

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:

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

4. All room functions marked with "X" must be shown on plans with same name labels as in this checklist
5. 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
6. Oxygen vacuum medical air waste anesthesia gas disposal & instrument air outlets (if required) are identified respectively by abbreviations "OX" "VAC" "MA" "WAGD" & "IA"
7. Requirements referenced with "FI" result from formal interpretations from FGI Interpretations Task Group
8. 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:

Initial Date:

Revision Date:

Project Description:

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

(1) ___ described in Project Narrative
 ___ 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

(2) ___ described in Project Narrative
 ___ 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 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 ___ Exam room

2.1-3.2.2 ☐ check if not included in project

2.1-3.2.2.1(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
 ___ room arrangement shown in plans for each exam room (Layout #1)

Ventilation:

___ Min. 3 air changes per hour Table 8-2

Power:

___ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2

| Architectural Requirements | | Building Systems Requirements | |
|----------------------------|--|---------------------------------|-----------|
| (1)(b) | <p>___ room arranged with particular placement of exam table recliner or chair to accommodate type of patient being served</p> <p><input type="checkbox"/> check if <u>not</u> included in project</p> <p>___ room arrangement shown in plans (Layout #2)</p> <p>___ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative</p> | | |
| (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 | <p>Space Requirements:</p> <p>___ min clear floor area 100 sf</p> | Ventilation: | |
| 2.11-3.2.4.2 | <p>___ staff assist device to allow staff to communicate with other staff members when assistance is needed</p> | ___ Min. 3 air changes per hour | Table 8-2 |
| 2.11-3.2.5 | ___ Group room | | |
| 2.11-3.2.5.1 | <p>Space Requirements:</p> <p>___ min clear floor area of 105 sf + additional increments of 15 sf per person beyond five people</p> | Ventilation: | |
| (2) | | ___ 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 | | |
| | <input type="checkbox"/> check if <u>not</u> included in project (only if Behavioral & Mental Health Risk Assessment defined in 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 | | |
| | <input type="checkbox"/> check if <u>not</u> included in project (only if Behavioral & Mental Health Risk Assessment defined in 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 | | |

Architectural Requirements**Building Systems Requirements**

2.11-3.2.7.2

- (1) ☐ Space Requirements:
 ☐ min. wall length 7'-0"
 ☐ max. wall length 12'-0"
 (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
- Ventilation:
☐ Min. 2 air changes per hour Table 8-2

2.11-3.2.7.5

- (1)(a) ☐ Special Design Elements:
 ☐ 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

- (2) ☐ Toilet room
 (may be shared by residents using other
 activity spaces)
 (1) ☐ adjacent to quiet room
- Ventilation:
☐ Min. 4 air changes per hour Table 8-2
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

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

| | Architectural Requirements | Building Systems Requirements | |
|----------------|--|--|-------------------|
| 2.11-3.8 | SUPPORT AREAS FOR OUTPATIENT BEHAVIORAL & MENTAL HEALTH CENTER | | |
| 2.11-3.8.2 | <input type="checkbox"/> Nurse station <input type="checkbox"/> check if <u>not</u> included in project | | |
| 2.1-3.8.2.1 | <input type="checkbox"/> work counter | | |
| 2.1-3.8.2.2 | <input type="checkbox"/> means for facilitating staff communication | | |
| 2.1-3.8.2.3 | <input type="checkbox"/> space for supplies | | |
| 2.1-3.8.2.4 | <input type="checkbox"/> accommodations for written or electronic documentation | | |
| 2.1-3.8.2.5 | <input type="checkbox"/> hand sanitation dispenser | | |
| 2.11-3.8.5 | <input type="checkbox"/> Multipurpose room | | |
| 2.11-3.8.5.1 | (may be combined with Group Room) | | |
| | <input type="checkbox"/> provided for conferences, meetings & health education | | |
| 2.11-3.8.5.2 | <input type="checkbox"/> primarily for staff use but also accessible to public | | |
| 2.11-3.8.8 | <input type="checkbox"/> medication safety zone | | |
| 2.1-3.8.8.1(2) | Design Promoting Safe Medication Use: | | |
| (a) | <input type="checkbox"/> medication safety zones located out of circulation paths | | |
| (b) | <input type="checkbox"/> work space designed so that staff can access information & perform required tasks | Lighting: <input type="checkbox"/> Task-specific lighting level min. 100 foot-candles | 2.1-3.8.8.1(2)(d) |
| (c) | <input type="checkbox"/> work counters provide space to perform required tasks | | |
| (e) | <input type="checkbox"/> sharps containers placed at height that allows users to see top of container | | |
| 2.1-3.8.8.2 | | | < ? > |
| (1) | <input type="checkbox"/> medication preparation room | Ventilation: <input type="checkbox"/> Min. 2 air changes per hour | Table 8-2 |
| (a) | <input type="checkbox"/> work counter <input type="checkbox"/> handwashing station <input type="checkbox"/> lockable refrigerator <input type="checkbox"/> locked storage for controlled drugs <input type="checkbox"/> sharps containers <input type="checkbox"/> check if not included in project | Lighting: <input type="checkbox"/> Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | <input type="checkbox"/> self-contained medication dispensing units <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> room designed with space to prepare medications | | |
| | or | | |

| Architectural Requirements | | Building Systems Requirements | |
|----------------------------------|---|--|----------------------|
| (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 2.1-3.8.11.3 | ___ Clean storage ___ 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 2.1-3.8.12.3(1) | ___ Soiled holding room ___ handwashing station or hand sanitation dispenser | Ventilation: ___ Min. 6 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units | Table 8-2 |
| 2.1-3.8.12.3(2) | ___ space for separate covered containers for waste & soiled linen | | |
| 2.11-3.8.13.3 2.1-6.2.7.1 | ___ Wheelchair storage space ___ 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 2.1-5.3.1.1(3) | ___ Environmental services room (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 ___ Negative pressure | Table 8-2/ Policy |
| 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) 2.1-5.3.1.2(2) | ___ service sink or floor-mounted mop sink ___ provisions for storage of supplies & housekeeping equipment | ___ No recirculating room units | |
| 2.1-5.3.1.2(3) | ___ handwashing station or hand sanitation dispenser | | |

| | Architectural Requirements | Building Systems Requirements | |
|--------------|---|---------------------------------|-----------|
| 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 | | |
| | <input type="checkbox"/> check if <u>not</u> 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 | Table 8-2 |
| | | ___ Exhaust | |
| | | ___ Negative pressure | |
| | | ___ No recirculating room units | |
| 2.1-6.2.5 | ___ Provisions for telephone access | | |
| | ___ access to make local phone calls | | |
| 2.1-6.2.6 | ___ Provisions for drinking water | | |

Architectural Requirements**Building Systems Requirements**

- 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**

- | | |
|--|--|
| <p>2.11-7.2.1 <input type="checkbox"/> Tamper & Ligature Resistance - Suicide Prevention <input type="checkbox"/> check if <u>not</u> included in project (only if behavioral safety risk assessment does not identify suicide risk or staff safety concerns)</p> <p>2.11-7.2.1.1 <input type="checkbox"/> architectural details, fixtures, & furnishings are tamper- & ligature-resistant in patient treatment areas</p> <p>2.11-7.2.1.2 <input type="checkbox"/> no cubicle curtains or draperies</p> | <p>2.11-7.2.2 <input type="checkbox"/> Doors to patient toilet rooms swing outward or have hardware that is double-acting & allows staff to control access</p> |
|--|--|

2.1-7.2.2 **GENERAL 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 2.1-7.2.2.2 **CEILING HEIGHT:**
 ___ Min. ceiling height 7'-10"
- 2.1-7.2.2.3 **DOORS & DOOR HARDWARE:**
 (1) Door Type:
 (a) ___ 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. 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: | (3)(a) | _____ no installation of dead-end piping (except for empty risers mains & branches for future use) |
| (1)(a) | _____ Wall finishes are washable | (3)(c) | _____ any existing dead-end piping is removed |
| (1)(b) | _____ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant | (3)(b) | <input type="checkbox"/> check if <u>not</u> included in project |
| (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)(a) | _____ water-heating system supplies water at following range of temperatures: 105–120°F |
| (4) | _____ Wall protection devices & corner guards durable & scrubbable | 2.1-8.4.2.6 | Drainage Systems: |
| 2.1-7.2.3.3 | CEILINGS: | (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 |
| (1) | _____ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms | | <input type="checkbox"/> check if <u>not</u> included in project |
| (a) | _____ Ceilings cleanable with routine housekeeping equipment | (1)(b) | _____ drip pan for drainage piping above ceiling of sensitive area |
| (b) | _____ Acoustic & lay-in ceilings where used do not create ledges or crevices | | <input type="checkbox"/> check if <u>not</u> included in project |
| 2.1-7.2.4.3 | _____ Privacy curtains in patient care areas are washable | | _____ accessible |
| 2.1-8.2 | HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS | | _____ overflow drain with outlet located in normally occupied area that is not open to restricted area |
| 2.1-8.2.1.3 | _____ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170 | 2.1-8.4.3 | PLUMBING FIXTURES |
| 2.1-8.3 | ELECTRICAL SYSTEMS | 2.1-8.4.3.1(1) | _____ Materials used for plumbing fixtures are non-absorptive & acid-resistant |
| 2.1-8.3.2 | ELECTRICAL DISTRIBUTION & TRANSMISSION | 2.1-8.4.3.2 | Handwashing Station Sinks: |
| 2.1-8.3.2.2 | Panelboards: | (2) | _____ sink basins have nominal size of no less than 144 square inches |
| (1) | _____ all panelboards accessible to health care tenants they serve | | _____ sink basins have min. dimension 9 inches in width or length |
| (4) | _____ panelboards not located in exit enclosures or exit passageways | (3) | _____ sink basins are made of porcelain, stainless steel or solid-surface materials |
| 2.1-8.3.6 | ELECTRICAL RECEPTACLES | (5) | _____ water discharge point min. 10" above bottom of basin |
| _____ Receptacles in patient care areas are provided according to Table 2.1-1 | | (7) | _____ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied |
| 2.1-8.4 | PLUMBING SYSTEMS | (8) | _____ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices) |
| 2.1-8.4.2 | Plumbing & Other Piping Systems: | | _____ blade handles |
| 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 | (a) | <input type="checkbox"/> check if <u>not</u> included in project |
| 2.1-8.4.2.5 | Heated Potable Water Distribution Systems: | | _____ at least 4 inches in length |
| (2) | _____ heated potable water distribution systems serving patient care areas are under constant recirculation | | _____ provide clearance required for operation |
| | _____ non-recirculated fixture branch piping not more than 25'-0" long | | |

| | | | |
|--------------|---|-------------|--|
| (b) | _____ sensor-regulated water fixtures <input type="checkbox"/> check if <u>not</u> included in project _____ meet user need for temperature & length of time water flows _____ designed to function at all times & during loss of normal power | 2.1-8.7 | ELEVATORS |
| | | 2.1-8.7.4 | <input type="checkbox"/> check if <u>not</u> included in project _____ Elevators 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 |
| 2.11-8.6.2 | ELECTRONIC SURVEILLANCE SYSTEMS <input type="checkbox"/> check if <u>not</u> included in project | | |
| 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 | 2.1-8.7.5.3 | _____ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind |
| 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 | | |