

**COMPLIANCE CHECKLIST****OP11 Outpatient Procedure Suites**

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 2018 Edition of the FGI Guidelines for Design and Construction of Outpatient Facilities. 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:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- 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.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. 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.
6. 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".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. 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:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

	<b>Architectural Requirements</b>	<b>Building Systems Requirements</b>
2.7	<b><u>OUTPATIENT PROCEDURE SUITES</u></b>	
2.7-1.1	<b>APPLICATION</b>	
2.7-1.1.1	<input type="checkbox"/> Outpatient facilities where same-day procedures are performed	
2.7-1.3.2	<b>PARKING</b>	
	<input type="checkbox"/> Space reserved or designated for pickup of patients after recovery	
2.7-2	<b>ACCOMMODATIONS FOR CARE OF PATIENTS OF SIZE</b>	
2.1-2.1.1.2	<input type="checkbox"/> check if <u>not</u> included in project (only if a Patient Handling & Movement Assessment that determines that the outpatient service does not have a need for expanded-capacity lifts & architectural details that support movement of patients of size in patient areas is attached to the Project Narrative)	
2.1-2.1.2	Location: <input type="checkbox"/> spaces designated for care of or use by patients of size are provided in locations to accommodate population expected to be served by facility	
2.1-2.5	<input type="checkbox"/> Handwashing stations	
2.1-2.5.2	<input type="checkbox"/> downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population	
2.1-2.6	<input type="checkbox"/> Patient toilet room	
2.1-2.6.1	<input type="checkbox"/> expanded-capacity toilet <input type="checkbox"/> mounted min. 36 inches from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts)	Ventilation: <input type="checkbox"/> Min. 10 air changes per hour    Table 8.1 <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units
2.1-2.6.2	<b>or</b> <input type="checkbox"/> regular toilet <input type="checkbox"/> mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet	
2.1-2.6.3	<input type="checkbox"/> rectangular clear floor area min. 46" wide extends 72" from front of toilet	
2.1-2.7	<input type="checkbox"/> Single-patient exam/observation room	
2.1-2.7.1	Space Requirements:	
2.1-2.7.1.1(1)	<input type="checkbox"/> min. 5'-0" clearance at foot of expanded-capacity exam table	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour    Table 8.1
(2)	<input type="checkbox"/> min. 3'-0" clearance on non-transfer side of expanded-capacity exam table	Lighting: <input type="checkbox"/> Portable or fixed exam light    2.1-8.3.4.3(1)

**Architectural Requirements**

- (3)(a) ☐ min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift
- or**
- (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 patients of size have min. clear width of 45.5"
- 2.1-2.10.2.2 ☐ door openings to toilet rooms designated for patients of size have min. clear width of 45.5"

**PATIENT CARE & DIAGNOSTIC AREAS**

- 2.7-3 ☐ Examination room
- 2.7-3.2 ☐ check if not included in project
- 2.7-3.2.2 (use of procedure room as examination room is permitted)
- 2.1-3.2.1.2 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
- ☐ room arrangement shown in the plans for each exam room (Layout #1)
- (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

**Building Systems Requirements**

- Power:
- ☐ Min. 8 receptacles Table 2.1-1
- ☐ 4 convenient to head of exam table or gurney
- Ventilation:
- ☐ Min. 4 air changes per hour Table 8.1
- Power:
- ☐ Min. 8 receptacles Table 2.1-1
- ☐ 4 convenient to head of exam table or gurney

**Architectural Requirements****Building Systems Requirements**

- 2.7-3.3 \_\_\_\_\_ Procedure room
- 2.1-3.2.2.1(1) \_\_\_\_\_ procedure room is designated for the performance of patient care that requires high-level disinfection or sterile instruments & some environmental controls but is not required to be performed with the environmental controls of an operating room
- \_\_\_\_\_ Project Narrative states that a clinical assessment of procedures to be performed in facility has been performed by medical director of facility to determine appropriate room type & location for these procedures

- (2)(a) \_\_\_\_\_ procedure room meet requirements of semi-restricted area

## 2.1-3.2.2.2

(1)(a)

(3)

## Space Requirements:

- \_\_\_\_\_ procedure rooms without anesthesia machine & supply cart
- \_\_\_\_\_ min. clear floor area 130 sf
- (fixed encroachments allowed if they extend max. 12" into min. clear floor area & their width along each wall does not exceed 10% of wall length)
- (2)(a) \_\_\_\_\_ min. clearance 3'-6" on each side procedure table or chair
- \_\_\_\_\_ min. clearance 3'-0" at head & foot procedure table or chair

**or**

- (b) \_\_\_\_\_ procedure rooms with anesthesia machine & supply cart
- (3) \_\_\_\_\_ min. clear floor area 160 sf
- (fixed encroachments allowed if they do not extend more than 12" into min. clear floor area & their width along each wall does not exceed 10% of wall length)
- (2)(a) \_\_\_\_\_ min. clearance 3'-6" on each side procedure table or chair
- (2)(b) \_\_\_\_\_ min. clearance 6'-0" at head of procedure table or chair

## Ventilation:

- \_\_\_\_\_ Min. 15 air changes per hour Table 8.1
- \_\_\_\_\_ Positive pressure
- \_\_\_\_\_ No recirculating room units

## Power:

- \_\_\_\_\_ Min. 12 receptacles Table 2.1-1
- \_\_\_\_\_ 8 convenient to table placement
- \_\_\_\_\_ At least 1 on each wall

## Medical Gases:

- \_\_\_\_\_ 1 OX, 1 VAC (may be portable) Table 2.1-2

## Ventilation:

- \_\_\_\_\_ Min. 15 air changes per hour Table 8.1
- \_\_\_\_\_ Positive pressure
- \_\_\_\_\_ No recirculating room units

## Power:

- \_\_\_\_\_ Min. 12 receptacles
- \_\_\_\_\_ 8 convenient to table placement
- \_\_\_\_\_ At least 1 on each wall

## Medical Gases:

- \_\_\_\_\_ 1 OX, 1 VAC (may be portable) Table 2.1-2

## 2.1-3.2.2.3

(1)

(2)

- \_\_\_\_\_ documentation area
- \_\_\_\_\_ accommodations for written or electronic documentation
- \_\_\_\_\_ allows for direct observation of patient when in use

## 2.1-3.2.2.4

- \_\_\_\_\_ provisions for patient privacy

**Architectural Requirements****Building Systems Requirements**

2.1-3.2.2.5

(1) ☐ handwashing station**or**(2) ☐ hand scrub station☐ directly accessible\* to procedure room

2.1-3.2.2.8

(1)(b) **Support Areas for Procedure Room:**  
(may be shared with other clinical services in facility)(8) ☐ medication safety zones

2.1-3.8.8.1(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(c) ☐ work counters provide space to perform required tasks(e) ☐ sharps containers placed at height that allows users to see top of container

2.1-3.8.8.2

(1) ☐ medication preparation room(a) ☐ work counter  
☐ handwashing station  
☐ lockable refrigerator  
☐ 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  
☐ room designed with space to prepare medications**or**(2) ☐ automated medication-dispensing unit(a) ☐ located at nurse station, in clean workroom or in alcove(b) ☐ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units(c) ☐ countertop or cart provided adjacent\* to stationary medication-dispensing units

Ventilation:

☐ Min. 4 air changes per hour Table 8.1

Lighting:

☐ Task lighting 2.1-2.8.8.1(2)(d)

Lighting:

☐ Task lighting 2.1-3.8.8.1(2)(d)

**Architectural Requirements****Building Systems Requirements**

2.1-3.2.2.8(11) ☐ clean storage  
 (a) ☐ storage area for clean/sterile supplies

2.1-3.8.11.2 ☐ clean workroom  
 (11)(b) ☐ check if not included in project (only if facility does not have more than one procedure room)

(1) ☐ work counter  
 (2) ☐ handwashing station  
 (3) ☐ storage facilities for clean & sterile supplies

## Ventilation:

☐ Min. 4 air changes per hour Table 8.1  
☐ Positive pressure

2.1-3.2.2.8(12) ☐ soiled holding  
☐ space for holding soiled materials  
☐ separate from clean storage area

## Ventilation:

☐ Min. 10 air changes per hour Table 8.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units

2.1-3.2.3.8(16) ☐ Facilities for on-site sterile processing  
☐ check if not included in project (if sterile processing is performed off-site)  
☐ Compliance Checklist OP4 has been submitted

2.1-3.2.2.8 **PRE- & POST-PROCEDURE PATIENT CARE**  
 (17) ☐ check if not included in project (only if pre- & post-procedure patient care station located in procedure room)  
 2.1-3.2.2.8 (17)(a)

2.1-3.7.1.1 ☐ 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

2.1-3.7.1.3 Layout:  
 (1)(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-anesthesia care unit (PACU) & Phase II recovery area

2.1-3.7.1.4 Number of Patient Care Stations:  
 (1) ☐ pre- & post-procedure patient care stations combined in one area  
☐ check if not included in project

**Architectural Requirements****Building Systems Requirements**

- \_\_\_\_\_ at least one patient care station provided for each imaging procedure or operating room
- (2) \_\_\_\_\_ separate pre-procedure & recovery areas  
☐ check if not included in project
- 2.1-3.7.3 \_\_\_\_\_ pre-procedure patient care room or area provides min. of one patient care station per imaging room, procedure room or operating room
- 2.1-3.7.5 \_\_\_\_\_ Phase II recovery room or area provides min. one Phase II patient care station per procedure room
- 2.1-3.7.2.2 Space Requirements:  
 (2) \_\_\_\_\_ patient care bays  
☐ check if not included in project
- (a) \_\_\_\_\_ min. clearance 5'-0" between sides of patient beds/gurneys/lounge chairs  
 \_\_\_\_\_ min. clearance 3'-0" between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions  
 \_\_\_\_\_ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain
- (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  
 \_\_\_\_\_ min. clearance 2'-0" between foot of patient beds/gurneys/lounge chairs & cubicle curtain
- (c) \_\_\_\_\_ 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
- \_\_\_\_\_ 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
- Power:  
 \_\_\_\_\_ Min. 4 receptacles  
 \_\_\_\_\_ Convenient to gurney, lounge chair, or bed
- Nurse Call System:  
 \_\_\_\_\_ Patient station  
 \_\_\_\_\_ Staff assistance station  
 \_\_\_\_\_ Emergency call station
- Ventilation:  
 \_\_\_\_\_ Min. 6 air changes per hour  
 \_\_\_\_\_ No recirculating room units
- Power:  
 \_\_\_\_\_ Min. 4 receptacles  
 \_\_\_\_\_ Convenient to gurney, lounge chair, or bed
- Nurse Call System:  
 \_\_\_\_\_ Patient station  
 \_\_\_\_\_ Staff assistance station  
 \_\_\_\_\_ Emergency call station
- Ventilation:  
 \_\_\_\_\_ Min. 6 air changes per hour  
 \_\_\_\_\_ No recirculating room units
- Power:  
 \_\_\_\_\_ Min. 4 receptacles

**Architectural Requirements****Building Systems Requirements**

\_\_\_ Convenient to gurney, lounge chair, or bed

Nurse Call System:

\_\_\_ Patient station

\_\_\_ Staff assistance station

\_\_\_ Emergency call station

Table 2.1-3

- 2.1-3.7.2.4 \_\_\_ Provisions made for patient privacy
- 2.1-3.7.2.5 \_\_\_
- 2.1-3.8.7 \_\_\_ Handwashing station
- 2.1-3.8.7.1 \_\_\_ located in each room where hands-on patient care is provided
- 2.1-3.8.7.3 \_\_\_ handwashing station serves multiple patient care stations
- \_\_\_ check if not included in project
- (1) \_\_\_ at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof
- (2) \_\_\_ handwashing stations evenly distributed based on arrangement of patient care stations

2.7-3.5.8 **Support Areas for Pre- & Postoperative Patient Care Areas:**

- 2.7-3.5.8.1 \_\_\_ Provided in or directly accessible\* to pre- & postoperative patient care areas

- 2.7-3.5.8.2 \_\_\_ Nurse station
- 2.1-3.8.2.1 \_\_\_ work counter
- 2.1-3.8.2.2 \_\_\_ means for facilitating staff communication
- 2.1-3.8.2.3 \_\_\_ space for supplies
- 2.1-3.8.2.4 \_\_\_ accommodations for written or electronic documentation
- 2.1-3.8.2.5 \_\_\_ hand sanitation dispenser

- 2.7-3.5.8.8 \_\_\_ Medication Safety zone
- 2.1-3.8.8.1(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
- (c) \_\_\_ work counters provide space to perform required tasks
- (e) \_\_\_ sharps containers placed at height that allows users to see top of container

Lighting:

\_\_\_ Task-specific lighting level min. 100 foot-candles

2.1-3.8.8.1(2)(d)



**Architectural Requirements****Building Systems Requirements**

2.1-3.8.8.2

(1)	___ Medication preparation room	Ventilation:	
(a)	___ work counter	___ Min. 4 air changes per hour	Table 8.1
	___ handwashing station		
	___ lockable refrigerator		
	___ locked storage for controlled drugs		
	___ sharps containers		
	___ <input type="checkbox"/> check if not included in project		
(b)	___ self-contained medication dispensing units	Lighting:	
	___ <input type="checkbox"/> check if not included in project	___ Task lighting	2.1-2.8.8.1(2)(d)
	___ room designed with space to prepare medications		
	<b>or</b>		
(2)	___ Automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove	Lighting:	
(b)	___ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units	___ Task lighting	2.1-3.8.8.1(2)(d)
(c)	___ countertop or cart provided adjacent* to stationary medication-dispensing units		
2.7-3.5.8.9	___ Nourishment area		
(1)	___ directly accessible* to postoperative patient care area		
2.1-3.8.9.1	___ handwashing station in or directly accessible* to nourishment room or area	Ventilation:	
	___ work counter	___ Min. 2 air changes per hour	Table 8.1
2.1-3.8.9.2	___ storage		
2.1-3.8.9.3	___ fixtures & appliances for beverages & nourishment		
2.1-3.8.9.4			
2.7-3.5.8.10	___ Ice-making equipment		
2.1-3.8.10.1	___ self-dispensing type		
	<b>or</b>		
2.1-3.8.10.2	___ ice-making equipment of bin-type		
	___ located in area restricted to staff		
2.7-3.7.12.1	___ Soiled workroom	Ventilation:	
(1)(a)	___ handwashing station	___ Min. 10 air changes per hour	
(1)(b)	___ flushing-rim clinical service sink or equivalent flushing-rim fixture	___ Exhaust	Table 8.1
(1)(c)	___ work counter	___ Negative pressure	
(1)(d)	___ space for separate covered containers for waste & soiled linen	___ No recirculating room units	

**Architectural Requirements****Building Systems Requirements**

- 2.7-3.5.8.13  
(2)
- \_\_\_ Equipment & supply storage
  - \_\_\_ dedicated storage for equipment & supplies
  - or
  - \_\_\_ location of storage for equipment & supplies in Clean Equipment & Supply Storage Room
  - \_\_\_ storage room directly accessible\* to pre- & post-operative patient care areas

- 2.7-3.5.8.13(4)  
2.1-3.8.13.4(2)
- \_\_\_ Emergency equipment storage
  - \_\_\_ readily accessible\*
  - \_\_\_ under staff control
- 2.1-3.8.13.4(3)
- \_\_\_ storage of battery-powered CPR cart
  - \_\_\_ electrical outlet for battery charging is provided

**Support Areas for Staff:**

- 2.7-3.5.9.2  
(2)  
(1)
- \_\_\_ Staff toilet room (may be located in staff changing area)
  - \_\_\_ immediately accessible\* to pre- & postoperative patient care areas

**Support Areas for Patients & Visitors:**

- 2.7-3.5.10  
2.7-3.5.10.2  
(1)(a)
- \_\_\_ Patient toilet rooms
  - \_\_\_ directly accessible\* to each pre- & postoperative patient care area
- (c)  
+ Errata
- \_\_\_ toilet rooms directly accessible\* from single-patient rooms used for Airborne Infection Isolation (AII)
  - ☐ check if not included in project (only if no AII room is provided)
- (2)(a)
- \_\_\_ additional shared toilets provided at ratio of 1 patient toilet for each 8 patient care stations or fewer & for each major fraction thereof

**Ventilation:**

- \_\_\_ Min. 10 air changes per hour Table 8.1
- \_\_\_ Exhaust
- \_\_\_ Negative pressure
- \_\_\_ No recirculating room units

2.7-3.8

**OTHER SUPPORT AREAS IN OUTPATIENT SURGERY FACILITY**

- 2.7-3.8.13.1
- \_\_\_ Clean linen storage (may be located in Clean Equipment & Supply Storage Room)
- 2.7-3.8.13.5
- \_\_\_ Medical gas storage space (including space for reserve cylinders)
  - \_\_\_ provided & protected in accordance with NFPA 99

**Architectural Requirements****Building Systems Requirements**

- 2.7-3.8.16 ☐ Storage for blood, tissue & pathological specimens  
☐ check if not included in project
- 2.7-3.8.16.2 ☐ equipment temperature controls alarms & monitoring
- 2.7-3.8.16.3(1) ☐ refrigerator for storage of blood & other specimens
- 2.7-3.8.16.3(2) ☐ refrigerator used to store blood for transfusions  
☐ check if not included in project  
☐ equipped with temperature-monitoring & alarm signals

**2.7-3.9 SUPPORT AREAS FOR STAFF**

- 2.7-3.9.1 ☐ Staff lounge  
☐ check if not included in project (only in facilities with one or two operating rooms)
- 2.7-3.9.4 ☐ Staff changing area
- 2.7-3.9.4.1 ☐ includes one or more private changing rooms or separate areas for staff
- 2.1-3.9.4.1(1) ☐ lockers
- 2.1-3.9.4.1(2) ☐ toilets

**Ventilation:**

- ☐ Min. 10 air changes per hour Table 8.1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

- (3) ☐ handwashing stations
- (4) ☐ space for donning procedure attire
- (5) ☐ provision for separate storage for clean & soiled procedure attire
- 2.7-3.9.5 ☐ Staff shower
- 2.7-3.9.5.2 (may be located in staff changing area)
- 2.7-3.9.5.1 ☐ readily accessible\* to recovery area

**2.7-3.10 SUPPORT AREAS FOR PATIENTS**

- ☐ Patient changing & preparation area
- (1) ☐ space for patients to change from street clothing into patient gowns & to prepare for surgery
- 2.7-3.10.3(1)(b) ☐ pre- & post-operative patient care area used for this function
- or**
- 2.7-3.10.3(1)(a) ☐ separate changing area
- 2.7-3.10.3(2) (a) ☐ provisions for secure storage of patients' belongings
- (b) ☐ access to toilet without passing through public space
- (c) ☐ space for changing or gowning
- 2.7-3.10.4 ☐ secure storage for patient belongings

**Architectural Requirements****Building Systems Requirements**

2.7-4.3

**STERILE PROCESSING**

2.7-4.3.2

- \_\_\_ Facilities for on-site sterile processing
- \_\_\_ ☐ check if not included in project
- \_\_\_ two-room sterile processing facility is provided
- \_\_\_ Compliance Checklist OP4 has been submitted

2.7-4.3.3

- \_\_\_ Support areas for facilities using off-site sterile processing
- \_\_\_ ☐ check if not included in project (only if sterile processing is performed on-site)

2.1-4.3.3.1

- \_\_\_ room for breakdown (receiving/unpacking) of clean/sterile supplies

2.1-4.3.3.2

- \_\_\_ room for on-site storage of clean & sterile supplies

2.1-4.3.2.4(1)

- \_\_\_ storage for sterile & clean instruments & supplies

(a)

- \_\_\_ separate equipment & supply storage room

**or**

- \_\_\_ designated equipment & supply storage area in clean workroom

(b)

- \_\_\_ space for case cart storage
- \_\_\_ ☐ check if not included in project (only if case carts are not used)

(c)

- \_\_\_ provisions to maintain humidity & temperature levels

2.1-4.3.3.3

- \_\_\_ room with flush-type device for gross decontamination & holding of soiled instruments

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

(b)

- \_\_\_ flushing-rim clinical service sink or equivalent flushing-rim fixture

(c)

- \_\_\_ work counter

(d)

- \_\_\_ space for separate covered containers for waste & soiled linen

(2)

- \_\_\_ fluid management system
- \_\_\_ ☐ check if not included in project

(a)

- \_\_\_ electrical & plumbing connections that meet manufacturer requirements

(b)

- \_\_\_ space for docking station

**Ventilation:**

- \_\_\_ Min. 10 air changes per hour
- \_\_\_ Exhaust
- \_\_\_ Negative pressure
- \_\_\_ No recirculating room units

Table 8.1

**Architectural Requirements****Building Systems Requirements**

2.7-5.3

**ENVIRONMENTAL SERVICES**

2.7-5.3.1

☐ Environmental services room

2.1-5.3.1.1(1)

☐ min. one environmental services room per floor

2.1-5.3.1.1(2)

☐ additional ES rooms provided on floor according to needs of areas served

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

2.1-5.3.1.2(3)

☐ handwashing station or hand sanitation dispenser

Ventilation:

☐ Min. 10 air changes per hour☐ Exhaust☐ Negative pressure☐ No recirculating room unitsTable 8.1/  
Policy

2.7-6.2

**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 be 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)

2.1-6.2.4.1

☐ readily accessible\* from waiting area without passing through patient care or staff work areas

Ventilation:

☐ Min. 10 air changes per hour☐ Exhaust☐ Negative pressure☐ No recirculating room units

Table 8.1

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☐ designated area 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☐ check if not included in project (only if facility provides services that do not require patients to transfer to facility chair, recliner, exam table or stretcher)

**Architectural Requirements****Building Systems Requirements**

- \_\_\_ designated area provided for parking at least one patient-owned wheelchair in non-public area
- \_\_\_ located out of any required egress width or other required clearance

2.7-6.3

**ADMINISTRATIVE AREAS**

2.1-6.3.2

- \_\_\_ Interview space
  - ☐ check if not included in project
- (2) (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 be 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

2.7-6.3.4

- \_\_\_ Multipurpose or consultation room
- 2.7-6.3.4.2 (may be combined with office or interview room)

2.7-6.4

**GENERAL SUPPORT AREAS FOR STAFF**

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 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 IBC 1018.2 **CORRIDOR WIDTH:**  
 \_\_\_ Min. 44"  
**or**  
 \_\_\_ Detailed code review incorporated in Project Narrative
- 421 CMR 6.00 2.7-7.2.2.1(1) \_\_\_ Corridors include turning spaces for wheelchairs  
 \_\_\_ At least one corridor that connects surgical suite & PACU to exit has min. width of 6'-0" for stretcher transport
- 2.7-7.2.2.1(2) \_\_\_ Corridor connecting semi-restricted area & pre- & postoperative patient care area has min. width of 8'-0" for stretcher transport
- 2.1-7.2.2.2 (4) **CEILING HEIGHT:**  
 \_\_\_ 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) **DOORS & DOOR HARDWARE:**  
 (a) 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) Door Opening:  
 (a) \_\_\_ min. 34" clear door width  
 \_\_\_ min. 83.5" clear door height
- (b) Rooms with Gurney Access:  
 \_\_\_ 41.5" min. clear door width  
 \_\_\_ 79.5" min. 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) (a) Doors for Patient Toilet Facilities:  
 \_\_\_ 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
- 2.1-7.2.2.8 (3)(a) **HANDWASHING STATIONS:**  
 \_\_\_ 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 (1) **GRAB BARS:**  
 \_\_\_ 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:**  
 \_\_\_ ☐ check if not included in project  
 (2) \_\_\_ Rail ends return to wall or floor  
 (3) \_\_\_ Handrail gripping surfaces & fasteners are smooth with 1/8-inch min. radius  
 (4) \_\_\_ Handrails have eased edges & corners  
 (5) \_\_\_ Handrail finishes are cleanable

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 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  
☐ check if not included in project
  - cystoscopy & urology procedure rooms
  - airborne infection isolation (All) room & any anteroom

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) **Semi-Restricted Areas:**

- ☐ check if not included in project
- (a) ☐ ceiling finishes scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals
- (b) ☐ lay-in ceilings
  - ☐ gasketed or each ceiling tile weighs at least 1 Lbs/sq. ft.
- (c) ☐ no perforated tegular serrated or highly textured tiles in semi-restricted areas

**or**

- ☐ ceilings of monolithic construction

- 2.1-7.2.4.3 ☐ Privacy curtains in patient care areas are washable

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 8.1 are maintained for All Rooms in event of loss of normal electrical power
  - ☐ check if not included in project

Part 3/6.1.2 **Heating & Cooling Sources:**

- Part 3/6.1.2.1 ☐ heat sources & essential accessories 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 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
- ☐ cooling sources & essential accessories sufficient to support 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 min. of 25'-0" from cooling towers & all exhaust & vent discharges
- ☐ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade
- ☐ air intakes located away from public access
- ☐ all intakes designed to prevent entrainment of wind-driven rain



Part 3/6.3.1.3 ☐ intakes on top of buildings  
☐ check if not included in project  
☐ located with bottom of air intake min. of 3'-0" above roof level

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 Contaminated Exhaust Discharges:  
☐ check if not included in project

Part 3/6.3.2.1 ☐ ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from All 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 feet above adjoining roof level  
☐ exhaust discharge outlets from All rooms is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public

Part 3/6.4 FILTRATION:  
☐ Two filter banks for operating rooms, ambulatory diagnostic & therapeutic radiology (see Table 6.4)  
☐ Filter Bank No. 1: MERV 7  
☐ Filter Bank No. 2: MERV 14  
☐ All other outpatient spaces one filter bank MERV 7  
☐ One filter bank MERV 13 for laboratories  
☐ Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed

Part 3/6.4.1 ☐ Filter Bank No. 1 placed upstream of heating & cooling coils

Part 3/6.4.2 ☐ Filter Bank No. 2 placed 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 All room, OR 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  
☐ 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 6.7.2

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 Filter Bank No. 2

Part 3/6.8.2 ☐ All room exhaust systems are not used for energy recovery

Part 3/6.8.3 ☐ Energy recovery systems with leakage potential

☐ check if not included in project  
☐ arranged to minimize potential to transfer exhaust air directly back into supply airstream  
☐ designed to have no more than 5% of total supply airstream consisting of exhaust air  
☐ not used from these exhaust airstream sources: waste anesthesia gas disposal, central medical & surgical supply, soiled or decontamination room

Part 3/7 SPACE VENTILATION:

Part 3/7.1.a ☐ Complies with Table 8.1

Part 3/7.1.a.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 minimum outdoor air changes per hour required by Table 8.1 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 8.1  
☐ room unit receive filtered & conditioned outdoor air  
☐ serve only a single space  
☐ provides min. MERV 6 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 (All) Rooms  
☐ check if not included in project  
☐ All 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 All room is exhausted directly to outdoors  
☐ Exhaust air from All rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-All room or exhaust system  
☐ 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  
☐ All room is at negative pressure with respect to anteroom  
☐ Anteroom is at negative pressure with respect to corridor

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

2.1-8.3.2.2 Panelboards:  
 (1) ☐ all panelboards accessible to health care tenants they serve  
 (2) ☐ panelboard serving critical branch circuits serve floors on which they are located  
 (3) ☐ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below

(4) ☐ 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

2.1-8.3.5 **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  
☐ check if not included in project

2.1-8.3.6 **ELECTRICAL RECEPTACLES**

☐ Receptacles in patient care areas are provided according to Table 2.1-1

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 length max. 25'-0"  
 (3)(a) ☐ no installation of dead-end piping (except for empty risers mains & branches for future use)  
 (3)(c) ☐ any existing dead-end piping is removed  
 (3)(b) ☐ check if not included in project  
 (4)(a) ☐ water-heating system supplies water at following range of temperatures: 105–120°F

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 to protect space below from leakage & condensation  

- procedure rooms
- sterile processing facilities
- electronic data processing areas
- electrical rooms

- (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
- (2) Floor Drains:  
 (a) \_\_\_\_\_ no floor drains in procedure 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) \_\_\_\_\_ sinks are designed with basins that will reduce risk of splashing to direct patient care areas, sterile procedures areas & medication preparation areas  
 (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 min. 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 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 and 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 Flushing-Rim Sinks:  
☐ check if not included in project  
 (1) \_\_\_\_\_ trimmed with valves that can be operated without hands (may be single-lever or wrist blade devices)  
 (a) \_\_\_\_\_ handles are at least 6 in. long  
 (b) \_\_\_\_\_ integral trap wherein upper portion of water trap provides visible seal  
 (2) \_\_\_\_\_
- 2.1-8.4.3.6 Scrub Sinks:  
☐ check if not included in project  
 (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 2.1-2

#### 2.1-8.5.1 CALL SYSTEMS

- 2.1-8.5.1.1(1) \_\_\_\_\_ Nurse call stations provided as required in Table 2.1-3

#### 2.1-8.7 ELEVATORS

- ☐ check if not included in project
- 2.1-8.7.3 Dimensions of Elevators Used for Transport of Outpatients on Gurneys:  
 \_\_\_\_\_ min. interior car dimensions 5'-8" wide by 7'-9" deep
- 2.1-8.7.4 \_\_\_\_\_ Elevators are equipped with two-way automatic level-maintaining device with accuracy of  $\pm 1/4$  inch
- 2.1-8.7.5 Elevator Controls:  
 2.1-8.7.5.1 \_\_\_\_\_ elevator call buttons & controls not activated by heat or smoke  
 2.1-8.7.5.2 \_\_\_\_\_ light beams if used for operating door reopening devices without touch are used in combination with door-edge safety devices & are interconnected with system of smoke detectors  
 2.1-8.7.5.3 \_\_\_\_\_ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind