**COMPLIANCE CHECKLIST**

**OP1\_General & Specialty Medical Services Facilities**

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 Outpatient Facilities 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. Any 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 | **GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES** |  |  |
|  |  |  |  |
| 2.2-2  2.1-2.1.1.2 | **ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE**  check if not included in project (only if Patient Handling & Movement Assessment that determines that outpatient service does not have need for expanded-capacity lifts & architectural details that support movement of individuals of size in patient areas is attached to Project Narrative) |  |  |
| 2.1-2.1.2 | Location: |  |  |
|  | \_\_\_ spaces designated for care of or use by individuals of size are provided in locations to accommodate population expected to be served by facility |  |  |
| 2.1-2.5 | \_\_\_ Handwashing stations |  |  |
| 2.1-2.5.2 | \_\_\_ downward static force required for handwashing stations designated for individuals of size accommodates maximum patient weight of patient population |  |  |
|  |  |  |  |
| 2.1-2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1-2.6.1.1 | \_\_\_ expanded-capacity toilet  \_\_\_ mounted Min. 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift)  **or** | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.1-2.6.1.2 | \_\_\_ regular toilet  \_\_\_ mounted Min. 44” from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet |  |  |
|  |  |  |  |
| 2.1-2.6.1.3 | \_\_\_ rectangular clear floor area Min. 46” wide extends 72” from front of toilet |  |  |
|  |  |  |  |
| 2.1-2.6.2.1 | \_\_\_ grab bars in toilet rooms intended for use by individuals of size are anchored to sustain concentrated load of 800 pounds |  |  |
| 2.1-2.6.2.2 | \_\_\_ adjustable/foldable grab bar mounted on horizontally movable track is provided |  |  |
|  |  |  |  |
| 2.1-2.7 | \_\_\_ Single-patient exam/observation room |  |  |
| 2.1-2.7.1 | Space Requirements: |  |  |
| 2.1-2.7.1.1(1) | \_\_\_ Min. 5'-0" clearance at foot of expanded‑capacity exam table | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
| (2) | \_\_\_ Min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:  \_\_\_ Portable or fixed exam light | 2.1-8.3.4.2(1) |
| (3)(a) | \_\_\_ Min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift  **or** | Power:  \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
| (3)(b) | \_\_\_ Min. 7’-0” on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift |  |  |
|  |  |  |  |
| 2.1-2.8 | \_\_\_ Equipment & supply storage |  |  |
| 2.1-2.9 | \_\_\_ Waiting areas |  |  |
| 2.1-2.9.1 | \_\_\_ seating for persons of size be provided in waiting areas in outpatient facilities |  |  |
| 2.1-2.9.2 | \_\_\_ waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size |  |  |
|  |  |  |  |
| 2.1-2.10.1 | \_\_\_ All plumbing fixtures handrails grab bars patient lift equipment built-in furniture & other furnishings designed to accommodate maximum patient weight |  |  |
|  |  |  |  |
| 2.1-2.10.2 | Door Openings: |  |  |
| 2.1-2.10.2.1 | \_\_\_ all door openings used for path of travel to public areas & areas where care will be provided for individuals of size have Min. clear width of 45.5” to provide access for expanded-capacity wheelchairs |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size have Min. clear width of 45.5” |  |  |
|  |  |  |  |
| 2.2-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.1-3.1.2 | \_\_\_ Provisions shall be made to address patient visual and speech privacy |  |  |
|  |  |  |  |
| 2.2-3.2.2 | **EXAM ROOMS** |  |  |
| 2.2-3.2.2.2 | (may serve as both examination & treatment spaces) |  |  |
| 2.1-3.2.2.1(1)(b) | \_\_\_ Provisions to preserve patient privacy from observation from outside exam room |  |  |
|  |  |  |  |
| 2.1-3.2.2.2 | \_\_\_ Single-patient exam room  check if not included in project |  |  |
|  | Space Requirements: |  |  |
| (2)(a) | \_\_\_ Min. clear floor area of 80 sf |  |  |
|  | \_\_\_ room size allows Min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ room arrangement shown in plans for each exam room (Layout #1) | Power:  \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
| (1)(b) | \_\_\_ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served  check if not included in project |  |  |
|  | \_\_\_ room arrangement shown in plans (Layout #2) |  |  |
|  | \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
| 2.1-3.2.2.2 | \_\_\_ Single-patient exam/observation room  check if not included in project |  |  |
| (1)(a) | \_\_\_ immediately accessible\* to nurse or control station & toilet room |  |  |
|  | Space Requirements: |  |  |
| (2)(a) | \_\_\_ Min. clear floor area of 80 sf |  |  |
|  | \_\_\_ room size allows Min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ room arrangement shown in plans for each exam room (Layout #1) | Power:  \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
| (1)(b) | \_\_\_ particular placement of exam table recliner or chair  check if not included in project |  |  |
|  | \_\_\_ room arrangement shown in plans (Layout #2)  \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
| (2)(b) | \_\_\_ single-patient exam/observation room with dual entry  check if not included in project |  |  |
|  | \_\_\_ min. clear floor area of 100 sf |  |  |
|  | \_\_\_ room size accommodates min. clearance of 2’-8” at each side & at foot of exam table or recliner |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
| (2)(c) | \_\_\_ Single-patient exam room for specialty clinical services (ENT or Eye examinations)  check if not included in project |  |  |
|  | Space Requirements: |  |  |
|  | \_\_\_ Min. clear floor area 100 sf |  |  |
|  | \_\_\_ Min. clearance 3’-6” at sides head or foot of exam table/chair as needed for staff expected work positions | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ Min. clearance 1'-0" at sides head or foot of exam table or chair other than work positions | Power:  \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| **2.1-3.2.2.3** | **\_\_\_ Sexual assault forensic exam room**  **check if not included in project** |  |  |
| 2.2-3.2.1.2 | (may serve as both examination & treatment spaces) |  |  |
| 2.1-3.2.2.1(1)(b) | \_\_\_ Provisions to preserve patient privacy from observation from outside exam room |  |  |
| **2.1-3.2.2.3**(1) | \_\_\_ each sexual assault forensic exam room contain pelvic exam bed/table |  |  |
| **2.1-3.2.2.3**(2) | \_\_\_ private toilet room immediately accessible |  |  |
| (a) | \_\_\_ shower |  |  |
| (b) | \_\_\_ storage space for clothing, shoes linens & bathing products |  |  |
| **2.1-3.2.2.3**(3) | \_\_\_ provisions for lockable storage for forensic collection kits, laboratory supplies & equipment |  |  |
| **2.1-3.2.2.3**(4) | \_\_\_ room for consultation, family support services & law enforcement  \_\_\_ readily accessible to sexual assault forensic exam room |  |  |
| 2.1-3.2.2.2 |  |  |  |
| (2)(a) | \_\_\_ Min. clear floor area of 80 sf |  |  |
|  | \_\_\_ room size allows Min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ room arrangement shown in plans for each exam room (Layout #1) | Power: |  |
| (1)(b) | \_\_\_ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served  check if not included in project | \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
|  | \_\_\_ room arrangement shown in plans (Layout #2) |  |  |
|  | \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.2-3.8 | **SUPPORT AREAS FOR GENERAL & SPECIALTY MEDICAL SERVICES FACILITIES** |  |  |
| 2.1-3.8.11.2 | \_\_\_ Clean workroom or clean work area |  |  |
| (1) | \_\_\_ work counter | Ventilation: |  |
| (2) | \_\_\_ handwashing station | \_\_\_ Min. 2 air changes per hour | Table 8-2 |
| (3) | \_\_\_ storage for clean & sterile supplies  **or** | \_\_\_ Positive pressure |  |
| 2.1-3.8.11.3 | \_\_\_ Clean supply room or clean supply area  \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile materials | Ventilation:  \_\_\_ Min. 2 air changes per hour  \_\_\_ Positive pressure | Table 8-2 |
|  |  |  |  |
| 2.1-3.8.12.2 | \_\_\_ Soiled workroom |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 140.204 | \_\_\_ handwashing station | \_\_\_ Exhaust |  |
| 140.204 | \_\_\_ clinical service sink | \_\_\_ Negative pressure |  |
| 2.1-3.8.12.2(1)  (d) | \_\_\_ work counter | \_\_\_ No recirculating room units |  |
| 2.1-3.8.12.2 (1)(e) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
|  |  |  |  |
| 2.1-3.8.12.2(2) | \_\_\_ fluid waste management system  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station |  |  |
|  | **or** |  |  |
| 2.1-3.8.12.3 | \_\_\_ Soiled holding room |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 140.204 | \_\_\_ handwashing station | \_\_\_ Exhaust |  |
| 2.1-3.8.12.3(2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.2-3.8.13 | \_\_\_ Equipment & supply storage |  |  |
|  |  |  |  |
| 2.2-4.2 | \_\_\_ Medication safety zones  check if not included in project  (only if pharmacy is provided) |  |  |
| 2.1-3.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| 2.1-3.8.8.2 |  |  |  |
| (1) | \_\_\_ medication preparation room | Ventilation: |  |
| (a) | \_\_\_ work counter | \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ handwashing station  \_\_\_ lockable refrigerator  check if not included in project  (only if no medications requiring refrigeration are stored) |  |  |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers  check if not included in project |  |  |
| (b) | \_\_\_ self-contained medication dispensing units  check if not included in project | Lighting:  \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | **or** |  |  |
| (2) | \_\_\_ automated medication‑dispensing unit |  |  |
| (a) | \_\_\_ located at nurse station in clean workroom or in alcove | Lighting:  \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | \_\_\_ handwashing station or hand sanitation dispenser provided next to stationary med.-dispensing units |  |  |
| (c) | \_\_\_ countertop or cart provided adjacent to stationary med.-dispensing units |  |  |
|  |  |  |  |
| 2.2-3.10 | **SUPPORT AREAS FOR PATIENTS** |  |  |
| 2.2-3.10.2  2.2-3.10.2.2 | \_\_\_ Patient toilet room  (may also serve waiting areas) |  |  |
| 2.2-3.10.2.1 | \_\_\_ readily accessible from exam rooms |  |  |
| 2.1-3.10.2.1  2.1-3.10.2.2 | \_\_\_ located to permit access from patient care areas without passing through publicly accessible areas  \_\_\_ toilet & handwashing station | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.2-4.1 | **LABORATORY SERVICES** |  |  |
|  | \_\_\_ Laboratory services provided on-site  \_\_\_ Compliance Checklist OP2 has been submitted  **or**  \_\_\_ Laboratory services provided off-site |  |  |
| 2.2-4.1.8 | **SPECIMEN COLLECTION & STORAGE**  check if not included in project |  |  |
| 2.2-4.1.8.1 | Specimen Collection: |  |  |
| 2.2-4.1.8.1(1) | \_\_\_ dedicated specimen collection toilet room  \_\_\_ accessible without reentering waiting room or leaving clinical services area | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust | Table 8-2 |
| 2.1-4.1.8.2(1) | \_\_\_ handwashing station  \_\_\_ staff-controlled access | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.1-4.1.8.2(2) | \_\_\_ drug screening requiring Chain of Custody  check if not included in project |  |  |
|  | \_\_\_ handwashing station meets requirements of “Department of Health & Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs” (including securing water supply) |  |  |
|  | **or**  \_\_\_ patient toilet room used for specimen collection  \_\_\_ accessible without reentering waiting room or leaving clinical services area |  |  |
| 2.1-4.1.8.2(1) | \_\_\_ handwashing station  \_\_\_ staff-controlled access |  |  |
|  |  |  |  |
| 2.1-4.1.8.2(3) | \_\_\_ Dedicated blood collection facilities |  |  |
| (a) | \_\_\_ work counter |  |  |
| (b) | \_\_\_ seating space for patients |  |  |
| (c) | \_\_\_ handwashing station |  |  |
| (d) | \_\_\_ supply storage |  |  |
| 2.2-4.1.8.1(2) | **or**  \_\_\_ Exam rooms used for blood collection |  |  |
|  |  |  |  |
| 2.2-4.1.8.2 | \_\_\_ Specimen storage |  |  |
| (1) | \_\_\_ accommodations for storage of blood urine & other specimens |  |  |
| (2) | \_\_\_ blood storage facilities meet requirements of CLIA standards for blood banks |  |  |
| §493.1103(c)(1) | \_\_\_ blood specimen stored in monitored refrigerator  **or**  \_\_\_ blood storage conditions prevent deterioration of blood specimens |  |  |
|  |  |  |  |
| 2.2-4.3 | **STERILE PROCESSING**  check if not included in project (only if only disposable instruments & supplies are used) |  |  |
|  |  |  |  |
| 2.2-4.3.2 | \_\_\_ Facilities for on-site sterile processing are provided  \_\_\_ Compliance Checklist OP4 has been submitted  **or** |  |  |
| 2.2-4.3.3 | \_\_\_ Sterile processing is performed off-site |  |  |
|  | \_\_\_ Section 2.1-4.3.3 below is completed |  |  |
| 2.1-4.3.3 | \_\_\_ Support areas for outpatient facilities using off-site sterile processing  check if not included in project (only if sterile processing services are provided on‑site & Compliance Checklist OP4 has been submitted) |  |  |
| **2.1-4.3.3.1** |  |  |  |
| **2.1-4.3.2.4**(2) | \_\_\_ clean/sterile medical/surgical supply receiving room or area |  |  |
| **2.1-4.3.3.2** |  |  |  |
| **2.1-4.3.2.4**(1) | \_\_\_ instrument & supply storage |  |  |
| (a) | (may be separate room or portion of clean workroom) |  |  |
| (b) | \_\_\_ space for case cart storage  check if not included in project  (only if case carts are not used) |  |  |
| (c) | \_\_\_ storage for clean/sterile packs include provisions to maintain humidity & temperature levels specified by manufacturer(s) of materials being stored |  |  |
|  |  |  |  |
| 2.1-4.3.3.3  2.2-4.3.3.2(2) | \_\_\_ room with flush-type device for gross decontamination & holding of soiled instruments (may be combined with soiled workroom) |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms |  |  |
| 2.1-3.8.12.2(1) |  |  |  |
| (a) | \_\_\_ handwashing station | Ventilation: |  |
| (b) | \_\_\_ flushing-rim clinical service sink or equivalent flushing-rim fixture | \_\_\_ Min. 6 air changes per hour  \_\_\_ Exhaust | Table 8-2 |
| (c) | \_\_\_ work counter | \_\_\_ Negative pressure |  |
| (d) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.2-4.4 | **LINEN SERVICES**  check if not included in project (only if no linens are used in facility) |  |  |
| 2.1-4.4.2 | \_\_\_ Dedicated on-site linen processing area |  |  |
| 2.1-4.4.2.1(1) | \_\_\_ area large enough for washer dryer & any plumbing equipment needed to meet temperature requirements |  |  |
| 2.1-4.4.2.1(2) | \_\_\_ area divided into distinct soiled area (sorting & washing) & clean area (drying & folding) |  |  |
| 2.1-4.4.2.2 | \_\_\_ storage for laundry supplies |  |  |
| 2.1-4.4.2.3 | \_\_\_ clean linen storage |  |  |
| 2.1-4.4.2.4 | \_\_\_ handwashing station |  |  |
|  | **or** |  |  |
| 2.1-4.4.3 | \_\_\_ Outpatient facility uses off-site laundry services |  |  |
| 2.1-4.4.3.1 | \_\_\_ soiled linen holding area or dedicated area for soiled laundry carts |  |  |
| 2.1-4.4.3.2 | \_\_\_ clean linen storage area or dedicated area for clean linen carts |  |  |
| 2.2-5.3 | **ENVIRONMENTAL SERVICES** |  |  |
| 2.1-5.3.1 | \_\_\_ Environmental services room |  |  |
| 2.1-5.3.1.1(3)  2.1-5.3.1.1(1) | (may serve more than one clinical service area on same floor)  \_\_\_ Min. one ES room per floor | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ Exhaust | Table 8-2 |
| 2.1-5.3.1.2(1) | \_\_\_ service sink or floor-mounted mop sink |  |  |
| 2.1-5.3.1.2(2) | \_\_\_ provisions for storage of supplies & housekeeping equipment | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.1-5.3.1.2(3) | \_\_\_ handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.2-5.4 | **ENGINEERING & MAINTENANCE SERVICES** |  |  |
| 2.1-5.4.2.1 | \_\_\_ Equipment rooms for HVAC telecom & electrical equipment |  |  |
| 2.1-5.4.2.2 | \_\_\_ secured with controlled access |  |  |
| 2.1-5.4.3 | \_\_\_ Building maintenance supplies & equipment storage room (may be shared) |  |  |
|  |  |  |  |
| 2.2-6.2 | **PUBLIC AREAS** |  |  |
| 2.1-6.2.1 | \_\_\_ Vehicular drop-off & pedestrian entrance |  |  |
| 2.1-6.2.1.1 | \_\_\_ Min. of one building entrance reachable from grade level |  |  |
| 2.1-6.2.1.2 | \_\_\_ building entrances used to reach outpatient services are clearly marked |  |  |
| 2.1-6.2.1.3 | \_\_\_ building entrances used to reach outpatient services located so patients need not go through other activity areas (except for shared lobbies in multi-occupancy buildings) |  |  |
| 2.1-6.2.2 | \_\_\_ Reception |  |  |
|  | \_\_\_ reception & information counter desk or kiosk provided either at main entry or at each clinical service |  |  |
| 2.1-6.2.3 | \_\_\_ Waiting area |  |  |
| 2.1-6.2.3.2 | \_\_\_ visible from staff area either by camera or direct staff sight line |  |  |
| 2.1-6.2.4 | \_\_\_ Public toilet room |  |  |
| 2.1-6.2.4.2 | (may be located off public corridor in multi-tenant building) | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 8-2 |
| 2.1-6.2.4.1 | \_\_\_ readily accessible from waiting area without passing through patient care or staff work areas | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.1-6.2.5 | \_\_\_ Provisions for telephone access |  |  |
|  | \_\_\_ access to make local phone calls |  |  |
| 2.1-6.2.6 | \_\_\_ Provisions for drinking water |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | \_\_\_ Wheelchair storage  check if not included in project |  |  |
|  | \_\_\_ located out of required corridor width  \_\_\_ directly accessible to entrance  \_\_\_ provided for at least one wheelchair |  |  |
| 2.1-6.2.7.2 | \_\_\_ Wheelchair parking space |  |  |
|  | \_\_\_ designated area for at least one patient-owned wheelchair in non-public area  \_\_\_ located out of any required egress width or other required clearance |  |  |
|  |  |  |  |
| 2.2-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.1-6.3.2  (2) | \_\_\_ Interview space (used for patient communication/interviews related to social services, credit, etc.)  check if not included in project  (may be combined with consultation room) |  |  |
| (1) | \_\_\_ separate from public areas |  |  |
| 2.1-6.3.3 | \_\_\_ Office space for business administrative & professional staffs |  |  |
|  |  |  |  |
| 2.1-6.3.5 | \_\_\_ Medical records space |  |  |
|  | \_\_\_ provisions made for securing medical records of all media types used by facility |  |  |
| 2.1-6.3.5.1 | \_\_\_ location restricted to staff access to maintain confidentiality of record |  |  |
| 2.1-6.3.5.2 | Space Requirements: |  |  |
| (1) | \_\_\_ space provided for medical records management |  |  |
| (2) | \_\_\_ physical space for electronic storage of forms or documents |  |  |
|  |  |  |  |
| 2.1-6.3.6 | \_\_\_ Storage for office equipment & supplies |  |  |
|  |  |  |  |
| 2.2-6.4 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.1-6.4.1 | \_\_\_ Staff lounge  check if not included in project |  |  |
|  | \_\_\_ handwashing station |  |  |
| 2.1-6.4.2 | \_\_\_ Storage for staff personal effects  \_\_\_ locking drawers cabinets or lockers  \_\_\_ readily accessible to individual work areas |  |  |
|  |  |  |  |

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** |
|  | CORRIDOR WIDTH: |
| 2.1‑7.2.2.1  IBC 1018.2 | \_\_\_ Min. 44”  **or**  \_\_\_ Detailed code review incorporated in Project Narrative |
| 421 CMR 6.00 | \_\_\_ Corridors include turning spaces for wheelchairs |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (1) | \_\_\_ Min. ceiling height 7'-6"in corridors & in normally unoccupied spaces |
| (2) | \_\_\_ Min. height 7’‑6” above floor of suspended tracks, rails & pipes located in traffic path |
|  | \_\_\_ 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. 32” clear door width  \_\_\_ Min. 83.5” clear door height |
| (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) | \_\_\_ door that swings outward  **or** |
|  | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside room to prevent blockage of door)  **or** |
|  | \_\_\_ sliding door (not pocket door) |
|  |  |
| (b) | \_\_\_ toilet room opens onto public area or corridor  check if not included in project |
|  | \_\_\_ visual privacy is maintained |
| 2.1‑7.2.2.8 | HANDWASHING STATIONS: |
| (3)(a) | \_\_\_ Handwashing station countertops made of porcelain stainless steel solid‑surface materials or impervious plastic laminate assembly |
| (3)(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 at 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 |
| (6) | \_\_\_ Liquid or foam soap dispensers |
| 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 |
| 2.1‑7.2.3 | **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 all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions |
| (6)(a) | \_\_\_ Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in rooms listed below |
|  | * soiled workrooms & soiled holding rooms |
| 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 |
| (4) | \_\_\_ 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 |
|  |  |
| 2.1‑7.2.4.3 | \_\_\_ Privacy curtains in patient care areas are washable |
| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |

|  |  |
| --- | --- |
| 2.1-8.2.1.3 | \_\_\_ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170 |
| 2.2-8.3 | **ELECTRICAL SYSTEMS** |
| 2.2-8.3.4 | EMERGENCY EGRESS LIGHTING |
|  | \_\_\_ Automatic emergency lighting  **or**  \_\_\_ Facility has total floor area of not more than 1,000 sf is located at grade level & has direct access to exits to grade |