26	
248	LAK RM	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		A1/17	
249	SLEEP ROOM	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		C1/A18	
251	IT	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
252	ELEC	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
252A	ELEC											
254	OFFICE	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT			
256	OFFICE	RF	RF-1	RCB-1	PT-1	PT-1	PT-1	PT-1	ACT		C6/A16	

MATERIALS CODE

ACT - ACOUSTICAL CEILING TILE
CCB - CERAMIC COVE BASE
CPT - CARPET TILE
LVT - LUXURY VINYL TILE
CWT - CERAMIC WALL TILE
GT - GLASS TILE
GWB - GYP WALL BOARD PAINTED
PLAM - PLASTIC LAMINATE
PORC - PORCELAIN TILE
PT - PAINT COLORS
RF - RESILIENT FLOORING
RCB - RESILIENT COVE BASE
SF - SHEET FLOORING
SSC - SOLID SURFACE COUNTERTOPS
WC - WALL COVERINGS
WD - WOOD VENEER PLANKS

FINISH NOTES

1. ALL WALLS TO BE PAINTED GLOSS LEVEL 5/6 - EGGSHELL FINISH AND DOOR FRAMES TO BE LATEX PAINT WITH GLOSS LEVEL 5/6 - SEMI-GLOSS FINISH
2. SOFFIT SHALL BE PAINTED BY WRAP ALL EXPOSED SURFACE OF SOFFIT AND ADJACENT PAINT
3. ALL INTERIOR DOOR FRAMES TO BE PAINTED PT-1 AND
4. ALL PAINT IN PATIENT BATHROOMS AND C-SECTION ROOM SHALL BE EPOXY PAINT
5. ALL PAINT IN SOILED HOLD, CLEAN, WORKROOMS, ELECTRICAL ROOMS, TELE/DATA RMS SHALL BE PAINTED GLOSS LEVEL 6/7 - SEMI-GLOSS
6. PUBLIC WAITING ROOM SHALL HAVE A LEVEL 3 FINISH
7. ALL SHEET FLOORING SHALL BE HEAT WELDED. COLOR TO MATCH FLOOR FINISH
8. PROVIDE INTEGRAL COVE BASE SEE A6A24

GENERAL NOTES

1. FINISHES NOTED ON ROOM FINISH SCHEDULE ARE GRAPHED PER PLAN NORTH
2. SEE REFLECTED CEILING PLAN FOR CLARIFICATION ON CEILING TYPES AND FINISH
3. SEE INTERIOR ELEVATIONS FOR FINISH CLARIFICATION AND LOCATION

INTERIOR FINISH LEGEND

MATERIAL TYPE	MANUFACTURER/SUPPLIER	SELECTION	COLOR NAME/NUMBER	PATTERN/SIZE	REMARKS
SHEET FLOORING					
SF-1	SHAW CONTRACT	TERAZU ROII 07980	PEBBLE 96114		
SF-2	SHAW CONTRACT	TERAZU ROII 07980	ZEN 96513		
TILE					
PORC-1	MARAZZI	MAGNIFICA M35Z	CALACATTA GOLD WTD MIKADO	12" X 24"	GRP SPCL BATHROOM
PORC-3	MARAZZI	MAGNIFICA M5U6	LIMESTONE SAND	12" X 24"	GRP SPCL BATHROOM
PORC-5	DALTILE	CALGARY	URBACY	12" X 24"	GRP SPCL BATHROOM FLOORS
PORC-6	DALTILE	CALGARY	RAVEN	12" X 24"	MATTE FOR FLOORS, POLISHED FOR
CT-1	DALTILE	RIVER CLAY	DUNE STREAM	12" X 24"	GRP BATHROOM WAINSCOT BAND
CT-2	DALTILE	COLORWHEEL MOSAIC	ARCTIC WHITE	1.5" X 1.5"	GRP SHOWER FLOOR
RESILIENT FLOORING					
RF-1	FORBO	MARMOLEUM LINEAR	URBAN SILVER 5348		
RESILIENT COVE BASE					
RCB-1	FLEXCO		DARK BEIGE	6"	
ACOUSTICAL CEILING TILE					
ACT-1	ARMSTRONG	ACOUSTICAL CEILING	SONAR 16101 - WHITE	2'x4'x1"	
WALL COVERING					
WC-1	KORODESAL	WALL COVERING	ARLO, OYSTER AR21-01	HORIZ	ACCENT WALL
WC-2	KORODESAL	WALL COVERING	CUSTOM GRAPHIC		
PLASTIC LAMINATE					
PLAM-1	WILSONART	PLASTIC LAMINATE	OCALA WALNUT E256K-05	TIMBERGRAIN FINISH W	CASEWORK
SOLID SURFACE COUNTERTOPS					
SSO-1	CORIAN	SOLID SURFACE	NIMBUS PRISMA	1/2" THK COUNTERTOP	
PAINT COLORS					
PT-1	SHERWIN...	INTERIOR PAINT	PURE WHITE SW 7005, EGGSHELL		
PT-2	SHERWIN...	INTERIOR PAINT	SPINACH WHITE SW 6454 ,EGGSHEL		
SPECIALTY PRODUCTS AND FINISHES					
SP-1	3FORM	CHROMA	ALOE	1/2"	
SP-2	KORODESAL	TRAFFIC PATTERNS	ARLO, OYSTER AR21-01		WAINSCOT

DESIGN PARTNERS INCORPORATED

ARCHITECTURE • PLANNING • INTERIORS
CIVIL • CONSTRUCTION MANAGEMENT

This work was prepared by me or under my supervision and construction of this project will be under my observation.

Hilo Benioff Medical Center
SECOND FLOOR
FAMILY BIRTHING CENTER
RENOVATION
1190 WAIANUENUE AVENUE
HILO, HI 96720
TMK: 2-3-027:002

Drawing Title
INTERIOR FINISH LEGEND AND SCHEDULE

Project Number 24008 | Date JANUARY 16, 2025
Drawn Author | Checked Checker | Designed Designer

Drawing Number
102

Except as noted above, the RFP 25-0325 is unchanged.

Date: April 23, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum No. 02 to RFP #25-0325 HBMC FAMILY BIRTHING CENTER RENOVATION – DRAWING REVISIONS.**

This correspondence serves as Solicitation Addendum No. 02 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the Proposal Submission Deadline has not changed and proposals are due no later than **May 2, 2025 by 2:00 P.M. HST**.

The RFP has been amended as follows:

Section 2.2.1 of RFP 25-0325, issued March 7, 2025, is updated with the information provided within Solicitation Addendum No. 02. The items in this Solicitation Addendum No. 02 shall govern the work, supersede data previously issued within the Initial RFP 25-0325 on March 7, 2025 and Solicitation Addendum No. 01, issued on April 14, 2025.

Solicitation Addendum No. 02: REVISIONS TO DRAWINGS:

- **Architectural**

1. T04 – LIFE SAFETY SECOND FLOOR
   - -- Provided detailed occupant load.
   - -- Identifies additional "Hazardous" areas per NFPA 101.

2. A04 – ENLARGED 2nd FLOOR PLAN – AREA A
   - -- Updates wall partition types for Equipment Room 205. Contractor to provide fire dampers at rated wall locations.
   - -- Adds wall protection for the entire Equipment Room 205.
   - -- Adds notation for handrail requirement in Corridor 202.

3. A06 – ENLARGED 2nd FLOOR PLAN – AREA C
   - -- Updates wall partition types for Storage Room 235. Contractor to provide fire dampers at rated wall locations.
   - -- Unhides partition tag at Exam 234.

4. A07 – ENLARGED 2nd FLOOR PLAN – AREA D
   -- Updates wall partition types for Storage Room 236.
   -- Identifies additional “Hazardous” areas per NFPA 101.

**Additional data is available for access and download through the link provided below in this Solicitation Addendum No. 02 from April 23, 2025 – October 21, 2025 (180 days). URL link for access: https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s4fddf960cec34f0bb2dab9a88559de3f **

Except as noted above, the RFP 25-0325 is unchanged.

Date: May 2, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum No. 03 to RFP #25-0325 HBMC FAMILY BIRTHING CENTER RENOVATION – Contract Documents and modification to the original Bidding Documents; dated January 22, 2025.**

This correspondence serves as Solicitation Addendum No. 03 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the **Proposal Submission Deadline has changed** and proposals are due no later than **May 9, 2025 by 2:00 P.M. HST**; please submit electronically (hschneider@hhsc.org). We are going to work diligently to meet the other date ranges noted in the original RFP Procurement Timetable.

The RFP has been amended as follows:

Section 2.2.1 of RFP 25-0325, issued March 7, 2025, is updated with the information provided within Solicitation Addendum No. 03. The items in this Solicitation Addendum No. 03 shall govern the work, supersede data previously issued within the Initial RFP 25-0325 on March 7, 2025, Solicitation Addendum No. 01, issued on April 14, 2025, and Solicitation Addendum No. 02, issued on April 24, 2025.

Solicitation Addendum No. 03: REVISIONS TO SPECIFICATION:

- **Architectural**
  1. SPECIFICATION SECTION 08 71 00 DOOR HARDWARE
     -- Replace Entire section with attached.

***Additional data is available for access and download through the link provided below in this Solicitation Addendum No. 03 from May 2, 2025 – October 29, 2025 (180 days). URL link for access: https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-sfe39ccdfe02b414381912ad3e0ba5133
***

Except as noted above, the RFP 25-0325 is unchanged.

Date: May 5, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum No. 04 to RFP #25-0325 HBMC FAMILY BIRTHING CENTER RENOVATION – REVISIONS TO SPECIFICATION-RFI RESPONSES.**

This correspondence serves as Solicitation Addendum No. 04 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the **Proposal Submission Deadline has not changed** and proposals are due no later than **May 9, 2025 by 2:00 P.M. HST**; please submit electronically (hschneider@hhsc.org).

The RFP has been amended as follows:

Section 2.2.1 of RFP 25-0325, issued March 7, 2025, is updated with the information provided within Solicitation Addendum No. 04. The items in this Solicitation Addendum No. 04 shall govern the work, supersede data previously issued within the Initial RFP 25-0325 on March 7, 2025, Solicitation Addendum No. 01, issued on April 14, 2025, Solicitation Addendum No. 02, issued on April 24, 2025, and Solicitation Addendum No. 03, issued on May 2, 2025.

Solicitation Addendum No. 04: REVISIONS TO SPECIFICATION (SEE EXHIBIT A):

- **RFI RESPONSES- (SEE EXHIBIT B).**

DESIGN PARTNERS INCORPORATED

ADDENDUM 4
HBMC FAMILY BIRTHING CENTER

May 5, 2025

To all bidders for furnishing all labor and materials necessary and requires for constructing:

Hilo Benioff Medical Center
Family Birthing Center
1190 Waianuenue Avenue
Hilo HI 96720

This addendum forms a part of the Contract Documents and modifies the original Bidding Documents dated January 22, 2025, as noted below. Failure to do so may subject Bidder to disqualification.

REVISIONS TO SPECIFICATION:

RFI RESPONSES: See attached.

END OF ADDENDUM

RFP ADDENDUM #1 RFI RESPONSED
Date of Addendum: May 5, 2025

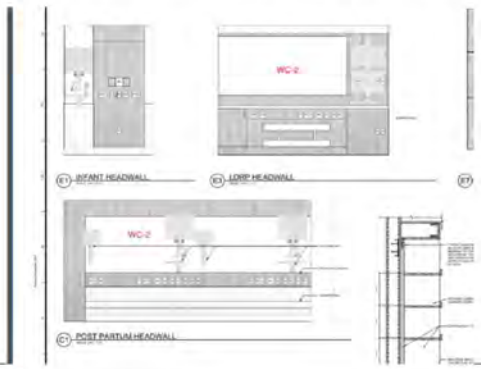
NOTICE TO ALL POTENTIAL RESPONDENTS

The Invitation to Bid is modified as set forth in this Addendum. The original RFQ Documents remain in full force and effect, except as modified by this Addendum, which is hereby made part of the Invitation to Bid. Respondent shall take this Addendum into consideration when submitting its Proposal.

RESPONSE TO VENDOR QUESTIONS REGARDING THE RFP

The following questions have been received from organizations indicating an intent to bid on the RFP. These questions and responses are made available to all bidders in this addendum.

	QUESTION	ANSWER
1	I don't know manuf and model of "chair rail"	Only crash rails are used see D5/A24
2	SP-1/SP-2 isnt ours, and I don't know manuf & model for SP-3	SP-3 is Marlite Pebbled FRP P100 White Class A. SP-3 shall be used only in C-Section Room240. All other references shall use SP-2
3	Elevations call out "wall protection" but don't say what kind? (SP-1, SP-2, SP-3, or other call out?)	Continuous wall protection shall be SP-2
4	I don't know manuf & model of "bumper rail" shown on the headwalls	Bumper rail shall be D3/A24
5	Elevations show what could be wall covering in the elevations but don't have a call out, and the Room Finish Schedule is only calling out 1 kind of paint (Example: Room #232 calls out PT-1, but elev D1/A18 shows some kind of other finish)	See floor plans for Extent of Wall Protection. Interior elevation shall govern. The wainscot per item 3 above is SP-2 as indicated on the floor plans as "cont wall protection"
6	Legend for wall protection on the floor plans show the same type of line type for HR, CR, & WC which get confusing when trying to find out where exactly which material is located where. (Example: line type with CR is shown going where a sliding door would not be able to open properly but it shows the same line type. See below legend)	Follow floor plans. Where barn door conflicts stop handrail at door in the fully opened position
7	Details on drawing A24 call out "Bumper Rail" for both the 5" high and 8" high crash rail. What model goes where? Same verbiage is confusing for 2 separate models.	5" high Bumper Rail shall be used at the LDRP headwall. 8" to be used everywhere else.
8	Some elevation markers aren't showing where the elevations are located on the drawings (See example below)	Elevation marker is not used
9	Specs call out "SP-6" material but drawings do not show locations of this material.	SP-6 not used at this time
11	Specs call out BCR80 & SCR80. Which model do they actually want	Provide SCR-80

12	ARCHITECTS NOTE: Missing From Design Drawings are the locations for WC-2	Contractor shall provide WC-2 at Post Partum rooms 211, 212, 213 and LDRP rooms 214, 215, 217, 218, 219, 220, 221 and 222. Graphic to be provide 

****Except as noted above, the RFP 25-0325 is unchanged.****