**COMPLIANCE CHECKLIST**

**IP7\_Neonatal Intensive Care Unit**

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

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

1. NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
2. State Building Code (780 CMR)
3. Accreditation requirements of The Joint Commission
4. CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
5. USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
6. Occupational Safety & Health Standards (OSHA)
7. Accessibility Guidelines of the 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 the following instructions and included in the plan submissions for Self-Certification Process or Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (\_\_\_) of this Checklist must be completed exclusively with one of the following marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark “E” may be indicated on the requirement line (\_\_\_) before the name of the 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 a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

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

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

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  | Patient Care Unit Bed Complements:  Current =  Proposed = |
| Satellite Name: (if applicable) |  | Building/Floor Location: |
| Satellite Address: (if applicable) |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.2-2.9 | **NEONATAL INTENSIVE CARE UNIT** |  |  |
|  |  |  |  |
| 2.1‑1.2.3 | Shared Services: |  |  |
|  | \_\_\_ No combined functions unless specifically allowed in this checklist |  |  |
|  |  |  |  |
| 2.2-2.9.1.2 | Location: |  |  |
| (1) | \_\_\_ all entries to NICU secured with controlled access by door locking or by direct or indirect visual observation |  |  |
| (2) | \_\_\_ family entrance & reception area is clearly identified |  |  |
| (3) | \_\_\_ reception area permits visual observation & contact with all traffic entering unit |  |  |
| (4) | \_\_\_ NICU designed to protect physical security of infants parents & staff & to minimize risk of infant abduction |  |  |
|  |  |  |  |
| 2.2-2.9.2 | **NICU ROOMS & AREAS** |  |  |
| 2.2-2.9.2.2  (1)(a) | \_\_\_ Multiple-infant rooms  (including those with bays, cubicles or movable cubicle partitions)  ☐ check if not included in project |  |  |
|  | Space Requirements: | Ventilation: |  |
|  |  | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ each infant care station contains min. clear floor area 150 sf per infant care bed | Lighting:  \_\_\_ General lighting | 2.1‑8.3.4.3(1)  (c) |
| (2)(a) | \_\_\_ aisle adjacent\* to each infant care station with min. width 4’-0” | \_\_\_ Lighting for NICU bed permits staff observation of patient |  |
| (2)(b) | \_\_\_ fixed cubicle partitions | \_\_\_ minimizes glare |  |
|  | ☐ check if not included in project  \_\_\_ adjacent\* aisle with min. clear width 8’-0” to permit passage of equipment & personnel | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ convenient to head of bed | Table 2.1-1  + Errata |
| (3)(a) | \_\_\_ min. clearance 8’-0” provided between infant care beds | Nurse Call System:  \_\_\_ Staff assistance station for each bed | Table 2.1-2 |
| (3)(b) | \_\_\_ min. clearance 1 foot at head of infant care bed | \_\_\_ Emergency call station for each bed |  |
|  | \_\_\_ min. clearance 4’-0” between sides of infant care beds & any wall or other fixed obstruction | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bed | Table 2.1-3 |
|  |  |  |  |
| 2.2-2.9.2.5(1) | Handwashing Stations: |  |  |
|  | \_\_\_ every bed position located within 20’-0” of handwashing station |  |  |
|  |  |  |  |
| 2.2-2.9.2.2  (1)(b) | \_\_\_ Single-infant rooms  ☐ check if not included in project |  |  |
|  | Space Requirements: | Ventilation: |  |
|  | \_\_\_ min. clear floor area 180 sf | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
| (3)(b) | \_\_\_ min. clearance 1 foot at head of infant care bed | Lighting:  \_\_\_ General lighting | 2.1‑8.3.4.3(1)  (c) |
|  | \_\_\_ min. clearance 4’-0” between sides of infant care beds & any wall or other fixed obstruction | \_\_\_ Lighting for NICU bed permits staff observation of patient |  |
|  | Handwashing Stations: | \_\_\_ minimizes glare |  |
| 2.2-2.9.2.5(2) | \_\_\_ handwashing station provided in each room | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ convenient to head of bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call for each bed | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bed | Table 2.1-3 |
| 2.2-2.9.2.3  (1) | \_\_\_ Windows  \_\_\_ at least one source of daylight is visible from infant care areas |  |  |
| (2)(a) | \_\_\_ exterior windows glazed with insulating glass to minimize heat gain or loss |  |  |
| (2)(b) | \_\_\_ exterior windows are situated at least 2’-0” from any part of infant bed  \_\_\_ exterior windows are sized to minimize radiant heat loss from infant |  |  |
| (2)(c) | \_\_\_ all daylight sources are equipped with shading devices |  |  |
|  |  |  |  |
| 2.2-2.9.2.4 | \_\_\_ Each infant care station is designed to allow visual privacy for infant & family |  |  |
|  |  |  |  |
| 2.2-2.9.3 | **NEONATAL COUPLET CARE ROOM** |  |  |
|  | ☐ check if not included in project |  |  |
| 2.2-2.9.3.1 | Space requirements |  |  |
| (1) | \_\_\_ minimum clear floor area 300 sf (150 sf for the infant care station & 150 sf for the mother’s bed) |  |  |
| 2.1‑2.3.2.2 |  |  |  |
| (2)(a) | \_\_\_ min. clearance 5’‑0”at foot of bed |  |  |
| (2)(b) | \_\_\_ min. clearance 5’‑6” on non‑transfer side of bed from edge of expanded‑capacity patient bed |  |  |
|  |  |  |  |
| (2)(c) | Clearance on Transfer Side of Bed: |  |  |
|  | \_\_\_ patient room equipped with ceiling‑ or wall‑mounted lifts |  |  |
|  | \_\_\_ rectangular clear floor area min. 10’‑6” long by 5’‑6” wide measured beginning 2’‑0” from headwall |  |  |
|  | **or** |  |  |
|  | \_\_\_ patient room not equipped with ceiling‑ or wall‑mounted lifts |  |  |
|  | \_\_\_ rectangular clear floor area min. 10’‑6” long by 7'‑0" wide measured beginning 2’‑0” from headwall |  |  |
|  |  |  |  |
| 2.2-2.9.2.2 | \_\_\_ Single-infant care station |  |  |
| (3)(b) | \_\_\_ min. clearance 1 foot at head of infant care bed | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 7-1 |
|  | \_\_\_ min. clearance 4’-0” between sides of infant care beds & any wall or other fixed obstruction | Lighting:  \_\_\_ General lighting | 2.1‑8.3.4.3(1)(c) |
|  |  | \_\_\_ Lighting for NICU bed permits staff observation of patient |  |
|  |  | \_\_\_ minimizes glare |  |
|  |  | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ convenient to head of bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call for each bed | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bed | Table 2.1-3 |
| 2.2-2.9.3.2 | Adult Patient Accommodations: |  |  |
| 2.1‑2.1.2 | Patient Privacy: |  |  |
|  | \_\_\_ Provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.1‑2.2.5 | Handwashing Station in Patient Room: |  |  |
| 2.1‑2.2.5.1  (1) | \_\_\_ provided in patient room in addition to that in toilet room  \_\_\_ adjacent to entrance to patient room for use by health care personnel & others |  |  |
|  |  |  |  |
| 2.1‑2.2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1‑2.2.6.2 | \_\_\_ serves no more than one patient room |  |  |
| 2.1‑2.2.6.3  (1)  (2)  (3) | \_\_\_ toilet  \_\_\_ handwashing station  \_\_\_ bedpan washer | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure | Table 7-1 |
|  |  | \_\_\_ No recirculating room units |  |
| 2.1‑2.2.8 | Patient Storage: |  |  |
|  | \_\_\_ separate wardrobe, locker, or closet suitable for garments & for storing personal effects |  |  |
|  |  |  |  |
| 2.1‑7.2.2.5 | Windows in Patient Rooms: |  |  |
| 2.1‑7.2.2.5(1) | \_\_\_ each patient room provided with natural light by means of window to outside |  |  |
| 2.1‑7.2.2.5(2) | \_\_\_ operable windows in patient rooms or suites  ☐ check if not included in project  \_\_\_ window operation is limited with either stop limit/restrictor hardware or open guard/screen  \_\_\_ prevents passage of 4‑inch diameter sphere through opening |  |  |
| 2.1‑7.2.2.6 | \_\_\_ insect screens |  |  |
| 2.1‑7.2.2.5(3) |  |  |  |
| (a) | \_\_\_ minimum net glazed area be no less than 8% of required min. clear floor area of room served |  |  |
| (b) | \_\_\_ maximum 36 inches windowsill height above finished floor |  |  |
|  |  |  |  |
| 2.2-2.9.3.3 | \_\_\_ Neonatal couplet care room combined with LDRP room |  |  |
| (1) | \_\_\_ min. clear floor area 435 sf |  |  |
| 2.2-2.9.2.2(3) | \_\_\_ min. clearance 1 foot at head of infant care bed |  |  |
|  | \_\_\_ min. clearance 4’-0” between sides of infant care beds & any wall or other fixed obstruction |  |  |
| 2.2-2.10.3.2 |  |  |  |
| (2)(a) | \_\_\_ min. clearance 6’-0” from foot of bed to wall or fixed obstruction |  |  |
| (2)(b) | \_\_\_ min. clearance 5’-0” on transfer side of bed to wall or fixed obstruction |  |  |
| (2)(c) | \_\_\_ min. clearance 4’-0” on non-transfer side of bed to wall or fixed obstruction |  |  |
|  |  |  |  |
| 2.2-2.9.4 | **SPECIAL PATIENT CARE ROOMS** |  |  |
| 2.2-2.9.4.2 | \_\_\_ Airborne infection isolation (AII) room |  |  |
| (1) | \_\_\_ provisions for observation of infant in AII room from adjacent\* areas of NICU |  |  |
| 2.1‑2.4.2.2 | \_\_\_ complies with requirements applicable to NICU patient rooms |  |  |
| (1) | \_\_\_ capacity one bed |  |  |
| (2) | \_\_\_ personal protective equipment (PPE) storage at entrance to room |  |  |
| (3) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.1‑2.4.2.3 | \_\_\_ Anteroom  ☐ check if not included in project |  |  |
| (1) | \_\_\_ provides space for persons to don personal protective equipment (PPE) before entering patient room | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ No recirculating room units | Table 7-1 |
| (2) | \_\_\_ all doors to anteroom have self‑closing devices  **or**  \_\_\_ audible alarm activated when AII room is in use as isolation room |  |  |
|  |  |  |  |
| (3)(a) | \_\_\_ handwashing station |  |  |
| (3)(b) | \_\_\_ storage for unused PPE |  |  |
| (3)(c) | \_\_\_ disposal/holding container for used PPE |  |  |
|  |  |  |  |
| 2.1‑2.4.2.4 | Architectural Details & Furnishings: |  |  |
| (1)(a) | \_\_\_ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration |  |  |
| (1)(b) | \_\_\_ self‑closing devices on all room exit doors  **or**  \_\_\_ activation of audible alarm when AII room is in use as isolation room |  |  |
|  |  |  |  |
|  | \_\_\_ edge seals provided along sides & top of doorframe for any door into AII room |  |  |
| (2) (a) | \_\_\_ window treatments do not include fabric drapes & curtains |  |  |
| 2.1‑7.2.3.1(7)(a) | \_\_\_ floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall |  |  |
| 2.1‑2.4.2.5 | \_\_\_ room pressure visual or audible alarm |  |  |
|  |  |  |  |
| 2.2-2.9.8 | **SUPPORT AREAS FOR NICU** |  |  |
| 2.2-2.9.8.2 | \_\_\_ Administrative center or nurse station |  |  |
| 2.1‑2.8.2.1(1) | \_\_\_ space for counters |  |  |
| 2.1‑2.8.2.1(2) | \_\_\_ handwashing station next to or directly accessible\*  **or**  \_\_\_ hand sanitation dispenser next to or directly accessible\* |  |  |
|  |  |  |  |
| 2.2-2.9.8.3 | \_\_\_ Documentation area |  |  |
| 2.1‑2.8.3.1 | \_\_\_ work surface to support documentation process |  |  |
| 2.2-2.9.8.4 | \_\_\_ Nurse/supervisor office or station |  |  |
| (1) | \_\_\_ office space for intensive care medical & nursing management/administrative personnel  \_\_\_ immediately accessible\* to intensive care unit |  |  |
| (2) | \_\_\_ offices linked with unit by telephone or intercommunications system |  |  |
|  |  |  |  |
| 2.2-2.9.8.5 | \_\_\_ Multipurpose room |  |  |
| (1) | \_\_\_ at least one multipurpose room for each facility for patient conferences, reports, education, training sessions & consultation (may serve several patient care units & departments) |  |  |
| (2) | \_\_\_ readily accessible\* to patient care unit |  |  |
| 2.2-2.9.8.8 | \_\_\_ Medication safety zones |  |  |
| 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 or hand sanitation dispenser located next to stationary medication-dispensing units or stations |  |  |
|  |  |  |  |
| 2.1‑2.8.10 | \_\_\_ Ice‑making equipment |  |  |
|  |  |  |  |
| 2.2-2.9.8.11 | \_\_\_ Clean workroom or clean supply room |  |  |
| 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 |
| 2.2-2.9.8.12 | \_\_\_ Soiled workroom or soiled holding room |  |  |
| 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 waste 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 |  |
|  |  |  |  |
| 2.1‑2.8.13.1 | \_\_\_ Clean linen storage |  |  |
| (1) | \_\_\_ stored in clean workroom or clean supply room  **or**  \_\_\_ separate closet  **or**  \_\_\_ covered cart distribution system on each floor |  |  |
|  |  |  |  |
| (2) | \_\_\_ storage of clean linen carts in designated corridor alcoves, clean workroom or closets |  |  |
|  |  |  |  |
| 2.1‑2.8.13.2 | \_\_\_ Equipment & supply storage room or alcoves  \_\_\_ sized to provide min. 10 sf per patient bed |  |  |
|  |  |  |  |
| 2.1‑2.8.13.3 | \_\_\_ Storage space for gurneys, stretchers & wheelchairs |  |  |
|  |  |  |  |
| 2.2-2.9.8.13 | \_\_\_ Emergency equipment storage |  |  |
| (1) | \_\_\_ each patient care unit has at least one emergency equipment storage location |  |  |
| (2) | \_\_\_ provided under visual observation of staff |  |  |
| (3) | \_\_\_ storage locations in corridors do not encroach on minimum required corridor width |  |  |
|  |  |  |  |
| 2.2-2.9.8.14 | \_\_\_ Environmental services room | Ventilation: |  |
| (1) | \_\_\_ not shared with other patient care units or departments | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 7-1 |
| (2) | \_\_\_ directly accessible\* to NICU | \_\_\_ Negative pressure |  |
| 2.1‑2.8.14.2(1) | \_\_\_ service sink or floor‑mounted mop sink | \_\_\_ No recirculating room units |  |
| 2.1‑2.8.14.2(2) | \_\_\_ provisions for storage of supplies & housekeeping equipment |  |  |
| 2.1‑2.8.14.2(3) | \_\_\_ handwashing station  **or**  \_\_\_ hand sanitation station |  |  |
|  |  |  |  |
| 2.2-2.9.8.15 | Diagnostic Treatment & Service Areas: (provided in same building) |  |  |
| (1) | \_\_\_ respiratory therapy |  |  |
| (2) | \_\_\_ blood gas lab |  |  |
| (3) | \_\_\_ developmental therapy |  |  |
| (4) | \_\_\_ social work |  |  |
| (5) | \_\_\_ laboratory services |  |  |
| (6) | \_\_\_ pharmacy services |  |  |
| (7) | \_\_\_ radiology services |  |  |
| (8) | \_\_\_ other ancillary services |  |  |
|  |  |  |  |
| 2.2-2.9.8.16 | \_\_\_ Lactation support space  \_\_\_ immediately accessible\* to NICU for lactation support & consultation |  |  |
| (1) | \_\_\_ handwashing station  \_\_\_ counter |  |  |
| (2)(a) | \_\_\_ refrigeration & freezing |  |  |
|  | \_\_\_ immediately accessible\* to NICU |  |  |
| (2)(b) | \_\_\_ storage for pump & attachments & educational materials |  |  |
|  | \_\_\_ immediately accessible\* to NICU |  |  |
|  |  |  |  |
| 2.2-2.9.8.17 | \_\_\_ Infant feeding preparation facilities |  |  |
| (1)(a) | \_\_\_ space for preparation & storage of formula & additives to human milk & formula provided in unit or other location away from patient bedside |  |  |
| (1)(b) | \_\_\_ work area & equipment layout designed to provide for flow of materials from clean to soiled to maintain aseptic preparation space |  |  |
| (2) | \_\_\_ infant feedings prepared on-site  ☐ check if not included in project |  |  |
| (a) | \_\_\_ feeding preparation room with following spaces: |  |  |
|  | \_\_\_  anteroom or anteroom area |  |  |
|  | \_\_\_  preparation area |  |  |
|  | \_\_\_  Storage space |  |  |
|  | \_\_\_  Cleanup area |  |  |
|  |  |  |  |
| (3) | \_\_\_ space for mixing additives into liquid formula or human milk provided in unit or in another location away from patient bedside |  |  |
| (4) | \_\_\_ provisions for human milk storage provided in designated space in infant feeding preparation room or in designated spaces on patient care unit  \_\_\_ separate from formula storage |  |  |
|  |  |  |  |
| (5) | Special Design Elements: |  |  |
| 2.1‑7.2.3.1(6) | \_\_\_ surfaces in food preparation sanitation/ warewashing & serving areas be non‑absorbent smooth & easily cleaned |  |  |
| 2.1‑7.2.3.2(3) (a) | \_\_\_ walls non‑absorbent, smooth, easily cleaned & light in color |  |  |
|  |  |  |  |
| 2.2-2.9.9 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.2-2.9.9.1 | \_\_\_ Staff lounge  \_\_\_ provided in or adjacent\* to unit  \_\_\_ Staff locker room  \_\_\_ provided in or adjacent\* to unit |  |  |
|  | \_\_\_ Staff toilet room  \_\_\_ provided in or adjacent\* to unit | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  |  | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.9.9.2  (2) | \_\_\_ On-call staff accommodations (may be located outside NICU) |  |  |
| 2.2-2.6.9.4 |  |  |  |
| (1) | \_\_\_ accommodations for sleeping & rest |  |  |
| (a) | \_\_\_ space for chair |  |  |
| (b) | \_\_\_ space for bed |  |  |
| (2) | \_\_\_ individually secured storage for personal items |  |  |
| (3) | \_\_\_ communication system |  |  |
| (4) | \_\_\_ at least one toilet, shower & handwashing station | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  |  | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.9.10 | **SUPPORT AREAS FOR FAMILIES, PATIENTS & VISITORS** |  |  |
| 2.2-2.9.10.1 | \_\_\_ Family & visitor lounge | Communications: |  |
| 2.1‑2.10.1 | \_\_\_ each patient care unit provides access to lounge for family & visitors | \_\_\_ Public communication services provided in each | 2.1‑2.10.1.6 |
| 2.1‑2.10.1.1(1) | \_\_\_ accommodates at minimum 3 chairs & 1 wheelchair space | family & visitor lounge |  |
| 2.1‑2.10.1.4 | \_\_\_ designed to minimize impact of noise & activity on patient rooms & staff functions |  |  |
| 2.2-2.9.10.1(2) | \_\_\_ immediately accessible\* to NICU |  |  |
| 2.2-2.9.10.2  (3) | \_\_\_ Parent/infant room  ☐ check if not included in project  (only if all NICU rooms are single-infant rooms) |  |  |
|  | \_\_\_ provided in NICU that allows parents & infants extended private time together | Ventilation: |  |
| (1)(b) | \_\_\_ communication linkage with NICU staff | \_\_\_ Min. 4 air changes per hour | Table 7-1 |
| (1)(d) | \_\_\_ sleeping facilities for at least one parent | Lighting:  \_\_\_ General lighting | 2.1‑8.3.4.3(1)  (c) |
| (1)(e) | \_\_\_ sufficient space for infant’s bed & equipment | \_\_\_ Lighting for NICU bed permits staff observation of patient |  |
|  |  | \_\_\_ minimizes glare |  |
|  |  | Power:  \_\_\_ Min. 16 receptacles in total  \_\_\_ convenient to head of bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call for each bed | Table 2.1-2 |
|  |  | Medical Gases:  \_\_\_ 3 OX, 3 VAC, 3 MA per bed | Table 2.1-3 |
|  |  |  |  |
| (1)(a) | \_\_\_ direct private access to sink, shower & toilet facilities | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 7-1 |
|  |  | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.2-2.6.10.2 | \_\_\_ Place for meditation, bereavement & prayer |  |  |
| 2.1-6.2.5 | \_\_\_ dedicated space accessible to the public |  |  |
|  |  |  |  |
| 2.2-2.9.7 | **SPECIAL DESIGN ELEMENTS** |  |  |
| 2.2-2.9.7.1 | Architectural Details: |  |  |
| (1)(a) | \_\_\_ ceilings easily cleanable & non-friable |  |  |
| (1)(b) | \_\_\_ ceiling construction limit passage of particles from above ceiling plane into clinical environment |  |  |
| (2) | \_\_\_ wall sound isolation complies with Table 1.2-6 |  |  |
| (3) | \_\_\_ floor sound isolation complies with Table 1.2-6 |  |  |
| 2.2-2.9.7.2 | Lighting: |  |  |
| (1) | \_\_\_ indirect lighting & high-intensity lighting in NICU |  |  |
| (2) | \_\_\_ color rendering index min. 80  \_\_\_ full-spectrum color index min. 55  \_\_\_ gamut area of no less than 65 & no greater than 100 |  |  |
| (3) | \_\_\_ controls be provided to enable lighting to be adjusted over individual patient care spaces |  |  |
| (4) | \_\_\_ darkening for body transillumination is available |  |  |
| (5)(a) | \_\_\_ no direct ambient lighting in infant care station |  |  |
| (5)(b) | \_\_\_ any direct ambient lighting outside infant care station is located or framed to avoid direct line of sight from infant to fixture |  |  |
| (6) | \_\_\_ lighting fixtures are cleanable |  |  |
| 2.2-2.9.7.3 | Noise Control:  \_\_\_ infant rooms, staff work areas, family areas, staff lounge & sleeping areas meet room noise criteria in Table 1.2-6.1 |  |  |
|  |  |  |  |

\*LOCATION TERMINOLOGY:

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

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

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

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

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
| 2.1‑7.2.2.1 | CORRIDOR WIDTH: |
| NFPA 101, 18.2.3.3 | \_\_\_ Aisles, corridors & ramps required for exit access in a 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 housing, 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 |
| (2) | \_\_\_ Min. ceiling height 9'-0" in seclusion rooms & secure holding rooms |
| (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) | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ doors between corridors rooms or spaces subject to occupancy swing type or sliding doors |
| (b) | \_\_\_ 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 to Patient Rooms:  \_\_\_ min 45.5” clear door width  \_\_\_ min 83.5” clear door height |
| (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 in behavioral health units & 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 |
|  |  |
| 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 |
| (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 |
|  |  |
| 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 patient bed areas  **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 |
|  |  |
| 2.1‑7.2.2.14 | DECORATIVE WATER FEATURES: |
| (1) | \_\_\_ No indoor unsealed water features |
| (2) | \_\_\_ Covered fish tanks  ☐ check if not included in project  \_\_\_ restricted to public 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 cleaning solutions |
| (7)(a) | Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below: |
|  | \_\_\_ airborne infection isolation (AII) room |
|  | \_\_\_ protective environment (PE) room  ☐ check if not included in project |
|  | \_\_\_ combination AII/PE room  ☐ check if not included in project |
|  | \_\_\_ anteroom to AII & PE rooms  ☐ check if not included in project |
|  | \_\_\_ 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 |
|  |  |
| 2.1‑7.2.4.1 | Built‑In Furnishings:  ☐ check if not included in project |
|  | \_\_\_ upholstered with impervious materials in patient treatment areas |
|  |  |
| 2.1‑7.2.4.3 | \_\_\_ Privacy curtains in patient rooms & other patient care areas are washable  ☐ check if not included in project |

|  |  |
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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 Tables 7.1 are maintained for AII Rooms & PE 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 are provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources is not operating  \_\_\_ capacity of remaining source or sources is sufficient to provide for domestic hot water & to provide heating for intensive care nursery & inpatient 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 |
| . |  |
| 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 |
|  | \_\_\_ located min of 25 ft from cooling towers & all exhaust & vent discharges  \_\_\_ air intakes located away from public access  \_\_\_ all intakes designed to prevent entrainment of wind-driven rain  \_\_\_ contain features for draining away precipitation  \_\_\_ equipped with birdscreen of mesh no smaller than 0.5 inches |
| 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 3/6.3.2 | Exhaust Discharges: |
| Part 3/6.3.2.1 | \_\_\_ ductwork within building is under negative pressure for exhaust of contaminated air (i.e air from AII rooms) |
|  | \_\_\_ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 | \_\_\_ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10'-0" above adjoining roof level |
|  | \_\_\_ exhaust discharge outlets from AII rooms is located not less than 25’-0” horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| 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) |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have minimum 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 & burn unit |
|  |  |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 | \_\_\_ pressure relationships required in tables 7.1 maintained 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 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 3/7.1a.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 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms  ☐ check if not included in project |
|  | \_\_\_ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor  \_\_\_ Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  | \_\_\_ Air from AII room is exhausted directly to outdoors |
|  |  |
|  | Exhaust air from AII rooms, associated anterooms & toilet rooms:  \_\_\_ is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  | **or** |
|  | \_\_\_ is discharged into the general exhaust stream, provided the All exhaust air first passes through a HEPA filter (all exhaust ductwork kept under negative pressure) |
| Part 3/7.2.1 | \_\_\_ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed |
|  |  |
|  | \_\_\_ Anteroom  ☐ check if not included in project  \_\_\_ AII room is at negative pressure with respect to anteroom  \_\_\_ Anteroom is at negative pressure with respect to corridor |
|  |  |
| Part 3/7.2.2 | Protective Environment (PE) Rooms  ☐ check if not included in project |
| Part 3/7.2.2 | \_\_\_ Supply air diffusers are located above patient bed |
|  | \_\_\_ Exhaust grilles or registers are located near patient room door |
|  | \_\_\_ PE rooms have permanently installed device to constantly monitor differential air pressure between room & corridor  \_\_\_ Visual means is provided to indicate whenever positive differential pressure is not maintained |
| Part 3/7.2.3 | Combination Airborne Infectious Isolation/ Protective Environment Room (AII/PE)  ☐ check if not included in project |
|  | \_\_\_ Supply air diffusers are located above patient bed |
|  | \_\_\_ Exhaust grilles or registers are located near patient room door. |
|  | \_\_\_ Anteroom  ☐ check if not included in project |
|  | \_\_\_ anteroom is at positive pressure with respect to both AII/PE room & corridor or common space  **or** |
|  | \_\_\_ anteroom is at negative pressure with respect to both AII/PE room & corridor or common space |
|  | \_\_\_ First device monitors pressure differential between AII/PE room & anteroom  \_\_\_ Second device monitors pressure differential between anteroom & corridor or common space  \_\_\_ Local visual means are provided to indicate whenever differential pressures are not maintained |

|  |  |
| --- | --- |
| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
| 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 |
| 2.1-8.3.3 | **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 shall have smooth, cleanable, impact-resistant lenses concealing light source |
| 2.1-8.3.4.1(2) | \_\_\_ Luminaires dissipate heat such that touchable surfaces will not burn occupants or ignite materials. |
| 2.1-8.3.4.2 |  |
| (1) | Patient rooms: |
| (a) | \_\_\_ provide general level of illumination  \_\_\_ provide exam level of illumination |
| (b) | (may be dimmable & limited to patient care station) |
| (d) | \_\_\_ no incandescent & halogen light sources |
| (e) | \_\_\_ light sources are either encapsulated or covered by diffuser or lens or use fixtures designed to contain fragments |
| (f) | Night-lighting:  \_\_\_ at least one night-light fixture located in each patient room  \_\_\_ night-lights used by staff that illuminate path from entry to bedside are switched at room entrance  \_\_\_ night-light color temperature 2,700K or warmer |
| (2)(a) | \_\_\_ Corridors in patient care units have general illumination with provisions for reducing light levels at night |
| (3) | Exam/treatment rooms:  \_\_\_ portable or fixed exam light |
| (6) | Food & nutrition areas:  \_\_\_ light sources in kitchen & serving areas are either encapsulated or covered by diffuser or lens or use fixtures designed to contain fragments |
| (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 that depend on building electrical service for operation are connected to essential electrical system |
|  |  |
| 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 to provide continuous hot water at each hot water outlet  \_\_\_ non-recirculated fixture branch piping does not exceed 10 feet in length |
| (3)(a)  (3)(c) | \_\_\_ no installation of dead-end piping (installation of empty risers mains & branches for future use is permitted) |
| (3)(b) | Renovations:  ☐ check if not included in project |
|  | \_\_\_ dead-end piping is removed |
|  |  |
| 2.1‑8.4.2.6 | Drainage Systems: |
| (1)(a) | \_\_\_ drainage piping above ceiling of or exposed in rooms listed below piping have special provisions 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 |
| 2.1‑8.4.3 | **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 inches 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:  ☐ check if not included in project |
| (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 |
| **2.1-8.4.3.7** | Human waste disposal systems: |
| (2) | \_\_\_ bedpan washer-disinfector system |
| (a) | \_\_\_ located in soiled workroom |
| (b) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements are provided |
|  | **or** |
| (3) | \_\_\_ disposable bedpan macerator system |
| (a) | \_\_\_ installed in soiled workroom |
| (b) | \_\_\_ electrical & plumbing connections per manufacturer requirements are provided |
| 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 | Patient Call Stations: |
| (1) | \_\_\_ each patient sleeping bed except nursery beds provided with patient call station equipped for two‑way voice communication |
| (2)(a) | \_\_\_ indicator light that remains lighted as long as voice circuit is operating |
| (2)(b) | \_\_\_ reset switch for canceling call |
| (3)(a) | \_\_\_ visible signal in corridor at patient’s door  Multi‑Corridor Patient Areas:  ☐ check if not included in project |
|  | \_\_\_ additional visible signals at corridor intersections |
| (3)(b) | \_\_\_ visible & audible signal at the nurse master station of patient care units or patient care areas |
| 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) |
| 2.1‑8.5.1.5 | \_\_\_ Emergency call stations are equipped with continuous audible or visual confirmation to person who initiated the code call |
|  |  |
| 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 |