**COMPLIANCE CHECKLIST**

**OP12\_Endoscopy Facilities**

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 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:

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 & patient care station 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: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.9 | **ENDOSCOPY FACILITIES** |  |  |
|  |  |  |  |
| 2.9-1.1 | **APPLICATION** |  |  |
| 2.9-1.1.1 | \_\_\_ Outpatient facilities or portions thereof where endoscopy procedures are performed |  |  |
|  |  |  |  |
| 2.9-1.4.1 | **FACILITY LAYOUT** |  |  |
|  | Main Functional Areas: |  |  |
| 2.9-1.4.1.1 | \_\_\_ procedure rooms |  |  |
| 2.9-1.4.1.2 | \_\_\_ endoscope processing room |  |  |
| 2.9-1.4.1.3 | \_\_\_ pre- & post-procedure patient care area |  |  |
|  |  |  |  |
| 2.9-1.4.2 | **CIRCULATION** |  |  |
|  | \_\_\_ Endoscopy procedure suite designed to facilitate movement of patients & personnel into through & out of defined areas in suite |  |  |
|  |  |  |  |
| 2.9-2 | **ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE** |  |  |
| 2.1-2.1.1.2 | check if not 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 individuals of size in patient areas is attached to the 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. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 2.1-2.6.1.2 | \_\_\_ regular toilet  \_\_\_ mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet |  |  |
|  |  |  |  |
| 2.1-2.6.1.3 | \_\_\_ 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  check if not included in project |  |  |
| 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. 4 air changes per hour | Table 8-1 |
| (2) | \_\_\_ min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:  \_\_\_ Portable or fixed exam light | 2.1-8.3.4.3(1) |
| (3)(a) | \_\_\_ min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift  **or** | Power:  \_\_\_ Min. 8 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 2.1-1 |
| (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” |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size have min. clear width of 45.5” |  |  |
|  |  |  |  |
| 2.9-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.9-3.1 | \_\_\_ Single-patient examination 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. 4 air changes per hour | Table 8-1 |
|  |  |  |  |
| (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 |  |  |
|  |  |  |  |
| 2.9-3.2 | \_\_\_ **Endoscopy procedure room** |  |  |
| 2.1-3.2.2(2)(a) | \_\_\_ procedure room meets requirements of semi-restricted area |  |  |
|  |  |  |  |
| 2.9-3.2.2 | Space Requirements: |  |  |
| 2.9-3.2.2.1  2.9-3.2.2.2(1) | \_\_\_ min. clear floor area 180 sf  \_\_\_ min. clearance 5’-0” at each side of patient gurney/table | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 8-1 |
| 2.9-3.2.2.2(2) | \_\_\_ min. clearance 3’-6” at head & foot of patient gurney/table | Power:  \_\_\_ Min. 12 receptacles  \_\_\_ 8 convenient to table placement  \_\_\_ At least 1 on each wall | Table 2.1-1 |
| 2.1-3.2.2.3  (1) | \_\_\_ documentation area  \_\_\_ accommodations for written or electronic documentation | Nurse Call System:  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-3 |
| (2) | \_\_\_ allows for direct observation of patient when in use | Medical Gases:  \_\_\_ 1 OX, 1 VAC (may be portable) | Table 2.1-2 |
|  |  |  |  |
| 2.1-3.2.2.4 | \_\_\_ provisions for patient privacy |  |  |
|  |  |  |  |
| 2.1-3.2.2.5(1) | \_\_\_ handwashing station  **or** |  |  |
| 2.1-3.2.2.5(2) | \_\_\_ hand scrub station  \_\_\_ directly accessible\* to procedure room |  |  |
|  |  |  |  |
| 2.9-3.2.6 | Emergency Communication System: |  |  |
|  | \_\_\_ push activation of emergency call switch |  |  |
|  |  |  |  |
| 2.9-3.3 | **Pre- & post-procedure patient care areas** |  |  |
| 2.1-3.7.1.1 | \_\_\_ patient care stations accommodate lounge chairs, gurneys or beds  \_\_\_ 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 |  |  |
|  | \_\_\_ at least one patient care station provided for each procedure 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 procedure 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 | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 8-1 |
|  | \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions | Power:  \_\_\_ Min. 4 receptacles  \_\_\_ Convenient to gurney, lounge chair, or bed | Table 2.1-1 |
|  | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/ lounge chairs & cubicle curtain | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-3 |
|  |  |  |  |
|  |  |  |  |
| (b) | \_\_\_ patient care cubicles  check if not included in project |  |  |
|  | \_\_\_ min. clearance 3’‑0” between sides of patient beds/gurneys/ lounge chairs & adjacent\* walls or partitions | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ No recirculating room units | Table 8-1 |
|  | \_\_\_ min. clearance 2’‑0” between foot of patient beds/gurneys/ lounge chairs & cubicle curtain | Power:  \_\_\_ Min. 4 receptacles  \_\_\_ Convenient to gurney, lounge chair, or bed | Table 2.1-1 |
|  |  | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-3 |
| (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 | Table 8-1  Table 2.1-1 |
| 2.1-3.7.2.4 | \_\_\_ Provisions made for patient privacy | Nurse Call System:  \_\_\_ Patient station  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-3 |
| 2.1-3.7.2.5 |  |  |  |
| 2.1-3.8.7 | \_\_\_ Handwashing stations |  |  |
| 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 for every 4 patient care stations or fewer & for each major fraction thereof |  |  |
| (2) | \_\_\_ handwashing stations evenly distributed based on arrangement of patient care stations |  |  |
|  |  |  |  |
| 2.9-3.3.2 | \_\_\_ Documentation area |  |  |
|  | \_\_\_ accommodations for written and/or electronic documentation |  |  |
|  |  |  |  |
| 2.9-3.8 | **Support Areas for Endoscopy Procedure Area & Other Patient Care Areas:** |  |  |
| 2.9-3.8.2 | \_\_\_ Nurse or control station |  |  |
| 2.9-3.8.2.2 | \_\_\_ located to permit visual observation of all traffic entering patient care & diagnostic areas |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.9-3.8.8 | \_\_\_ 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 | Lighting:  \_\_\_ Task-specific lighting level min. 100 foot-candles | 2.1-3.8.8.1(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 |  |  |
| 2.1-3.8.8.2 |  |  |  |
| (1) | \_\_\_ medication preparation room | Ventilation: |  |
|  |  | \_\_\_ Min. 4 air changes per hour | Table 8-1 |
| (a) | \_\_\_ work counter | Lighting: |  |
|  | \_\_\_ handwashing station | \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
|  | \_\_\_ 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 | Lighting:  \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
| (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 |  |  |
|  |  |  |  |
| 2.9-3.8.12 | \_\_\_ Soiled workroom |  |  |
| 2.9-3.8.12.3 | (may be shared with other clinical services in same outpatient facility) |  |  |
| 2.9-3.8.12.2 | \_\_\_ physically separated from all other areas of facility |  |  |
| 2.1-3.8.12.1 | \_\_\_ no 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. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| (c) | \_\_\_ work counter | \_\_\_ Negative pressure |  |
| (d) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.1-3.8.12.2(2) | \_\_\_ fluid management system  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station |  |  |
|  |  |  |  |
| 2.9-3.8.13.2 | \_\_\_ General equipment & supply storage room |  |  |
| (1) | \_\_\_ storage of equipment & clean clinical supplies (including anesthesia equipment & supplies) |  |  |
| (2) | \_\_\_ min. combined floor area of 25 sf per procedure room |  |  |
| 2.9-3.8.13.3 |  |  |  |
| 2.1-3.8.13.3 |  |  |  |
| 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 |  |  |
|  | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.9-3.8.13.4 | \_\_\_ Emergency equipment storage  \_\_\_ space for emergency resuscitation equipment & supplies  \_\_\_ provided adjacent\* to procedure rooms & pre- & post-procedure patient care areas |  |  |
| 2.1-3.8.13.4(2) | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.9-3.8.13.5 | \_\_\_ Medical gas storage  \_\_\_ storage in accordance with NFPA 99  \_\_\_ includes space for reserve cylinders |  |  |
|  |  |  |  |
| 2.9-3.8.14 | \_\_\_ Environmental services room |  |  |
|  | \_\_\_ provided exclusively for endoscopy procedure suite | Ventilation:  \_\_\_ Min. 10 air changes per hour | Table 8-1 |
| 2.1-5.3.1.2(1) | \_\_\_ service sink or floor-mounted mop sink | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
| 2.1-5.3.1.2(2) | \_\_\_ provisions for storage of supplies & housekeeping equipment | \_\_\_ No recirculating room units |  |
| 2.1-5.3.1.2(3) | \_\_\_ handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.9-3.8.15 | \_\_\_ Fluid waste disposal facilities |  |  |
| 2.9-3.8.15.1 | \_\_\_ in procedure area clinical sink or equivalent equipment in soiled workroom |  |  |
| 2.9-3.8.15.2 | \_\_\_ in recovery area toilet equipped with bedpan-rinsing device in patient toilet room |  |  |
|  |  |  |  |
| 2.9-3.9 | **Support Areas for Staff:** |  |  |
| 2.9-3.9.1 | \_\_\_ Staff lounge  check if not included in project (only if facility has one or two procedure rooms) |  |  |
| 2.9-3.9.1.2 | (may be shared with other clinical services) |  |  |
| 2.1-6.4.1 | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.9-3.9.2 | \_\_\_ Staff toilet room  \_\_\_ immediately accessible\* to staff lounge | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 2.9-3.9.4 | \_\_\_ Staff changing area |  |  |
| 2.9-3.9.4.3(1) | \_\_\_ lockers |  |  |
| 2.9-3.9.4.3(2) | \_\_\_ toilet room | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| (3) | \_\_\_ handwashing stations |  |  |
| (4) | \_\_\_ space for changing clothes |  |  |
| (5) | \_\_\_ provision for separate storage of clean & soiled procedure attire |  |  |
|  |  |  |  |
| 2.9-3.10 | **Support Areas for Patients:** |  |  |
| 2.9-3.10.2 | \_\_\_ Patient toilet room |  |  |
| 2.9-3.10.2.1 | \_\_\_ readily accessible\* to procedure rooms & pre- & post-procedure patient care areas |  |  |
| 2.1-3.10.2.1 | \_\_\_ provided separate from public use toilet rooms  \_\_\_ located to permit access from patient care areas without passing through publicly accessible areas | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 2.1-3.10.2.2 | \_\_\_ equipped with toilet & handwashing station |  |  |
|  |  |  |  |
| 2.9-3.10.3 | \_\_\_ Patient changing area |  |  |
|  | \_\_\_ suitable for patients to change from street clothing into patient gowns |  |  |
| 2.9-3.10.3.1 | \_\_\_ dedicated patient area  **or**  \_\_\_ patient changing takes place in pre-procedure patient care area |  |  |
|  |  |  |  |
| 2.9-3.10.3.2 | \_\_\_ provisions for securing patients’ personal effects |  |  |
|  |  |  |  |
| 2.9-4 | **PATIENT SUPPORT FACILITIES** |  |  |
| 2.9-4.1 | \_\_\_ Laboratory services |  |  |
|  | \_\_\_ Compliance Checklist OP2 has been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.9-4.3 | \_\_\_ Endoscope processing room |  |  |
| 2.9-4.3.1.2 | \_\_\_ readily accessible\* to each procedure room |  |  |
| 2.9-4.3.1.3 | \_\_\_ endoscope processing room meets requirements of semi-restricted area |  |  |
| 2.9-4.3.1.4 | \_\_\_ consists of decontamination area & clean work area |  |  |
|  |  |  |  |
| 2.9-4.3.1.5 | Layout: |  |  |
| (1) | \_\_\_ designed for one-way traffic pattern of contaminated materials to cleaned materials to mechanical processor |  |  |
|  |  |  |  |
| (4) | Decontamination area is separated from clean work area to avoid cross-contamination, as follows: |  |  |
| (a) | \_\_\_ 4-foot distance from edge of sink |  |  |
|  | **or** |  |  |
| (b) | \_\_\_ separating wall or screen that extend at least 4’-0” above sink rim |  |  |
|  |  |  |  |
| 2.9-4.3.2 | \_\_\_ Decontamination area | Ventilation: |  |
| 2.9-4.3.2.2(1) | \_\_\_ work counter | \_\_\_ Min. 6 air changes per hour | Table 8-1 |
| 2.9-4.3.2.2(2) | \_\_\_ handwashing station | \_\_\_ Exhaust |  |
| 2.9-4.3.2.2(3) | \_\_\_ utility sink | \_\_\_ Negative pressure |  |
|  | \_\_\_ min. diagonal dimension of 24 inches | \_\_\_ No recirculating room units |  |
| (a) | \_\_\_ two-basin sink with min. 12 inches high backsplash  **or** |  |  |
| (b) | \_\_\_ single-basin sink with min. 12 inches high backsplash  \_\_\_ alternative methods for leak testing & pre-cleaning are provided |  |  |
|  |  |  |  |
| (4) | \_\_\_ eyewash station |  |  |
| (5) | \_\_\_ instrument air outlet or space for portable compressed air  check if not included in project |  |  |
| (6) | \_\_\_ storage for decontamination supplies & personal protective equipment (PPE) |  |  |
|  |  |  |  |
| 2.9-4.3.3 | \_\_\_ Clean work area | Ventilation: |  |
| 2.9-4.3.3.2(1) | \_\_\_ countertop | \_\_\_ Supply diffuser |  |
| 2.9-4.3.3.2(2) | \_\_\_ storage for supplies |  |  |
| 2.9-4.3.3.2(3) | \_\_\_ instrument air outlet or space for portable compressed air  check if not included in project |  |  |
| 2.9-4.3.3.4 | \_\_\_ Storage for clean endoscopes |  |  |
| (1) | \_\_\_ clean endoscope storage provided in clean work area |  |  |
| (2)(a) | \_\_\_ storage cabinet with door |  |  |
| (2)(b) | \_\_\_ located min. 3’-0” from any sink |  |  |
| (2)(c) | \_\_\_ located so staff do not have to cross decontamination area to access clean scopes |  |  |
|  | **or** |  |  |
|  | \_\_\_ clean endoscope storage separate from clean work area  \_\_\_ adjacent to procedure room |  |  |
|  |  |  |  |
| 2.9-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.9-5.3.1  2.1-5.3.1.1(3) | \_\_\_ Environmental services room  (may serve more than one clinical service area on same floor) | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| 2.1-5.3.1.1(1) | \_\_\_ min. one ES room per floor | \_\_\_ Negative pressure |  |
| 2.1-5.3.1.1(2) | \_\_\_ additional ES rooms provided on floor according to needs of areas served | \_\_\_ No recirculating room units |  |
| 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 |  |  |
|  |  |  |  |
| 2.9-6.2 | **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 |  |  |
|  |  |  |  |
| 2.9-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.9-6.3.2 | \_\_\_ Interview space  (may be combined with Multipurpose Room) |  |  |
| 2.9-6.3.3 | \_\_\_ Office |  |  |
| 2.9-6.3.4 | \_\_\_ Multipurpose room |  |  |
| 2.9-6.3.5 | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.9-6.4 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.9-6.4.1 | \_\_\_ Staff storage facilities |  |  |
|  | \_\_\_ special storage including locking drawers and/or cabinets for personal effects of administrative staff |  |  |

LOCATION TERMINOLOGY:

Directly accessible: Connected to the 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 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

PATIENT CARE STATION TERMINOLOGY:

Bay: Space for patient care with one hard wall at the headwall and up to three soft walls (e.g., cubicle curtains or portable privacy screen).

Cubicle: A space intended for patient care that has at least one opening and no door and is enclosed on three sides with full-height or partial-height partitions.

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) | \_\_\_ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0” |
|  |  |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (1) | \_\_\_ Min. height 7'-6” in corridors & 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 |
|  |  |
| (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 & 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 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 | 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 |
| 2.1‑7.2.2.10 | HANDRAILS:  check if not included in project |
| (1) | \_\_\_ Rail ends return to wall or floor |
| (2) | \_\_\_ Handrail gripping surfaces & fasteners are smooth with 1/8‑inch min. radius |
| (3) | \_\_\_ Handrails have eased edges & corners |
| (4) | \_\_\_ 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 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 |
|  | * endoscope processing room |
|  | * 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) | Semi‑Restricted Areas: |
| (a) | \_\_\_ ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals |
| (b) | \_\_\_ lay‑in ceilings  \_\_\_ gasketed or each ceiling tile weighs at least 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 |
|  |  |
| 2.9-7.2.4 | **FURNISHINGS** |
| 2.9-7.2.4.2 | COUNTERTOPS & CASEWORK IN INSTRUMENT PROCESSING ROOMS |
| (1) | \_\_\_ All countertops & casework in instrument processing room be made of materials that are impervious to staining & cleaning chemicals |
| (2) | \_\_\_ Backsplashes min.12 inches high |
|  |  |
| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |

|  |  |
| --- | --- |
| Part 3/6.1 | UTILITIES: |
| 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 operating rooms & recovery rooms |
| Part 3/6.1.2.2 | Central cooling systems greater than 400 tons (1407 kW) peak cooling load  check if not included in project  \_\_\_ 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 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’-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 are designed to prevent entrainment of wind-driven rain |
| Part 3/6.3.1.4 | \_\_\_ intake in areaway  check if not included in project  \_\_\_ bottom of areaway air intake opening is at least 6’-0” above grade  \_\_\_ bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, min. MERV-8 provided upstream of first heat exchanger surface of any air-conditioning system that combines return air from multiple rooms or introduces outdoor air. |
| b. | \_\_\_ Outdoor air filtered in accordance with Table 8-1 |
| c. | \_\_\_ Air supplied from equipment serving multiple or different spaces is filtered in accordance with Table 8-1 |
| d. | \_\_\_ Air recirculated within room is filtered in accordance with Table 8-1 |
| e. | \_\_\_ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have min. filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 8-1, the min. filter requirement listed in Table 8-1, is installed downstream of all wet-air cooling coils & supply fan |
|  |  |
| 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 3/6.7 | 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 3/6.8.3 | \_\_\_ 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, endoscope cleaning, soiled or decontamination room |
| Part 3/7 | SPACE VENTILATION: |
| Part 3/7.1.a  Part 3/7.1.a.1 | \_\_\_ Complies with Table 8-1  \_\_\_ Air movement is from clean to less-clean areas |
| Part 3/7.1.a.3 | \_\_\_ Min. number of total air changes required for positive pressure rooms is provided by total supply airflow  \_\_\_ Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow |
| Part 3/7.1.a.4 | \_\_\_ Entire min. outdoor air changes per hour required by Table 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 single space |
|  | \_\_\_ provides min. MERV 8 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |

|  |  |
| --- | --- |
| 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)  (3)(c) | \_\_\_ no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b) | \_\_\_ any existing dead‑end piping is removed  ☐ check if not included in project |
| (4)(a) | \_\_\_ water-heating system supplies water at following range of temperatures: 105–120oF |
|  |  |
| 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 * 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 that is not open to restricted 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 & faucets that will reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are 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 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 & during loss of normal power |
|  |  |
| 2.1‑8.4.3.5 | Clinical sinks: |
| (1)  (a) | \_\_\_ trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b) | \_\_\_ handles are at least 6 in. long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
| 2.1‑8.4.3.6 | Scrub Sinks:  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 ± 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 |
|  |  |