**COMPLIANCE CHECKLIST**

**IP17\_Classes 2 & 3 Imaging Services**

The following checklist is intended to be used in plan review applications for health care facilities submitted to Massachusetts Department of Public Health This checklist summarizes & references applicable requirements from Licensure Regulations & 2022 Edition of FGI Guidelines for Design & Construction of Hospitals Applicants must verify compliance of plans submitted to Department with all referenced requirements from Licensure Regulations & FGI Guidelines when completing this Checklist separate Checklist must be completed for each nursing unit hospital or clinic department or clinical suite

Other jurisdictions regulations & codes may have additional requirements which are not included in this checklist such as:

1. NFPA 101 Life Safety Code (2012) & applicable related standards contained in appendices of Code
2. State Building Code (780 CMR)
3. Accreditation requirements of Joint Commission
4. CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Facilities
5. USP 797 & Regulations of Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
7. Accessibility Guidelines of Americans with Disabilities Act (ADA)
8. Architectural Access Board Regulations (521 CMR)
9. Local Authorities having jurisdiction

Instructions:

1. All requirement lines must be completed according to following instructions & included in plan submissions for Self-Certification Process or Abbreviated Review Process
2. This checklist must be completed by project architect or engineer based on design actually reflected in plans at time of completion of checklist
3. Each requirement line (\_\_\_) of this Checklist must be completed exclusively with one of following marks unless otherwise directed in checklist If functional space is not affected by renovation project mark “E” may be indicated on requirement line (\_\_\_) before name of functional space (associated requirements on indented lines below that name or associated MEP requirements do not have to be completed in this case) If more than one functional space serves given required function (e.g patient room or exam room) that clarification should be provided in Project Narrative & requirement lines are understood to only address functional spaces that are involved in project

|  |  |
| --- | --- |
| **X** = Requirement is met for new space for renovated space or for existing direct support space for expanded service | ⌧ = Check box under section titles or individual requirements lines for optional services or functions that are not included in project area |
| **E** = Requirement relative to existing suite or area that has been *licensed* for its designated function is *not affected* by construction project & *does not pertain to required direct support space* for specific service affected by project “E” must not be used for existing required support space associated with new patient care room or area | **W** = Waiver requested for specific section of Regulations or FGI Guidelines where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request) explicit floor plan or plan detail must be attached to each waiver request |

1. All room functions marked with "X" must be shown on plans with same name labels as in this checklist
2. Mechanical electrical & plumbing requirements are only partially mentioned in this checklist relevant section of FGI Guidelines must be used for project compliance with all MEP requirements & for waiver references
3. Oxygen vacuum medical air waste anesthesia gas disposal & instrument air outlets (if required) are identified respectively by abbreviations "OX" "VAC" "MA" “WAGD” & “IA”
4. Requirements referenced with “FI” result from formal interpretations from FGI Interpretations Task Group
5. The location requirements including asterisks (\*) refer to definitions of Glossary in beginning section of FGI Guidelines & reproduced in this checklist

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  |  |
| Satellite Name: (if applicable) |  | Building/Floor Location: |
| Satellite Address: (if applicable) |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | | | **Architectural Requirements** | | | **Building Systems Requirements** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.2-3.5 | | | **CLASSES 2 & 3 IMAGING SERVICES** | | |  | | |  | | |
| 2.2-3.5.1.2 | | |  | | |  | | |  | | |
| Table 2.2-2 | | | \_\_\_ **Class 2 imaging room:** | | |  | | |  | | |
|  | | | (used for diagnostic & therapeutic procedures such as coronary, neurological, or peripheral angiography, electrophysiology procedures)  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | \_\_\_ **Class 3 imaging room:** | | |  | | |  | | |
|  | | | (Invasive procedures, i.e. procedures that are performed in aseptic surgical fields & penetrate protective surfaces of patients’ bodies  or Class 2 procedure during which patient will require  physiological monitoring & is anticipated to require active life support)  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.3 | | | **COMPUTED TOMOGRAPHY (CT) FACILITIES**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-1  Table 2.1-2 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-3 | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, i.e. any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2) | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2(1) | | | \_\_\_ shielded control alcove or room | | |  | | |  | | |
| (a) | | | \_\_\_ control room or alcove is at min. sized & configured in compliance with manufacturer’s recommendations for installation service & maintenance | | |  | | |  | | |
| (b) | | | Shared control room or alcove  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer’s recommendations for installation service & maintenance are accommodated for all rooms served  \_\_\_ means provided to prevent patient in one imaging room from viewing patient in another imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ shielded view window  \_\_\_ designed to provide full view of exam table & patient at all times  \_\_\_ full view of patient during imaging activities through direct line of sight or use of closed-circuit video monitoring | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (d) | | | \_\_\_ control room for Class 2 or Class 3 imaging room | | |  | | |  | | |
|  | | | \_\_\_ physically separated from the imaging room with walls & door  **or** | | |  | | |  | | |
|  | | | \_\_\_ control room door is omitted  \_\_\_ control room serves only one Class 2 or Class 3 imaging room  \_\_\_ control room includes same architectural details & environmental controls as imaging room (except for | | |  | | |  | | |
|  | | | laminar flow diffusers & low returns) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1)(a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance are provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (1)(b) | | | \_\_\_ min. clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ opens into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.4.2 | | | **RADIOGRAPHY (X\_RAY) ROOM**  check if not included in project | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-1  Table 2.1-2 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-3 | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, or any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2)  (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
| 2.2-3.5.1.2(1) | | | \_\_\_ shielded control alcove or room | | |  | | |  | | |
| (a) | | | \_\_\_ control room or alcove is at min. sized & configured in compliance with manufacturer’s recommendations for installation service & maintenance | | |  | | |  | | |
| (b) | | | Shared control room or alcove  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer’s recommendations for installation service & maintenance are accommodated for all rooms served  \_\_\_ means provided to prevent patient in one imaging room from viewing patient in another imaging room | | |  | | |  | | |
| (c) | | | \_\_\_ shielded view window  \_\_\_ designed to provide full view of exam table & patient at all times  \_\_\_ full view of patient during imaging activities through direct line of sight or use of closed-circuit video monitoring | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1)(a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (1)(b) | | | \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ opens into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.4.3 | | | **FLUOROSCOPY ROOM**  check if not included in project | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power: | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-1  Table 2.1-2  Table 2.1-3 | | |
|  | | | \_\_\_ lay-in ceiling | | |  | | |  | | |
|  | | | check if not included in project  \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, i.e. any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power: | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 36 receptacles in total  \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall | | | Table 2.1-1 | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2)  (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
| 2.2-3.4.4.3(1) | | | \_\_\_ Separate toilet room  \_\_\_ handwashing station  \_\_\_ directly accessible from each dedicated Class 1 fluoroscopy room or combination radiography/fluoroscopy room  \_\_\_ patients are able to leave toilet room without reentering fluoroscopy room | | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  check if not included in project  (only if imaging equipment does not emit ionizing radiation)  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2(1) | | | \_\_\_ shielded control alcove or room  check if not included in project  (only if radiation-emitting imaging equipment is portable) | | |  | | |  | | |
| (a) | | | \_\_\_ control room or alcove is at min. sized & configured in compliance with manufacturer’s recommendations for installation service & maintenance | | |  | | |  | | |
| (b) | | | Shared control room or alcove  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer’s recommendations for installation service & maintenance are accommodated for all rooms served  \_\_\_ means provided to prevent patient in one imaging room from viewing patient in another imaging room | | |  | | |  | | |
| (c) | | | \_\_\_ shielded view window  \_\_\_ designed to provide full view of exam table & patient at all times  \_\_\_ full view of patient during imaging activities through direct line of sight or use of closed-circuit video monitoring | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1)(a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (1)(b) | | | \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ open into space outside imaging room | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
| 2.2-3.5.4.4 | | | **MAMMOGRAPHY ROOM**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-1  Table 2.1-2 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-3 | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.4.4(1)  (a) | | | Space Requirements:  \_\_\_ min clearance 3'-0" on all circulating sides of patient position | | |  | | |  | | |
| 2.2-3.5.4.4(2) | | | Visual Privacy:  \_\_\_ means to prevent views into mammography room by public or other patients | | |  | | |  | | |
| 2.2-3.5.4.4(3) | | | \_\_\_ Handwashing station | | |  | | |  | | |
| 2.2-3.5.4.4(4) | | | \_\_\_ Changing rooms for mammography patients  \_\_\_ immediately accessible to waiting area  \_\_\_ immediately accessible to imaging rooms | | |  | | |  | | |
| 2.2-3.5.10.3(2) | | | \_\_\_ each room includes seat or bench & mirror | | |  | | |  | | |
| 2.2-3.5.10.3(3) | | | \_\_\_ provisions for hanging patient clothing & securing valuables located either in patient changing room or in shared secured storage | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.5 | | | **MAGNETIC RESONANCE IMAGING (MRI) FACILITIES**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.5.1 | | | Configuration of MRI suite | | |  | | |  | | |
|  | | | \_\_\_ suite for MRI equipment with static magnetic field of 9 gauss that is contained within MRI scanner device | | |  | | |  | | |
| (1) | | | \_\_\_ MRI suite conforms with manufacturer’s siting guidance | | |  | | |  | | |
| (2) | | | **or**  \_\_\_ suite for MRI equipment with static magnetic field of 9 gauss that extends beyond MRI scanner device conforms to four-zone screening & access control protocols identified in current edition of “ACR Manual on MR Safety” (as noted below) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (a) | | | Static magnetic field of 9 gauss extends beyond MRI scanner device  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ **Zone IV**: Located within MR Controlled Access Area & MR Environment In most cases it uniquely includes MR Projectile Area  \_\_\_ “Magnet is Always On” signage must be visible under all conditions for superconducting systems | | |  | | |  | | |
|  | | | \_\_\_ zone IV MR system room door will be closed at all times except for patient transport | | |  | | |  | | |
|  | | | \_\_\_ **Zone III**: Located within MR Controlled Access Area (9-gauss line may extend outside Zone IV into Zone III control room areas or adjacent equipment rooms) | | |  | | |  | | |
|  | | | \_\_\_ **Zone II**: Interface between publicly accessible uncontrolled Zone I & MR Controlled Access Area | | |  | | |  | | |
|  | | | \_\_\_ typically includes patient waiting changing nursing preparation area patient screening including ferromagnetic detection | | |  | | |  | | |
|  | | | \_\_\_ **Zone I**: Freely accessible to general public | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | Support Areas for MRI Suite: | | |  | | |  | | |
|  | | | \_\_\_ space for patient interviews & physical & clinical screening separate from MRI scanner room | | |  | | |  | | |
|  | | | \_\_\_ patient code treatment/resuscitation area  \_\_\_ adjacent to MRI scanner room | | |  | | |  | | |
|  | | | \_\_\_ ferromagnetic (only) detection & warning systems | | |  | | |  | | |
|  | | | \_\_\_ access controls | | |  | | |  | | |
|  | | | \_\_\_ space for containment of non-MRI-safe objects outside restricted MRI safety zones | | |  | | |  | | |
|  | | | \_\_\_ space for storage (patient lockers) of patient belongings & non-MRI-safe items | | |  | | |  | | |
| (d) | | | \_\_\_ any area in which magnetic field strength is equal to or greater than 9 gauss is physically restricted by use of key locks or pass-key locking systems | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.5.2 | | | \_\_\_ MRI scanner room | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 12 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, i.e. any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2) | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.5.2**(2) | | | \_\_\_ handwashing station | | |  | | |  | | |
| (b) | | | \_\_\_ location of handwashing station in MRI scanner room  **or**  \_\_\_ location of handwashing station directly outside entrance to MRI scanner room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements** | | |  | | |  | | |
| (1) | | | \_\_\_ clearances | | |  | | |  | | |
| (a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | | Superconducting MRI cryogen venting:  \_\_\_ Cryogen vent (quench) pipe is provided in accordance with equipment manufacturer’s technical specifications (for MRI equipment protection) | | | 2.2-3.5.5.3  (1) | | |
| (b) | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table  \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | | Cryogen venting points of discharge:  \_\_\_ clearly marked & shielded from staff & maintenance personnel areas  \_\_\_ substantially removed from all public & patient routes of travel | | | (a) | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | | \_\_\_ minimum clearances from air intakes operable windows or doors as defined by MRI system manufacturer | | | (b) | | |
| 2.2-3.5.5.4 | | | \_\_\_ MRI control room  check if not included in project  (only if control room is not required by MRI device manufacturer) | | | \_\_\_ designed with weather head sufficient to protect against horizontally driven rain | | | (c) | | |
| (1) | | | \_\_\_ operator console positioned so operator has full view of principal approach & entrance to MRI scanner room | | | \_\_\_ Accessible areas around cryogen vent discharge marked to indicate safety exclusion zone in accordance | | | (d) | | |
|  | | |  | | | with MRI equipment manufacturer standards | | |  | | |
| (2) | | | \_\_\_ outward-swinging door  ☐ check if not included in project  \_\_\_ door in open position does not obstruct view of entry opening from operator’s console | | | \_\_\_ Emergency exhaust & passive pressure relief provided in accordance with equipment manufacturer’s technical specifications for building occupant protection | | | (2) | | |
| 2.2-3.5.1.3(1)  (a) | | | Space Requirements:  \_\_\_ sized & configured according to manufacturer’s recommendations | | |  | | |  | | |
| 2.2-3.5.1.3(1)  (c) | | | \_\_\_ shielded view window designed to provide full view of patient at all times (use of additional closed-circuit video monitoring permitted) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.5.5 | | | \_\_\_ Entry vestibule  check if not included in project | | |  | | |  | | |
| (3) | | | (only if 5-gauss volume does not extend beyond MRI device) | | |  | | |  | | |
| (1) | | | \_\_\_ located outside MRI scanner room so that patients health care personnel & other employees must pass through it before entering MRI scanner room | | |  | | |  | | |
| (2) | | | \_\_\_ entry vestibule is part of MRI control room  **or**  \_\_\_ entry vestibule directly visible from control room | | |  | | |  | | |
| 2.2-3.5.5.6 | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ open into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.5.7 | | | Special design elements for MRI scanner room | | |  | | |  | | |
| (1) | | | Architectural details | | |  | | |  | | |
| (a) | | | \_\_\_ ferromagnetic materials that may become detached or otherwise interfere with operation of MRI scanner are not used in MRI scanner rooms | | |  | | |  | | |
| (b) | | | \_\_\_ radiofrequency (RF) shielding provided for clinical MRI installations to attenuate stray radio frequencies that could interfere with MRI imaging process | | |  | | |  | | |
| (c) | | | \_\_\_ MRI scanner room located and/or shielded to avoid electromagnetic interference from elevators or other electromagnetic equipment | | |  | | |  | | |
| (d) | | | \_\_\_ need for magnetic shielding has been assessed by certified physicist experienced in magnetic shielding design | | |  | | |  | | |
| (e) | | | \_\_\_ acoustic control provided to mitigate noise emitted by MRI scanner | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Structural details | | |  | | |  | | |
| (a) | | | \_\_\_ floor structure designed to support weight of MRI scanner equipment  \_\_\_ floor structure designed minimize disturbance to MRI magnetic field  \_\_\_ floor structure designed to mitigate disruptive environmental vibrations | | |  | | |  | | |
| (b) | | | \_\_\_ structural designs keep ferrous content at or below MRI manufacturer requirements based on mass & proximity to MRI scanner | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (3) | | | Electrical details | | |  | | |  | | |
| (a) | | | \_\_\_ power conditioning and/or uninterruptible power supplies provided as indicated by MRI manufacturer’s power requirements & specific facility conditions | | |  | | |  | | |
| (b) | | | \_\_\_ MRI rooms marked with lighted sign with red light to indicate that magnet is in operation | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.6 | | | **ULTRASOUND FACILITIES**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | \_\_\_ Ultrasound room | | |  | | |  | | |
| 2.2-3.5.6.1 | | | Space Requirements: | | |  | | |  | | |
| (1)(a) | | | \_\_\_ min clearance 3’-0” on all circulating sides of patient table or procedural chair | | |  | | |  | | |
| (2) | | | \_\_\_ handwashing station | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-1  Table 2.1-2 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-3 | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, or any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2) | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.6.2 | | | \_\_\_ Patient toilet room | | |  | | |  | | |
| 2.2-3.5.10.2(2)  (a) | | | \_\_\_ directly accessible from imaging room | | |  | | |  | | |
| 2.2-3.5.10.2(2)  (b)  (c) | | | \_\_\_ each toilet room serves one ultrasound room only  **or**  \_\_\_ patient toilet room serves more than one ultrasound room  \_\_\_ shared toilet rooms have interlocking door access hardware | | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.19 | | | Facilities for Processing Ultrasound Probes:  check if not included in project  (only if all ultrasound probes are disinfected in central sterile processing area) | | |  | | |  | | |
| (1) | | | \_\_\_ dedicated ultrasound probe processing room or area (may serve multiple ultrasound exam rooms) | | |  | | |  | | |
| (c) | | | \_\_\_ processing room allows for flow of ultrasound probes from decontamination area to clean area & then to storage | | |  | | |  | | |
| (d) | | | \_\_\_ decontamination area | | |  | | |  | | |
|  | | | \_\_\_ work counter | | | Ventilation: | | |  | | |
|  | | | \_\_\_ instrument-washing sink appropriate to method of decontamination used  \_\_\_ handwashing station | | | \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | \_\_\_ space & utility connections to support high-level disinfection process & equipment used | | |  | | |  | | |
|  | | | **or** | | |  | | |  | | |
| (2) | | | \_\_\_ ultrasound probes processed at point of use or in separate area using automated high-level disinfection unit specifically designed for ultrasound probes | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ space for disinfection device with access to electrical receptacle | | |  | | |  | | |
| (b) | | | \_\_\_ access to soiled workroom provided in same clinical area to support probe decontamination when necessary  \_\_\_ soiled workroom equipped with instrument-washing sink | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (3) | | | \_\_\_ clean ultrasound probe storage | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7 | | | **NUCLEAR/MOLECULAR IMAGING SERVICES**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.1(3) | | | \_\_\_ Exercise area or room  check if not included in project | | |  | | |  | | |
| (a) | | | \_\_\_ exercise equipment (e.g stationary bicycle treadmill) Clearance is provided for patient & caregiver access to equipment on primary access side & on one adjacent side  **or**  \_\_\_ space for exercise equipment in separate room directly accessible to imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (b) | | | \_\_\_ staff work space in imaging room  **or**  \_\_\_ staff work space in separate room directly accessible to imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.1(4) | | | \_\_\_ Handwashing stations  \_\_\_ provided throughout nuclear imaging suite at locations of patient contact  \_\_\_ provided throughout nuclear imaging suite at locations where radiopharmaceutical materials are handled prepared or disposed | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.1(5) | | | \_\_\_ Nuclear imaging dose administration area | | |  | | |  | | |
| (a) | | | \_\_\_ located near preparation area | | |  | | |  | | |
| (b) | | | \_\_\_ provisions for visual privacy from other areas | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.2 | | | \_\_\_ **Scintigraphy (gamma camera) room**  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | Power:  \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-1  Table 2.1-2 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | | Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-3 | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, or any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2) | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2(1) | | | \_\_\_ shielded control alcove or room | | |  | | |  | | |
| (a) | | | \_\_\_ control room or alcove is at min. sized & configured in compliance with manufacturer’s recommendations for installation service & maintenance | | |  | | |  | | |
| (b) | | | Shared control room or alcove  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer’s recommendations for installation service & maintenance are accommodated for all rooms served  \_\_\_ means provided to prevent patient in one imaging room from viewing patient in another imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ shielded view window  \_\_\_ designed to provide full view of exam table & patient at all times  \_\_\_ full view of patient during imaging activities through direct line of sight or use of closed-circuit video monitoring | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1)(a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (1)(b) | | | \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ open into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.3 | | | \_\_\_ **Positron emission tomography (PET) scanner room**  check if not included in project | | |  | | |  | | |
| (1) | | | PET Suite Configuration: | | |  | | |  | | |
| (a) | | | \_\_\_ PET suites designed & positioned in facility to restrict incidental exposure to ionizing radiation sources by persons not immediately involved in PET examination | | |  | | |  | | |
| (b) | | | \_\_\_ certified radiation physicist has determined required extent of radiation shielding at radio-pharmacy, hot lab scanner room patient holding & other spaces | | |  | | |  | | |
|  | | | \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
| (2) | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power: | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-1  Table 2.1-2  Table 2.1-3 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, or any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2) | | |  | | |  | | |  | | |
| (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1) | | | \_\_\_ clearances | | |  | | |  | | |
| (a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (b) | | | \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
| 2.2-3.5.3.3 | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ open into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.3(5) | | | \_\_\_ Cyclotron room  check if not included in project (only if radiopharmaceuticals are provided by commercial sources) | | |  | | |  | | |
| (a) | | | \_\_\_ located in access-restricted areas | | |  | | |  | | |
| (b) | | | \_\_\_ shielding requirements coordinated between equipment manufacturer & reviewing medical physicist | | |  | | |  | | |
|  | | | \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ handwashing station | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (6) | | | \_\_\_ Patient uptake/cool-down room  \_\_\_ radiation shielding provided for patient uptake/cool-down | | |  | | |  | | |
| (b) | | | \_\_\_ configured & appointed to minimize patient movement during radiopharmaceutical uptake period | | |  | | |  | | |
| 2.2-3.5.7.1 (5)(d) | | | \_\_\_ patient uptake/cool-down room combined with nuclear imaging dose administration area  **or**  \_\_\_ patient uptake/cool-down room not combined with nuclear imaging dose administration area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ Toilet room with handwashing station & dedicated “hot” toilet to accommodate radioactive waste  \_\_\_ directly accessible or adjacent to uptake/cool-down room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.7.4 | | | \_\_\_ Single-photon emission computed tomography room (SPECT)  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 2 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is semi-restricted area  \_\_\_ accessed from unrestricted area or semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 15 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power: | | | Table 7-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable, free of fissures, open joints or crevices  Ceiling:  \_\_\_ smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | | | \_\_\_ Min. 12 receptacles in total  \_\_\_ Min. 8 receptacles convenient to table placement  \_\_\_ Min. 1 receptacle on each wall  Nurse Call System:  \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 2 VAC, 1 MA | | | Table 2.1-1  Table 2.1-2  Table 2.1-3 | | |
|  | | | \_\_\_ lay-in ceiling  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot | | |  | | |  | | |
|  | | | \_\_\_ no perforated, tegular, serrated, or highly textured tiles | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(2) | | | Handwashing Station or Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ handwashing station | | |  | | |  | | |
| (a) | | | \_\_\_ directly accessible to Class 2 imaging room  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ hand scrub facilities  \_\_\_ hand scrub position directly outside entrance to Class 2 imaging room | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | \_\_\_ **Class 3 Imaging Room:** | | |  | | |  | | |
| Table 2.2-2 | | | (for invasive procedures, i.e. any Class 2 procedure during which the patient will require physiological monitoring & is anticipated to require active life support) | | |  | | |  | | |
|  | | | check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room is restricted area  \_\_\_ accessed from semi-restricted area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant  \_\_\_ monolithic floor with integral coved wall base carried up the wall min. 6” | | | Ventilation:  \_\_\_ Min. 20 air changes per hour  \_\_\_ Positive pressure  \_\_\_ No recirculating room units  Power:  \_\_\_ Min. 36 receptacles in total | | | Table 7-1  Table 2.1-1 | | |
|  | | | Wall Finishes:  \_\_\_ washable; free of fissures, open joints, or crevices  Ceiling: | | | \_\_\_ Min. 16 receptacles convenient to patient table  \_\_\_ Min. 2 receptacles on each wall  Nurse Call System: | | |  | | |
|  | | | \_\_\_ monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals, gasketed access openings | | | \_\_\_ Emergency call station  Medical Gases:  \_\_\_ 2 OX, 5 VAC, 1 MA, 1 WAGD | | | Table 2.1-2  Table 2.1-3 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.3(3) | | | Hand Scrub Facilities: | | |  | | |  | | |
|  | | | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | | |  | | |  | | |
| 2.1‑2.8.6.3 | | | \_\_\_ placement of scrub station does not restrict min. required corridor width | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.1(3) | | | Space Requirements: | | |  | | |  | | |
| 2.2-3.4.3.2(3) | | | (may include minor wall encroachments of max. 12” deep by max. 10% of wall length) | | |  | | |  | | |
| 2.2-3.4.3.2(2)  (a) | | | \_\_\_ sized to accommodate personnel & equipment planned to be in room during procedures | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | | New Construction & Major Renovations:  \_\_\_ min. clear floor area 600 sf  \_\_\_ min. clear dimension 20’-0”  **or** | | |  | | |  | | |
| (b) | | | Limited Renovations:  \_\_\_ min. clear floor area 500 sf  \_\_\_ min. clear dimension 20’-0” | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2 | | | Radiation Protection:  check if not included in project  (only if imaging equipment does not emit ionizing radiation)  \_\_\_ certified radiation physicist representing owner has specified type, location & amount of radiation protection to be installed based on layout & equipment  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.1.2(1) | | | \_\_\_ shielded control alcove or room | | |  | | |  | | |
| (a) | | | \_\_\_ control room or alcove is at min. sized & configured in compliance with manufacturer’s recommendations for installation service & maintenance | | |  | | |  | | |
| (b) | | | Shared control room or alcove  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer’s recommendations for installation service & maintenance are accommodated for all rooms served  \_\_\_ means provided to prevent patient in one imaging room from viewing patient in another imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ shielded view window  \_\_\_ designed to provide full view of exam table & patient at all times  \_\_\_ full view of patient during imaging activities through direct line of sight or use of closed-circuit video monitoring | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| **2.2-3.5.2.2** | | | **Space requirements:** | | |  | | |  | | |
| (1)(a) | | | \_\_\_ manufacturer’s recommended clearances for installation service & maintenance be provided  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review | | |  | | |  | | |
|  | | | \_\_\_ min clearance 5’-0” on at least one designated patient transfer side of patient table | | |  | | |  | | |
| (1)(b) | | | \_\_\_ min clearance 3’-0” on all sides of freestanding imaging device including patient table gantry or assembly | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.4(1)(d) | | | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | | |  | | |  | | |
| 2.2-3.5.3.3 | | |  | | |  | | |  | | |
| 2.2-3.5.2.5 | | | \_\_\_ System component room  check if not included in project | | |  | | |  | | |
| (1) | | | Location: | | |  | | |  | | |
| (a) | | | \_\_\_ opens into imaging room  **or**  \_\_\_ open into space outside imaging room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (2) | | | Space Requirements:  \_\_\_ room sized to accommodate following as indicated by imaging equipment manufacturer: | | |  | | |  | | |
| (a) | | | \_\_\_ transformers | | |  | | |  | | |
| (b) | | | \_\_\_ power distribution equipment | | |  | | |  | | |
| (c) | | | \_\_\_ power conditioning/UPS equipment | | |  | | |  | | |
| (d) | | | \_\_\_ computers | | |  | | |  | | |
| (e) | | | \_\_\_ associated electronics & electrical gear | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.2.6 | | | \_\_\_ Multiple-modality devices (e.g., PET/CT SPECT/CT or PET/MRI)  \_\_\_ minimum design requirements for that room include design criteria for each individual contributing modality | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.15(2) | | | **PRE- & POST-PROCEDURE PATIENT CARE AREA FOR CLASS 2 OR CLASS 3 IMAGING ROOMS:** | | |  | | |  | | |
| (4) | | | (may be shared with adjacent surgical services) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.1.1 | | | \_\_\_ Patient care stations accommodate lounge chairs, gurneys or beds for pre‑ & post‑procedure (recovery) patient care  \_\_\_ Patient care stations accommodate seating space for family/visitors | | |  | | |  | | |
| 2.1‑3.4.1.2 | | | \_\_\_ Location in unrestricted area | | |  | | |  | | |
| 2.1‑3.4.1.3(2) | | | Layout: | | |  | | |  | | |
| (a) | | | \_\_\_ combination of pre‑ & post‑procedure patient care stations in one patient care area  \_\_\_ patient care stations combined in same area meet most restrictive requirements of areas to be combined  **or** | | |  | | |  | | |
| (b) | | | \_\_\_ separate pre‑procedure patient care area & post‑procedure recovery area  **or** | | |  | | |  | | |
| (c) | | | \_\_\_ three areas: pre‑procedure patient care area Phase I post‑anesthetic care unit (PACU) & Phase II recovery area | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.1.4 | | | Number of Patient Care Stations: | | |  | | |  | | |
| **2.2-3.5.8.15**(2) | | | \_\_\_ one patient care station provided for each Class 2 imaging room  check if not included in project  (only if Class 2 imaging rooms are not provided) | | |  | | |  | | |
| **2.2-3.5.8.15**(3) | | |  | | |  | | |  | | |
| 2.1-3.4.1.4(1) (a) | | | \_\_\_ at least two patient care stations provided for each Class 3 imaging room  check if not included in project  (only if Class 3 imaging rooms are not provided) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.2.2 | | | Space Requirements: | | |  | | |  | | |
| (2)(a) | | | \_\_\_ patient care bays  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ min. clearance 5’‑0” between sides of patient beds/gurneys/lounge chairs | | | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent walls or partitions | | | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed | | | Table 2.1-1 | | |
|  | | | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | | | Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-2 | | |
|  | | |  | | | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | | | Table 2.1-3 | | |
| (2)(b) | | | \_\_\_ patient care cubicles  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent walls or partitions | | | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | | | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed | | | Table 2.1-1 | | |
|  | | |  | | | Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-2 | | |
|  | | |  | | | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | | | Table 2.1-3 | | |
|  | | | \_\_\_ bays or cubicles face each other  check if not included in project  \_\_\_ aisle with min. clearance 8’‑0” independent of foot clearance between patient stations or other fixed objects | | |  | | |  | | |
| (2)(c) | | | \_\_\_ single‑patient rooms  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ min. clearance 3’‑0” between sides & foot of beds/gurneys/lounge chairs & adjacent walls or partitions | | | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | |  | | | Power:  \_\_\_ Min. 8 receptacles in total  \_\_\_ convenient to head of gurney or bed | | | Table 2.1-1 | | |
|  | | |  | | | Nurse Call System:  \_\_\_ Emergency call station | | | Table 2.1-2 | | |
|  | | |  | | | Medical Gases:  \_\_\_ 1 OX, 3 VAC, 1 MA per station | | | Table 2.1-3 | | |
| 2.1‑3.4.2.4 | | | Patient Privacy: | | |  | | |  | | |
| 2.1‑2.1.2 | | | \_\_\_ provisions are made to address patient visual & speech privacy | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.2.5 | | | \_\_\_ Handwashing stations | | |  | | |  | | |
| 2.1‑2.8.7.1 | | | \_\_\_ located in each room where hands‑on patient care is provided | | |  | | |  | | |
| 2.1‑2.8.7.3 | | | \_\_\_ handwashing station serves multiple patient care stations  check if not included in project | | |  | | |  | | |
| (1) | | | \_\_\_ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof | | |  | | |  | | |
| (2) | | | \_\_\_ handwashing stations evenly distributed | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.4.2 | | | \_\_\_ At least one route of patient transport provides direct access from semi‑restricted area of surgical suite to Phase I recovery area without crossing public corridors | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑3.4.4.3 | | | \_\_\_ Design of Phase I recovery area provides observation of all patient care stations from nurse station | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 130.960(B) | | | Cardiac Catheterization & Electrophysiology:  check if not included in project  \_\_\_ patient recovery area directly accessible from the procedure room | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8 | | | **SUPPORT AREAS FOR IMAGING SERVICES** | | |  | | |  | | |
|  | | | (may be shared between different imaging modalities) | | |  | | |  | | |
| 2.2-3.5.8.2 | | | \_\_\_ Reception area with control desk | | |  | | |  | | |
| 2.2-3.5.8.3 | | | \_\_\_ Documentation area | | |  | | |  | | |
| 2.1‑2.8.3.1 | | | \_\_\_ work surface to support documentation process | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.4 | | | \_\_\_ Consultation area  \_\_\_ for consultation with patients or referring clinician (including remote consultation) | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.8(1) | | | \_\_\_ Medication safety zone & storage | | |  | | |  | | |
|  | | | \_\_\_ immediately accessible from pre- & post-procedure patient care areas | | |  | | |  | | |
| 2.2-3.5.8.8(2) | | | \_\_\_ provision for locked storage of medications | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑2.8.8.1(2) | | | Design Promoting Safe Medication Use: | | |  | | |  | | |
| (a) | | | \_\_\_ medication safety zones located out of circulation paths | | |  | | |  | | |
| (b) | | | \_\_\_ work space designed so that staff can access information & perform required tasks | | | Lighting:  \_\_\_ Task‑specific lighting level min 100 foot‑candles | | | 2.1‑2.8.8.1(2)(d) | | |
| (c) | | | \_\_\_ work counters provide space to perform required tasks | | |  | | |  | | |
| (e) | | | \_\_\_ sharps containers placed at height that allows users to see top of container | | |  | | |  | | |
| (f) | | | \_\_\_ max 45 dBA noise level caused by building systems | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.1‑2.8.8.2(1) | | | \_\_\_ medication preparation room | | |  | | |  | | |
| (a) | | | \_\_\_ under visual control of nursing staff | | | Ventilation: | | |  | | |
| (b) | | | \_\_\_ work counter | | | \_\_\_ Min 4 air changes per hour | | | Table 7-1 | | |
|  | | | \_\_\_ handwashing station | | | Lighting: | | |  | | |
|  | | | \_\_\_ lockable refrigerator | | | \_\_\_ Task lighting | | | 2.1‑2.8.8.1(2)(d) | | |
|  | | | \_\_\_ locked storage for controlled drugs | | |  | | |  | | |
|  | | | \_\_\_ sharps containers  check if not included in project | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (c) | | | \_\_\_ self‑contained medication‑dispensing unit  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ room designed with space to prepare medications  **or** | | |  | | |  | | |
| 2.1‑2.8.8.2(2) | | | \_\_\_ automated medication‑dispensing unit | | |  | | |  | | |
| (a) | | | \_\_\_ located at nurse station in clean workroom or in alcove | | | Lighting:  \_\_\_ Task lighting | | | 2.1‑2.8.8.1(2)(d) | | |
| (c) | | | \_\_\_ handwashing station located next to stationary medication-dispensing units or stations | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.11  (2) | | | \_\_\_ Clean workroom or clean supply room  (may be shared with another department) | | |  | | |  | | |
| (1) | | | \_\_\_ readily accessible to imaging rooms | | |  | | |  | | |
| 2.1‑2.8.11.2 | | | \_\_\_ clean workroom  \_\_\_ used for preparing patient care items | | | Ventilation:  \_\_\_ Min 4 air changes per hour | | | Table 7-1 | | |
| (1) | | | \_\_\_ work counter | | | \_\_\_ Positive pressure | | |  | | |
| (2) | | | \_\_\_ handwashing station | | |  | | |  | | |
| (3) | | | \_\_\_ storage facilities for clean & sterile supplies  **or** | | |  | | |  | | |
| 2.1‑2.8.11.3 | | | \_\_\_ clean supply room | | | Ventilation: | | |  | | |
|  | | | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile supplies | | | \_\_\_ Min 4 air changes per hour  \_\_\_ Positive pressure | | | Table 7-1 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.12 | | | Soiled workroom or soiled holding room  (may be shared with another department) | | |  | | |  | | |
| 2.1‑2.8.12.2 | | | \_\_\_ soiled workroom | | | Ventilation:  \_\_\_ Min 10 air changes per hour | | | Table 7-1 | | |
| (1)(a) | | | \_\_\_ handwashing station | | | \_\_\_ Exhaust | | |  | | |
| (1)(b) | | | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | | | \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | |  | | |
| (1)(c) | | | \_\_\_ work counter | | |  | | |  | | |
| (1)(d) | | | \_\_\_ space for separate covered containers for waste & soiled linen | | |  | | |  | | |
| (2) | | | \_\_\_ fluid management system is used  check if not included in project | | |  | | |  | | |
| (a) | | | \_\_\_ electrical & plumbing connections that meet manufacturer requirements | | |  | | |  | | |
| (b) | | | \_\_\_ space for docking station  **or** | | |  | | |  | | |
| 2.1‑2.8.12.3 | | | \_\_\_ soiled holding room | | | Ventilation:  \_\_\_ Min 10 air changes per hour | | | Table 7-1 | | |
| (1) | | | \_\_\_ handwashing station or hand sanitation station | | | \_\_\_ Exhaust  \_\_\_ Negative pressure | | |  | | |
| (2) | | | \_\_\_ space for separate covered containers for waste & soiled linen | | | \_\_\_ No recirculating room units | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.12(2) | | | \_\_\_ Hot soiled holding  check if not included in project (only if Nuclear Imaging is not involved or if written statement from medical physicist is provided) | | |  | | |  | | |
| (a) | | | \_\_\_ provided in soiled workroom or soiled holding room  \_\_\_ separate from other waste holding areas | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.13(1) | | | \_\_\_ Clean linen storage  \_\_\_ storage area for clean linen | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.13(3) | | | \_\_\_ Mobile storage units used in lieu of fixed cabinets  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ placement of storage units does not encroach on clear floor area in imaging room or clearances needed for equipment used | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.14  (2) | | | \_\_\_ Environmental services room  (may be shared with other departments) | | |  | | |  | | |
| (1) | | | \_\_\_ immediate access to imaging suite | | |  | | |  | | |
| 2.1‑2.8.14.2 | | |  | | |  | | |  | | |
| (1) | | | \_\_\_ service sink or floor‑mounted mop sink | | | Ventilation:  \_\_\_ Min 10 air changes per hour | | | Table 7-1 | | |
| (2) | | | \_\_\_ provisions for storage of supplies & housekeeping equipment | | | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | |  | | |
| (3) | | | \_\_\_ handwashing station  **or**  \_\_\_ hand sanitation station | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.16  (3)(4) | | | \_\_\_ Contrast media preparation area  (may serve multiple imaging rooms & is permitted to be part of medication preparation area)  check if not included in project | | |  | | |  | | |
| (1)(a) & (b)  (2) | | | \_\_\_ sink & counter  check if not included in project (only if prepared media are used) | | |  | | |  | | |
| (c) | | | \_\_\_ storage to accommodate preparation of contrast media | | |  | | |  | | |
| (d) | | | \_\_\_ secure lockable storage | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.17(1) | | | \_\_\_ Image management system | | |  | | |  | | |
| (2) | | | \_\_\_ location of digital image management system on-site  **or**  \_\_\_ location of digital image management system off-site | | |  | | |  | | |
| **2.1-6.3.5** | | |  | | |  | | |  | | |
| **2.1-6.3.5.1** | | | **Location**  \_\_\_ to maintain confidentiality of records digital image management system area is restricted to staff access | | |  | | |  | | |
| **2.1-6.3.5.2** | | | **Space requirements** | | |  | | |  | | |
| (1) | | | \_\_\_ space is provided for digital image management system | | |  | | |  | | |
| (2) | | | \_\_\_ physical space requirements for electronic storage is coordinated with electronic medical records personnel from facility | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.18 | | | \_\_\_ Image interpretation/reading rooms | | |  | | |  | | |
| (1) | | | \_\_\_ remote location of image interpretation/ reading areas be permitted provided radiologists are immediately available when interventional imaging procedures are performed  **or** | | |  | | |  | | |
| (2) | | | \_\_\_ on-site location of image interpretation/ reading areas | | |  | | |  | | |
| (a) | | | \_\_\_ adjustable ambient lighting with minimal glare projected onto computer monitors | | |  | | |  | | |
|  | | | \_\_\_ higher level of illumination for room maintenance (activated separately from ambient reading lighting) | | |  | | |  | | |
|  | | | \_\_\_ workstation task lighting for writing or reading hard copy | | |  | | |  | | |
| (b) | | | \_\_\_ acoustic control  \_\_\_ materials finishes & sound masking minimize disruption from conversational speaking dictation & surrounding noise | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.8.21 | | | \_\_\_ Radiopharmaceutical production pharmacy  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ radiopharmacy provided with appropriate shielding | | |  | | |  | | |
| (1) | | | Space Requirements: | | |  | | |  | | |
| (a)  (b) | | | \_\_\_ space provided for dose calibration quality assurance & record-keeping activities  \_\_\_ space for storage of radionuclides chemicals for preparation dose calibrators & records | | | Ventilation:  \_\_\_ Hoods for pharmaceutical preparation meet applicable standards | | | 2.2-3.4.8.21 (3) | | |
| (2) | | | \_\_\_ floors & walls be constructed of easily decontaminated materials | | |  | | |  | | |
| 2.2-3.5.8.22 | | | \_\_\_ Hot lab for nuclear/molecular imaging services  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ securable area or room for storage & dosage of radiopharmaceuticals | | |  | | |  | | |
| (2) | | | \_\_\_ hot lab shielded according to manufacturer’s technical specifications  \_\_\_ manufacturer’s technical specifications have been submitted to DPH Plan Review | | | Ventilation:  \_\_\_ Min 6 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
| (3)(a) | | | \_\_\_ source storage area | | |  | | |  | | |
| (3)(b) | | | \_\_\_ dose storage area | | |  | | |  | | |
| (3)(c) | | | \_\_\_ storage area for syringe shields | | |  | | |  | | |
| (3)(d) | | | \_\_\_ emergency eyewash & shower | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.9 | | | **SUPPORT AREAS FOR IMAGING SERVICES STAFF** | | |  | | |  | | |
| 2.2-3.5.9.1 | | | \_\_\_ Staff lounge | | |  | | |  | | |
| (1) | | | \_\_\_ readily accessible to imaging suite | | |  | | |  | | |
| (2) | | | \_\_\_ Provisions for securing staff belongings | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.9.2 | | | \_\_\_ Staff toilet room | | |  | | |  | | |
| (1) | | | \_\_\_ adjacent to staff lounge | | |  | | |  | | |
| (2) | | | \_\_\_ imaging suite has fewer than 3 imaging rooms  \_\_\_ staff toilet room readily accessible to imaging suite  **or**  \_\_\_ imaging suite has 3 or more imaging rooms  \_\_\_ staff toilet room immediately accessible to imaging suite | | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10 | | | **SUPPORT AREAS FOR PATIENTS** | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10.1 | | | \_\_\_ Patient waiting room or area | | |  | | |  | | |
| **2.2-3.1.3.4**(1) | | | \_\_\_ seating | | |  | | |  | | |
| **2.2-3.1.3.4**(2) | | | \_\_\_ public toilet room  \_\_\_ immediately accessible  \_\_\_ handwashing station | | |  | | |  | | |
| **2.2-3.1.3.4**(3) | | | \_\_\_ access to drinking water | | |  | | |  | | |
| **2.2-3.1.3.4**(4) | | | \_\_\_ access to public communications services | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10.1(2) | | | \_\_\_ suite routinely used for inpatients at same time as outpatients  check if not included in project | | |  | | |  | | |
|  | | | \_\_\_ outpatient waiting & inpatient holding areas separated to provide visual & acoustic privacy | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10.1(3) | | | Sub-Waiting Areas:  check if not included in project | | |  | | |  | | |
| (a) | | | \_\_\_ provision of waiting areas for individual imaging modalities or sharing of sub‑waiting areas among similar modalities | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| (b) | | | \_\_\_ sub-waiting areas screened & separated from unrelated traffic  \_\_\_ sub-waiting areas are under staff control | | |  | | |  | | |
| 2.2-3.5.10.1(4) | | | \_\_\_ Low-level hot patient waiting area  check if not included in project  (may be omitted if medical physicist’s report indicates it is not necessary) | | |  | | |  | | |
|  | | | \_\_\_ where imaging services will result in patients with low levels of radiation (low-level hot) sub-waiting area to isolate these patients be provided | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10.2 | | | \_\_\_ Patient toilet rooms | | |  | | |  | | |
| (1) | | | \_\_\_ immediately accessible to waiting areas  \_\_\_ immediately accessible to changing rooms  \_\_\_ handwashing stations | | | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
| (3) | | | \_\_\_ Toilet rooms for nuclear imaging patients  check if not included in project (only if Nuclear Imaging is not involved in project) | | | Ventilation: | | |  | | |
| (a) | | | \_\_\_ immediately accessible to waiting areas  \_\_\_ immediately accessible to nuclear imaging rooms | | | \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | | | Table 7-1 | | |
| (b) | | | \_\_\_ dedicated “hot” toilets for dosed nuclear imaging patients | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 2.2-3.5.10.3 | | | \_\_\_ Patient changing rooms  check if not included in project | | |  | | |  | | |
| (1) | | | \_\_\_ located adjacent to imaging rooms | | |  | | |  | | |
| (2) | | | \_\_\_ each room includes seat or bench & mirror | | |  | | |  | | |
| (3) | | | \_\_\_ provisions for individual lockable storage for patient clothing & valuables are immediately accessible to changing rooms | | |  | | |  | | |
|  | | |  | | |  | | |  | | |

LOCATION TERMINOLOGY:

Directly accessible: Connected to identified area or room through doorway pass-through or other opening without going through intervening room or public space

Adjacent: Located next to but not necessarily connected to identified area or room

Immediately accessible: Available either in or adjacent to identified area or room

Readily accessible: Available on same floor or in same clinic as identified area or room

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  |  |
| 2.1‑7.2.2.1  NFPA 101, 18.2.3.3 | CORRIDOR WIDTH:  \_\_\_ Aisles, corridors & ramps required for exit access in hospital not less than 8'‑0" in clear & unobstructed width  **or**  \_\_\_ Detailed code review incorporated in Project Narrative |
|  |  |
|  | \_\_\_ Aisles, corridors & ramps in adjunct areas not intended for the treatment or use of inpatients not less than 44” in clear & unobstructed width |
|  |  |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (1) | \_\_\_ Min. ceiling height 7’-6” in corridors & in normally unoccupied spaces |
| (3) | \_\_\_ Min height 7’‑6” above floor of suspended tracks rails & pipes located in traffic path for patients in beds & on stretchers |
|  | \_\_\_ Min ceiling height 7’‑10” in other areas |
|  |  |
| 2.1‑7.2.2.3  (1)  (a)  (b) | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors  \_\_\_ sliding doors  check if not included in project |
|  | \_\_\_ manual or automatic sliding doors comply with NFPA 101  \_\_\_ detailed code review incorporated in Project Narrative  \_\_\_ no floor tracks |
| (2)  (a) | Door Opening:  \_\_\_ min. 45.5” clear door width for diagnostic/treatment areas  \_\_\_ min. 83.5” clear door height for diagnostic/treatment areas |
| (b) | \_\_\_ swinging doors for personnel use in addition to sliding doors  check if not included in project  \_\_\_ min. clear width 34.5” |
|  |  |
| (3) | Door Swing: |
| (a) | \_\_\_ doors do not swing into corridors except doors to non‑occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware |
|  |  |
| (4) | \_\_\_ Lever hardware or push/pull latch hardware |
|  |  |
| (5) | Doors for Patient Toilet Facilities: |
| (a) | \_\_\_ two separate doors  **or** |
|  | \_\_\_ door that swings outward  **or** |
|  | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)  **or** |
|  | \_\_\_ sliding door other than pocket door |
|  |  |
| (b) | \_\_\_ toilet room opens onto public area or corridor  check if not included in project |
|  | \_\_\_ visual privacy is maintained |
|  |  |
| 2.1‑7.2.2.7 | GLAZING MATERIALS:  \_\_\_ Glazing within 1 foot 6 inches of floor  check if not included in project |
|  | \_\_\_ must be safety glass, wire glass or plastic break‑resistant material |
|  |  |
| 2.1‑7.2.2.8 | HANDWASHING STATIONS: |
| (1)(c) | \_\_\_ Handwashing stations in patient care areas located so they are visible & unobstructed |
| (3) |  |
| (a) | \_\_\_ Handwashing station countertops made of porcelain, stainless steel, solid‑surface materials or impervious plastic laminate assembly |
| (b) | \_\_\_ Countertops substrate  check if not included in project  \_\_\_ marine‑grade plywood (or equivalent material) with impervious seal |
| (4) | \_\_\_ Handwashing station casework  check if not included in project  \_\_\_ designed to prevent storage beneath sink |
| (5) | \_\_\_ Provisions for drying hands  check if not included in project  (only in the case of hand scrub facilities) |
| (a) | \_\_\_ hand‑drying device does not require hands to contact dispenser |
| (b) | \_\_\_ hand‑drying device is enclosed to protect against dust or soil & to ensure single‑unit dispensing |
| (6) | \_\_\_ liquid or foam soap dispensers |
| (7) | \_\_\_ No mirror at hand scrub stations or at handwashing stations in clean & sterile supply areas |
|  |  |
| 2.1‑7.2.2.9 | GRAB BARS: |
| (1) | \_\_\_ Grab bars anchored to sustain concentrated load 250 pounds |
| (3) | \_\_\_ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors |
|  |  |
| 2.1‑7.2.2.10 | HANDRAILS: |
| (1) | \_\_\_ Handrails installed on both sides of patient use corridors |
| (3) | \_\_\_ Rail ends return to wall or floor |
| (4) | \_\_\_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (5) | \_\_\_ Handrails have eased edges & corners |
| (6) | \_\_\_ Handrail finishes are cleanable |
|  |  |
| 2.1‑7.2.2.11 | RADIATION PROTECTION:  check if no radiation emitting equipment is included in project |
|  | \_\_\_ Protection for X‑ray & Gamma‑ray installations are shown in the plans  \_\_\_ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program |
|  |  |
| 2.1‑7.2.2.12 | NOISE CONTROL: |
| (1) | \_\_\_ Recreation rooms, exercise rooms equipment rooms & similar spaces where impact noises may be generated are not located directly over operating suites  **or**  \_\_\_ Special provisions are made to minimize impact noise |
|  |  |
| (2) | \_\_\_ Noise reduction criteria in Table 1.2‑6 applicable to partitions, floors & ceiling construction are met in patient areas |
|  |  |
| 2.1‑7.2.3 | **SURFACES** |
| 2.1‑7.2.3.1 | FLOORING & WALL BASES: |
| (1) | \_\_\_ Flooring surfaces cleanable & wear‑resistant for location |
| (3) | \_\_\_ Smooth transitions provided between different flooring materials |
| (4) | \_\_\_ Flooring surfaces including those on stairways are stable, firm & slip‑resistant |
| (5) | \_\_\_ Floors & wall bases of soiled workrooms, toilet rooms & other areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions |
| (7)(a) | Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below: |
|  | \_\_\_ Class 2 & Class 3 imaging rooms |
|  | \_\_\_ soiled workroom & soiled holding room |
|  |  |
| 2.1‑7.2.3.2 | WALLS & WALL PROTECTION: |
| (1)(a) | \_\_\_ Wall finishes are washable |
| (1)(b) | \_\_\_ Wall finishes near plumbing fixtures are smooth, scrubbable & water‑resistant |
| (2) | \_\_\_ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth |
|  |  |
| (5) | \_\_\_ Wall protection devices & corner guards durable & scrubbable |
|  |  |
| 2.1‑7.2.3.3 | CEILINGS: |
| (1) | \_\_\_ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms |
| (a) | \_\_\_ Ceilings cleanable with routine housekeeping equipment |
| (b) | \_\_\_ Acoustic & lay‑in ceilings where used do not create ledges or crevices |
|  |  |
| (2) | Semi‑Restricted Areas:  check if not included in project |
| (a) | \_\_\_ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals |
| (b) | \_\_\_ lay‑in ceilings  \_\_\_ gasketed or each ceiling tile weighs at least one pound per square foot |
| (c) | \_\_\_ no perforated tegular serrated or highly textured tiles in semi‑restricted areas |
|  | **or**  \_\_\_ ceilings of monolithic construction |
|  |  |
| (3) | Restricted Areas:  check if not included in project |
| (a) | \_\_\_ ceilings of monolithic construction (except for central diffuser array) |
| (b) | \_\_\_ modular or prefabricated laminar (or controlled) flow ceiling system in operating rooms & Class 3 imaging rooms/hybrid operating rooms in place of monolithic ceiling construction  check if not included in project |
|  | \_\_\_ seams & access doors are continuously gasketed.  \_\_\_ assembly is constructed with structural frame engineered & rated for systems supported & equipped with seismic bracing as required  \_\_\_ accommodations are made to provide access for testing maintenance & replacement of items  \_\_\_ diffuser arrangement & airflow design complies with ASHRAE 170 (see below)  \_\_\_ devices & related controls are UL/ETL labeled |
|  |  |
| (c) | \_\_\_ ceiling finishes scrubbable & capable of withstanding cleaning & disinfecting chemicals |
| (d) | \_\_\_ access openings are gasketed |
| 2.1‑7.2.4 | FURNISHINGS: |
| 2.1‑7.2.4.1 | \_\_\_ built‑in furnishings upholstered with impervious materials in patient treatment areas with risks of exposure & contamination from bodily fluids & other fluids |
| 2.1‑7.2.4.3 | \_\_\_ Privacy curtains in patient care areas are washable |

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| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |
| Part 3/6.1 | UTILITIES: |
| Part 3/6.1.1 | Ventilation Upon Loss of Electrical Power:  \_\_\_ space ventilation & pressure relationship requirements of Table 7-1 are maintained for AII Rooms PE Rooms Operating Rooms in event of loss of normal electrical power |
|  |  |
| Part 3/6.1.2 | Heating & Cooling Sources: |
| Part 3/6.1.2.1 | \_\_\_ heat sources & essential accessories provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance  \_\_\_ capacity of remaining source or sources is sufficient to provide heating for operating rooms & recovery rooms |
|  |  |
| Part 3/6.1.2.2 | Central cooling systems greater than 400 tons (1407 kW) peak cooling load  check if not included in project  \_\_\_ number & arrangement of cooling sources & essential accessories is sufficient to support owner’s facility operation plan upon breakdown or routine maintenance of any one of cooling sources. |
|  |  |
| Part 3/6.2 | AIR-HANDLING UNIT (AHU) DESIGN: |
| Part 3/6.2.1 | \_\_\_ AHU casing is designed to prevent water intrusion resist corrosion & permit access for inspection & maintenance |
| Part 3/6.3 | OUTDOOR AIR INTAKES & EXHAUST DISCHARGES: |
| Part 3/6.3.1 | Outdoor Air Intakes: |
| Part 3/6.3.1.1 | \_\_\_ located such that shortest distance from intake to any specific potential outdoor contaminant source be equal to or greater than separation distance listed in Table 6-1 |
| Part 3/6.3.1.1 | \_\_\_ located min of 25’-0” from cooling towers & all exhaust & vent discharges  \_\_\_ air intakes located away from public access  \_\_\_ all intakes are designed to prevent entrainment of wind-driven rain  \_\_\_ contain features for draining away precipitation  \_\_\_ equipped with birdscreen of mesh no smaller than 0.5 in |
|  |  |
| Part 3/6.3.1.4 | \_\_\_ intake in areaway  check if not included in project  \_\_\_ bottom of areaway air intake opening is at least 6’-0” above grade  \_\_\_ bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
|  |  |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, min. MERV-8 provided upstream of first heat exchanger surface of any air-conditioning system that combines return air from multiple rooms or introduces outdoor air. |
| b. | \_\_\_ Outdoor air filtered in accordance with Table 7-1 |
| c. | \_\_\_ Air supplied from equipment serving multiple or different spaces is filtered in accordance with Table 7-1 |
| d. | \_\_\_ Air recirculated within room is filtered in accordance with Table 7-1, or Section 7.1(a)(5) |
| e. | \_\_\_ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have min. filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 7-1, the min. filter requirement listed in Table 7-1, is installed downstream of all wet-air cooling coils & supply fan |
|  |  |
| Part 3/6.5 | HEATING & COOLING SYSTEMS: |
| Part 3/6.5.3 | \_\_\_ Radiant heating systems  check if not included in project  \_\_\_ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room, PE room, operating room or procedure room |
|  |  |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 | \_\_\_ Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation  \_\_\_ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems  \_\_\_ Inpatient facilities & recovery rooms are served by fully ducted return or exhaust systems |
|  |  |
| Part 3/6.7.2 | Air Distribution Devices: |
|  | \_\_\_ supply air outlets comply with Table 6-2 |
|  |  |
| Part 3/6.7.3 | Smoke Barriers:  \_\_\_ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers. |
|  |  |
| Part 3/6.8 | ENERGY RECOVERY SYSTEMS:  check if not included in project |
| Part 3/6.8.1 | \_\_\_ Located upstream of filters required by Part 3/6.8.4 |
| Part 3/6.8.2 | \_\_\_ AII room exhaust systems or combination AII/PE rooms are not used for energy recovery |
|  |  |
| Part 3/7 | SPACE VENTILATION-HOSPITAL SPACES: |
| Part 3/7.1.a  Part 3/7.1.a.1 | \_\_\_ Spaces ventilated according to Table 7-1  \_\_\_ Air movement is from clean to less-clean areas |
|  |  |
| Part 3/7.1.a.3 | \_\_\_ Min number of total air changes required for positive pressure rooms is provided by total supply airflow  \_\_\_ Min number of total air changes required for negative pressure rooms is provided by total exhaust airflow |
| Part 3/7.1.a.4 | \_\_\_ Entire min. outdoor air changes per hour required by Table 7-1 for each space meet filtration requirements of Section 6.4 |
|  |  |
| Part 3/7.1a.5 | \_\_\_ Air recirculation through room unit  check if not included in project  \_\_\_ complies with Table 7-1 |
|  | \_\_\_ room unit receive filtered & conditioned outdoor air  \_\_\_ serve only single space |
|  | \_\_\_ provides min MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
| Part 3/7.4.1 | Operating Rooms & Class 3 Imaging Rooms:  check if not included in project |
|  | \_\_\_ Each room has individual temperature control  \_\_\_ room is provided with primary supply diffuser array designed as follows: |
|  | \_\_\_ airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft2  \_\_\_ diffusers are concentrated to provide airflow pattern over patient & surgical team |
|  | \_\_\_ coverage area of primary supply diffuser array extends min 12” beyond footprint of surgical table on each side  \_\_\_ no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses |
|  | \_\_\_ additional supply diffusers provided within room outside of primary supply diffuser array  check if not included in project |
|  | \_\_\_ each room has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8” above floor |
| Part 3/7.4.3 | Imaging Procedure Rooms  check if not included in project |
|  | \_\_\_ Anesthetic gases are administered  \_\_\_ ventilation requirements for operating rooms are met  **or**  \_\_\_ No anesthetic gases are administered |

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| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
|  |  |
| 2.1‑8.3.2 | **ELECTRICAL DISTRIBUTION & TRANSMISSION** |
| 2.1‑8.3.2.2 | Panelboards: |
| (1) | \_\_\_ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below |
| (2) | \_\_\_ panelboard critical branch circuits serve floors on which they are located |
| (3) | \_\_\_ panelboards not located in exit enclosures or exit passageways |
|  |  |
| 2.1‑8.3.2.3 | Ground‑Fault Circuit Interrupters in Operating Rooms & Class 3 Imaging Rooms:  check if not included in project |
| (2) |  |
| (a) | \_\_\_ Each single or duplex receptacle is stand-alone GFCI receptacle |
| (b) | \_\_\_ Where GFCI breakers are used, no more than one single or duplex receptacle is connected to individual GFCI breaker |
|  |  |
| 2.1-8.3.3 | **POWER-GENERATING & -STORING EQUIPMENT** |
| 2.1-8.3.3.1 | \_\_\_ Essential electrical system or emergency electrical power |
| (1) | \_\_\_ essential electrical system complies with NFPA 99 |
| (2) | \_\_\_ emergency electrical power complies with NFPA 99 |
|  |  |
| 2.1‑8.3.4 | **LIGHTING** |
| 2.1-8.3.4.1(1) | \_\_\_ Luminaires in patient areas have smooth, cleanable, impact-resistant lenses concealing light source |
| 2.1-8.3.4.1(2) | \_\_\_ Luminaires designed to dissipate heat such that touchable surfaces will not burn occupants or ignite materials |
|  |  |
| (4) | Operating Rooms & Class 3 Imaging Rooms: |
| (a) | \_\_\_ general lighting in addition to special lighting units provided at surgical & obstetrical tables |
| (b) | \_\_\_ general lighting & special lighting are on separate circuits |
| (7) | \_\_\_ Uplight fixtures installed in patient care areas are covered |
|  |  |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 | \_\_\_ Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system |
| 2.1‑8.3.5.2 | \_\_\_ Electronic health record system servers & centralized storage provided with uninterruptible power supply |
|  |  |
| 2.1‑8.3.6 | **ELECTRICAL RECEPTACLES** |
| 2.1‑8.3.6.1 | Receptacles In Corridors: |
| (1) | \_\_\_ duplex‑grounded receptacles for general use installed 50’‑0” apart or less in all corridors  \_\_\_ duplex‑grounded receptacles for general use installed within 25’‑0” of corridor ends |
|  |  |
| 2.1‑8.3.6.3 | Essential Electrical System Receptacles: |
| (1) | \_\_\_ cover plates for electrical receptacles supplied from essential electrical system are distinctively colored or marked for identification |
| (2) | \_\_\_ same color is used throughout facility |
|  |  |
| 2.1‑8.4 | **PLUMBING SYSTEMS** |
| 2.1‑8.4.2 | Plumbing & Other Piping Systems: |
| 2.1‑8.4.2.1(3) | \_\_\_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem |
|  |  |
| 2.1‑8.4.2.5 | Heated Potable Water Distribution Systems: |
| (2) | \_\_\_ heated potable water distribution systems serving patient care areas are under constant recirculation  \_\_\_ non‑recirculated fixture branch piping does not exceed 25’‑0” in length |
| (3)(a)  (3)(c) | \_\_\_ no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b) | \_\_\_ any existing dead‑end piping is removed  ☐ check if not included in project |
| (4)(a) | \_\_\_ water‑heating system supplies water at temperatures & amounts indicated in Table 2.1‑4 |
| 2.1‑8.4.2.6 | Drainage Systems: |
| (1)(a) | \_\_\_ drainage piping installed above ceiling of or exposed in rooms listed below piping have special provisions (e.g double wall containment piping or oversized drip pans) to protect space below from leakage & condensation |
|  | * operating rooms * delivery rooms * procedure rooms * trauma rooms * nurseries * central kitchens * one-room sterile processing facilities * clean workroom of two-room sterile processing facilities * pharmacies * Class 2 & 3 imaging rooms * electronic mainframe rooms (EFs & TERs) * main switchgear * electrical rooms * electronic data processing areas * electric closets |
| (1)(b) | \_\_\_ drip pan for drainage piping above ceiling of sensitive area  ☐ check if not included in project  \_\_\_ accessible  \_\_\_ overflow drain with outlet located in normally occupied area that is not open to restricted area |
| (2) | Floor Drains: |
| (a) | \_\_\_ no floor drains in procedure rooms operating rooms Class 2 & Class 3 imaging rooms |
|  |  |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1) | \_\_\_ Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
|  |  |
| 2.1‑8.4.3.2 | Handwashing Station Sinks: |
| (1) | \_\_\_ designed with basins & faucets that reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed, medications are prepared or food is prepared |
| (2) | \_\_\_ sink basins have nominal size of no less than 144 square inches  \_\_\_ sink basins have min dimension 9 inches in width or length |
| (3) | \_\_\_ sink basins are made of porcelain stainless steel or solid‑surface materials |
| (5) | \_\_\_ water discharge point of faucets is at least 10” above bottom of basin |
| (7) | \_\_\_ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs is applied |
| (8) | \_\_\_ sinks used by medical & nursing staff patients & public have fittings that can be operated without using hands (may be single‑lever or wrist blade devices) |
| (a) | \_\_\_ blade handles  ☐ check if not included in project  \_\_\_ at least 4 inches in length |
|  | \_\_\_ provide clearance required for operation |
| (b) | \_\_\_ sensor‑regulated water fixtures  check if not included in project |
|  | \_\_\_ meet user need for temperature & length of time water flows |
|  | \_\_\_ designed to function at all times & during loss of normal power |
|  |  |
| 2.1‑8.4.3.4 | Ice‑Making Equipment:  \_\_\_ copper tubing provided for supply connections to ice‑making equipment |
|  |  |
| 2.1‑8.4.3.5 | Clinical Sinks: |
| (1)  (a) | \_\_\_ trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b) | \_\_\_ handles are at least 6 in long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
|  |  |
| 2.1‑8.4.3.6 | Scrub Sinks: |
| (1) | \_\_\_ freestanding scrub sinks are trimmed with foot knee or electronic sensor controls |
| (2) | \_\_\_ no single‑lever wrist blades except for temperature pre‑set valve |
|  |  |
| 2.1‑8.4.4 | **MEDICAL GAS & VACUUM SYSTEMS** |
|  | \_\_\_ Station outlets provided as indicated in Table 2.1‑3 |
|  |  |
| 2.1‑8.5.1 | **CALL SYSTEMS** |
| 2.1‑8.5.1.1(1) | \_\_\_ Nurse call stations provided as required in Table 2.1‑2 |
| 2.1‑8.5.1.1(2) | \_\_\_ Nurse call systems report to attended location with electronically supervised visual & audible annunciation as indicated in Table 2.1‑2 |
| 2.1‑8.5.1.1(4) | \_\_\_ Call system complies with UL 1069 “Standard for Hospital Signaling & Nurse Call Equipment” |
| 2.1‑8.5.1.1(5) | \_\_\_ Wireless nurse call system  ☐ check if not included in project |
|  | \_\_\_ complies with UL 1069 |
| 2.1‑8.5.1.2(4) | \_\_\_ Nurse call system provided in each patient care area as required in Table [2.1‑2](http://www.madcad.com/library/230687/664174/#table-2.1-2) |
| 2.1‑8.5.1.3 | Bath Stations:  \_\_\_ bath station that can be activated by patient lying on floor provided at each patient toilet |
| (1) | \_\_\_ alarm in these areas can be turned off only at bath station where it was initiated |
| (3) | \_\_\_ toilet bath stations located on the side of toilets within 12” of front of toilet bowl & 3'-0" to 4’‑0” above floor |
| 2.1‑8.5.1.5 | \_\_\_ Emergency call stations are equipped with continuous audible or visual confirmation to person who initiated the code call |
|  |  |
| 2.1‑8.5.3 | **EMERGENCY COMMUNICATION SYSTEM** |
|  | \_\_\_ Emergency‑radio communication system provided in each facility |
| 2.1‑8.5.3.1 | \_\_\_ operates independently of building’s service & emergency power systems during emergencies |
| 2.1‑8.5.3.2 | \_\_\_ frequency capabilities to communicate with state emergency communication networks |
|  |  |
| 2.1‑8.6.2 | **ELECTRONIC SURVEILLANCE SYSTEMS**  ☐ check if not included in project |
| 2.1-8.6.2.1 | \_\_\_ Display screens in patient areas are mounted in tamper-resistant enclosure that is unobtrusive |
| 2.1-8.6.2.2 | \_\_\_ Display screens are located so they are not readily observable by general public or patients |
| 2.1‑8.6.2.3 | \_\_\_ Electronic surveillance systems receive power from essential electrical system |