**COMPLIANCE CHECKLIST**

**OP15\_Outpatient Behavioral & Mental Health Centers**

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

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

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

Instructions:

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

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

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

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

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.11 | **OUTPATIENT BEHAVIORAL & MENTAL HEALTH CENTERS** |  |  |
| 2.11-1.1 | Application: |  |  |
| **2.11-1.1.1** | \_\_\_ Outpatient facilities that provide community outpatient behavioral & mental health services |  |  |
|  |  |  |  |
| 2.11-1.2 | Environment of Care: |  |  |
| 1.2-4.6.2 | Safety Risk Assessment: |  |  |
| 1.2-4.6.2.2 | \_\_\_ design of behavioral & mental health patient care settings addresses need for safe treatment environment for those who may present unique challenges & risks as a result of their mental condition  \_\_\_ described in Project Narrative |  |  |
| (1) | \_\_\_ patient environment is designed to protect the privacy, dignity, & health of patients & address potential risks related to patient elopement & harm to self, others, & care environment  \_\_\_ described in Project Narrative |  |  |
| (2) | \_\_\_ design of behavioral/mental health patient areas accommodates the need for clinical & security resources  \_\_\_ described in Project Narrative |  |  |
|  |  |  |  |
| 2.11-1.2.2 | \_\_\_ Means of observation of all public areas, including corridors, are provided |  |  |
| 2.11-1.2.3 | \_\_\_ No hidden areas in corridors |  |  |
|  |  |  |  |
| 2.11-3 | **PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.11-3.2.1 | General Safety Measures:  check if not included in project (only if Behavioral & Mental Health Risk Assessment defined in Section [1.2-4.6](http://www.madcad.com/library/230717/664393/#section-1.2-4.6) determines that these measures are not needed) |  |  |
| 2.11-3.2.1.1 | \_\_\_ space for clear path of escape for staff from locations where staff & patients interact |  |  |
| 2.11-3.2.1.2 | \_\_\_ staff assist device to communicate with other staff internal or external when assistance is needed in these locations |  |  |
|  |  |  |  |
| **2.11-3.2.2**  2.1-3.2.2 | **\_\_\_ Exam room**  **check if not included in project** |  |  |
| 2.1-3.2.2.1(1)(b) | \_\_\_ provisions to preserve patient privacy from observation from outside exam room |  |  |
| 2.1-3.2.2.2 | 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. 3 air changes per hour  Power: | Table 8-2 |
|  | \_\_\_ room arrangement shown in plans for each exam room (Layout #1) | \_\_\_ Each exam table is served by at least one duplex receptacle | 2.2-8.3.6.2 |
|  |  |  |  |
| (1)(b) | \_\_\_ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served  check if not included in project |  |  |
|  | \_\_\_ room arrangement shown in plans (Layout #2) |  |  |
|  | \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.11-3.2.4 | \_\_\_ Consultation room |  |  |
| 2.11-3.2.4.1 | Space Requirements:  \_\_\_ min clear floor area 100 sf | Ventilation:  \_\_\_ Min. 3 air changes per hour | Table 8-2 |
| 2.11-3.2.4.2 | \_\_\_ staff assist device to allow staff to communicate with other staff members when assistance is needed |  |  |
|  |  |  |  |
| 2.11-3.2.5 | \_\_\_ Group room |  |  |
| 2.11-3.2.5.1 | Space Requirements: |  |  |
| (2) | \_\_\_ min clear floor area of 105 sf + additional increments of 15 sf per person beyond five people | Ventilation:  \_\_\_ Min. 3 air changes per hour | Table 8-2 |
| 2.11-3.2.5.2 | \_\_\_ staff assist device to allow staff to communicate with other staff members when assistance is needed |  |  |
| 2.11-3.2.5.3 | \_\_\_ at least one door into group room swings out or is double-acting |  |  |
|  |  |  |  |
| 2.11-3.2.6 | \_\_\_ Observation room |  |  |
|  | check if not included in project (only if Behavioral & Mental Health Risk Assessment defined in Section [1.2-4.6](http://www.madcad.com/library/230717/664393/#section-1.2-4.6) determines that this function is not needed) |  |  |
|  | \_\_\_ min. clear floor area 80 sf | Ventilation:  \_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  |  |  |
| 2.11-3.2.7 | \_\_\_ Seclusion room |  |  |
|  | check if not included in project (only if Behavioral & Mental Health Risk Assessment defined in Section [1.2-4.6](http://www.madcad.com/library/230717/664393/#section-1.2-4.6) determines that this function is not needed) |  |  |
| 2.11-3.2.7.1 |  |  |  |
| (1) | \_\_\_ capacity only one patient |  |  |
| (2)(a) | \_\_\_ location permits direct observation from outside room |  |  |
| (3) | \_\_\_ accessed by anteroom or vestibule that also provides access to toilet room |  |  |
| 2.11-3.2.7.2 | Space Requirements: |  |  |
| (1) | \_\_\_ min. wall length 7’-0”  \_\_\_ max. wall length 12’-0” | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
| (2) | \_\_\_ room used for restraining patients  \_\_\_ min. clear floor area 80 sf  **or** |  |  |
|  | \_\_\_ room not used for restraining patients  \_\_\_ min. clear floor area 60 sf |  |  |
|  |  |  |  |
| 2.11-3.2.7.5 | Special Design Elements: |  |  |
| (1)(a) | \_\_\_ walls ceiling & floor designed to withstand direct & forceful impact |  |  |
| (1)(b) | \_\_\_ min. ceiling height 9’-0” |  |  |
| (1)(c) | \_\_\_ door openings min clear width 44” |  |  |
|  | \_\_\_ door to seclusion room swings out |  |  |
|  | \_\_\_ doors permit staff observation of patient through view panel while also maintaining provisions for patient privacy  \_\_\_ view panel fixed glazing with polycarbonate or laminate on inside of glazing |  |  |
| (1)(d) | \_\_\_ seclusion rooms not contain outside corners or edges |  |  |
| (2)(a) | \_\_\_ all items in room are tamper-resistant & designed to prevent injury to patient |  |  |
| (2)(b) | \_\_\_ no electrical switches or receptacles |  |  |
|  |  |  |  |
| 2.11-3.2.8 | \_\_\_ Quiet room  check if not included in project |  |  |
| 2.11-3.2.8.1 | Space Requirements:  \_\_\_ min. clear floor area 80 sf | Ventilation:  \_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  |  |  |
| 2.11-3.2.8.2 | \_\_\_ Toilet room |  |  |
| (2) | (may be shared by residents using other activity spaces) |  |  |
| (1) | \_\_\_ adjacent to quiet room | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
|  |  |  |  |
| **2.11-3.2.9.1** | **Specialty Therapy Locations: TMS Room**  **(Transcranial Magnetic Stimulation)**  **check if not included in project** |  |  |
| (1) | \_\_\_ min. clear floor area 80 sf |  |  |
| (2) | \_\_\_ documentation area  \_\_\_ accommodations for written or electronic documentation |  |  |
| (3) | \_\_\_ handwashing station |  |  |
| 2.11-3.8 | **SUPPORT AREAS FOR OUTPATIENT BEHAVIORAL & MENTAL HEALTH CENTER** |  |  |
| 2.11-3.8.2 | \_\_\_ Nurse station  check if not included in project |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.11-3.8.5 | \_\_\_ Multipurpose room |  |  |
| 2.11-3.8.5.1 | (may be combined with Group Room) |  |  |
|  | \_\_\_ provided for conferences, meetings & health education |  |  |
| 2.11-3.8.5.2 | \_\_\_ primarily for staff use but also accessible to public |  |  |
|  |  |  |  |
| 2.11-3.8.8 | \_\_\_ 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: |  |
| (a) | \_\_\_ work counter | \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ handwashing station | Lighting: |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
|  | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.11-3.8.9 | \_\_\_ Nourishment area |  |  |
|  |  |  |  |
| 2.11-3.8.11 | \_\_\_ Clean storage |  |  |
| 2.1-3.8.11.3 | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile materials | Ventilation:  \_\_\_ Min. 2 air changes per hour  \_\_\_ Positive pressure | Table 8-2 |
|  |  |  |  |
| 2.11-3.8.12 | \_\_\_ Soiled holding room |  |  |
| 2.1-3.8.12.3(1) | \_\_\_ handwashing station or hand sanitation dispenser | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 2.1-3.8.12.3(2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.11-3.8.13.3 | \_\_\_ Wheelchair storage space |  |  |
| 2.1-6.2.7.1 | \_\_\_ designated area located out of required corridor width  \_\_\_ directly accessible to entrance  \_\_\_ provided for at least one wheelchair |  |  |
|  |  |  |  |
| 2.11-3.9 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.11-3.9.1 | \_\_\_ Staff lounge |  |  |
|  | \_\_\_ Staff toilet room | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.11-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.11-5.3 | \_\_\_ Environmental services room |  |  |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) |  |  |
| 2.1-5.3.1.1(1) | \_\_\_ min. one environmental services room per floor | Ventilation:  \_\_\_ Min. 6 air changes per hour  \_\_\_ Exhaust | Table 8-2/ Policy |
| 2.1-5.3.1.1(2) | \_\_\_ additional ES rooms provided on floor according to needs of areas served | \_\_\_ Negative pressure |  |
| 2.1-5.3.1.2(1) | \_\_\_ service sink or floor-mounted mop sink | \_\_\_ No recirculating room units |  |
| 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 |  |  |
|  |  |  |  |
| 2.11-6.2 | **PUBLIC AREAS** |  |  |
| 2.1-6.2.1 | \_\_\_ Vehicular drop-off & pedestrian entrance |  |  |
| 2.1-6.2.1.1 | \_\_\_ min. of one building entrance reachable from grade level |  |  |
| 2.1-6.2.1.2 | \_\_\_ building entrances used to reach outpatient services are clearly marked |  |  |
|  |  |  |  |
| 2.11-6.2.1 | Entrances: |  |  |
|  | \_\_\_ outpatient behavioral & mental health center is a freestanding facility |  |  |
| **2.11-6.2.1.1** | \_\_\_ entrances to behavioral & mental health center are |  |  |
|  | **or** |  |  |
|  | \_\_\_ outpatient behavioral & mental health center is part of a multi-tenant building |  |  |
| **2.11-6.2.1.2** | \_\_\_ travel to outpatient behavioral & mental health center is direct & accessible  \_\_\_ patients are not required to go through other occupied areas or outpatient service areas |  |  |
|  |  |  |  |
| 2.11-6.2.2 | \_\_\_ Reception |  |  |
| 2.11-6.2.2.1 | \_\_\_ reception/information counter, desk, or kiosk |  |  |
| 2.11-6.2.2.2 | \_\_\_ immediately visible from facility entrance |  |  |
| 2.11-6.2.2.3 | \_\_\_ located to provide staff with visual observation of facility entrance |  |  |
|  |  |  |  |
| 2.11-6.2.3 | \_\_\_ Waiting area |  |  |
| 2.11-6.2.3.1 | \_\_\_ waiting area for patients & escorts is under direct visual control of reception desk staff |  |  |
|  | **or** |  |  |
|  | \_\_\_ waiting area for patients & escorts is monitored via electronic surveillance |  |  |
|  |  |  |  |
| 2.11-6.2.3.2 | \_\_\_ outpatient behavioral & mental health center has dedicated pediatrics service  check if not included in project |  |  |
|  | \_\_\_ separate access-controlled waiting area for pediatric patients |  |  |
|  |  |  |  |
| 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. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.1-6.2.5 | \_\_\_ Provisions for telephone access |  |  |
|  | \_\_\_ access to make local phone calls |  |  |
| 2.1-6.2.6 | \_\_\_ Provisions for drinking water |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | \_\_\_ Wheelchair storage  check if not included in project |  |  |
|  | \_\_\_ located out of required corridor width  \_\_\_ directly accessible\* to entrance  \_\_\_ provided for at least one wheelchair |  |  |
| 2.1-6.2.7.2 | \_\_\_ Wheelchair parking space |  |  |
|  | \_\_\_ designated area for at least one patient-owned wheelchair in non-public area  \_\_\_ located out of any required egress width or other required clearance |  |  |
|  |  |  |  |
| 2.11-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.11-6.3.2 | \_\_\_ Interview space |  |  |
|  | \_\_\_ separate from public & patient areas |  |  |
| 2.11-6.3.3 | \_\_\_ Office space |  |  |
| 2.11-6.3.3.1 | \_\_\_ separate & enclosed with provisions for privacy be provided |  |  |
| 2.11-6.3.3.2 | \_\_\_ Clerical space or rooms  \_\_\_ separated from public areas to ensure confidentiality |  |  |
| 2.11-6.3.5 | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.11-6.3.6 | \_\_\_ Office supply storage |  |  |
|  |  |  |  |

LOCATION TERMINOLOGY:

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

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

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

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

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| **2.11-7.2** | **SPECIFIC ARCHITECTURAL DETAILS** |
| 2.11-7.2.1 | Tamper & Ligature Resistance - Suicide Prevention  check if not included in project  (only if behavioral safety risk assessment does not identify suicide risk or staff safety concerns) |
| 2.11-7.2.1.1 | \_\_\_ architectural details, fixtures, & furnishings are tamper- & ligature-resistant in patient treatment areas |
| 2.11-7.2.1.2 | \_\_\_ no cubicle curtains or draperies |
| 2.11-7.2.2 | \_\_\_ Doors to patient toilet rooms swing outward or have hardware that is double-acting & allows staff to control access |
| 2.1‑7.2.2 | **GENERAL ARCHITECTURAL DETAILS** |
|  |  |
|  | CORRIDOR WIDTH: |
| 2.1‑7.2.2.1  IBC 1018.2 | \_\_\_ Min. 44”  **or**  \_\_\_ Detailed code review incorporated in Project Narrative |
|  |  |
| 421 CMR 6.00 | \_\_\_ Corridors include turning spaces for wheelchairs |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
|  | \_\_\_ Min. ceiling height 7’‑10” |
|  |  |
| 2.1‑7.2.2.3  (1)  (a)  (b) | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors  \_\_\_ sliding doors  check if not included in project |
|  | \_\_\_ manual or automatic sliding doors comply with NFPA 101  \_\_\_ detailed code review incorporated in Project Narrative  \_\_\_ no floor tracks |
| (2)  (a) | Door Opening:  \_\_\_ min. 32” clear door width  \_\_\_ min. 83.5” clear door height |
| (3) | Door Swing: |
| (a) | \_\_\_ doors do not swing into corridors except doors to non‑occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware |
|  |  |
| (4) | \_\_\_ Lever hardware or push/pull latch hardware |
|  |  |
| (5) | Doors for Patient Toilet Facilities: |
| (a) | \_\_\_ door that swings outward  **or** |
|  | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside 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 |
| (b) | \_\_\_ Countertops substrate  check if not included in project  \_\_\_ marine‑grade plywood (or equivalent material) with impervious seal |
| (4) | \_\_\_ Handwashing station casework  check if not included in project  \_\_\_ designed to prevent storage beneath sink |
| (5) | \_\_\_ Provisions for drying hands |
| (a) | \_\_\_ hand‑drying device does not require hands to contact dispenser |
| (b) | \_\_\_ hand‑drying device is enclosed to protect against dust or soil |
| (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 |
|  |  |
| 2.1-7.2.2.14 | \_\_\_ Decorative water features  check if not included in project |
| (1) | \_\_\_ no indoor unsealed (open) water features in confines of outpatient suite |
| (2) | \_\_\_ no covered fish tanks in other than public areas of outpatient suite |
|  |  |
| 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 |
|  |  |
| 2.1‑7.2.3.2 | WALLS & WALL PROTECTION: |
| (1)(a) | \_\_\_ Wall finishes are washable |
| (1)(b) | \_\_\_ Wall finishes near plumbing fixtures are smooth, scrubbable & water‑resistant |
| (2) | \_\_\_ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth |
| (4) | \_\_\_ Wall protection devices & corner guards durable & scrubbable |
| 2.1‑7.2.3.3 | CEILINGS: |
| (1) | \_\_\_ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms |
| (a) | \_\_\_ Ceilings cleanable with routine housekeeping equipment |
| (b) | \_\_\_ Acoustic & lay‑in ceilings where used do not create ledges or crevices |
|  |  |
| 2.1‑7.2.4.3 | \_\_\_ Privacy curtains in patient care areas are washable |
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| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |

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| 2.1-8.2.1.3 | \_\_\_ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170 |
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| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
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| 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 |
| (4) | \_\_\_ panelboards not located in exit enclosures or exit passageways |
|  |  |
| 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 not more than 25’‑0” long |
| (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 electronic data processing rooms & electrical rooms have special provisions to protect space below from leakage & condensation  check if not included in project |
| (1)(b) | \_\_\_ drip pan for drainage piping above ceiling of sensitive area  ☐ check if not included in project  \_\_\_ accessible  \_\_\_ overflow drain with outlet located in normally occupied area that is not open to restricted area |
|  |  |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1) | \_\_\_ Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
|  |  |
| 2.1‑8.4.3.2 | Handwashing Station Sinks: |
| (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 |
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| **2.11-8.6.2** | **ELECTRONIC SURVEILLANCE SYSTEMS**  **check if not included in project** |
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| **2.11-8.6.2.1** | \_\_\_ Electronic surveillance systems provided for safety of patients  \_\_\_ devices in patient care areas are mounted in tamper-resistant enclosure that is unobtrusive |
|  |  |
| **2.11-8.6.2.2** | \_\_\_ Monitoring display screens are located so images on screen are not visible to unauthorized individuals |
|  |  |
| **2.11-8.6.2.3** | \_\_\_ Electronic surveillance systems receive power from backup power source in event of disruption of normal electrical power |
| 2.1‑8.7 | **ELEVATORS**  check if not included in project |
| 2.1‑8.7.4 | \_\_\_ Elevators 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 |
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