WAIVER REQUEST FORM

DPH – BHCSQ – DHCFLC 250 Washington Street, 3rd Floor, Boston, MA 02108

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

Regional Hospital, Main Campus, 1 Main Street, Boston, MA 02111

Facility's Licensed Name or Proposed Name | Address, including zip code

If Hospital/Clinic Satellite, Name | Address, including zip code

Ambulatory Care Department, Main Building, Third Floor

Hospital/Clinic Department | Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: (Regulation/Requirement Citation) AIA Guidelines 2001, Section 9.2.H1

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Minimum public corridor width shall be 5 feet.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Corridor #001 is 4'-6" wide on a length of 20 feet.

That corridor is connected to 5'-0" wide corridors at both ends.

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Regional Hospital, Main Campus, 1 Main Street, Boston, MA 02111

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Regulation/Requirement Citation: AIA Guidelines 2001, Section 9.2.H1.a

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

The corridor width is limited by existing structural columns. Structural construction work that would be involved in widening the corridor would cost an estimated $100,000 and would disrupt services on the floor above. The additional cost to this limited renovation project would be excessive in comparison to the estimated total cost of construction.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Corridor #001 leads to 6 examination rooms only, therefore 2-way traffic is anticipated to be limited.

The 5'-0" wide corridors connected to Corridor #001 at both ends will allow for wheelchair turnaround space.

The reduced corridor width complies with the State Building Code.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: _____

Title: _____

Mailing _____

_____

_____

Signature: _____

FACILITY CLINICAL REPRESENTATIVE:

Name: _____

Title: _____

Tel #: _____

Signature: _____

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: _____ ___/___/___ ☐ Approved ☐ Approved w/Conditions ☐ Denied

Reviewed by: _____ ___/___/___ ☐ Approved ☐ Approved w/Conditions ☐ Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.