

## November 1998, Issue No. 12

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### IN THIS ISSUE

[Center Drive Reopened](#)

[Travel Survey](#)

[TRANSHARE Full](#)

[Safety on Campus: a top priority](#)

[DES Performance Hotline](#)

[Identification Badges](#)

[Economical International Mail](#)

[Fire Prevention Week and Survival Tips](#)

[Do Unto Other](#)

[Bicycle Racks and Lockers](#)

[Waste not, want not ...](#)

[Travel Updates](#)

[Emergency Services](#)

[Orders in the Workplace](#)

[Bus Service Connects Tyson's and Bethesda](#)

[Fax us a line !](#)

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### Center Drive Reopened

The campus grounds and roadways are recovering from the disruption caused by the Utility Tunnel Expansion Project (UTEP), which began in July, 1996. The Division of Engineering Services (DES) reports that the final restoration of the entire east section of Center Drive—NIH's most traveled thoroughfare—has been completed. Weather conditions cooperated with little to no rain.

The installation of sidewalks, walkways, curbs, and gutters all around the campus is evidence that other locations are being put back together again as well. Many new features are part of the overall plan to enhance appearance as well as improve traffic flow. Center Drive will have a planting strip and sidewalk on its east side, from South Drive to Fogarty Drive. The intersection of Center and South will have two right-turn-only lanes in the north/south direction. Another significant change created by the UTEP was the installation of a four-way stop at the intersection of South and Memorial Drives. Although it was intended to be a temporary measure to control traffic during an early phase of construction, it has worked out so well that it is to become a permanent fixture.

Based on existing subsurface conditions and the installation of curbs and gutters, DES now literally 'sees light at the end of the tunnel' of the Utility Tunnel Expansion Project. This project has been an enormous undertaking designed to improve the reliability and increase the capacity of infrastructure systems that were undersized, deteriorated, and in some cases, close to failure. Center Drive and other existing roadways had to be disturbed and traffic patterns modified to improve the steam, chilled water, electric, domestic water, and storm drain systems. Returning to normal may not be fast, however, it is being done the right way for the long run. We thank the NIH community again for its patience, understanding, and tolerance while we "Build a Better NIH."

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**Information: Jay Jeffries 2-2824**

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**Travel Changes begin with Survey**

The NIH is in the process of re-competing the Travel Management Center contract and has hired a travel consultant, Mr. Ralph Brown, a former United Airlines executive, to assist in the process. Brown has developed a benchmarking computer program to measure the NIH travel system in seven key areas, including the travel agency, and the reimbursement process.

The first step of the review is to get a complete picture of the NIH travel system. Brown will conduct interviews and focus groups, and he has analyzed the results of the recent NIH Travel Services Survey. Thanks to all of you who took the time to carefully complete the survey. The data was compiled into a report that is available to any interested person. To announce the results of the survey, the NIH set up a presentation with Ralph Brown that took place on November 5.

All the information Brown collects from various sources will be used in his program, which is designed to measure our performance against the best practices of approximately 40 other corporations and government agencies with roughly the same travel budget. This will help create a new travel contract that will better meet the needs of the NIH by incorporating the best practices of other companies and agencies that have excellent travel services.

Brown will write the RFP for the new travel contract with input from across the NIH, and he will assist in the selection and implementation process. The contract will be performance-based, with incentives for excellent service and disincentives for poor service.

The ORS is looking forward to this exciting process, which will provide the NIH with services that will meet or exceed the expectations of many of our travelers.

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**Information: Tim Tosten 6-6121**

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**TRANSHARE Full**

Our TRANSHARE program is as full as its funding allows, with a limit of 2,000 participants. Enrollment is now on a "one out, one in" basis and there is a waiting list. Call for details.

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**Information: 2-RIDE (7433)**

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**Safety on Campus: a top priority**

*The Office of Research Services maintains a constant awareness of one of its most weighty responsibilities: the safety of all individuals who make up the NIH community, and the safety and integrity of all NIH facilities.*

## **Clinical Center Issues**

Recently, ORS addressed several issues concerning the Clinical Center. ORS management has been working to maintain the aging utility systems' infrastructure to meet the building occupants' requirements until the new Clinical Research Center is completed. The Division of Engineering Services (DES) has prepared the following information concerning these specific issues, as well as its plans for emergency coordination and utility shutdown notification.

### **Operational Status: West Tower Elevators**

Building 10's West Tower elevators (#s 35, 36, 37, and 38) service the parking garage, and are the last elevators scheduled to be upgraded, after the ACRF garage repair project is finished. The elevators' recent operational problems were caused by ongoing construction dust getting into the electrical relays. Old electrical equipment is extremely sensitive to dust. To correct the problem, DES spent thousands of dollars to replace the old electrical relays with sealed ones—a temporary solution until the elevators are upgraded.

### **ACRF Garage Repair Project**

This project has been very challenging from both a logistic and managerial standpoint. Maintaining an operationally viable and occupied garage has required a multiple phase-in approach to the repair work and prolonged the construction time frame. The project has also been hampered by unexpected delays caused by adjacent projects and by the very specific requirements of the Clinical Center. Such factors are difficult to adapt to because the garage repair work is a very defined, straight-line process with a set work sequence. Contractual problems have also delayed progress and delayed the award of a new construction contract. Some utility protection and minor demolition work have occurred and will continue within the barricaded areas of the ACRF garage. Completion of the repair work is expected in early 2000.

### **Prolonged Power Outage**

On the afternoon of July 11, an electrical transformer for a normal power feeder overheated and had to be taken out of service. This caused a power outage that affected the west side of the building from the B2 Level to the 14th floor. The Building 10 electrical system is very reliable because it has three normal power feeders, and one emergency power feeder that can bring electrical power to any part of the building. Any *one* normal feeder can be lost without power interruption. When *two* normal feeders are lost, problems occur.

During our recent outage, only two of the three normal feeders were in service due to a problem with a cable that became overheated during an ongoing high voltage cable replacement project. To compare electrical standards, most civilian hospitals are not designed with a backup system.

During this outage, the Clinical Center Maintenance Unit and Maintenance Engineering Section (MES) worked closely together with the Clinical Center staff to institute emergency plans, which included rotating power from one area to another every two hours to avert the loss of valuable samples and preserve freezer temperatures. The MES High Voltage electricians worked throughout the night to return the system to full operation. Occupants were provided with evening points of contact. The public address system in Building 10 was used to communicate the status of the power rotation with customers throughout the outage. Full power was restored early the next morning.

The replacement of the deteriorating high voltage cable in Building 10 is essential, and will continue during the upcoming months. To support this and many other extended efforts, the DES is establishing a new initiative to support and improve infrastructure deficiencies and hasten response in emergency situations. This new service is not intended to replace the emergency response procedures already in place, but to augment them for the purposes of improving communications *after hours*.

### **New Emergency Coordinator**

To oversee after-hours emergencies, DES is instituting a new level of service that will be the responsibility of an Emergency Coordinator within the Public Works Branch (PWB). He or she will be on call with a digital beeper: 301-409-9291.

During normal working hours, the Maintenance Unit will respond to any emergency. They will notify affected customers of the problem, and provide an

explanation and estimate of the time it will take to remedy the situation. They will also notify the appropriate Administrative Officer or IC representative in the building. If it appears the situation will extend beyond normal business hours, the Emergency Coordinator will be contacted at least one hour before the close of business to ensure a smooth transition.

The new procedures will enhance the work of both DES and NIH personnel. PWB will ensure that all necessary resources are available for every emergency, and that resolution occurs as efficiently as possible.

### **New Utility Shutdown Notification**

DES is developing a utility shutdown notification for the ORS Web Page. All shutdowns will be posted on the page and will include date, times, which utility service will be shut down, and a point of contact. This information can be retrieved by building and read by any NIH employee with access to the NIH Intranet. Additionally, all information concerning an ongoing emergency utility outage will be updated periodically by the PWB Emergency Coordinator for the duration of the outage. This new feature on the ORS Web Page will be functional at the beginning of FY99. More specific details will be provided in a future News: to Use.

***The ORS is committed to creating a teamwork approach for facility safety issues and encourages NIH personnel to communicate their needs and concerns. Your patience is appreciated, and your comments are welcome, as we work to provide the most responsive and reliable service to alleviate facility problems.***

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### **DES Performance Concerns Hotline: ongoing Q & A**

The Division of Engineering Services staffs a hotline to answer questions about specific projects in progress. It is an effective vehicle for direct customer feedback on a variety of subjects: maintenance trouble calls, in-house repairs, and construction projects.

You may use this hotline for specific or general concerns and suggestions. A real person staffs the phone between 9 and 4 daily, and responses are delivered as quickly as possible.

## Performance Concerns Hotline

2-3472

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### Identification Badges:

#### a timely reminder

Look at your identification badge. Notice the expiration date below your picture. If that date has already passed, or if it is coming up soon, it's time to get a new ID badge.

Contact your Administrative Officer or your Personnel Office and ask them to complete a NIH Form 1308-4 or 1308-5 for you. Bring that form, which is a Request for DHHS Identification Card, along with another type of valid picture identification—such as a driver's license, passport, or school ID—to the Parking Office in Building 31, Room B3B04.

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### Bargains in a Plain White Wrapper: economical international mail

Certain options for international mailings offer great savings when a few simple guidelines are followed.

***The best guideline is the most simple: use plain white envelopes.***

#### Helpful International Mail Practices

Use proper international addressing standards.

Avoid writing "airmail" on items. Do not use the red and blue diamond Air Mail envelopes or flats (9x11).

Separate international mail from other classes when depositing into mail slots (clustered service).

Instruct contractors who prepare international mail to separate it from all other classes of mail before it is delivered to the main mail hub.

#### Information:

**MSB Customer Service Team 6-3586**

*Helpful mail practices and more detailed information about all mail services are available in the NIH Mail Services Guide, which is now on the web via the ORS Home page at—*

<http://www.nih.gov/od/ors>

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## Division of Public Safety

### Fire Prevention Week a Hit

On Tuesday, October 6, the Emergency Management Branch, Division of Public Safety, Office of Research Services sponsored a commemoration of Fire Prevention Week in front of Building 1 with a number of interesting displays and demonstrations. This popular annual event was well attended by employees, visitors and a number of children as well. An excellent lunch was provided by O'Brien's Pit Barbecue Restaurant.

DPS fire prevention and fire suppression staff, police canine and community policing personnel, and crime prevention professionals presented an array of fire detection and suppression devices; demonstrations of fire, rescue and hazardous materials response vehicles and the equipment and protective clothing used on the campus; a 9-1-1 emergency telephone number training simulator; a variety of fire-safety, crime prevention and severe weather brochures; security devices; and tips for preventing crime on-campus. Also on hand for the day's activities were firefighters and rescue personnel from Montgomery County along with a ladder truck and a rescue squad; specially trained dogs and their handlers from the NIH, Montgomery County and the Park Police who demonstrated tracking, bomb detection, arson detection, and search and rescue techniques; and staff from the Maryland Forestry Department. A number of "door prizes" such as fire extinguishers, smoke detectors, gift certificates for dinners and movies, and tickets to local sporting events resulted in eleven winners from among the attendees. Special hosts for the event were "Sparky" the fire dog, Ronald McDonald, and Smokey the Bear, all of whom greeted visitors and entertained children from both the NIH and several local day care centers who were transported by vans to the Fire Prevention Week activities.

Ms. Ellen Vaughn, NIDDK, the winner of the 1999 Fire Prevention Week "slogan contest" was presented with a framed 'Certificate of Appreciation' for her effort. Her winning slogan, "Fire Prevention - A Matchless Goal", will be featured on next year's Fire Prevention Week Posters, which will be prominently displayed throughout the campus.

### Survival Tips for Home Fires

An unspeakable tragedy happened in Gaithersburg in June. Two boys, who were enjoying a typical summer sleep-over, died as a result of smoke inhalation when a burning taper candle tipped over during the night. It smoldered before it turned the lower level room into an inferno, causing various injuries to three other boys. The boys had gone to sleep after playing by candlelight—a storm had knocked out power to the neighborhood. The family did have smoke detectors, but they were hard-wired to the electrical system.

This tragedy prompted the NIH fire safety staff to contact **News: to Use** to repeat some lifesaving information that they have distributed in the form of Public Safety News bulletins, most recently March 1998 (issue 98-2). Although most of the information listed below is also appropriate to the workplace, please take special care to incorporate the following guidelines into your home, and share it with all family members:

- 1. Sleep with bedroom doors shut.** This provides protection from smoke and heat. If you ever have to evacuate your home, close doors behind you.
- 2. Crawl low under smoke.** The area closest to the floor has the most breathable air.
- 3. Test doors before opening them.** If it feels hot, pick an alternate escape route. Even if it feels cool, open it slowly and carefully.
- 4. Have an exit plan and practice it;** a typical living room fire can be deadly in four minutes.
- 5. Hard-wired smoke alarms need a battery backup.**
- 6. Test smoke alarms monthly, and replace batteries twice a year,** when the clocks move forward and back.
- 7. Consider spending \$100 on an escape ladder.**
- 8. Call the Fire Prevention Section for fire safety training** for any number of people. Also, remember that your local fire departments will come to your home to do a safety check.

**Information**  
*...for all fire safety matters*  
*and for Public Safety News 98-2:*  
**J.P. McCabe 6-0487**

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## Division of Public Safety

### **Do Unto Others: drive safely!**

Recently, the NIH received a report from a concerned bicyclist regarding driving habits at two intersections on campus that may present a safety problem for pedestrians as well as bicyclists. The two intersections are:

- Wilson Drive at Rockville Pike and
- North Drive at Rockville Pike

At both intersections, some employees exiting the campus enter the crosswalk area as cyclists or pedestrians are approaching, causing the pedestrian/cyclist to go between other vehicles waiting to leave. This may place the pedestrian/cyclist in jeopardy if the motorist does not look carefully as he or she proceeds to exit.

In response to the recent report, a review of traffic patterns and possible hazards was conducted by Mr. Tom Hayden (DPS), who consulted with Mr. Lynn Mueller, Chief, Grounds Maintenance Branch. Several recommendations are under consideration. Decisions about additional traffic lights and signage such as "no right turn on red" will be made by the State of

Maryland. In the meantime, NIH police have increased enforcement efforts against traffic violators.

Many pedestrians, bicyclists, and motorists do not seem sure of their responsibilities to each other. Maryland Traffic Law is clear: ***pedestrians have the right-of-way at controlled intersections and in marked crosswalks***. Further, a motorist is required to bring their vehicle to a complete stop when a pedestrian is crossing in front of it in the crosswalk, and must remain stopped until the pedestrian has cleared the driver's lane.

As the more vulnerable parties, pedestrians and bicyclists should exercise caution and good judgement for their own protection. Crossing a street where there is no marked crosswalk eliminates pedestrians' right-of-way. Regardless, we ask all drivers to remember to

- ***be courteous and***

- ***yield the right of way***

***to pedestrians and bicyclists in the crosswalks.***

**Information:  
Tom Hayden 2-RIDE or Lynn Mueller 6-4817**

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## **Bicycle Racks and Lockers:**

### **seeking short term relationships**

Throughout the campus, there are bike racks and lockers that provide 494 spaces for bicycle commuters. Unfortunately, DPS has had a steady increase in complaints from people who have observed bicycles in the same locker or rack for a long time.

***These facilities are not for storage purposes!***

DPS is developing an NIH Manual Issuance on the proper use of bicycle racks and lockers. As soon as it is officially in place, the NIH police will begin to identify bicycles that have been left for more than five days in a rack or locker. If the bike is registered with NIH police, the owner will be called and notified that the bike must be removed within five days.

If the bike is still in the rack or locker after five days, it will be transported to a secure holding area for 30 days. If it is not claimed within 30 days, it will be disposed of in accordance with GSA abandoned property guidelines. Until the Manual Issuance is in place, please abide by the following guidelines:

- racks/lockers are available first come, first served
- racks/lockers are NOT to be used for storage
- cyclists must provide their own locks

***TIP: two locks are better than one***

## **Unforeseen Circumstances**

If you have left a bicycle on campus because you are ill or on government travel, report your circumstances to the NIH police with the bike's location and expected date of removal.

### **Registration**

Bicycles should be registered with the NIH police. Registration can be useful in recovery efforts in the event a bike is stolen.

### **Information**

**Police Branch non-emergency 6-5685**

***In person: Building 31, Room B3B17***

**hours: 7 am to 3:30 pm**

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### **Waste not, want not...Extra, Extra: more News!**

In response to your requests for extra copies of **News: to Use!**, the Printing and Reproduction Branch of DSS is pleased to offer additional copies of each current issue until supplies run out.

**Information: Tim Tosten 6-6121**

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## **Travel Updates**

### **Ober Contract Extended:**

#### **travel user group established**

To allow for time to re-compete the NIH Travel Management Contract, **GSA has extended the current Ober contract until January 8, 1999.** The ORS/DSS has set up a travel user group to assist in the development of new standards and requirements for the new travel statement of work. The group is comprised of several persons across the NIH.

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### **Ober Travel Improvements**

Ober has made a significant number of customer service improvements in response to increasing reports from the NIH community about the difficulties people have experienced when trying to reach and make travel arrangements with Ober.

**1) Turnaround times:** Voice mail left during "peak" activity periods (September/October, February/March, and June/July) will be returned within one business day. During "normal" activity periods, calls will be returned within one hour. FastRes Fax form responses—with a complete suggested itinerary—will be sent within three business days, as is stated on the form.

**2) Unreturned voice mail and faxes:** All messages and faxes will be logged to ensure follow-

up.

**3) Phones lines:** Seven additional phone lines have been dedicated to meeting travel at EPS. **The NIH *meeting* travel number** is still **301-816-8991**; the **NIH *government* travel phone number** is **301-496-8900**.

**4) Staffing:** With their contract extended, Ober has been able to hire additional personnel to make travel arrangements. On July 13, they added new agents via another contract. The addition of 4 to 6 agents puts the total of Ober agents at 22 to 24, satisfying or exceeding the staffing requirements specified by our contract with Ober.

**5) Data communications:** NIH people traveling on NIH official business can make reservations by e-mail, effective immediately. The expected turnaround is three business days. The e-mail address is [res.nih.staff@obertravel.com](mailto:res.nih.staff@obertravel.com).

**The bottom line:** if you experience any difficulties, please do not hesitate to contact Tim Tosten ASAP, at 6-6121. It is helpful if you have specific information, such as the travel agent's name, traveler's name, and all the details that are relevant to the complaint or report.

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## A Word to Travelers:

### don't make your own reservations!

Because of changes in airline regulations, Ober Travel can no longer issue electronic tickets for reservations made by travelers. Some people continue to make their own reservations and then call Ober, expecting an e-ticket.

If you or your travelers insist on making your own reservations, you *must* obtain the Record Locator Number, which is not the same as the confirmation number, from the airline reservations agent. With that number, the ticket can be issued by Ober.

If Ober is not involved in ticketing, NIH cannot save money by paying government contract rates for flights. Ticketing arrangements should be made at the same time your reservations are made.

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## Travel Purchase Orders, BPA Invoices and Billing

No one wants to pay for *mistakes*, but we are doing just that. Let's work harder to pay Ober right, and on time. Despite all our begging, educating and reminding, receiving is still not being done in a timely manner. The ICs are needlessly paying interest penalties to Ober, because Ober has not been paid on time.

***The receiving date is supposed to be the date the tickets are received.*** The receiving date is NOT the day receiving is entered into the system. When each IC receives its invoices, they have 7 days to enter receiving from that date. There are still some outstanding invoices from **FY96!**

It is also important for ICs to indicate the correct line item for the invoices to be charged. If you

do not notify Ober, they bill line item 1, which may not be the correct line item to bill.

If a ticket is lost, the IC is still responsible for paying for that ticket *and* the \$75 the airlines charge to process each lost ticket claim.

**Information**  
**Tim Tosten 6-6121 TTY: 435-1908**  
**Fax: 301-402-1364**  
**e-mail: [tt17b@nih.gov](mailto:tt17b@nih.gov)**

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## **For Emergency Services:**

### **Dial 9-1-1**

#### **911 on-campus**

#### **9-911 off-campus**

Effective immediately, the 911 emergency call system is in place for NIH, both on- and off-campus. The only difference between on- and off-campus is the additional `9' that must always be dialed to get an outside line off-campus. This is not a change in off-campus procedures; it is only a change for obtaining emergency services from the Bethesda campus.

Emergency services are police, fire, and rescue. Emergency 911 calls made on campus from pay phones and cellular phones will continue to be automatically routed to Montgomery County's Emergency Communications Center. Per cooperative agreements, Montgomery County will forward all those calls back to the DPS Emergency Communications Center for more direct and faster service.

**The non-emergency numbers for both the NIH Police and Fire Departments have not changed.**

For routine requests for information, please call 6-2372 for the Fire and Emergency Response Section, and 6-5685 for the Police Branch. The old emergency numbers are on thousands of printed signs and stickers all around the campus. DPS has been replacing them with appropriate instructions about the new `911' system.

For a period of transition, the old numbers (115 for police and 116 for fire and rescue) will still connect people to the DPS Emergency Communications Center.

Remember, if you need to contact our police, fire, or rescue personnel and it is NOT an emergency, use the **non-emergency** numbers, as follows:

**Non-emergency**  
**Fire and Rescue: 6-2372**  
**Non-emergency**  
**Police: 6-5685**

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## **Strange Odors in the Workplace**

What should you do if you smell something different in or outside your building?

***Call 911 on-campus,***

***9-911 off-campus.***

The Department of Public Safety advises that individuals should not waste time trying to investigate the source. Evacuate the area if you have any inclination to do so. It is better to be too cautious than not cautious enough. If you know the source of the odor, still call for help. The following are some specific areas of concern to consider:

### **Construction**

Construction sites frequently generate odors. Do not assume that everything is under control, or that the smell is from a non-threatening material. The odor could be from a fire, and not related to the construction. It could be a chemical odor from a hazardous material spill in a lab or hallway near your office. *Remember, never assume everything is all right if your instincts are telling you something is not normal. Call 911.*

### **Familiar Burning Odor**

You may recognize a smell that is frequently encountered, for example, a common electrical odor that is present for a short time and then dissipates. Do not leave work without reporting it, or you may return the next morning to find a fire occurred in your work area overnight. *It is better to call 911 and let the professional firefighters determine the danger.*

### **Burning Odor With No Sign of Smoke**

When people smell a burning odor and do not see smoke, they often ignore it. This can be a mistake. People also often believe that if they smell something odd, so has everyone else, and someone else must have called for assistance. *Do not assume that: call 911.*

### **Odors that Cause Physical Effects**

Our bodies have built-in monitoring systems. If we are exposed to a chemical that may be harmful, we usually receive a warning such as watery eyes, burning eyes, coughing, running nose, or nausea. However, be aware that some hazardous chemicals do not cause immediate physical effects. If you do experience any physical signs that something is wrong in the atmosphere, take it seriously. *Advise other people in the area of the probable danger, call 911, and evacuate the area.*

**Information  
Emergency Management Branch 6-1985**

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## **New Bus Service Connects Tyson's and Bethesda**

The new "Smartmover" Montgomery-Tyson's Beltway Express is now in operation. These new services are free until January 1999. After that, the initial rate will be \$1.10. Buses leave every

15 minutes during rush hour and every hour midday.

***There are four buses: 14A, 14B, 14C, and 14D.***

The **14A and 14B** bus routes are between Tyson's/Westpark, the Bethesda Metrorail Station, and the Medical Center Metrorail Station.

The **14C and 14D** buses serve Tyson's/Westpark, Rock Spring Park in North Bethesda, and Lakeforest Mall in Gaithersburg.

Schedules for these routes and other Metro and Ride On routes are available by calling the number below.

**Information: Employee Transportation Services Office  
2-RIDE (7433)**

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**A Quick Survey—Please Respond ASAP**

A new Metrobus route with the following stops ***is under consideration:***

- New Carrollton Metro
- Park & Ride Lot at Routes 495 and 95
- NIH, Bethesda Naval, and Suburban Hospital

If you would be interested in this route, please contact Tom Hayden as soon as possible, by mail (31/B3B18) or fax (2-0394). ***A decision on this route depends on the level of interest.*** Please respond!

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**Mission:**

**Communications**

*The purpose of this newsletter is to inform and communicate with the entire NIH community about ORS projects, policy changes and initiatives that are of immediate practical interest, along with some items that might be filed away for future use. The Office of Research Services directly affects you and the place where you spend your whole day—your office, your building, your entire organization. Therefore, your satisfaction is our utmost concern. Please let us hear your ideas and comments.*

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