Kaiser Permanente Redwood City Medical Center Master Plan Response to Comments

State Clearinghouse No. 2002092050

Prepared for:
City of Redwood City
Community Development Services Department
PO Box 391
1017 Middlefield Road
Redwood City, California 94064-0391

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June 13, 2003
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Section 1
Introduction

1.1 BACKGROUND

A Draft Environmental Impact Report (EIR) was prepared by the City of Redwood City to disclose potential environmental effects of the proposed Kaiser Permanente Redwood City Medical Center Master Plan project. The Draft EIR included a description of the proposed project, an assessment of its potential effects, a description of possible mitigation measures to reduce significant effects that were identified in the Draft EIR, and a consideration of alternatives that could address potential impacts. In accordance with the California Environmental Quality Act (CEQA), the Draft EIR was distributed for public review and comments.

The public review period for the Draft EIR began March 3, 2003 and ended April 16, 2003, according to the Notice of Completion transmitted to the State Clearinghouse. During this timeframe, the document was reviewed by various state, regional and local agencies, as well as by interested organizations and individuals. Written comments were received from five public agencies and two organizations. A public meeting was also held in the City of Redwood City on April 15, 2003 to obtain oral comments on the Draft EIR. No comments were received from the public during the meeting. However, comments were received from the Redwood City Planning Commission.

This Responses to Comments document addresses comments on the Draft EIR raised during the public review period, and contains revisions intended to correct, clarify and amplify the Draft EIR. The responses and revisions in this document substantiate and confirm the analyses contained in the Draft EIR. No new substantial environmental impact and no increase in the severity of an earlier identified impact have surfaced in responding to the comments. Together, the previously released Draft EIR and this Responses to Comments constitute the Final Environmental Impact Report (Final EIR). The City must certify the Final EIR before action can be taken on the project. Certification requires that the Lead Agency make findings that the Final EIR complies with CEQA.

1.2 HOW TO USE THIS REPORT

This document addresses substantive comments received during the public review period and consists of three sections: 1) Introduction; 2) List of Commentors; and 3) Comments and Responses. Section 1 reviews the purpose and contents of this Responses to Comments document. Section 2 lists the public agencies, organizations, and individuals who wrote comment letters on the Draft EIR. Section 3 contains each comment letter and the responses to these comments. Specific comments within each comment letter have been bracketed and enumerated in the margin of the letter. Responses to each of these comments follow each comment letter. For the most part, the responses provide explanation or additional discussion of text in the Draft EIR. In some instances, the response supersedes or
supplements the text of the Draft EIR for accuracy or clarification. New text that has been added to the Draft EIR is indicated with underlining. Text that has been deleted is indicated with strikethrough.
Section 2
List of Commentors

Individuals submitting comments Kaiser Permanente Redwood City Medical Center Master Plan Draft Environmental Impact Report (hereinafter referred to as the Draft EIR) are identified in this section.

2.1 COMMENT LETTERS

Letters were received from five different agencies and two organizations, as listed below.

Public Agencies

1. Governor’s Office of Planning and Research, State Clearinghouse
2. Erik Olafsson Chief, Senior Planner, Strategic and Long Range Planning, San Mateo County Transit District
3. Richard Newman, Chairperson, City/County Association of Governments of San Mateo Country, Airport Land Use Committee
4. Garrett Dunwoody, Consultant, City/County Association of Governments of San Mateo County
5. Guenther W. Moskat, Chief, Planning and Environmental Analysis Section, Department of Toxic Substances Control
6. Barbara J. Cook, P.E., Chief, Northern California – Coastal Cleanup, Operations Branch, Department of Toxic Substances Control
7. Timothy C. Sable, District Branch Chief, California Department of Transportation

Organizations and Individuals

8. Herbert J. Friedman, President, Managing General Partner, Peninsula Boardwalk Associates
9. Terry L. Austen, Senior Operations Leader, South Bay Service Area, Kaiser Hospital Foundation
2.2 ORAL COMMENTS

Oral comments were received from Planning Commission, members at a public meeting held on April 15, 2003.

PC1. Kenneth McCoy
PC2. Nancy Radcliffe
PC3. John D. Seybert
PC4. Tamara Piulle
PC5. Hilary Paulson
PC6. Rosanne Foust
3.1 RESPONSE TO COMMENTS

Written comment letters are reproduced in this section, followed immediately by responses. Discrete comments from each letter are denoted by a vertical line and numbered. Responses follow each comment letter or statement and are enumerated to correspond with the comment number. Response 2.1 for example, refers to the response for the first comment in Comment Letter #2.
April 17, 2003

Maureen Riordan
Redwood City
1017 Middlefield Road
Redwood City, CA 94064

Subject: Kaiser Permanente - Redwood City Medical Center Master Plan
SCH#: 2002092050

Dear Maureen Riordan:

The State Clearinghouse submitted the above named Draft EIR to selected state agencies for review. On the enclosed Document Details Report please note that the Clearinghouse has listed the state agencies that reviewed your document. The review period closed on April 16, 2003, and the comments from the responding agency (ies) is (are) enclosed. If this comment package is not in order, please notify the State Clearinghouse immediately. Please refer to the project’s ten-digit State Clearinghouse number in future correspondence so that we may respond promptly.

Please note that Section 21104(c) of the California Public Resources Code states that:

1.1

“An responsible or other public agency shall only make substantive comments regarding those activities involved in a project which are within an area of expertise of the agency or which are required to be carried out or approved by the agency. Those comments shall be supported by specific documentation.”

These comments are forwarded for use in preparing your final environmental document. Should you need more information or clarification of the enclosed comments, we recommend that you contact the commenting agency directly.

This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act. Please contact the State Clearinghouse at (916) 445-0613 if you have any questions regarding the environmental review process.

Sincerely,

Terry Roberts
Director, State Clearinghouse

Enclosures
cc: Resources Agency
SCH# 2002092050
Project Title Kaiser Permanente - Redwood City Medical Center Master Plan
Lead Agency Redwood City

Type EIR Draft EIR
Description 23-year Master Plan of the existing Kaiser Campus which includes a 192-bed, 10 story, 440,000 GSF replacement hospital; 4 new 4-to 5-story Medical Office Buildings and a new 2-story, Cancer Center together totaling 455,200 GSF; 4 new 4- to 7-level parking structures providing 2,227 new spaces; a new 2-level, 28,000-GSF Central Utility Plant; a new 2-story, 20,000 GSF administrative building; a 37,500-GSF Plaza and an additional 30,200-GSF Plaza; and a 1-story, 4,800-GSF commercial use fronting Marshall Street.

Lead Agency Contact
Name Maureen Riordan
Agency Redwood City
Phone 650-780-7236 Fax
Address 1017 Middlefield Road
City Redwood City State CA Zip 94064

Project Location
County San Mateo
City Redwood City
Region
Cross Streets Veterans Blvd., Main St., Maple St., Marshall St.
Township 5S Range 3W Section 13 Base MDB&M

Proximity to:
Highways US 101
Airports 16 mi SF Int./2 mi San Carlos
Railways Caltrain
Waterways 3 mi from SF Bay, Redwood Creek borders site
Schools Peninsula (Heritage) Christian Elementary
Land Use Medical and Hospital-Related Uses / Heavy Commercial / Central Administrative (CA) and Central Business (CB)

Project Issues Aesthetic/Visual; Air Quality; Noise; Population/Housing Balance; Public Services; Recreation/Parks; Schools/Universities; Sewer Capacity; Solid Waste; Toxico/Hazardous; Traffic/Circulation; Water Quality; Water Supply; Growth Inducing; Landuse; Cumulative Effects

Reviewing Agencies Resources Agency; Department of Conservation; Department of Fish and Game, Region 3; Office of Historic Preservation; Department of Parks and Recreation; California Highway Patrol; Caltrans, District 4; Department of Health Services; Integrated Waste Management Board; Regional Water Quality Control Board, Region 2; Department of Toxic Substances Control; Native American Heritage Commission; State Lands Commission

Date Received 03/03/2003 Start of Review 03/03/2003 End of Review 04/16/2003

Note: Blanks in data fields result from insufficient information provided by lead agency.
1. Governor’s Office of Planning and Research State Clearinghouse

1.1 The City acknowledges receipt of the State Clearinghouse comment letter indicating that the Kaiser Permanente – Redwood City Medical Center Master Plan Draft EIR has been distributed to state agencies and departments for review. The City appreciates the recommendations that were made regarding the project issues. The City will strive to incorporate, where applicable, the recommendations made by the state agencies responding to the Draft EIR so that the Final EIR most accurately addresses the proposed project and the associated issues.
April 15, 2003

Ms. Maureen Riordan
Redwood City Planning & Redevelopment Services
City of Redwood City
1017 Middlefield Road
P.O. Box 391
Redwood City, CA 94064-0391

Dear Ms. Riordan:

Thank you for providing our organization with a copy of the Kaiser Permanente
Redwood City Medical Center Master Plan Draft Environmental Impact Report
(DEIR) dated March 4, 2003. We have reviewed the DEIR and have the following
comments:

1. Page 3.4-37 – One of the mitigation proposals TR3.4 b. states that the
   project sponsor will provide a turnout, transit shelter and other amenities
   at all bus stops located along the project frontage to encourage bus
   usage. Our agency would like to be involved in the planning of that
   mitigation. We will also request that maintenance of the bus stops,
   shelters, lighting and other amenities be born by the project sponsor.

2. SamTrans notes the significant unavoidable traffic impacts of the project
   to various routes and intersections on page 3.4-58, and we have noted
   this significant impact in other Redwood City project environmental
   documents.

3. All mitigation measures should be fully discussed, including financing,
   scheduling, implementation responsibilities and lead agency monitoring in
   the final document.

We look forward to receiving a copy of the final environmental document and the
transportation/traffic technical study for this proposed development.

Sincerely,

Erik Olafsson, Senior Planner
Strategic and Long Range Planning
San Mateo County Transit District

cc: Corinne Goodrich, Jane Lockwood, file
2. San Mateo County Transit District

2.1 Per comments submitted by both SamTrans and Kaiser Permanente, Mitigation Measure TR-3.4 is revised as follows:

TR-3.4 Reduce Project-related Motor Vehicle Emissions through Alternate Transportation Facilities. Incorporation of the following measures into the proposed project and/or into the Transportation Demand Management (TDM) program required by C/CAG would ensure further reduction of the number of motor-vehicle trips or the length of the trips. This list is not intended to be exhaustive, and other equivalent measures may be introduced by the City, C/CAG, or the project sponsor. All TDM measures are subject to review and approval by Redwood City.

a. Kaiser shall subsidize transit tickets for employees wishing to use Caltrain or SamTrans buses as a commute alternative. This will encourage the use of the existing transit facilities as a commute alternative.

b. Kaiser shall work with SamTrans to evaluate relocation of the existing mid-block Veterans Boulevard stop and the addition of a second stop on Veterans Boulevard. The project sponsor should provide a turnout (as required), a transit shelter, and other amenities at all bus stops located along the project frontage to encourage the use of this mode.

c. Caltrain shuttle stop locations shall be designated onsite or in turnouts along the project site frontage to minimize the impact to through traffic on city streets. Additionally, the shuttle stops shall be designed to avoid conflict with on or off-site vehicular, pedestrian, or bicycle circulation.

d. Kaiser shall increase the frequency and number of shuttles to provide convenience access to the Caltrain station and downtown Redwood City.

e. To encourage bicycle travel, the project shall include secure and covered bicycle parking spaces on site for staff. Additional bicycle racks shall be installed throughout the campus to allow patients and other visitors to lock their bicycle. Enhanced bicycle facilities will allow Caltrain riders an alternative to using the shuttle and will permit bicycle usage for other activities such as travel to downtown lunch and shopping destinations, as well as exercise opportunities.
f. Kaiser shall provide on-site amenities to encourage bicycles and walking as a commute alternative. These amenities shall include showers and changing rooms.

g. The City’s draft Downtown Area Plan and draft Kaiser Master Plan Urban Design Guidelines both call for enhanced pedestrian connections to and through the Downtown District. The City shall review Kaiser’s development applications to ensure that the campus is designed and built in compliance with these City policies. In developing its plans, the project sponsor shall design sidewalks and pedestrian routes in a manner that encourages walking to, from, and around the Medical Center.

TR-3.4 Reduce Project-related Motor Vehicle Emissions through Alternate Transportation Facilities. The project sponsor shall prepare (in accordance with C/CAG requirements) and implement a Transportation Demand Management (TDM) Program as reviewed and approved by the City of Redwood City. The objectives of the TDM Program would include: encouraging Kaiser employees, patients, and visitors to use existing transit facilities (such as SamTrans and Caltrain) as commute alternatives; and encouraging the use of bicycle travel and walking to, from, and around the Medical Center. The project sponsor shall coordinate with SamTrans regarding maintenance of and changes to existing transit stops along the frontage of the campus as well as the placement of new transit stops in the campus vicinity.

2.2 Comment noted. The proposed project includes design features and mitigation measures to encourage the use of alternate transportation modes by both Kaiser employees and visitors to the Medical Center campus as means to minimize increased automobile trips. The project sponsor is also implementing a number of Transportation Demand Measures to further reduce the number of vehicular trips to the campus. Please refer to Section 4 of this Response to Comments for a revised list of Transportation Demand Measures.

2.3 A Mitigation Monitoring and Reporting Plan (MMRP) will be adopted by the Lead Agency prior to approval of the project. This MMRP will include the financing, scheduling, implementation responsibilities, and monitoring for all adopted mitigation measures.
April 17, 2003

Maureen Riordan, Senior Planner
City of Redwood City
1017 Middlefield Road
Redwood City, CA 94063

Dear Maureen:

RE: C/CAG Airport Land Use Committee (ALUC) Comments on a Draft Environmental Impact Report (DEIR) on the Kaiser Permanente Redwood City Medical Center Master Plan

The following C/CAG Airport Land Use Committee (ALUC) comments on the above-referenced document address two areas: (1) Airport Land Use Commission (C/CAG) review and FAA Review of the proposed master plan and related land use policy actions and (2) DEIR content to address key airport/land use compatibility issues related to aircraft operations at nearby San Carlos Airport. Similar comments were provided to you, in a letter from David F. Carbone, ALUC Staff, dated October 10, 2001, re: his review of the Initial Study and Environmental Checklist for the proposed project (see Attachment No. 1).

GENERAL COMMENTS

Airport Land Use Commission (CCAG) Review

The proposed Kaiser Permanente Medical Center Master Plan includes the following new structures to be built in five phases over a 22-year span (by 2025)(see Attachment No. 2):

* A replacement hospital, to meet current State of California seismic standards for hospitals, that would consist of 10 stories, 160 feet in height, and 440,000 gross square feet of floor area.

* Four new four- to five-story medical office buildings and a new two-story Cancer Care Center, together totaling 455,200 gross square feet of floor area.

* Four new four-to seven-level parking structures

* A new two-story Central Utility Plant totaling 28,000 square feet of floor space

* A new two-story Administration Building totaling 20,000 square feet of floor space.

The project site (existing Kaiser Medical Center in Redwood City) is located just outside of the FAR Part 77 airspace protection parameters for San Carlos Airport. The site is also located well beyond any aircraft noise contours or safety zones for San Carlos Airport. Therefore, based on the non-applicability of those parameters, the proposed master plan and related land use policy actions are not subject to a formal airport/land use compatibility review by the C/CAG Airport Land Use Committee (ALUC) or by C/CAG, acting as the Airport Land Use Commission.
FAA Review

The project site is located on the extended centerline of Runway 12/30 at San Carlos Airport, approximately 9,500 feet (1.8 miles) southeast of the threshold of Runway 30. Due to the proximity of the site near the arrival end of Runway 30, the location of the site on the extended runway centerline, and the height of the proposed hospital tower (160 feet above ground level (AGL)), the C/CAG Airport Land Use Committee (ALUC) strongly suggests that the project sponsor file a copy of FAA Form 7460-1, “Notice of Proposed Construction or Alteration” with the FAA, as soon as possible. This action will initiate an airspace study by FAA staff, to determine if the proposed project will impact the federal airspace protection parameters for San Carlos Airport. This type of notice was suggested under Item No. 10 on page 9 of the Initial Study and on p. 2-66 in the DEIR.

SPECIFIC COMMENTS

1996 San Carlos Airport Land Use Plan, As Amended Compatibility Criteria

The 1996 San Carlos Airport Land Use Plan, as amended, contains airport/land use compatibility criteria to address the following compatibility issues in the environs of San Carlos Airport: (1) Height of Structures, Use of Airspace, and Airspace Compatibility, (2) Airport/Aircraft Noise Impacts, and (3) Safety Guidelines. Each of these issues is addressed below, regarding the relevant content of the DEIR.

(1) Height of Structures, Use of Airspace, and Airspace Protection

As noted above, the existing Kaiser medical campus is located just outside of the Federal Aviation Regulations FAR Part 77 Conical Surface for airspace protection for San Carlos Airport. The FAR Part 77 Conical Surface elevation adjacent to the northwest corner of the project site is 352 feet above mean sea level (AMSL). The project site is approximately 10 feet AMSL and the height of the proposed new hospital tower is 160 feet above ground level (AGL). Therefore, the top of the proposed hospital tower would be 170 feet AMSL, including a mechanical penthouse. Even though the maximum height of the proposed hospital tower would be 182 feet below the airspace protection height limit, it will be substantially taller (at least 60 feet) than the existing hospital tower. Based on these parameters and those noted above, submittal of the proposed project for a formal FAA airspace impact analysis is strongly recommended.

(2) Airport/Aircraft Noise Impacts

(a) Aircraft Noise Contours

Updated aircraft noise contours have been prepared, as part of the noise analysis contained in the San Carlos Airport Master Plan Update Airport Modernization Project Draft Environmental Impact Report June 2002. That analysis illustrates the configuration of the 55, 60, and 65 dB CNEL (Community Noise Equivalent Level) aircraft noise contours for projected aircraft operations at San Carlos in the year 2015. The noise contour configurations reflect the existing and future single-sided aircraft traffic pattern on the northeast side of the airport (commonly referred to as east of U.S. Highway 101). The southeastern tip of the 55 dB CNEL aircraft noise contour falls just north of the U. S. Highway 101/Whipple Ave. interchange. Therefore, the existing and proposed Kaiser medical campus is not affected by the updated noise contours for San Carlos Airport.
(b.) Aircraft Overflight Noise Impacts

The DEIR does not address airport noise impacts, based on an incorrect conclusion stated in the DEIR, on page 3.6-1, as follows:

"According to the Initial Study (Appendix B), the proposed project is not located within an adopted airport land use plan nor is it located within the vicinity of a private airstrip. As a result, there would be no significant airport noise impacts and this topic will not be addressed further in this DEIR."

As noted earlier, the Kaiser medical campus is located on the extended centerline of Runway 12/30 at San Carlos Airport. The predominant operational configuration of the airport is landings on Runway 30 and take-offs on Runway 30 (approximately 80% of the time). Therefore, arriving aircraft are frequently aligned for a straight-in approach for landing over the project site. Even though these light general aviation aircraft (12,500 pounds or less) are typically in a low power configuration for landing, the C/CAG Airport Land Use Committee (ALUC) strongly encourages the City of Redwood City to require the project sponsor to insulate at least the new hospital tower to achieve an interior noise level (due to exterior noise sources, including aircraft) of not more the 45 dB CNEL. This requirement is easily achievable, through building design and construction, that include appropriate insulation features for noise mitigation. Much of this information was provided to you in Mr. Carbone’s previous comment letter on the Initial Study and Environmental Checklist.

The issue of aircraft overflight noise impacts is not addressed in the DEIR and therefore no mitigation measure is identified. Appropriate text that describes the impact and mitigation measures, regarding this issue, should be included in the DEIR.

(3) Safety Guidelines

Certain types of land uses are recognized by the Airport Land Use Commission (C/CAG) as hazards to air navigation in the vicinity of San Carlos Airport, and therefore, considered a significant issue for the safe and efficient passage of aircraft in flight. A list of those land uses is included in the 1996 San Carlos Airport Land Use Plan, as amended. Since arriving aircraft to San Carlos Airport frequently fly directly over the project site, three of those land uses may be relevant to the discussion of safety related to the proposed project. These three uses include the following:

3.4

* Any use that would generate smoke or rising columns of air.

* Any use that would generate electrical/electronic interference that may interfere with aircraft communication equipment and/or aircraft instrumentation.

* Any use that would cause sunlight to be reflected toward an aircraft engaged in a straight climb following take-off or toward an aircraft engaged in a straight final approach toward a landing.
The specific architectural and design features of the proposed project are not known at this time. Such details include, but are not limited to, reflective glass, site lighting, size, type, and location of communication equipment, size and location of HVAC exhaust vents, and water features that may attract birds. The C/CAG Airport Land Use Committee (ALUC) hereby requests that the detailed architectural and site plans be submitted to ALUC staff, when they become available for review, to address the potential safety concerns mentioned above. Aircraft safety issues are not addressed in the DER and therefore, no mitigation actions are identified. Appropriate text that describes the impact and mitigation measures, regarding this issue, should be included in the DEIR.

San Carlos Airport Avigation Easement Review Area (AERA)

The project site is located well beyond (outside) the existing boundary of the San Carlos Airport Avigation Easement Review Area (AERA). Therefore, the grant of an avigation easement to the County of San Mateo, as the airport proprietor, is not required.

SUMMARY

The C/CAG Airport Land Use Committee strongly recommends that the project sponsor file a copy of FAA Form 7460-1, "Notice of Proposed Construction or Alteration" with the FAA for an airspace impact evaluation. This action was mentioned on the Initial Study and in the DEIR on p. 2-66. It was also mentioned in Mr. Carbone’s October 10, 2002 ALUC Staff comment letter.

Based on the incorrect conclusion that "...there would be no significant airport noise impacts..." (DEIR p.3.6-1), the DEIR does not address aircraft overflight noise as an impact and therefore, no mitigation action is identified. The DEIR does not mention the proximity of the project site to San Carlos Airport, air traffic patterns in the vicinity of the site, nor the fact that aircraft on approach to Runway 30 at San Carlos Airport frequently fly directly over the project site, potentially causing aircraft overflight noise impacts and safety concerns. The text in the DEIR should at least indicate that the proposed hospital tower will be insulated to achieve an interior noise level of not more than 45 dB CNEL, due to exterior noise sources, including aircraft overflight noise.

Since the project site is located less than two miles from the threshold of Runway 30 at San Carlos Airport and the fact that the proposed new hospital tower will be 60 feet taller that the existing hospital tower, the text in the DEIR should recognize the proximity of the project site to San Carlos Airport and describe the air traffic routes in the area. It should also identify aircraft overflight noise as an impact and propose an appropriate mitigation measure. These are glaring omissions that must be rectified before the City of Redwood City certifies the EIR per CEQA.

The DEIR does not address potential safety issues, regarding the relationship of aircraft overflight and potential architectural and design features that could affect the safe passage of aircraft in flight, especially those on approach to Runway 30 at San Carlos Airport. Appropriate text that describes the impact and mitigation measures, regarding this issue, should be included in the DEIR.
Letter to Maureen Riordan, Senior Planner, City of Redwood City, RE: C/CAG Airport Land Use Committee (ALUC) Comments on a Draft Environmental Impact Report (DEIR) on the Kaiser Permanente Redwood City Medical Center Master Plan
April 17, 2003

Page 5

Thank you for the opportunity to comment on the above-referenced document. If you have any questions or need more information, please contact Dave Carbone, ALUC Staff, at 650/363-4417.

Sincerely,

[Signature]

Richard Newman, Chairperson
C/CAG Airport Land Use Committee (ALUC)

cc: C/CAG Airport Land Use Committee (ALUC) Members
Barbara Pierce, City Council Member, City of Redwood City
Richard Napier, C/CAG Executive Director, w/o enclosures
Mark Larson, San Mateo County Airport Manager, w/o enclosures
Joseph Rodriguez, FAA Airports District Office, Burlingame

ATTACHMENTS

Attachment No. 1: Letter to Maureen Riordan, Senior Planner, City of Redwood City, dated October 10, 2002, from David F. Carbone, ALUC Staff, re: ALUC Staff comments on an Initial Study and Environmental Checklist for the Kaiser Permanente Redwood City Medical Center Master Plan.

3. City/County Association of Governments of San Mateo County

3.1 Page 27 in Appendix B of the Initial Study included in the Draft EIR states, “The proposed project site is located within 2 miles of the San Carlos Airport. However, the project site does not fall within the Airport Hazard Zoning Plan included in the 1981 San Mateo County Airport Land Use Plan.” According to the Planning and Building Division of San Mateo County, the project site is beyond the “Outside Airport Protection Zone” and would not be subject to FAA jurisdiction, as stated on page 27 of the Initial Study. However, page 10 of the Initial Study states, “…because the project site is just outside the Outside Airport Protection Zone, the Project Sponsor should consider informing FAA of the project in order to avoid future potential risks. One possible means of accomplishing this would be to complete FAA’s Form 7460-1, Notice of Proposed Construction and Operation.” Considering the close proximity of the airport runway and the height of the proposed hospital tower, the project sponsor shall complete FAA’s Form 7460-1, Notice of Proposed Construction and Operation upon approval of the project.

3.2 See the response to comment 3.1.

3.3 Per the October 10, 2002 letter from the Airport Land Use Committee commenting on the Notice of Preparation, page 3.6-6 of the Draft EIR states, “The City/County Association of Governments of San Mateo County strongly urge the City of Redwood City to require Kaiser to, at least, insulate the new hospital to achieve an interior noise level (due to exterior noise sources, including aircraft) of not more than 45 dBA CNEL. This noise insulation standard is mandatory for residential dwellings as presented in Title 24, part 2, of the California Code of Regulations but is not required for institutional buildings.” However, title 24 does not apply to the proposed project. Also, because the proposed project will be located outside of the 55 dB CNEL aircraft noise contour, aircraft noise would not be considered a significant impact. However, the project architect has confirmed that the hospital tower will be designed with appropriate noise insulation features to achieve an interior noise level of 45 dBA CNEL.

3.4 The project evaluated in the Draft EIR is a master plan to be implemented in a number of phases between 2003 and 2025. Design details, such as the use of reflective material and the placement of electronic equipment, exhaust vents, and water features, have yet to be finalized. As stated in response 3.1, the project sponsor shall complete FAA’s Form 7460-1 prior to implementation of the proposed project. Final design details would be coordinated with the Airport Land Use Committee as requested by the commentor.
March 27, 2003

Maureen Riordan
Planning and Redevelopment Services
1017 Middlefield Road
Redwood City, CA  94603

Dear Ms. Riordan:

SUBJECT:  Draft EIR - Kaiser Permanente Master Plan

Thank you for submitting us a copy of the Draft EIR.  The Draft EIR for the Kaiser Permanente Master Plan falls under the requirements of the Congestion Management Program (CMP).  Specifically, the project generates more than 100 peak period trips.  The report stated that it was believed that the project would create an increase of 402 AM and 354 PM peak period trips.

Under the CMP, there are trip reduction credits.  Trip reduction credits should equal net total peak period trips, which in this case equal 756.  Appendix F:  Kaiser TDM Measures is in a format that is ideal for understanding the measures; however, total credits do not equal net total peak period trips.  The measure is deficient 127.67 credits.  Can you please rectify the difference and send us a copy of the amended TDM measure.

C/CAG is willing to discuss other proposed ways to meet the Trip Reduction Credits.  If you have any questions, please contact me at 650/363-1867.

Sincerely,

Garrett Dunwoody
C/CAG Consultant

E-mail:  gdunwoody@co.sanmateo.ca.us
4. City/County Association of Governments of San Mateo County

4.1 The project sponsor has amended the proposed TDM program and has submitted it to C/CAG staff for review. The amended program includes measures which exceed the required 756 credits. This amended program replaces Appendix F of the Draft EIR and is included in Section 4 of this Response to Comments.
March 5, 2003

Maureen Riordan
City of Redwood City
1017 Middlefield Road
Redwood City, California 94064

Re: Kaiser Permanente – Redwood City Medical Center Master Plan

The Department of Toxic Substances Control (DTSC) is in receipt of the environmental document identified above. Based on a preliminary review of this document, we have determined that additional review by our regional office will be required to fully assess any potential hazardous waste related impacts from the proposed project. The regional office and contact person listed below will be responsible for the review of this document in DTSC’s role as a Responsible Agency under the California Environmental Quality Act (CEQA) and for providing any necessary comments to your office:

Barbara Cook
Site Mitigation Branch
700 Heinz Avenue, Suite 200
Berkeley, California 94710

If you have any questions concerning DTSC’s involvement in the review of this environmental document, please contact the regional office contact person identified above.

Sincerely,

Guenther W. Moskat, Chief
Planning and Environmental Analysis Section

cc: Barbara Cook
Site Mitigation Branch
700 Heinz Avenue, Suite 200
Berkeley, California 94710

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.
5. **Department of Toxic Substances Control**

5.1 Subsequent to receiving the comment letter from Guenther W. Moskat, the City of Redwood City has received comments from Barbara Cook of the Regional Office, regarding the additional review that was required to fully assess any potential hazardous waste related impacts from the proposed project. Please refer to Comment Letter 6 for these additional comments and responses.
April 3, 2003

Ms. Maureen Riordan  
City of Redwood City  
1017 Middlefield Road  
Redwood City, California 94064

Dear Ms. Riordan:

Thank you for the opportunity to comment on the Draft Environmental Impact Report (EIR) for the Kaiser Permanente – Redwood Medical Center Master Plan. As you may be aware, the California Department of Toxic Substances Control (DTSC) oversees the cleanup of sites where hazardous substances have been released pursuant to the California Health and Safety Code, Division 20, Chapter 6.8. As a potential Responsible Agency, DTSC is submitting comments to ensure that the environmental documentation prepared for this project to address the California Environmental Quality Act (CEQA) adequately addresses any required remediation activities regarding any hazardous substances released at the property.

1. Page 3.7-11, HM-1.1. The survey should include review of past use(s) of the buildings to be demolished (including prior to occupancy of Kaiser) to verify usage of hazardous substances. If a potential release of hazardous substance(s) is a concern, soil sampling should be conducted to determine the presence of hazardous substances.

2. Page 3.7-11, HM-2. Potential health risk to exposure to hazardous substances is not only limited to the building where underground storage tanks were removed (USTs). This paragraph should be revised to include results of the survey of the buildings to be demolished, as stated in the previous paragraph, that had operations involving the use of hazardous substances.
Ms. Maureen Riordan
April 3, 2003
Page Two

DTSC can assist your agency or the proponent in overseeing characterization and cleanup activities through our Voluntary Cleanup Program. A fact sheet describing this program is enclosed. We are aware that projects such as this one are typically on a compressed schedule, and in an effort to use the available review time efficiently, we request that DTSC be included in any meetings where issues relevant to our statutory authority are discussed.

Please contact Virginia Lasky at (510) 540-3829 if you have any questions or would like to schedule a meeting. Thank you in advance for your cooperation in this matter.

Sincerely,

Barbara J. Cook, P.E., Chief
Northern California - Coastal Cleanup
Operations Branch

Enclosure

cc: without enclosure

Governor's Office of Planning and Research
State Clearinghouse
1400 Tenth Street
Sacramento, California 95814

Guenther Moskat
CEQA Tracking Center
Department of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806
6. Department of Toxic Substances Control

6.1 Comment noted. Mitigation Measure HM-1.1 is revised as follows:

HM-1.1 Perform Pre-Construction Hazardous Materials Surveys and Manage Properly if Hazardous Materials are Identified. Under the proposed project and the Higher Occupancy Scenario, Kaiser shall retain a qualified environmental specialist (e.g., a Registered Environmental Assessor or similarly qualified individual) to inspect existing building areas subject to demolition or renovation for the presence of as yet unidentified asbestos, PCBs, mercury, lead, or other hazardous materials. A Phase I Environmental Site Assessment (ESA) report shall be completed documenting the results of building inspection and the review of historic uses of the building and surrounding areas. If necessary, soil sampling shall be conducted to determine the presence of hazardous substances in the soils that will be disturbed during demolition, excavation, and/or construction activities. If found at levels that require special handling, Kaiser shall manage these materials as required by law and according to federal and state regulations and guidelines, including those of DTSC, BAAQMD, Cal/OSHA, CSMHSA, and any other agency with jurisdiction over these hazardous materials.

6.2 Comment noted. The paragraph is revised as follows:

In April 1987, former gasoline underground storage tanks (USTs) located at the Medical Center were discovered to have leaks. The tanks were removed and remediation of contaminated soils was conducted in 1988. The site was granted site closure for these leaking USTs in 1993. However, residual contaminated areas may be encountered during site demolition, grading and excavation activities in the vicinity of the former USTs or other areas with potentially contaminated soils identified by the Phase I ESA. Although the site was granted closure for the leaking USTs, site closure only means that contaminant levels at the site are below levels established by the local regulatory agency and that exposure pathways to the public and the environment have been eliminated. However, residual contamination may be encountered by construction workers in the area of the former USTs. The proposed project would involve basement and foundation excavation, where excavation could be sufficiently deep to encounter residual contaminated soil or groundwater. On the basis of existing information, the most likely contaminants encountered during earth-moving activities would be petroleum hydrocarbons. During excavation, construction, and dewatering activities, construction workers and members of the public could be at risk for exposure to soil and groundwater contaminated with Total Petroleum Hydrocarbons as gasoline (TPHg) or other hazardous substances.

1 County of San Mateo Health Services Agency, Local Oversight Program, Case #330041, closed September 8, 1993.
April 14, 2003

Ms. Maureen Riordon  
City of Redwood City  
1017 Middlefield Road  
Redwood City, CA 94064

Dear Ms. Riordon:

**KAISER PERMANENTE MEDICAL CENTER MASTER PLAN – DRAFT ENVIRONMENTAL IMPACT REPORT**

Thank you for including the California Department of Transportation in the environmental review process for the above-referenced project. We have reviewed the Draft Environmental Impact Report (DEIR), and have the following comments.

1. The DEIR should quantify what traffic impacts there will be on freeway interchanges used to access the Kaiser Medical Center. Please provide for our review a discussion of the impacts at the US-101 intersections at Whipple Avenue and at State Route 84 (SR 84), and the State Route 82 intersections at SR 84 and at Whipple Avenue. In addition, please provide a diagram of State Route 92 and Marsh Road and the existing freeway segment Levels of Service for those freeway segments listed in Table 3.4-6.

2. The northbound US-101 onramp/SR 84 intersection should also be studied and included in Tables 3.4-14 and 3.4-17.

3. Although it is beyond the scope of the ITE methodology to estimate the trip generation for the expansion of over 350,000 GSF of MOB space, we do not necessarily concur with the assertion that using the facility in the City of Roseville as a surrogate for the Redwood City project will result in a more conservative estimate of vehicle trip generation. These two cities are located in different urban settings, and trips generated by both facilities would not be comparable. We suggest comparing a facility with similar urban conditions to estimate trip generation for the proposed project.

4. We are concerned with the high peak volumes for the two right turns onto Veterans Boulevard from westbound and eastbound SR 84. Please explain what mitigation measures are proposed for dealing with these two turning movements.

"Caltrans improves mobility across California"
5. The City of Redwood City is working on two projects to reconstruct the US-101/SR 84 interchange and to widen SR 84. Does the DEIR consider the impacts of these two projects?

Please call Rick Kuo of my staff at (510) 286-5988 if you have questions regarding this letter.

Sincerely,

Timothy C. Sable
District Branch Chief
IGR/CEQA

C: Brian Grattidge (State Clearinghouse)
7. Department of Transportation

7.1 A volume-to-capacity (V/C) ratio analysis was conducted at study freeway ramps that are used to access the project site to quantify project impacts at the freeway interchanges. As discussed in the Draft EIR, the V/C analysis was conducted because, due to the addition of lengthy auxiliary lanes to Route 101 that are “outside the realm of weaving” for analysis using the Caltrans nomograph, a weaving analysis could not be conducted.

Impacts at the Route 101 southbound off-ramp (Veterans Boulevard)/Whipple Avenue and Route 101 southbound off-ramp (Veterans Boulevard)/Woodside Road (SR 84) intersections were included in the analysis. All other Route 101 ramps expected to be used to access the project site are not controlled by an intersection. Intersections controlling access between Woodside Road (SR 84) and El Camino Real (SR 82) were not included in the analysis because the proposed project is expected to add minimal traffic to these intersections (ten or fewer peak-hour trips to any of the intersections). The Whipple Avenue/El Camino Real (SR 82) intersection was not included in the analysis because the proposed project is expected to add minimal traffic to the intersection (ten or less trips to any one turning movement at the intersection).

The requested figure has been created. Please see Figure R7.1

7.2 Due to the project site location, it was assumed that project trips going northbound on Route 101 would use the Whipple Avenue interchange. Therefore, the northbound Route 101 on-ramp at Woodside Road (SR 84) was not included in the analysis.

7.3 There was no site available in a similar urban setting to Redwood City that was “surveyable” (i.e. MOB space only that had similar uses). The Roseville facility was used because it was “surveyable”. Additionally, due to the suburban nature of the Roseville facility, surveyed counts are more conservative (generating more single occupancy vehicle trips to and from the site than what is expected at a more urban site with transit service and walking destinations in close proximity) than would be urban counts.

7.4 As shown on Table 3.4-7 of the Draft EIR, the proposed project is not expected to add project traffic to the eastbound right-turn movement. The project is expected to add 66 AM peak hour and 44 PM peak hour trips to the westbound right-turn movement. However, under Project Conditions, the intersection is expected to operate at acceptable levels and no significant near-term impact was identified. Under Cumulative Conditions, the intersection is expected to operate unacceptably, and, as part of the cumulative mitigation, it was identified that the westbound right-turns could be controlled with an overlap right-turn phase. It should also be noted that there is an on-going study being conducted to recommend improvements to the Woodside Road (SR 84)/Route 101 interchange.
KEY:

- Project Site location
- AM(PM)
- Mixed Flow Lanes
- High occupancy Vehicle Lanes

FIGURE R7.1 EXISTING FREEWAY SEGMENT LOS
7.5 A study is in process to analyze improvements to the Woodside Road (SR 84)/Route 101 interchange. Discussions with CCS Planning and Engineering, the study consultant, indicated that a final design has not been approved for this interchange. Since no definitive project has been identified, it was not included in the analysis. The LOS analysis for intersections on Woodside Road includes the planned widening of Woodside Road, as discussed under Background Conditions.

Subsequent to the completion of the transportation study and the circulation of the Draft EIR for the proposed Medical Center project, the proposed widening of Woodside Road was withdrawn. Additional analysis by Fehr & Peers Associates has determined that the withdrawal of the Woodside Road widening project would not change the conclusions of the transportation study for the proposed Medical Center project.
April 15, 2003

Redwood City Planning and Redevelopment Services
1017 Middlefield Road
Redwood City, CA 94063
Attn: Maureen Riordan


Gentlemen:

The undersigned, Peninsula Boardwalk Associates, a California general partnership, is the owner of the Mervyn's Plaza Shopping Center at the corner of Veterans Blvd. and Walnut. By virtue of our proximity to the project site, we are directly affected by any adverse environmental impact that results from the development of this project.

We have reviewed the draft EIR, particularly Section S-5 outlining "alternatives"; Table S-6 containing the "Summary of Impacts and Mitigation Measures"; Section 3 discussing "Environmental Analyses" and Section 4 discussing "CEQA Concerns".

As a result of this review, we believe that the "Walnut Street Closure" Alternative would adversely impact all the properties at the Veterans/Walnut Street intersection, specifically traffic flow and visual appearance. We also believe the Kaiser Plan is less impactful than the Redwood City Alternative Plan.

In terms of the specific impacts, we strongly support that all mitigation measures proposed to deal with the local circulation impact (TR-3), the noise impact (Section 3.6), the hazardous material, contamination and water supply impacts (HM-1, HM-2 and LT-1 and 2) as well as the impacts relating to Sanitary, Sewer, Drainage, Soil Erosion and Storm Water Quality be incorporated into any final EIR Report.
As the owner and operator of a 235,000 foot shopping center that houses more than 19 retail merchants and generates significant sales tax revenues, we are hopeful that the decision regarding approval of any final EIR Report for this project include all reasonable mitigation measures that are recommended and that might otherwise be required to protect the interests of the City's existing businesses.

Respectfully submitted,

PENINSULA BOARDWALK ASSOCIATES
by HJ Friedman Corp., its Managing General Partner

by

Herbert J. Friedman, President

cc: Maureen Riordan via fax 650/780-0128
8. Peninsula Boardwalk Associates

8.1 The Walnut Street Closure Alternative was developed early in the design process for the proposed Medical Center Master Plan. This alternative is no longer being considered for implementation. In addition to the concerns regarding traffic flow and visual appearance, this alternative would have reduced access for the larger Redwood City community to the Downtown district. One of the City goals for the Downtown Area Plan is to increase access to the Downtown district. Implementation the Walnut Street Closure Alternative would conflict with this goal.

The City Preferred Alternative has been developed by City staff (in consultation with Terry Bottomley, urban design consultant) to create a site plan that more closely adheres to the draft Downtown Area Plan. Since the development of the City Preferred Alternative, the City has continued to work with Kaiser through the development of the Precise Plan to create a Precise Plan which best meets the goals of both the City and the project sponsor.

8.2 The Draft EIR addresses local circulation, noise, hazardous materials, hazardous waste, contamination, and water supply impacts including impacts related to sanitary, sewer, drainage, soil erosion and storm water quality. Each potential impact was analyzed and described and mitigation measures were proposed that would reduce potentially significant impacts to a less-than-significant level. The proposed project would comply with all applicable city, state, regional and federal state laws and regulations governing issues of hazardous materials, sanitary, sewer, drainage, soil erosion and storm water quality management. All adopted mitigation measures will be included in the Mitigation Monitoring and Reporting Plan.

8.3 The Final EIR incorporates all reasonable mitigation measures that were recommended in the Draft EIR. The City will work with the project sponsor to help minimize impacts to existing businesses, including those in the Mervyns’s Plaza Shopping Center.
April 17, 2003

Maureen Riordan  
Senior Planner  
City of Redwood City  
1017 Middlefield Road  
Redwood City, CA 94064

Re: Comments on the Kaiser Permanente Redwood City Medical Center Master Plan Draft Environmental Impact Report

Dear Maureen,

1. Introduction

Kaiser Foundation Hospitals ("Kaiser") appreciates the opportunity to review and comment on the Draft Environmental Impact Report (dated March 4, 2003, State Clearinghouse No. 2002092050) ("DEIR") for the Kaiser Permanente Redwood City Medical Center Master Plan (the "Master Plan"). Kaiser is proposing a 25-30 year Master Plan for the phased replacement of its existing inpatient Hospital ("Hospital") and outpatient Medical Office Buildings ("MOBs") and administrative and ancillary facilities at the Kaiser Permanente Redwood City Medical Center campus ("Medical Center"). There has been virtually no community opposition to the Master Plan.

This project should be evaluated in the context of the regulatory framework applicable to hospitals. Under Senate Bill 1953, Kaiser must replace the Hospital to meet new State-mandated seismic safety standards by 2013. The California Environmental Quality Act (Public Resources Code Section 21000 et seq., hereinafter "CEQA") sets forth guidelines (see California Code of Regulations, Title 14, Section 15000 et seq.) establishing a categorical exemption for the "replacement or reconstruction of existing ... hospitals to provide earthquake resistant structures which do not increase capacity by more than 50 percent." The rebuilding of the Hospital at its present site conforms to the categorical exemption afforded by CEQA Guideline 15302. The Zoning Administrator for the City of Los Angeles has concluded that "capacity", as defined in Guideline 15302, refers to the number of licensed beds, and not square footage. Applying this precedent,
the new Redwood City hospital will not exceed the "capacity" of the replaced facility by more than 50%, thereby conforming with the requirements of the categorical exemption. The policy justification for the categorical exemption is to expedite the reconstruction and replacement of essential services such as this replacement Hospital where there is a significant ongoing seismic risk. We note that the City of Redwood City has required Kaiser to master plan its Medical Center, required numerous study sessions, meetings and consultant studies and reports not warranted by the nature of the project or required under CEQA and has conducted a comprehensive environmental analysis for this replacement Hospital project. At its current pace, this DEIR process will take more than 40 months to complete.

We also note that this project has received virtually no community opposition. The few environmental impacts called out in the DEIR are minimal and largely infeasible to mitigate. The DEIR correctly concludes that the environmental impacts from the Master Plan will not be significantly different from the baseline conditions that currently exist, or will exist, at the Medical Center. Unwilling to accept this conclusion, the Planning Department has chosen to focus the DEIR on the overall increase in square footage rather than the minimal changes to the number of employees, physicians and member visits. This fundamental confusion has muddied the environmental analysis of the DEIR and has encouraged staff to create alternatives and solutions that are not supported by the analysis and do not meet the operational requirements of a modern hospital. We believe it has led the DEIR to incorrect conclusions and assumptions relating to traffic, water and other utility infrastructure demands that, if accepted by the City, would make the replacement of our Medical Center prohibitively expensive.

We have repeatedly demonstrated to staff that the additional Medical Center space is needed primarily to accommodate new and evolving standards and practices in health care delivery. The existing facilities, both inpatient and outpatient, pose physical and functional obstacles that make it difficult to accommodate these new technologies and new treatment modalities in space configured and built over thirty years ago. Operating rooms, examining rooms, patient rooms and treatment areas are just a few of the types of spaces that have evolved dramatically in the last 30 years within the modern hospital. In summary, more square footage is needed to service substantially the same number of patients and providers.

For example, the existing Hospital has an average of 1,000 square feet per bed. Required square footage has doubled, in comparison to the previous standards in use when the current Hospital was constructed, due to the space required for high tech equipment and the demand for private patient rooms. Hence, the replacement Hospital will have an average of 2,440 square feet per bed. Current design standards for hospitals also require additional support services, wider corridors and increased circulation areas as dictated by code requirements, the American with Disabilities Act and other factors. Similarly, MOBs have also increased in average size as the average number of patients per day per provider has increased. Thirty years ago, a patient visit would last
approximately 30 to 40 minutes. Today, the average time is 10 to 15 minutes. This has resulted in the need for larger waiting rooms and more exam rooms. Fifty years ago, the office/exam rooms were one and the same, separated only by a curtain. Twenty years ago, the ratio of office to exam room was one to one. In today’s MOBs, privacy and patient care concerns require that each provider have a separate office and two or more examination and procedure rooms. These exam rooms must be fully equipped and allocated to each provider.

In the past, a physician would address multiple diseases. Now, there are specialties for every area of medicine. Newer models of care have become multidisciplinary and the health care team may include social workers, behaviorists, psychiatrists, physical therapists, and other specialists working with the general practitioner as a team. Each member of the health care team requires additional space. Group appointments, which allow members to spend a significant amount of time with a physician along with others who have the same diagnosis, have become popular in recent years. These activities require larger spaces. Finally, unlike facilities 30 years ago, today’s clinics and hospitals require areas for isolating infectious or immune-compromised patients.

To reiterate an important point: The space demands of the Master Plan are not driven by a significant increase in providers. Kaiser’s project description sets forth an increase of 23 providers in order to meet forecasted patient demand. A larger increase in providers is not supported by the detailed forecasts of membership growth and other demographic data that we have provided to the City and its consultants.

This comment letter is divided into four sections. The first section provides Kaiser’s objection to the “Higher Occupancy Scenario” devised by staff. The second addresses the improper methodology used in the Utilities and Service section, specifically the water demand and wastewater flow calculations. The third section sets forth Kaiser’s specific comments to the DEIR by page and section number. The final section provides comments on the Redwood City Preferred Alternative.

2. Higher Occupancy Scenario

The DEIR accurately states that at buildout, the amount of developed space on the Master Plan site (excluding parking structures) would be 959,300 GSF, an increase of approximately 628,450 GSF from the current Medical Center size of 330,850 GSF. An assumption might be that since the amount of development is increasing by 290%, the number of employees, patients and vehicle trips would be expected to increase by a similar amount. This is clearly not the case. Kaiser, which is the leading expert in the field of health care planning and delivery, has demonstrated, based on actual comparisons of new development at Kaiser and non-Kaiser facilities in California, that there will be an approximately 9% increase in employees and a 20% increase in patient visits.
The DEIR carefully explains that some of the increased floor space is needed to accommodate the off-campus uses that would be consolidated at the Medical Center campus. However, the majority of the new space is needed to reflect new standards and practices in health care delivery. As detailed above, the replacement Hospital and MOBs require a substantial increase in size to accommodate current services. Although the Master Plan will result in additional developed space, a significant change in the number of employees at the Medical Center is not expected. This trend of increasing amounts of space per patient while the number of providers and staff remain relatively unchanged is known in the health care industry as “decompression,” and is a common phenomenon at most other hospitals, both Kaiser and non-Kaiser, undergoing modernization.

In order to substantiate this “decompression” assumption, Redwood City retained James Brinkley Company to perform an independent analysis of Kaiser’s projected membership, employment, and patient visits. The analysis examined Kaiser’s population and facility space planning assumptions from a health planning perspective to confirm that the facilities proposed at the Medical Center could be reasonably supported by comparative data from the healthcare industry. The analysis by James Brinkley Company concluded that the replacement Hospital, as proposed, appeared reasonably sized, but that the proposed MOB 3 (Phase 4, 2015) and MOB 4 (Phase 5, 2025) could conceivably accommodate a larger number of providers than the utilization statistics supplied by Kaiser. Therefore, at the insistence of City Staff, the DEIR analyzes a “Higher Occupancy Scenario” which considers higher utilization of the MOBs 3 and 4 by providers and associated staff.

Kaiser objects to the Higher Occupancy Scenario as improper, speculative and unduly conservative. The Higher Occupancy Scenario misrepresents the purpose of the Master Plan and creates an environmental review process that is not sanctioned by CEQA. The Master Plan correctly represents the maximum development on the site. Facilities are designed to accommodate membership growth and estimated patient visits. Nothing in the James Brinkley report disputes these figures provided by Kaiser. To assume that the MOB space will be constructed and that it will be utilized by a greater number of providers than is supported by either membership growth or the estimated growth in patient visits is methodologically improper and illogical. The additional traffic impacts associated with the Higher Occupancy Scenario will only materialize if Kaiser builds out the entire Master Plan and if Kaiser places more patient providers in the buildout space of Phase V than can be supported by forecasted demand and reason. Accordingly, it is improper to use the Higher Occupancy Scenario to evaluate the environmental impacts of the Master Plan.

3. Water Demand and Wastewater Flow Calculations

Kaiser objects to the methodology that was used to calculate the projected water demand and wastewater flow at buildout of the Master Plan. These estimates grossly exaggerate the water demand and wastewater flow for what is a replacement medical
center with substantially the same number of patients and providers, as is conceded in the DEIR. If this flawed methodology is upheld by the City Council, all major development in the City of Redwood City will cease.

As discussed above, the DEIR addresses the concept of "decompression". Accordingly, all the impact sections of the DEIR (Section 3.2-3.9) are based on impact assessments that are adjusted to reflect decompression and the projected number of employees and patient visits. The water demand and wastewater assessments are a glaring exception. As discussed above, while the total amount of development space will increase 290%, on the campus, the DEIR currently assumes that water demand and wastewater flow will increase more than eleven-fold. Table 3.10-1 states that existing water demand is 81.26 acre-feet per year and projected water demand at buildout is 916.72 acre-feet per year. Likewise, Table 3.10-2 states that existing wastewater flows are 58.04 acre-feet per year and that wastewater flows at buildout will be 654.48 acre-feet per year. Water demand and wastewater flow is a function of the population using the site. The analysis of the Master Plan contained elsewhere in the DEIR projects a 9% increase in employees and a 20% increase in patient visits. A conclusion that water demand and wastewater flow will increase eleven-fold is unsupported by all of the other analysis contained in the DEIR.

It appears that the methodology utilized in the DEIR is based on "Redwood City Standards and Guideline and UBC-97 occupancy load factors" with the misunderstanding that the UBC ratio is based on a per bed square foot area and not a total hospital area. The proper methodology, according to Ted Jacobs of Ted Jacob Engineering Group, Inc., an expert in the field, is a two-step process as follows:

1. Determine the water demand utilizing the following guidelines, standards and codes:
   - American Water Works Association
   - American Society of Plumbing Engineers
   - Uniform Building Code
   - Uniform Plumbing Code
   - California Building Code
   - Local codes
   - Office of State Health and Planning (OSHPD).
   - Other plumbing guidelines

2. Collect data of actual water usage of existing hospitals, including Kaiser and non-Kaiser projects, old and new hospitals.

Kaiser acknowledges the letter from Chu Chang, Senior Civil Engineer for the City of Redwood City, dated March 7, 2003. In this letter, Mr. Chang acknowledged that that the City agreed "to perform a more rigorous analysis of the water supply needs." Mr.
Chang further agreed “that the developers would provide the water consumption data through their own consultants, and the City would have KJC (Kennedy Jenks Consultants) analyze the results, compare them to industry standards, and make a recommendation. Those recommendations then would be reviewed by all parties, and once the parameters were established, the new standards ... would be adopted by the City and incorporated into the EIR and Water Supply Analysis.”

Kaiser appreciates the willingness of City Staff to continue working with Kaiser and its engineers to accurately determine the water demand and wastewater flow from the Master Plan. Kaiser requests that the DEIR be revised to accurately reflect more realistic and scientifically supported water demand and wastewater flows. For example, our experts have previously provided information to the City which demonstrates that water demand for the replacement Hospital will be 54,000 gallons per day, which is consistent with the DEIR’s growth projections for the Master Plan.

4. Specific Comments

Kaiser offers the following specific comments on the DEIR. As you will see, we have organized our specific comments to the DEIR by page and section number.

<table>
<thead>
<tr>
<th>Page No.</th>
<th>Comments</th>
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<tbody>
<tr>
<td>S-5; 2-4</td>
<td>Kaiser objects to the inclusion of “City Objectives” in the Project Objectives section. The purpose of this Section is to state the objectives sought by the proposed project and to include the underlying purpose of the project. 14 Cal Code Regs § 15124(b). The Project Objectives should state Kaiser’s objectives and purpose for the Master Plan they have proposed. While we appreciate that the City may have a number of policies that it may wish to use to evaluate the Master Plan, these should not be set forth in the Project Objectives and should not be used to establish whether the objectives of the applicant can be satisfied under CEQA. Rather, these policies should be utilized by the City in the evaluation of the Master Plan during the discretionary approval process.</td>
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<td>S-19; 2-56</td>
<td>The requirement for a Cultural Resource Management Plan should be deleted because the DEIR does not identify any potential impacts to cultural resources.</td>
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<tr>
<td>2-4</td>
<td>Final bullet of Project Sponsor Objectives, the word “hospital” should be inserted before “footprint”.</td>
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<tr>
<td>3.1-4</td>
<td>Monitoring Plan. The discussion of the Monitoring Program does not comply with the requirements of CEQA. Upon approval of the Master Plan, the City must adopt a mitigation reporting or monitoring program. Pub Res C § 21081.6, 14 Cal Code Regs § 15097. The purpose of this plan</td>
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is to ensure that there is compliance with the mitigation measures identified in this DEIR and imposed on the project. The Mitigation Monitoring Program cannot be used to reevaluate each phase of development after it has been approved or constructed and impose new or additional mitigation measures. Such a process is not permitted by CEQA and would violate the vested rights of Kaiser.

If the purpose of the proposed Monitoring Plan is to ensure that, prior to approval of each subsequent phase of development, the impact of the new phase in combination with the previously approved development does not result in new or significantly increased environmental impact not disclosed in the DEIR, a Monitoring Program is not necessary. The CEQA Guidelines expressly provide the procedure for a supplemental or subsequent EIR if changed circumstances result in new or substantially increased environmental impacts. 14 Cal Code Regs § 15162. A Monitoring Program is therefore not required. The City is already required to perform the evaluation required by § 15612 prior to the approval of each subsequent Phase.

Therefore, the proposal for a Monitoring Program which creates performance standards that are not supported by the CEQA Guidelines is impermissible.

VQ-5.1 should be revised. Kaiser requests that some flexibility be built into the requirement that a construction zone be cleared of construction debris and construction equipment when construction is not anticipated for at least two weeks. The two-week requirement may be too short in instances when there are delays due to weather and other unforeseen circumstances and runs contrary to construction industry standards. This comment was also supported by Commissioner Piulle in her public comments on April 15, 2003.

Kaiser objects to the requirement for “bicycle routes that connect to adjacent open spaces and pedestrian networks” on sites that are not used as construction zones for more than three months. Since bicycle routes are not a required mitigation measure for the Master Plan, bicycle routes cannot be required as part of an interim visual quality mitigation measure.
3.4-37 TR-3.4 should be revised. Kaiser has prepared and submitted a TDM Program as required by C/CAG. Instead of setting forth specific measures that "could" be included in the TDM Program, this mitigation measure would be much less confusing if it stated that "Kaiser will prepare, in accordance with C/CAG requirements, and implement a TDM Program as reviewed and approved by Redwood City."

3.4-54 TR-10. It is important to note that this cumulative impact would only occur upon full buildout in Phase 5 of the Master Plan and an increase in providers beyond those estimated by Kaiser. As discussed above, Kaiser believes that this impact is speculative and that use of the Higher Occupancy Scenario is improper.

3.10-9 UT-2.2 should be revised. As discussed above, the water demand assumptions are incorrect. Therefore, the tank size is much too large and the requirement for a tank of this size cannot meet the required nexus requirements. In addition, Kaiser Permanente will be required, by the California State Office of Statewide Health and Planning and Development, to construct an emergency three days capacity water storage tank, for the Hospital and the same for sewage. This required tank will be sufficient to meet the requirements of this mitigation measure. Mitigation Measure UT-2.2 should be revised accordingly.

5. Redwood City Preferred Alternative

The CEQA Guidelines require that an EIR "describe a range of reasonable alternatives to the project, or to the location of the project, which would feasibly attain most of the basic objectives of the project, but would avoid or substantially lessen any of the significant effects of the project, and evaluate the comparative merits of the alternatives." Staff has used the required alternatives analysis to propose the "Redwood City Preferred Alternative." Instead of focusing on addressing an alternative that "would avoid or substantially lessen any of the significant effects of the project," City staff has proposed an alternative which merely attempts to address some of the perceived areas of incompatibility between the proposed Master Plan and the draft Downtown Area Plan and draft Kaiser Master Plan Urban Design Guidelines as the City staff would like to see these plans adopted by the City Council. The Redwood City Preferred Master Plan, as set forth in the DEIR, does not meet Kaiser’s project objectives, does not avoid or lessen in any way the significant unavoidable impacts of the Master Plan and, in fact, may result in a number of potential impacts that are undisclosed or ignored.

We understand from recent discussions with that City Staff that Precise Plan may now be drafted in a manner which permits the proposed parking structure on Parcel B.
Kaiser’s would welcome these changes. Kaiser assumes that the draft Precise Plan is an amendment to the Redwood City Preferred Alternative and would request that the discussion of the Alternative be revised to reflect the draft Precise Plan. Kaiser’s position is that without the availability of Parcel B for parking, development of the Master Plan will not occur.

Kaiser makes the following comments on the current version of the Redwood City Preferred Alternative contained in the DEIR. In order for Kaiser to remain in Redwood City and develop the Master Plan, the Master Plan must meet the criteria for design of medical facilities that allows for quality and efficient delivery of care. Kaiser’s project objectives are clearly set forth in the DEIR. These objectives are not merely a wish list, rather they set forth the minimum criteria that Kaiser must meet in order to justify development of the Master Plan. The Redwood City Preferred Master Plan will not allow Kaiser to meet the functional requirements for health care design or allow Kaiser to meet its members’ demands for accessible healthcare.

The primary functional requirements for health care design are adjacencies and relationships. Proper adjacencies and relationships result in time-saving delivery of care which is critical for the quality of care. For instance, emergency rooms, radiology, labs and surgery need to be located and arranged in a manner that will have life-saving impacts. Proper adjacencies and relationships also optimize staff time and reduce operation costs, which are critical to the financial well-being of any health care provider. Finally, proper adjacencies reduce the duplication of costly equipment, allowing for the cost effective use of capital investment. As stated in the Project Objectives, Kaiser needs a minimum hospital footprint of 140,000 square feet in order to construct a hospital that meets the minimum adjacency requirements.

The Redwood City Preferred Alternative attempts to mask a conflict with the minimum hospital footprint by stating that it does not “recommend exact building footprints.” The Redwood City Preferred Plan proposes the construction of the entire Master Plan without the utilization of Parcel B. It is not possible to maintain the 140,000 square foot footprint and add a parking structure to the same area. The use of the proposed plaza area, which is reserved for future hospital expansion, is not possible and will not be available until the replacement Hospital is built and occupied and the existing Hospital demolished, since a Hospital must remain operational at all times. In order to meet the objective of keeping all uses fully functional during the Master Plan implementation, much of the area proposed for parking cannot be utilized until completion of the replacement Hospital. This will result in a parking shortfall for a significant period of time.

The Redwood City Preferred Alternative also overlooks patient needs. Ease of access to critical and lifesaving services cannot be minimized. Kaiser’s members, as well as the rest of the Bay Area population, are aging and will become less mobile. Those seeking medical services need easy access and efficient one-stop services. All of these
issues require that parking be immediately adjacent to services. This is why the Master Plan places parking adjacent to each use and each phase. The Redwood City Preferred Alternative will frustrate this important principle.

The Redwood City Preferred Master Plan imposes a requirement that parking structures may not exceed the height of adjacent buildings. As discussed above, the Redwood City Preferred Master Plan requires development of the entire Master Plan within a smaller area. This will increase the height of parking structures because the same amount of parking will need to be constructed within a smaller space. The only way to reduce the height of the parking structure would be to build more levels underground. Due to the high watertable and Redwood Creek, it is not feasible to place more than one level of parking underground. This means that the full amount of parking required for the Master Plan cannot be built on the site. This will result in either a parking shortfall or a reduction in the amount of development that can occur. Neither of these impacts is disclosed in the DEIR. Finally, by placing new uses on Parcel B, in addition to those set forth in the Master Plan, the Redwood City Preferred Alternative appears to be adding more development to the site without acknowledging the additional traffic that will be generated by these uses.

6. Conclusion

Kaiser has a fifty-one year history of providing state-of-the-art health care to the Redwood City community. In order for us to maintain our own high standards and meet the seismic safety laws imposed by the State of California, we ask that our Master Plan be approved and the DEIR analysis be changed to reflect this comment letter. It is our desire to remain in Redwood City and redevelop the current campus into a facility appropriate for this millennium, and we hope the city will support our efforts to do so.

Thank you again for the opportunity to comment on the DEIR. Kaiser looks forward to working with you to implement the Master Plan, a project of mutual benefit to Kaiser, its members and the citizens of Redwood City.

Very truly yours,

Terry L. Austen
Senior Operations Leader
South Bay Service Area
Kaiser Foundation Hospital
9. Kaiser Permanente

9.1 The Kaiser Master Plan is described in relation to CEQA Guideline 15302. Under CEQA Guideline 15302, hospitals are *Categorically Exempt* (do not require environmental review/analysis under CEQA) if they fall within the following category: “Class 2 consists of replacement or reconstruction of existing structures and facilities where the new structure will be located on the same site as the structure replaced and will be substantially the same purpose and capacity as the structure replaced including but not limited to: replacement or reconstruction of existing... hospitals to provide earthquake resistant structures which do not increase the capacity more than 50 percent...”

The Kaiser project, as proposed, extends beyond/is more than a hospital replacement plan. It is a 15.3-acre, regionally significant Master Plan that will increase the size of the existing Medical Center from 330,850 gross square feet (GSF) to 959,300 GSF including four medical office buildings, two administrative buildings, a special program space, a replacement hospital. The Master Plan also includes the construction of four new parking structures totaling 1,032,000 GSF. The Kaiser Master Plan will be developed in five phases over a 22-year period, with the replacement hospital planned for Phase II between years 2009-2013.

CEQA Guideline 15165 states that “where a phased project is to be undertaken and where the total undertaking comprises a project with significant environmental effect, the lead agency (the City) shall prepare a single program Environmental Impact Report (EIR) for the ultimate project as described in Section 15168 (Program EIRs).” Kaiser submitted their formal, revised Master Plan application to the City on May 24, 2002. The City accordingly required the preparation of an EIR. The Kaiser Draft EIR has identified significant, potentially significant, significant unavoidable and potentially significant unavoidable impacts that would result from the project as proposed. These impacts, as well as proposed mitigation measures, are tabulated in Table S-6 of the Draft EIR.

In order to obtain early input on the Master Plan proposal, Kaiser agreed that it would be important to present their preliminary plan to the Planning Commission and Architectural Review Committee for review. One month later, Kaiser revised their Master Plan layout. As a result, two Joint Planning Commission (PC)/Architectural Review Committee (ARC) Study Sessions were held to review two separate conceptual Kaiser Master Plan submittals:

- On February 19, 2002, the PC/ARC reviewed Kaiser’s *first* (1/15/02) preliminary Master Plan, which located the proposed hospital on Marshall Street.
- On April 9, 2002, the PC/ARC reviewed Kaiser’s *revised* conceptual Master Plans:

  Option 1: Hospital located on Veterans Boulevard requiring the closure of Walnut Street.
Option 2: Hospital located on Veterans Boulevard with Walnut Street retained as an open street for purposes of vehicular and pedestrian access/circulation.

It has been the City’s experience that EIRs for projects of this size/regional significance typically take one year (plus or minus) in order to conduct necessary environmental analyses/technical studies, provide a 45-day public review/comment period and hold scoping session meetings and other public hearings required under CEQA. The EIR process for the proposed project has progressed steadily since submittal of Kaiser’s environmental application. Significant milestones in the preparation of this EIR include:

- May 24, 2002 - Kaiser submits a formal EIR environmental application to the City for the revised Kaiser Master Plan Option 2 (see Study Session description above).
- July 5, 2002 - Kaiser’s EIR application is deemed complete. At this time, Kaiser had provided EIP Associates (environmental consultants) with most of the data necessary to conduct the environmental analysis for the Kaiser Master Plan Draft EIR.
- February 28, 2003 - EIP Associates completes the Draft EIR.
- March 4, 2003 to April 17, 2003 - 45-day public review period for the Draft EIR.
- April 15, 2003 - Planning Commission holds a public hearing on the Draft EIR.
- June 13, 2003 - EIP Associates completes the Final EIR.
- June 24, 2003 - Planning Commission holds public hearing to review and consider certification of the Kaiser Master Plan Final EIR.

The consultant studies and reports prepared for the Master Plan are typical of those required for a project of this magnitude. EIP Associates was hired to prepare the Master Plan EIR. EIP Associates subcontracted with Fehr and Peers Associates (traffic engineers) to prepare the EIR’s traffic analysis and Square One Productions (graphics specialists) to prepare visual simulations of the proposed project and project alternatives. Other consultants required by the City to provide technical assistance for the Master Plan Draft EIR included James Brinkley (health planning/facility design consultant), Terry Bottomley, and Kennedy/Jenks (water and sanitary sewer engineers consultant).

James Brinkley was hired to provide technical assistance to Redwood City on the Master Plan EIR. The technical assistance focused on two subjects: population assumptions and facility space planning assumptions. The James Brinkley analysis (included in Appendix D of the Draft EIR) examined the population and medical space assumptions reported by Kaiser from a health planning perspective to ensure the projected changes to the Medical Center campus could be reasonably supported by comparative data from the healthcare industry. Kaiser agreed to the advisability of hiring Brinkley to ensure that the issues surrounding possible employee growth were evaluated in detail. The city required this technical analysis for the Draft EIR due to the following concerns:
While the Kaiser Master Plan, as proposed, would increase the size of the Medical Center by 190% (290% with inclusion of the four parking structures), Kaiser has reported that employment growth would increase by only 134 new employees (from 1,387 existing to 1,521 staff). According to the project application submitted by Kaiser, this relatively small increase in population growth relative to the increase in size of the Medical Center campus is due to new trends in the health care industry commonly referred to as ‘decompression’ (the need for increased amount of space per patient while the number of providers and staff remain relatively unchanged) and ‘satellite facilities’ (the practice of locating medical facilities where growth/demand dictates).

The City recognizes industry trends toward ‘decompression’ and ‘satellite facilities’. However, the City and Kaiser both acknowledge that the health care field is prone to change, requiring flexibility to respond to a fast-changing health care market. The Kaiser Master Plan will be developed over a 22-year period. Most businesses find it difficult to make projections with any degree of certainty much beyond a two- to five-year time frame. Current medical practices/trends could alter as a result of unforeseen/unanticipated circumstances over 22 years. For example, during stronger economic times, employee growth more than doubled within office developments, resulting in negative parking and traffic impacts to Redwood City neighborhoods and roadways.

As the Lead Agency under CEQA, Redwood City is responsible for approving the project and for monitoring the mitigation measures identified within the EIR. If potential environmental impacts are not adequately identified, mitigation measures will be inadequate. The mitigation measures identified in the EIR are intended to help reduce potentially significant environmental effects that would otherwise result from the project. As the Lead Agency, it is the City’s responsibility to help protect its neighborhoods and to reduce, where feasible, local and regional impacts including, but not limited to, traffic, water and wastewater, impacts associated with new development within Redwood City.

Terry Bottomley was hired to assist the City and Kaiser with the development of Urban Design Guidelines (see Draft EIR, Appendix C) as the basis for the Kaiser Master Plan Precise Plan. As submitted, Kaiser’s proposed Master Plan does not conform to the existing zoning in a number of ways (i.e., the height of the proposed replacement hospital and the amount of parking provided). Kaiser did not want to enter into a Development Agreement for the 22 year phased Master Plan. The Precise Plan was therefore necessary. Terry Bottomley was hired to prepare the Precise Plan.

Square One Productions was hired by EIP Associates to prepare photo simulations of the proposed project and project alternatives for inclusion within the Visual Quality and Project Alternatives sections of the Draft EIR. The photo simulations were included in the Draft EIR in order to assist the Planning Commission and public’s understanding of the potential visual impacts associated with the proposed project and project alternatives.
Kennedy/Jenks was hired to review Kaiser’s water demand projections and to verify the City Engineering Division’s water demand calculations and methodology.

9.2 Notwithstanding that there has not been any public controversy over the Kaiser Master Plan project, as previously described, CEQA Guideline 15165 requires the preparation of an EIR for phased projects that will result in significant environmental effects. The Kaiser project will be phased over 22 years. The Draft EIR has identified significant, potentially significant, significant unavoidable and potentially significant unavoidable impacts that would result from the project as proposed. (Refer to Draft EIR, Table S-6 for a summary of project impacts and mitigation measures).

The City concurs with Kaiser that employment/patient visitor growth projections for the Kaiser Master Plan expansion project should not be calculated solely on the basis of the Medical Center’s overall increase in building square footage. As a practice, the Planning Department uses building square footage to calculate the number of employees and customers for new development. This methodology is provided in Zoning Ordinance Article 30 (Parking Ordinance). Accordingly, at the time of Kaiser’s application submittal, Zoning Ordinance Article 30 provided the following calculations to determine employee/patient visitor parking demand for hospitals and medical office space uses:

- Medical Offices: One (1) space for each two hundred (200) square feet of floor area, plus five (5) spaces per doctor.
- Hospitals, but not including outpatient clinics: One (1) space for each patient bed, plus one (1) space per employee on the largest shift. Hospitals, which have more than ten (10) employees on the largest shift, shall have ten percent (10%) of required parking designated for carpool and/or vanpool parking.

Recognizing that the City’s Zoning Ordinance, and other available City standards for calculating employee and patient visitor populations for a Medical Center of this size, might not provide the most accurate means for evaluating environmental impacts associated with the Master Plan, the Draft EIR instead relied upon population growth data provided by: 1) Kaiser’s Project Manager and 2) James Brinkley, health planning and facility design consultant.

Regarding potential transportation and utility impacts, the Draft EIR contains an analysis of two separate scenarios, one based on employment projections submitted by Kaiser and one (the Higher Occupancy Scenario) based on employment projections included in the James Brinkley report. All impacts and mitigation measures are further identified as applying to one or both employment scenarios. Mitigation measures which apply only to the Higher Occupancy Scenario would only apply if the employment projections at the medical center exceeded the employment projections expected by Kaiser. James Brinkley’s report indicates that this would only be expected to occur in the later project phases.
For further information regarding the James Brinkley report, please see the response to comment 9.3. For further information regarding water demand and wastewater impacts, please refer to the response to comment 9.4. James Brinkley’s report indicates that this would only be expected to occur in the later project phases.

9.3

As stated in the Kaiser letter, full implementation of the Master Plan would result in a Medical Center campus approximately three times larger than the size of the existing campus while campus employment would only increase by 9% and patients visits would only increase by 20%. Intuitively, one would expect an increase in the size of the campus to result in a corresponding increase in the number of staff and patient visits. As such, it was desirable to hire a consultant to perform an independent analysis of Kaiser’s projected employment and patient figures. The James Brinkley report provided a comparative analysis of data from the healthcare industry that takes into consideration decompression trends of the medical healthcare industry. The Brinkley analysis concluded that the Master Plan, as proposed, could result in a total employment growth of 626 employees (from 1,387 to 2,013 staff). By contrast, Kaiser’s growth projections anticipate a total employment growth of 134 employees (from 1,387 to 1,521 staff). The higher employment and visitor growth population projections provided in the James Brinkley technical report are referred to in the Draft EIR as the Higher Occupancy Scenario. Environmental impacts and associated mitigation measures for both the Kaiser employment projections and Higher Occupancy Scenario are described in the Draft EIR and summarized in Table S-6.

As outlined in Section 3.1 of the Draft EIR, CEQA Guidelines Section 15151 describes standards for the preparation of an adequate EIR. Specifically, “an EIR should be prepared with a sufficient degree of analysis to provide decision-makers with information which enables them to make a decision which intelligently takes account of environmental consequences. . . . Disagreement among experts does not make an EIR inadequate, but the EIR should summarize the main points of disagreement among the experts.” In practice, this means that EIR preparers should adopt a reasonable methodology upon which to estimate impacts. This approach means making reasonable assumptions using the best information available.

The James Brinkley report is not a ‘worst-case scenario’ analysis based solely on increases in building square footage (i.e., per Redwood City Zoning Ordinance Article 30) or on the Medical Center’s highest activity generating building usages; rather, as previously described, it is a reasonably conservative assessment of the Kaiser Master Plan’s population/growth projections that takes into account current medical facility trends based on comparative data from the healthcare industry. The City recognizes that the employment figures projected in the Higher Occupancy Scenario are in disagreement with the employment projections developed by Kaiser and that employment numbers on the Medical Center campus may not approach those described in the Higher Occupancy Scenario. However, the City stands by the use of the Higher Occupancy Scenario as a tool to evaluate all potential impacts of the proposed Master Plan.
9.4 The City concurs with Kaiser that the UBC-97 Code and Redwood City Standards and Guidelines used to calculate water demand and wastewater flow may not accurately reflect demand impacts of the Master Plan. In response, Kaiser has prepared a technical water demand and wastewater flow analysis for review by Kennedy/Jenks Consultants (the City’s water and sanitary sewer engineering specialist). Based on this review, Kennedy/Jenks will make recommendations to the City regarding Kaiser’s anticipated water demand and wastewater flow. These recommendations will be reflected in an updated Water Supply Assessment for the Master Plan. The recommendations will also be used to determine the project sponsor’s fair share of funds to be contributed towards improvements to the City’s water transmission and distribution systems, sewer collection and transmission system, wastewater treatment plant expansion, and storm drain facilities.

9.5 Comment noted. In many EIRs, it is common practice to present only the objectives of the project sponsor. These objectives typically describe the reasons why the project applicant is seeking approval of the project. Because the City is in the process of completing an extensive planning effort through its draft Downtown Area Plan and Kaiser Master Plan Urban Design Guidelines, which are being developed to optimize the relationship of the Kaiser Medical Center to the Downtown District, it was important to acknowledge the City’s objectives for development of this site. The City objectives were included in the Objectives section of the Draft EIR to provide background information relevant to the City Preferred Alternative, one of the project alternative analyzed in Chapter 5 of the Draft EIR.

9.6 As described on page 21 of the Initial Study (included in Appendix B of the Draft EIR) there is a high possibility of identifying historic cultural resources in the project site during demolition, excavation, and construction. Therefore, a Cultural Resources Management Plan is a required mitigation of the Kaiser project.

9.7 Per the commentor’s request, the final bullet on page 2-4 of the Draft EIR is revised to read as follows:

• To provide a minimum project hospital footprint of 140,000 square feet (this objective was added by the project sponsor in January of 2003 after the submittal of the amended application in May of 2002).

9.8 The monitoring program described on page 3.1-4 of the Draft EIR is not intended to act as a Mitigation Monitoring and Reporting Plan as required by CEQA Guidelines Section 15097. Rather, it is an attempt by the City to monitor intersection operations, water use, and wastewater generation during the implementation of the Master Plan. The monitoring program will be incorporated into the Precise Plan to be adopted for the proposed project. A separate Mitigation Monitoring and Reporting Plan, as required by Section 15097, will be prepared and adopted by Redwood City.

To avoid potential confusion, the third paragraph on page 3.1-4 is revised as follows:
The City will develop details of the monitoring program, such as the specific indicators to monitor and the frequency of reporting, for incorporation into the Precise Plan to be adopted for the Master Plan.

The second paragraph on page 3.1-5 is revised as follows:

The monitoring program is expected to be administered by the City; however, the project sponsor would be expected to pay for the consultant(s) hired by the City to collect, compile, synthesize, and submit the data to the City for review.

9.9 In response to concerns raised by the planning commission and by the project sponsor, Mitigation Measure VQ-5.1 a is revised as follows:

a. The project sponsor shall clear a construction zone of construction debris and remove construction equipment whenever construction is not anticipated for at least two weeks.

9.10 Comment noted. Mitigation Measure VQ-5.1 d is revised as follows:

d. If a site is not in use as a construction zone for more than six months due to demolition or construction of a structure, the project sponsor shall improve the site with landscaping (e.g., trees, shrubs and groundcover), passive recreation/open space facilities (e.g., benches, picnic tables), decorative fencing and/or seating walls, and pedestrian and bicycle routes that connects to adjacent open spaces and pedestrian/bicycle networks as defined by and to the satisfaction of the Community Development Director.

9.11 Please see response to comment 2.1.

9.12 Impact TR-10, as described in the Draft EIR, states that the impact will occur under the cumulative with Higher Occupancy Scenario. Also, please see response to comment 9.3.

9.13 The water tank reserve is for fire and other public safety purposes, not for emergency hospital/medical facility operations and so is a required mitigation of this project. The size of the emergency supply water tank will be revised to reflect the outcome of the Jacob Engineering water demand analysis as reviewed by Kennedy/Jenks. Mitigation Measure UT-2.2 is revised as follows:

**UT-2.2 Build New Water Tank and Pump Station.** The project sponsor shall be responsible for the cost of analysis, design, and construction of a new water tank and pump station in accordance with City Standards and Guidelines to adequately serve the proposed project. The required volume is calculated as three times the average-day water usage of the project per City Standards. The required emergency storage for this project at buildout would be 2.45 million gallons (i.e., 3 x 0.818 mgd) determined following completion of the Jacob Engineering water demand analysis.
During the Initial Study Scoping Session/public meeting on the Kaiser Master Plan, city staff presented six project alternatives for public and Planning Commission review and consideration. The outcome of this public meeting resulted in the selection of four project alternatives to be evaluated in the Chapter 5 of the Draft EIR:

1) No Project Alternative;

2) Hospital on Marshall Street Alternative – developed by Kaiser and City staff;

3) Walnut Street Closure Alternative – based on Kaiser's revised May 24, 2002 Master Plan submittal; and

4) City Preferred Alternative – similar to the proposed project except that Parking Structure B is located east and immediately adjacent to the new hospital.

The analysis provided in the Draft EIR recognizes that, with the exception of the “No Project” alternative, none of the project alternatives would avoid or lessen the significant unavoidable effects of the proposed project. The three “build” alternatives identified in the Draft EIR would result in similar effects as those identified for the proposed project and none of the project alternatives would be considered environmentally superior. This analysis also concluded that, with the exception of the Walnut Street Closure Alternative, which would result in additional traffic circulation impacts, no new significant environmental impacts beyond those already identified for the proposed project would result with implementation of the project alternatives.

The City Preferred Alternative has been developed by City staff (in consultation with Terry Bottomley, urban design consultant) to create a site plan that more closely adheres to the objectives, goals, and policies of the draft Downtown Area Plan and the draft Kaiser Master Plan Urban Design Guidelines. Among these goals is the desire of the City to ensure that people-occupied building spaces (vs. parking lots or parking structures) frame downtown streets and that parking structures not be constructed taller than adjacent buildings. The site proposed by Kaiser for the construction of Parking Structure B is designated as a gateway parcel in the draft Downtown Area Plan. The intent of the City Preferred Alternative was not to omit the use of parcel B from the Medical Center campus. The City Preferred Alternative includes a medical-related mixed-use building to be constructed on the site proposed for Parking Structure B and the construction of a parking structure adjacent to the proposed replacement hospital.

Redwood City recognizes that the Kaiser proposed site plan has been developed in response to the requirement that all medical uses which currently exist on the campus must be maintained during implementation the Master Plan. The City is also aware that Kaiser must
meet the needs of Medical Center staff and patients in the location of the replacement hospital, medical office buildings, and parking structures. Therefore, the City is willing to consider the placement of a modified parking structure on parcel B.

City Staff believes conflicts between the City Preferred Alternative and the proposed project could be worked out in a number of ways and will work with Kaiser to develop a plan which would meet the goals and objectives of both Kaiser and the City. These include lowering the height of parking structures, providing significant architectural features on buildings proposed for gateway parcels, developing people-occupied structures at the street level, and siting a taller building along Main Street to help screen Parking Structure B while working to ensure that the functional design criteria and proper adjacencies and relationships required by Kaiser are met. Since the development of the City Preferred Alternative, the City has continued to work with Kaiser through the development of the Precise Plan to create a Precise Plan which best meets the goals of the City and the project sponsor.

9.16 The principle difference between Kaiser’s proposed project and the City Preferred Alternative is the location of the Master Plan’s Parking Structure B. Under the proposed project, Parking Structure B would be located on the City’s downtown Main Street gateway parcel at Veterans Boulevard. A pedestrian bridge, which would span across Walnut Street, would be necessary to connect the new hospital with Parking Structure B and at grade pedestrians would have to cross Walnut Street to get from Parking Structure B to the new hospital. The Kaiser project also proposes a 37,500 square foot plaza along Veterans Blvd, just east and immediately adjacent to the new hospital (the Potential Future Hospital Expansion area).

Under the City Preferred Alternative, Parking Structure B would be located along Veterans Boulevard, just east of and immediately adjacent to the new hospital (within the proposed 37,500 sq. ft. plaza area). This alternative would eliminate the need for a pedestrian bridge and the need for pedestrians to cross Walnut Street to get from Parking Structure B to the new hospital. The Main Street gateway parcel could then be made available for the development of a people-occupied, mixed-use building that would be more consistent with existing retail-type land uses located along Main Street.

Because the City Preferred Alternative would locate Parking Structure B within the area that Kaiser proposes for a plaza, this alternative would not in any way negatively impact the new hospital footprint as proposed. Because the City Preferred Alternative would locate Parking Structure B immediately adjacent to the new hospital, it would also be in alignment with Kaiser’s need for functional adjacencies and parking accessibility requirements of the Medical Center’s healthcare design. Since the development of the City Preferred Alternative, the City has continued to work with Kaiser through the development of the Precise Plan to create a Precise Plan which best meets the goals of the City and the project sponsor.
9.17 As described in 9.16, the City Preferred Alternative does consider patient needs and ease of access to critical lifesaving services afforded through parking that is immediately adjacent to services. Under the City Preferred Alternative, Parking Structure B would be easily accessed from Veterans Boulevard (a major thoroughfare) and located immediately adjacent to the new hospital. Since the development of the City Preferred Alternative, the City has continued to work with Kaiser through the development of the Precise Plan to create a Precise Plan which best meets the goals of the City and the project sponsor.

9.18 Please see response 9.16.

9.19 As described in Chapter 5 of the Draft EIR, the City Preferred Alternative does not recommend increasing the overall building square footage of the Medical Center campus; instead it recommends the relocation of certain Medical Center retail-type medical uses (i.e., optometry, gift shop, healthcare public library) to the Main Street mixed-use parcel that are already planned for under the proposed Master Plan project. At Kaiser’s request, the Master Plan EIR was developed to allow Kaiser the flexibility to change onsite uses, consistent with the Precise Plan, to respond to a fast-changing health care market provided that it does not exceed the EIR impact thresholds. The same criteria would apply to the City Preferred Alternative.
THE COMMISSIONERS: Aye.

CHAIRWOMAN FOUST: Thank you.

COMMISSIONER MCCOY: I have three questions that are aimed at the traffic study, which seems to be my most favored topic. The question I have is, two weeks ago we looked at an extensive environmental impact report on Marina Shores. It had 101 pages of traffic impact done by the same firm that did the 62 pages of this report tonight. And my question to the traffic consultant and to the EIR consultant is, do these two projects take each other into account effectively. They both project conditions of build out that is anywhere from 10 to 20 years down the road.

I tried to correlate the projected impacts because that is quite few intersections that are common to both projects, and they didn't seem to correlate. One study said it is going to be like a 60-second delay, and the other one for the same intersection, the end of the project, like 80- or 120-second delay. I'm not sure that's right or wrong. I just want some reassurance that they take each other into account.

Second and a related question particularly when we are looking at a project that is a Master Plan for 20 years or so of construction. I would like to know what projects are included in the cumulative analysis. It may be in here and I couldn't find it.
Obviously we know there are several large projects going on. Projects like the theater project in downtown Redwood City, which are well identified. And I am curious and I would like to have more information, specifically what projects are included in the cumulative conditions, and what assumptions were made about projects that we won't even hear about until 10 to 15 years from now and how the traffic engineers take that into account; how it affects cumulative conditions.

And the last one is a technical request. About a month and a half ago, we did the negative declaration study on the library at Redwood Shores. And I asked the question that night, how can an existing plus project turn out to be somewhat better than what they are today. And the explanation is, if you have more cars going through the intersection on a street that is low impact today and not much more impact then take the total number of cars that go up, it doesn't get much worse. It gets better because you have more cars in the underutilized direction.

The more I thought about that is the more concerned I got because that doesn't really tell the story of traffic impact. What it comes down to is average delay the best measure for seeing the impact of the project.

Specifically, how I would question that on
something like that is, you take the intersection of, say, Whipple and Veterans which is pretty well-impacted. One of those directions of travel, I don't know, crossing on Veterans is worst, but I would like an understanding if there is a way to get -- what is the impact on the worst case going through that intersection.

For instance, if it is an average of 45 but made up of delay on one street of the 90 and the other 15, what is going to happen to that 90-second delay. How bad does it get because that I believe is a way that people will measure the impact of traffic. It's not really a question that I guess probably cannot easily be answered, but it is a shortcoming in the way we look at the traffic impact analysis.

And I ask these questions every time. I would like to see if there is a better way to measure the impact of the project on the worst case going through the intersection as opposed to the average case of going through the intersection.

CHAIRWOMAN FOUST: Thank you, Commissioner McCoy. Does either the EIR consultant or the city traffic engineer have any clarification questions, or do you understand what Commissioner McCoy is looking for? I see them both nodding.

Commissioner Radcliffe?
COMMISSIONER RADCLIFFE: I have a couple questions. I am curious, the nursing tower why it has to be so tall versus spread out. We have a height requirement in that so why are we going high and narrow versus spread out unless there is a specific reason for doing that. And, also, we are talking about parking, and it is mentioned that eventually there will be satellite MOBs, and I'm wondering if this will affect the amount of parking that is actually needed and parking could be a little less.

CHAIRWOMAN FOUST: Thank you, Commissioner Radcliffe.

Commissioner Seybert.

COMMISSIONER SEYBERT: I'm going take a little more time. I apologize in advance. I want to talk about something that is detailed primarily in the project description of this, and it's been a question in my mind since the beginning of this project, and that is the idea of project phasing.

And let me say, what concerns me is when I read things like in a paragraph at the very beginning of the phase where it says, "The actual order and timing of the phases will occur in response to the health care requirements of Kaiser."

At this time, Kaiser has not predicted timing rate or the actual number of phases which certainly now
I understand that. I understand that you can't predict what is going to happen and that concerns me. It makes me think that the Environmental Impact Report needs to take a more critical look, and down the road, and I'm going to get into it in a minute the fact that the precise plan has to take a more critical look at what happens in between the phases because even as Mr. Olson currently stated tonight, they are talking about a five phases, which tells me that we are not quite sure; and I understand we are not sure what is going to be happening in 20 years.

But we need to protect against that, and here is a couple things I would like to see considered, and this may delve into things that need to be in the precise plan, but that is one I think there needs to be better detail about what sites, for instance, what the phase 2 sites will look during phase 1; what the phase 3 will look like during phase 1 and 2. And detailed drawings of what exactly they are going to look like because right now, the track record shows what the site MOB 1 looks like right now.

And I hope that is not an example of what the sites are going to look like during the phases otherwise we are going to have 20 plus years of construction zones. You are going see these signs that apologize for noise and dust, and you don't want to look at it for 27
years. And that is unacceptable when the rest of
downtown is moving forward so you better look at that.

The second issue is undergrounding. I would
hope that in phase 1, all the tearing up of streets into
the future is done. And the project that I worked on
that was developed at the place where I work, we looked
potentially down the road of adding the buildings later
and did underground, all the underground work for the
street so it had to be torn up once. I think that is
important for the phasing. That is what is going to
affect people's attitude if the streets are continuously
torn up over a period of 20 years. So I think that
primarily concludes --

There is one other issue on phasing. That is
on page 3.3-25 in the mitigation measure VQ-5.1, a
statement is made that basically between phases "if the
zone is not scheduled for construction activity, will
remain unused for a period of greater than six months,
things will be done."

I think the idea of what remains unused means
has to be tightened up because "remain unused" you could
drive a utility trailer on and off for a couple of
months and say it is being used. We are storing a
utility trailer and that has to be tightened up because
of the impact of the phasing of this to me is the
greatest long-term impact of the project, and that is,
people will see this portion downtown as continuous
construction project.

So one other comment and that is on my favorite
subject of water, and I encourage Kaiser that as much as
they can do -- it talks about on page 3.10-2, if the
public works department implements the use of recycled
water in the future, there should be sufficient water
supply to meet the demand. And I just want to encourage
Kaiser to help out in any way possible because it is
again still an unknown critical issue that brings
projects like this to a screeching halt if it is not
taken care of. So that is the comments that I have
right now.

CHAIRWOMAN FOUST: Thank you, Commissioner
Seybert. Commissioner Garcia.

MR. GARCIA: No comment at this time.

CHAIRWOMAN FOUST: Commissioner Piulle.

COMMISSIONER PIULLE: I do have a few comments
to take. First of all, I would like to add to -- this
is S28, a mitigation about the fences being put around
construction places. One thing that I would like to see
is that the debris is kept off the base of the fences.
That I have seen in places where some other things are
chemically clean but this looks so ugly. If that can be
put into the mitigation.

The other thing also as mitigation on that
particular is under S29 and under VQ5A. The project
sponsor shall clear the construction zone of
construction debris and remove construction equipment
when construction is not anticipated for at least two
weeks. Now, to me, two weeks is a very short time. I
think it should be a month. I think that two weeks
flies by if it is bad weather or something else holding
up. My senses are that one month is better for that.

The one thing that I do not find here is, and I
had asked that already before, is a signage plan. There
is signage mentioned but there is no detail as you have
on paving, lamp post and so on. There should be --
signage is so important on your big campus, and it is
important during construction especially so there should
be a more detailed plan for it. What kind of signage;
what is best suitable for everybody.

The other thing, and I had asked this last
year, is that any loading zones or transit stops, either
public or private, should have shelters for people
waiting for transportation. And they should be as much
as possible vandal proof or somebody should be going
there and seeing that graffiti is not there and they
look nice. Okay.

And the other thing that I -- one thing that I
looked at is the Redwood City preferred alternative
plan, and I thought I had it with me, and I can't find
it in the book that we got for the draft. It seemed to me in Kaiser's plan potential future expansion from Veterans going down has been changed to be a solid block by the Redwood City alternative.

And I happen to like that this is open. I think it breaks up, the Kaiser plan breaks up that big frontage on Veteran's Boulevard. If eventually something has to be built there some years from, who knows, but I like it that Veterans doesn't have this one perhaps not solid, but fairly solid wall there.

And my other question is, or rather my comment is, I also like Kaiser that the parking structure B is next to the cancer care center. I actually think there should be parking there. I think cancer patients need parking whereas in the Redwood City alternative that parking structure was moved to another place. I like the way that the parking structures are all over the campus, and it eliminates walking and people need the shortest route where they can get in and out.

One positive thought is that you have very wonderful, that you have a very good archeological resource mitigation. I think it has included everything that needs to be done in case any archeological findings are found.

My only other question was, and I'm not quite sure when the phase, where the cancer care center is
going to be built, and I forgot which phase that is, how much of the parking surface parking in B will you be losing during that time? I'm not quite sure. Maybe you have it and I missed it. That is my only direct question. All the others were comments that should be included in the EIR.

CHAIRWOMAN FOUST: Thank you, Commissioner Piulle.

COMMISSIONER PAULSON: I have few but not like the last time. A real technical thing to the consultant, can you bold where you have the mitigation measures because it is easier to see? My biggest question is on parking, and it is mentioned throughout the document and I got a little confused how you got each number. If you take the current parking requirement, you come up with 4,005 required parking spots. If you use a precise plan parking requirement, you come up with 3,006.

That is based upon new growth over the next 25 years. But I couldn't find it in the document whether the current parking that we have meets regulation and is sufficient. So if you are getting your new number by adding new standards to a bad number of insufficient parking then the final number is insufficient. So if you can answer that, and it may be in here in some
different spot and I couldn't find it.

On the cultural resources mitigation measure, you stated that the HRAC committee would have a member that would be a qualified observer. You might let them know because if they want to comment on that before 17th we are running out time.

The other question that I have is not specific to the EIR. It's that there is a reduction in the number of beds in the nursing tower from over 200 to 192 yet there will be an increase in patients. My question is, is that sufficient if you are going to increase patients but decrease the number of beds and maybe an explanation of why it is okay.

There is mentioned that there is no Heritage trees on the property, but from the photographs that we've seen on the property there are quite a few large mature trees, and I would like see those saved. That has nothing to do with EIR. On 3.3-24 there is a mention that the Kaiser plan fails to meet the urban design guidelines by not providing a children's play area, but it doesn't go on to give a mitigation measure for that. So either it is not significant, or it doesn't have to be mitigated but if you can clarify that for me.

3.9-3 under schools, it states that Redwood City Elementary School District is currently at
capacity. This is in direct contradiction to the Marina Shores EIR. One of those is wrong. And finally on page 5-4, there is the Redwood City preferred alternative. This contains a pedestrian way along Redwood City Creek, and I could not find that on the Kaiser plan. And it's just not listed, and if it doesn't exist I would like to see it added. This in the TM measures.

It discusses showers and changing rooms for people who ride bikes to work and it says something to the effect "only for key staff." Is that true or is unavailable to people who are really going to ride their bikes to work.

CHAIRWOMAN FOUST: Thank you, Commissioner Paulson. My comments are going to echo Commissioner McCoy's in terms of the traffic impact and cumulative impacts related to the EIRs that we look at and how do we project into the future. I also will echo what Commissioner Seybert said about the construction staging demolition and mitigation monitoring programs.

I want to make sure that there are several phasing stages mentioned in here, there are several mitigations measured. I want that as tight as possible if this is going to happen over a 25-year period, and you can't be one hundred percent sure of how the growth of your membership is going to happen. I think it is important that the sites that aren't developed as the
process continues, that they look good. And I really
want to make sure that is reflected adequately in the
EIR and that is my comments.

So based on that, what I would like to do is
thank the applicant for their presentation for the
assistance in the preparation of the information for the
coordination with city staff. I would like to thank
city staff and the EIR consultant for their efforts that
went into this, and I would like to thank my fellow
commissioners for their review. Thank you.

We went through agenda item 5 and is there a
motion for adjournment?

COMMISSIONER PIULLE: I make a motion
CHAIRWOMAN FOUST: Is there a second?
COMMISSIONER SEBYERT: Second.
CHAIRWOMAN FOUST: All those in favor.
THE COMMISSIONERS: Aye.
CHAIRWOMAN FOUST: Thank you.

(Whereupon, the meeting was adjourned.)
CERTIFICATE OF REPORTER

I, DONNA M. LOWE, do hereby certify:

That I am a Certified Shorthand Reporter licensed by the State of California, and that the foregoing hearing was reported by me stenographically to the best of my ability at the time and place aforementioned.

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of April, 2003.

[Signature]

DONNA LOWE,
CSR NO. 12113

PLANNING COMMISSION MEETING

APRIL 15, 2003
PC. Planning Commission Meeting

PC 1.1 Buildout of the proposed project was assumed under Near-Term Conditions and Cumulative Conditions. Both the proposed Medical Center Master Plan and the Marina Shores project are accounted for under the Cumulative Conditions analysis since both projects were identified as pending projects. It should be noted that project descriptions, trip generation estimates, and trip assignments for some of the pending projects (Abbott Laboratories, Redwood City Downtown Area Plan, and the Kaiser Master Plan) have been refined from the time the Marina Shores analysis was conducted. This would account for different delays under Cumulative Plus Project Conditions between this study and the Marina Shores study at the same study intersections.

PC 1.2 A list of the approved and pending projects used in the cumulative transportation analysis is included in Appendix G of the Draft EIR. Additionally, a growth rate was applied to the intersection volumes to account for future growth not identified on the pending projects list and to account for future regional growth.

PC 1.3 It is correct that average control delay of the entire intersection can improve if traffic is added to a turning movement that has low delay. The change in average delay was identified by City staff and has been used in previous studies in the City of Redwood City for use in determining significant impacts. At the request of City staff, tables have been created (Tables PC1 through 3) that also presents the critical movement delay, change in critical movement delay, and the change in the critical volume-to-capacity (V/C) ratio at the Whipple/Veterans, Jefferson/Veterans, Main/Veterans, and Woodside/Veterans intersections (these are intersections identified by City staff).

PC 2.1 The area available for the siting and construction of the replacement hospital is subject to space constraints due to the fact that the existing hospital must remain in operation while the replacement hospital is under construction. Also, according to Kaiser’s function design criteria, the hospital is required to provide windows for all inpatient rooms. This would not be possible in a shorter building with larger individual floors. In addition, the hospital must provide support space at the base of the building and mechanical systems located on the roof of the second floor, limiting the amount of buildable area available. Given the limited space available on the site, and hospital facility requirements, the hospital was designed as a tower, built as a tall, narrow structure, rather than a short, wide structure.

PC 2.2 The estimated parking demand generated by the MOBs is based on occupied spaces per provider and are based on provider estimates submitted by Kaiser. These provider estimates are projections for the Redwood City campus only, and do not include additional providers at the satellite offices.
### Table PC-1
#### Near-Term Conditions

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### Table PC-2
#### Cumulative Conditions

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### Table PC-3

**Higher Occupancy Scenario (HOS) Cumulative Conditions**

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PC 3.1 As stated on page 2-39 of the Draft EIR, “Prior to the start of construction, the City will require the project sponsor to provide a construction staging and demolition plan that includes mitigation measures to address potential visual, noise, dust, odor, parking, and traffic and circulation impacts associated with the various phases of development.” The construction staging and demolition plan would include measures to address the visual impacts of construction phasing. In addition, page 3.3-24 of the Draft EIR concludes that the project will result in the following potentially significant impact:

“**VQ-5 Project Phasing** - Under the proposed project and the Higher Occupancy Scenario, the Master Plan (if developed as proposed) would be implemented in five phases between 2003 and 2025. As portions of the campus could be under construction for lengthy periods of time, parts of the site could be unsightly and create a potentially significant visual impact.”

Mitigation Measure VQ-5.I includes other improvements to be implemented during construction that would reduce visual impacts from construction phasing to less than significant.

PC 3.2 Street and utility work for the project will be constructed in discrete phases. The date ranges for the various phases are included in Section 2 of the Draft EIR. All of the underground work that must be completed for a particular street segment would be completed in one interval and would not require repeated demolition of the same streets during subsequent phases.
PC 3.3 Page 3.3-25 of the Draft EIR states, “With respect to visual considerations, the project sponsor shall agree to make visual improvements to construction zones within a given development phase and between phases if the zone is not scheduled for construction activity or will remain unused for a period greater than six months.” Mitigation Measure VQ-5.1 also states, “Construction zones subject to this mitigation measure shall be defined by the Community Development Director, and shall consider the size of the area, the nature of the construction activity, and the proximity or visibility of the area to public vantage points or residential uses.” This mitigation measure was developed in response to Planning Commission concerns expressed at the scoping meeting that the extended construction phasing may lead to unsightly properties for extended periods during construction. Properties subject to this mitigation measure would be determined by the Community Development Director, based on several factors including the “nature of the construction activity”. Mitigation Measure VQ 5.1 was designed to address the visual quality concerns identified in the scoping meeting, while allowing the City discretion regarding when the property is considered to be in “use”.

In addition, specific mitigation measures (as modified in response to comments) for this visual quality impact listed in the Draft EIR include:

a. The project sponsor shall clear a construction zone of construction debris and remove construction equipment whenever construction is not anticipated for at least two weeks.

b. If a site is a construction zone, but no construction activities are scheduled for more than one month, the project sponsor shall be responsible for regular garbage removal and watering of any existing landscaping.

c. The project sponsor shall remove or visually treat fencing around construction zones that front onto a public street, an on-campus plaza, or Redwood Creek, in a manner deemed acceptable by the Community Development Director, in order to promote safety, connectivity through the site, and pedestrian friendliness. This would include the removal of debris off of the base of any remaining fencing.

d. If a site is not in use as a construction zone for more than six months due to demolition or construction of a structure, the project sponsor shall improve the site with landscaping (e.g., trees, shrubs and groundcover), passive recreation/open space facilities (e.g., benches, picnic tables), decorative fencing and/or seating walls, and pedestrian and bicycle routes access that connects to adjacent open spaces and pedestrian/bicycle networks as defined by and to the satisfaction of the Community Development Director.

These improvements specifically address the use of sites as construction zones, and do not include other uses. In addition, specific timeframes are assigned to use during certain phases of construction. The term construction zone could also be further defined by the Planning Commission in its recommendations to the City Council and would be regulated by the Community Development Director.
PC 3.4 The Draft EIR recognizes the critical need to find additional sources of water and to minimize water usages. As stated in Mitigation Measure UT-1.1, the project sponsor shall contribute its fair share to the cost of implementation of the recycled water program, assuming the recycled water program is adopted by the City. Mitigation Measure UT-1.2 includes water conservation measures which the project sponsor shall be required to implement to further minimize water use at the Medical Center campus.

PC 4.1 Mitigation Measure VQ-5.1 c states, “The project sponsor shall remove or visually treat fencing around construction zones that front onto a public street, an on-campus plaza, or Redwood Creek, in a manner deemed acceptable by the Community Development Director, in order to promote safety, connectivity through the site, and pedestrian friendliness.” Although removing construction debris from the fences is a standard requirement for the construction contractor, Mitigation Measure VQ-5.1 c has been revised as follows:

c. The project sponsor shall remove or visually treat fencing around construction zones that front onto a public street, an on-campus plaza, or Redwood Creek, in a manner deemed acceptable by the Community Development Director, in order to promote safety, connectivity through the site, and pedestrian friendliness. This would include the removal of debris off of the base of any remaining fencing.

PC 4.2 Please see response to comment 9.9.

PC 4.3 The final site plan for the proposed project will include a signage program for the Medical Center campus.

PC 4.4 Mitigation Measure TR-3.4 b, as modified in response to comments, states that the project sponsor shall implement a Transportation Demand Management Program, the objectives of which include encouraging the use of transit facilities. The provision of transit shelters may be included in the implemented program. This mitigation measure has been revised to state that the project sponsor shall also coordinate with SamTrans on the maintenance of existing transit stops along the frontage of the campus.

PC 4.5 Comment noted. The Redwood City Preferred Alternative is depicted in Figures 5-2 and 5-5C. This alternative has been developed by City staff (in consultation with Terry Bottomley, urban design consultant) to create a site plan that more closely adheres to the draft Downtown Area Plan. Since the development of the City Preferred Alternative, the City has continued to work with Kaiser through the development of the Precise Plan to create a Precise Plan which best meets the goals of the City and the project sponsor.

PC 4.6 One of Kaiser’s goals in the design of the Medical Center campus is to provide the shortest walking distance between member/patient/visitor parking and building destinations. This is reflected in the proposed site plan. However, some features of this site plan are in conflict with the City Preferred Alternative which has been developed to more closely adhere to the
goals of the draft *Downtown Area Plan*. Under the City Preferred Alternative, Parking Structure B would be replaced by a mixed-use, people-occupied structure, and Parking Structure B would be located adjacent to the replacement hospital, providing easy access for patients and visitors.

PC 4.7 Comment noted. The City of Redwood City and the project sponsor shall work closely with the Historic Resources Advisory Committee and the project sponsor on the implementation of this mitigation measure.

PC 4.8 The Cancer Center is proposed to be constructed during Phase IIA of the project at the corner of Bradford Street and Main Street and would be completed by approximately mid-2004. During the construction of the Cancer Center, approximately 50 parking spaces will be removed. However, as described in Section 2.6 of the Draft EIR, the loss of these 50 spaces will not compromise the parking needs of Medical Center staff, patients, or visitors.

PC 5.1 For the ease of the reader, all proposed mitigation measures, as well as the impacts which the mitigation measures address, are tabulated in Table S-6 in the Summary of the Draft EIR. Also, all adopted mitigation measures are listed in the Mitigation Monitoring and Reporting Plan.

PC 5.2 Existing parking supply is not addressed. Only the additional parking that will be needed as a direct result of the proposed project (i.e. the expansion) was estimated. This number was compared to the proposed increase in supply. The proposed project is not required to rectify any existing deficiency, but the proposed project cannot exacerbate any deficiency without mitigation. It should be noted that discussions with the project sponsor and City staff have indicated that the existing parking structure is currently under-utilized, and that the campus, as a whole, has a parking surplus.

PC 5.3 Comment noted. Efforts will be made to ensure that the HRAC is notified of the proposed mitigation measure.

PC 5.4 Information regarding hospital bed occupancy is included in Section 2-5 of the Draft EIR and in the James Brinkley Analysis (Appendix D of the Draft EIR). As described in Section 2-5, current healthcare trends towards non-invasive surgeries and procedures have reduced the demand for inpatient beds. Also, hospital stays are much shorter now than in the past. As described in the James Brinkley Analysis, while the current hospital is licensed for 213 beds, set-up beds number 192 and the hospital occupancy rate (for set-up beds) is 48%. The proposed hospital will be licensed for 192 beds, set-up bed will number 192, and the projected occupancy rate is 67%. In other words, while the new hospital will have a slightly less actual number of beds than the existing hospital, these beds will be used at a higher rate than those in the existing hospital. The project proponent has determined that the proposed hospital is adequately sized for the health-care needs of Kaiser members.
As stated on pages 18 and 19 of the Initial Study included in the Draft EIR, according to the Tree Preservation Ordinance, the Park and Recreation Commission may declare any tree, regardless of size, to be a heritage tree, if it is healthy and has adapted well to the climatic conditions of the area, is visually accessible from a public right-of-way, and if the Commission finds that at least one of the following conditions exist: the tree has historical significance; the tree is indigenous to the area; or the tree is one of a group of trees and that each is dependent on the other tree for survival. None of the trees on the site have been designated as heritage trees by the Parks and Recreation Commission at this time. However, according to the Director of Parks, Recreation, and Community Services, any tree fitting the above description for a heritage tree could be designated in the future and would be subject to the provisions of the City’s Tree Preservation Ordinance, as described below.

According to the Tree Preservation Ordinance, a permit must be obtained from the Parks and Recreation Director to cut, move, or remove any tree (according to the definition above) or to cause any tree to be cut, moved or removed. A permit to remove a tree or trees would be issued by the Parks and Recreation Director upon receipt of an application for removal, and after an investigation by the Director. The permit application would contain the number, location and species of the tree(s) to be removed, a brief statement of the reason for removal, a plot plan, as well as such other pertinent information the Parks and Recreation Director deems necessary for the investigation.

A tentative subdivision map would be required for the proposed project. In accordance with the Tree Preservation Ordinance, all subdivision maps shall clearly designate all trees upon the properties proposed for subdivision or division. Trees shall be classified as those that are proposed to be removed or retained, and shall be shown by size and species on the subdivision map. The project sponsor shall also mark with paint those trees proposed to be retained and shall protect those trees with fencing or other means in order to clearly identify the area where no work is to take place. Tentative approval of the subdivision map by the City Planning Commission shall constitute a permit to remove any trees so designated thereon.

As part of project approval, the project sponsor shall apply for a permit for removal of any trees on the project site and shall submit a map containing the location of trees to be removed and retained. Adherence to the City’s Tree Preservation Ordinance would reduce any potential impacts to trees to a less-than-significant level.

Therefore, some of the trees currently present on the site may be preserved based on review by the Parks and Recreation Director and the City Planning Commission during the approval process for the subdivision map.

Page 3.3-4 of the Draft EIR states, “A children’s play area is not currently in the Master Plan, which could potentially result in conflict with the Kaiser Master Plan Urban Design Guidelines.” Page 3.3-21 of the Draft EIR states, “The Master Plan is conceptual and details of building design are not available at this stage in the planning process. The City
will review gateway treatment, orientation and design details at the time of more complete plan submittals to ensure consistency with the General Plan and the Kaiser Master Plan Urban Design Guidelines for the Master Plan prior to construction.” A children’s play area may be added as part of the design detail provided in the future and plans would be further reviewed for consistency with the Kaiser Master Plan Urban Design Guidelines to ensure that this feature is included.

PC 5.7 As noted in the Draft EIR, EIP Associates contacted the Redwood City School District on June 5, 2002 to gather data regarding student enrollment. According to Krishna Kirpalani, the district was currently at capacity. The School District was contacted again on May 20, 2003. According to Judy Ortiz, enrollment for the 2002/2003 school year was down slightly to below normal capacity.

PC 5.8 The proposed project does include a pedestrian way along Redwood Creek in the vicinity of Parking Structure B, the Cancer Care Center, and the Main Street Administrative Building. While it is not labeled, the proposed pedestrian way is visible on Figure 2-3 of the Draft EIR.

PC 5.9 The list of TDM measures includes showers and changing rooms in the fitness center and surgery “for the key staff.” According to the project sponsor, “key staff” refers to those using bicycles. These facilities will be available to all Kaiser staff who choose to bicycle to work. To minimize confusion, the measure is revised as follows:

In fitness center & surgery for the key staff

Subsequent to the circulation of the Draft EIR, the list of TDM measures was amended in response to comments by C/CAG. The amended list of TDM measures is included in Section 4 of this Response to Comments.

PC 6.1 Please see response to comment 1.2.

PC 6.2 Please see response to comment 3.1.

PC 6.3 As described on page 3.3-24 of the Draft EIR, there is the potential for portions of the campus to be subject to lengthy periods of construction which could be unsightly, resulting in a potentially significant visual impact. As detailed in the response to comment PC 3.3, mitigation measures have been developed to reduce this potentially significant impact to a less-than-significant level.
Section 4

Errata and Staff-Initiated Text Changes

The following text changes are made in response to the Response to Comments and additional staff initiated text changes. None of these changes result in a substantial change in the project description or analysis.

Page 2-4, the final bullet is revised to read as follows:

- To provide a minimum project hospital footprint of 140,000 square feet (this objective was added by the project sponsor in January of 2003 after the submittal of the amended application in May of 2002).

Page 3.1-5, the second paragraph is revised as follows:

The mitigation monitoring program is expected to be administered by the City; however, the project sponsor would be expected to pay for the consultant(s) hired by the City to collect, compile, synthesize, and submit the data to the City for review.

Page 3.3-26, Mitigation Measure VQ-5.1 a is revised as follows:

a. The project sponsor shall clear a construction zone of construction debris and remove construction equipment whenever construction is not anticipated for at least two weeks.

Page 3.3-26, Mitigation Measure VQ-5.1 c is revised as follows:

c. The project sponsor shall remove or visually treat fencing around construction zones that front onto a public street, an on-campus plaza, or Redwood Creek, in a manner deemed acceptable by the Community Development Director, in order to promote safety, connectivity through the site, and pedestrian friendliness. This would include the removal of debris off of the base of any remaining fencing.
Page 3.3-26, Mitigation Measure VQ-5.1 d is revised as follows:

d. If a site is not in use as a construction zone for more than six months due to demolition or construction of a structure, the project sponsor shall improve the site with landscaping (e.g., trees, shrubs and groundcover), passive recreation/open space facilities (e.g., benches, picnic tables), decorative fencing and/or seating walls, and pedestrian and bicycle routes access that connects to adjacent open spaces and pedestrian/bicycle networks as defined by and to the satisfaction of the Community Development Director.

Page 3.4-37, Mitigation Measure TR-3.4 is revised as follows:

TR 3.4 Reduce Project related Motor Vehicle Emissions through Alternate Transportation Facilities. Incorporation of the following measures into the proposed project and/or into the Transportation Demand Management (TDM) program required by C/CAG would ensure further reduction of the number of motor vehicle trips or the length of the trips. This list is not intended to be exhaustive, and other equivalent measures may be introduced by the City, C/CAG, or the project sponsor. All TDM measures are subject to review and approval by Redwood City.
a. Kaiser shall subsidize transit tickets for employees wishing to use Caltrain or SamTrans buses as a commute alternative. This will encourage the use of the existing transit facilities as a commute alternative.
b. Kaiser shall work with SamTrans to evaluate relocation of the existing mid-block Veterans Boulevard stop and the addition of a second stop on Veterans Boulevard. The project sponsor should provide a turnout (as required), a transit shelter, and other amenities at all bus stops located along the project frontage to encourage the use of this mode.
c. Caltrain shuttle stop locations shall be designated onsite or in turnouts along the project site frontage to minimize the impact to through traffic on city streets. Additionally, the shuttle stops shall be designed to avoid conflict with on or off site vehicular, pedestrian, or bicycle circulation.
d. Kaiser shall increase the frequency and number of shuttles to provide convenience access to the Caltrain station and downtown Redwood City.
e. To encourage bicycle travel, the project shall include secure and covered bicycle parking spaces on site for staff. Additional bicycle racks shall be installed throughout the campus to allow patients and other visitors to lock their bicycle. Enhanced bicycle facilities will allow Caltrain riders an alternative to using the shuttle and will permit bicycle usage for other activities such as travel to downtown lunch and shopping destinations, as well as exercise opportunities.
f. Kaiser shall provide on-site amenities to encourage bicycles and walking as a commute alternative. These amenities shall include showers and changing rooms.
g. The City’s draft Downtown Area Plan and draft Kaiser Master Plan Urban Design Guidelines both call for enhanced pedestrian connections to and through the Downtown District. The City shall review Kaiser’s development applications to ensure that the campus is designed and built in compliance with these City policies. In developing its plans, the project sponsor shall design sidewalks and pedestrian routes in a manner that encourages walking to, from, and around the Medical Center.

TR-3.4 Reduce Project-related Motor Vehicle Emissions through Alternate Transportation Facilities. The project sponsor shall prepare (in accordance with C/CAG requirements) and implement a Transportation Demand Management (TDM) Program as reviewed and approved by the City of Redwood City. The objectives of the TDM Program would include: encouraging Kaiser employees, patients, and visitors to use existing transit facilities (such as SamTrans and Caltrain) as commute alternatives; and encouraging the use of bicycle travel and walking to, from, and around the Medical Center. The project sponsor shall coordinate with SamTrans regarding maintenance of and changes to existing transit stops along the frontage of the campus as well as the placement of new transit stops in the campus vicinity.

Page 3.7-11, Mitigation Measure HM-1.1 is revised as follows:

HM-1.1 Perform Pre-Construction Hazardous Materials Surveys and Manage Properly if Hazardous Materials are Identified. Under the proposed project and the Higher Occupancy Scenario, Kaiser shall retain a qualified environmental specialist (e.g., a Registered Environmental Assessor or similarly qualified individual) to inspect existing building areas subject to demolition or renovation for the presence of as yet unidentified asbestos, PCBs, mercury, lead, or other hazardous materials. A Phase I Environmental Site Assessment (ESA) report shall be completed documenting the results of building inspection and the review of historic uses of the building and surrounding areas. If necessary, soil sampling shall be conducted to determine the presence of hazardous substances in the soils that will be disturbed during demolition, excavation, and/or construction activities. If found at levels that require special handling, Kaiser shall manage these materials as required by law and according to federal and state regulations and guidelines, including those of DTSC, BAAQMD, Cal/OSHA, CSMHSA, and any other agency with jurisdiction over these hazardous materials.

Page 3.7-11, paragraph five is revised as follows:

In April 1987, former gasoline underground storage tanks (USTs) located at the Medical Center were discovered to have leaks. The tanks were removed and remediation of contaminated soils was conducted in 1988. The site was granted site closure for these leaking USTs in 1993. However, residual contaminated areas may be encountered during site demolition, grading and excavation activities in the vicinity of the former USTs or other areas with potentially contaminated soils identified by the Phase I ESA. Although the site was granted closure for the leaking USTs, site closure only means that contaminant levels at
the site are below levels established by the local regulatory agency and that exposure pathways to the public and the environment have been eliminated. However, residual contamination may be encountered by construction workers in the area of the former USTs. The proposed project would involve basement and foundation excavation, where excavation could be sufficiently deep to encounter residual contaminated soil or groundwater. On the basis of existing information, the most likely contaminants encountered during earth-moving activities would be petroleum hydrocarbons. During excavation, construction, and dewatering activities, construction workers and members of the public could be at risk for exposure to soil and groundwater contaminated with Total Petroleum Hydrocarbons as gasoline (TPHg) or other hazardous substances.

1 County of San Mateo Health Services Agency, Local Oversight Program, Case #330041, closed September 8, 1993.

Page 3.10-7, Mitigation Measure UT-1.1 is revised as follows:

**UT-1.1 Obtain Non-Potable Water Supply Via Tentative City’s Recycled Water Program.** The WSA states that the City has tentative plans to serve high quality recycled water to existing and future water users for landscape irrigation and various industrial uses. If implemented, this system will provide a means of meeting water demands that would otherwise have to be met from potable water sources. The program would, at full utilization, deliver up to 1,995 AF/Y, thereby reducing existing and future demands on City’s potable water supply. The project sponsor shall contribute its fair share to the cost of implementation of the recycled water system, assuming that the recycled water program is adopted by the City. The project sponsor shall also be required to comply with all applicable current and future City of Redwood City water demand performance standards, including standards in the City of Redwood City Urban Water Management Plan, the City’s recycled water project, and the City’s water conservation program. If the recycled water program is not approved, the applicant shall be responsible for obtaining water supply from a third-party water supplier, if feasible.

Page 3.10-9, Mitigation measure UT-2.2 is revised as follows:

**UT-2.2 Build New Water Tank and Pump Station.** The project sponsor shall be responsible for the cost of analysis, design, and construction of a new water tank and pump station in accordance with City Standards and Guidelines to adequately serve the proposed project. The required volume is calculated as three times the average-day water usage of the project per City Standards. The required emergency storage for this project at buildout would be 2,45 million gallons (i.e., 3 x 0.818 mgd) determined following completion of the Jacob Engineering water demand analysis and review by Kennedy Jenks. This requirement could be replaced by an alternate water storage solution determined by the City.
The specific rows of Table S-6 listed below are revised as follows:

### Table S-6
**Summary of Impacts and Mitigation Measures**

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Impact Significance Without Mitigation</th>
<th>Mitigation Measures</th>
<th>Residual Impacts After Mitigation</th>
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</table>
|                          | Proposed Project | Higher Occupancy Scenario | Proposed Project Plus Cumulative | Higher Occupancy Scenario Plus Cumulative | VQ-5.1 Implement Construction Demolition Phasing Plan to Reduce Visual Quality Degradation by Phased Construction. Prior to the start of construction, the project sponsor shall prepare and submit to the City a construction staging and demolition plan that addresses visual, noise, dust, odor, parking, and traffic impacts during the various stages of development. With respect to visual considerations, the project sponsor shall agree to make visual improvements to construction zones within a given development phase and between phases, if the zone is not scheduled for construction activity or will remain unused for a period greater than six months. Construction zones subject to this mitigation measure shall be defined by Community Development Director, and shall consider the size of the area, the nature of the construction activity, and the proximity or visibility of the area to public vantage points or residential uses. The visual improvements shall be implemented by the project contractor(s) and must be approved by the Community Development Director. The intent of these improvements is to aesthetically improve portions of the campus that would remain unimproved for an extended period and screen the construction zone from view by passersby along the public streets and sidewalks, or to make the zone usable for Kaiser employees, patients, and the public. Possible improvements include, but are not limited to, the following (if timelines other than six months are specified below, the shorter of six months or the time specified below shall apply):
|                          | Higher Occupancy Scenario Plus Cumulative | VQ-5.1 Implement Construction Demolition Phasing Plan to Reduce Visual Quality Degradation by Phased Construction. Prior to the start of construction, the project sponsor shall prepare and submit to the City a construction staging and demolition plan that addresses visual, noise, dust, odor, parking, and traffic impacts during the various stages of development. With respect to visual considerations, the project sponsor shall agree to make visual improvements to construction zones within a given development phase and between phases, if the zone is not scheduled for construction activity or will remain unused for a period greater than six months. Construction zones subject to this mitigation measure shall be defined by Community Development Director, and shall consider the size of the area, the nature of the construction activity, and the proximity or visibility of the area to public vantage points or residential uses. The visual improvements shall be implemented by the project contractor(s) and must be approved by the Community Development Director. The intent of these improvements is to aesthetically improve portions of the campus that would remain unimproved for an extended period and screen the construction zone from view by passersby along the public streets and sidewalks, or to make the zone usable for Kaiser employees, patients, and the public. Possible improvements include, but are not limited to, the following (if timelines other than six months are specified below, the shorter of six months or the time specified below shall apply):
|                          | PS | PS | PS | PS |

1 LTS = Less Than Significant  
PS = Potentially Significant  
PSU = Potentially Significant Unavoidable  
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<td>Proposed Project</td>
<td>Higher Occupancy Scenario</td>
<td>Proposed Project Plus Cumulative</td>
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<tr>
<td>VQ-5. Project Phasing (Continued)</td>
<td>PS</td>
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<td>c. The project sponsor shall remove or visually treat fencing around construction zones that front onto a public street, an on-campus plaza, or Redwood Creek, in a manner deemed acceptable by the Community Development Director, in order to promote safety, connectivity through the site, and pedestrian friendliness. This would include the removal of debris off of the base of any remaining fencing.</td>
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<td>d. If a site is not in use as a construction zone for more than six months due to demolition or construction of a structure, the project sponsor shall improve the site with landscaping (e.g., trees, shrubs and groundcover), passive recreation/open space facilities (e.g., benches, picnic tables), decorative fencing and/or seating walls, and pedestrian and bicycle routes access that connects to adjacent open spaces and pedestrian/bicycle networks as defined by and to the satisfaction of the Community Development Director.</td>
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<td>TR-3. Local Circulation – Neither the proposed project or the Higher Occupancy Scenario would interfere with existing or proposed bicycle, pedestrian, or transit facilities. However, there are potentially significant impacts to bus-related traffic flow, bus and shuttle access, site access, and on-site circulation.</td>
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<td>TR-3.1 Design Bus Access to Minimize Conflicts Among Vehicles and Pedestrians. To maintain traffic flow along Veterans Boulevard and minimize conflicts between buses and other vehicles: a. The existing 20-foot width of the southbound curb lane on Veterans Boulevard adjacent to the project site shall be maintained. This lane width allows a bus to exit the flow of traffic while making a stop.</td>
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<td>TR-3. Local Circulation (Continued)</td>
<td>Proposed Project</td>
<td>b. Red curb shall be located for 20 feet on either side of the stop if on-street parking is permitted.</td>
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<td>Higher Occupancy Scenario</td>
<td>c. If the lane width is narrowed at all, a separate bus turnout shall be provided.</td>
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<td>Higher Occupancy Scenario Plus Cumulative</td>
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<tr>
<td>Higher Occupancy Scenario</td>
<td>PS</td>
<td>TR-3.2 Design Pedestrian Access to Minimize Conflicts with Vehicles. To maintain pedestrian and traffic flow and minimize conflicts between pedestrians and vehicles:</td>
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<td></td>
<td>PS</td>
<td>a. All public and on-site sidewalks shall provide additional width where possible.</td>
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<td>PS</td>
<td>b. Sidewalks shall maintain a minimum of five feet in width in low traffic areas, and 10 or more feet in width where high pedestrian volumes are anticipated (e.g. near bus stops, between parking structures and the hospital or MOBs) and where street furniture or street luminaries may reduce the effective walking area, or as otherwise stipulated in the Precise Plan.</td>
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<td>PS</td>
<td>c. The proposed pedestrian bridge, linking Parking Structure B with the hospital, shall be designed so that it does not interfere with visibility for vehicles on Walnut Street. To be effective in reducing the number of pedestrians crossing midblock at this location, the lower level of the parking structure shall be designed to preclude pedestrian access on Walnut Street. The vehicle entrances are currently proposed for Veterans Boulevard and Bradford Street, which will discourage at-grade pedestrian crossings.</td>
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<td>TR-3. <em>Local Circulation (Continued)</em></td>
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<td>d. The existing pedestrian signal located on Maple Street will provide access between the portions of the campus on either side of Maple Street. The pedestrian signal could adversely affect operations at the Veterans Boulevard/Maple Street intersection due to its proximity to that intersection. A combination of pedestrian enhancements could be installed at this location, including bulbouts (narrowing the amount of roadway pedestrians would have to cross), up-lit crosswalks, or pedestrian crossing warning systems.</td>
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<td>e. Adequate pedestrian access shall be provided throughout the Medical Center, including between the central plaza and Marshall Street.</td>
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<td>TR-3.3 <em>Design Site Access and Circulation to Minimize Conflicts with Vehicles.</em> To maintain traffic flow and minimize conflicts between pedestrians and vehicles, the project sponsor shall comply with the following standards, unless they conflict with the Precise Plan in which case the Precise Plan would govern:</td>
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<tr>
<td>a. All driveways shall be located at a minimum of 75 feet from the adjacent public street intersection (measured from the curb return to the first driveway cut).</td>
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<td>b. Driveways to parking structures shall be installed with warning systems and signage to alert motorists and pedestrians of each other.</td>
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<td>c. Drop off areas shall include one lane for drop-offs with a by-pass lane for vehicles exiting the drop-off lane.</td>
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<td>d. Drop off areas shall be designed so drop-offs occur from the passenger side of vehicles next to the curb.</td>
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<td>e. Parking aisles, turning templates, and circulation aisles shall be designed to City standards or as stipulated in the Precise Plan.</td>
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<td>3.7 HAZARDOUS MATERIALS</td>
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<td>HM-1. Construction-Related Hazardous Materials Disturbance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under the proposed project and the Higher Occupancy Scenario, project-related demolition or renovation could disturb hazardous materials in existing building components and thereby cause adverse health or safety effects.</td>
<td>PS</td>
<td>PS</td>
<td>PS</td>
</tr>
</tbody>
</table>

| 3.10 UTILITIES AND SERVICE SYSTEMS | UT-1. Water Supply | UT-1.1 Obtain Non-Potable Water Supply Via Tentative City’s Recycled Water Program. The WSA states that the City has tentative plans to serve high quality recycled water to existing and future water users for landscape irrigation and various industrial uses. If implemented, this system will provide a means of meeting water demands that would otherwise have to be met from potable water sources. The program would, at full utilization, deliver up to 1,995 AF/Y, thereby reducing existing and future demands on City’s potable water supply. The project sponsor shall contribute its fair share to the cost of implementation of the | PSU |

| UT-1. Water Supply Assessment (WSA) required by SB 610 shows Redwood City would not have sufficient water supply to meet projected future demands of the proposed project or the Higher Occupancy Scenario. | S | S | N/A, See UT-5 | N/A, See UT-5 | |

1. LTS = Less Than Significant
   PS = Potentially Significant
   PSU = Potentially Significant Unavoidable
   SU = Significant and Unavoidable
   S = Significant
   N/A = Not Applicable
**Table S-6**

Summary of Impacts and Mitigation Measures

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Impact Significance Without Mitigation&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Mitigation Measures</th>
<th>Residual Impacts After Mitigation&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proposed Project</td>
<td>Higher Occupancy Scenario</td>
<td>Proposed Project Plus Cumulative</td>
</tr>
<tr>
<td>UT-1. Water Supply (Continued)</td>
<td>S</td>
<td>S</td>
<td>N/A, See UT-5</td>
</tr>
<tr>
<td>UT-2. Water Distribution and Emergency Storage System - The proposed project and the Higher Occupancy Scenario may adversely affect the water distribution and emergency storage system around the Medical Center.</td>
<td>PS</td>
<td>PS</td>
<td>PS</td>
</tr>
</tbody>
</table>

<sup>1</sup> LTS = Less Than Significant  
PS = Potentially Significant  
PSU = Potentially Significant Unavoidable  
SU = Significant and Unavoidable  
S = Significant  
N/A = Not Applicable
## Amended C/CAG TDM Measures for Kaiser Permanente EIR

<table>
<thead>
<tr>
<th>Transportation Demand Management Measure</th>
<th>Number of Trips Credited</th>
<th>Kaiser Permanente Program</th>
<th>Kp Measure</th>
<th># of Credits Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 # of Bicycle lockers and racks</td>
<td>1/3bike/racks</td>
<td>18 bicycle lockers &amp; 5 bike rack</td>
<td>23</td>
<td>7.67</td>
</tr>
<tr>
<td>2 # of Showers and changing rooms for Staff and locations</td>
<td>2/shower/changing room</td>
<td>In fitness Center &amp; Surgery 8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>3 # of seats on KP shuttles and # of round trips to the stations With Guaranteed ride home program</td>
<td>1/roundtrip seat for peak hour</td>
<td>20 seats and five trip am- 7 round trips pm, total 12 round trips @ peak time</td>
<td>240</td>
<td>480</td>
</tr>
<tr>
<td>4 # of seats on Altrans shuttles and # of round trips to the stations</td>
<td>1/roundtrip seat for peak hour</td>
<td>24 seat shuttle with 2 round trips am &amp; 2 round trips pm to &amp; from Hayward, Fremont &amp; RWC bart stations</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>5 # of seats on KP shuttles and # of round trips to the Veterans Monument Senior Center 1455 Madison Ave.</td>
<td>1/roundtrip seat for peak hour</td>
<td>20 seats, 2 round trips morning, 2 days/week</td>
<td>80</td>
<td>16</td>
</tr>
<tr>
<td>6 Vanpool program</td>
<td>7/each Vanpool arranged by a specific program</td>
<td>Altrans van program with 2 dedicated buses to transit stations</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>7 # of Carpoolers dedicated parking</td>
<td>2/each parking spot reserved</td>
<td>10 dedicated parkings</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>8 Creation of preferential parking for vanpoolers</td>
<td>7 peak hour trip will be credited for each parking spot reserved</td>
<td>10 van pool preferential location dedicated. As more van pool requests are made they will be accommodated with the same preferential location</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>9 Implementation of Vanpoolers program</td>
<td>7 peak hour trip will be credited for each van pool arranged by a specific method</td>
<td>10 dedicated van pool locations.</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>10 An operation of a commuter assistance center, offering on site one stop shopping for transit and commute alternatives information, if yes # of staff in charge.</td>
<td>1/for each feature addition to info center/additional 1/each hour the center is staffed with live person</td>
<td>Craig Van Kesel @ tel: 741-2693 full time (8hours) Transit info rack(1),Computer kiosk(1), Telephone with commute &amp; transit info(1), desk &amp; Chair,for personalized trip plan(1) Carpool website (1)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>11 # of home telecommuting by installation of highband width connections in employee homes to the Internet to facilitate home-telecommuting</td>
<td>1/for each connection installed</td>
<td>more than 15% of employees have telecommute capability with internet access to KP network</td>
<td>104</td>
<td>104</td>
</tr>
<tr>
<td>12 # of video teleconferencing per day</td>
<td>20/each center installed</td>
<td>RWC conference rooms</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>13 Provision of on site amenities</td>
<td>1/each amenity</td>
<td>Exercise facility, Banking, Lunch discounts, Java hot coffee coupons, guaranteed ride home</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>14 Combine 10 of these elements and receive an additional credit for five peak hour trips</td>
<td>5 credits for combination of 10 elements</td>
<td>13 already listed</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>975.67</td>
</tr>
</tbody>
</table>