

COMPLIANCE CHECKLIST**OP17 Outpatient Rehabilitation Therapy 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 2018 Edition of the FGI Guidelines for Design and Construction of Outpatient Facilities. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

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

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

Instructions:

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

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project. "E" must not be used for an existing required support space associated with a new patient care room or area.

W = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Architectural Requirements**Building Systems Requirements****2.12 OUTPATIENT REHABILITATION THERAPY FACILITIES**

- 2.12-1.1 Application:
 2.12-1.1.1 ☐ facilities where rehabilitation therapy & services are provided
- 2.12-1.2.1 Shared Services & Space:
☐ check if not included in project
- 2.1-1.2.3 ☐ details of shared or purchased space and/or services are indicated in functional program contained in Project Narrative
☐ waiver requests have been submitted for shared or purchased space (except as explicitly allowed below)
- 2.12-1.2.1.1 ☐ outpatient rehabilitation facility located in facility housing other services has its own identifiable space
- 2.12-1.2.1.2 ☐ dedicated support areas
or
☐ support areas are shared with adjacent* facility

2.12-2 ACCOMMODATIONS FOR CARE OF PATIENTS 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 patients 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 patients 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 patients of size accommodates maximum patient weight of patient population

- 2.1-2.6 ☐ Patient toilet room
 2.1-2.6.1 ☐ expanded-capacity toilet
☐ mounted min. 36 inches from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts)
or

Ventilation:

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

Architectural Requirements		Building Systems Requirements	
2.1-2.6.2	<input type="checkbox"/> regular toilet <input type="checkbox"/> mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet		
2.1-2.6.3	<input type="checkbox"/> rectangular clear floor area min. 46" wide extends 72" from front of toilet		
2.1-2.7	<input type="checkbox"/> Single-patient therapy room		
2.1-2.7.1	Space Requirements:		
2.1-2.7.1.1			
(1)	<input type="checkbox"/> min. 5'-0" clearance at foot of expanded-capacity exam table	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour	Table 8.1
(2)	<input type="checkbox"/> min. 3'-0" clearance on non-transfer side of expanded-capacity exam table	Lighting: <input type="checkbox"/> Portable or fixed exam light	2.1-8.3.4.3(1)
(3)			
(a)	<input type="checkbox"/> min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift or	Power: <input type="checkbox"/> Min. 8 receptacles <input type="checkbox"/> 4 convenient to head of exam table or gurney	Table 2.1-1
(b)	<input type="checkbox"/> min. 7'-0" on transfer side of expanded-capacity exam table in rooms without ceiling- or wall-mounted lift		
2.1-2.8	<input type="checkbox"/> Equipment & supply storage		
2.1-2.9	<input type="checkbox"/> Waiting areas		
2.1-2.9.1	<input type="checkbox"/> seating for persons of size be provided in waiting areas in outpatient facilities		
2.1-2.9.2	<input type="checkbox"/> waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size		
2.1-2.10.1	<input type="checkbox"/> 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	<input type="checkbox"/> all door openings used for path of travel to public areas & areas where care will be provided for patients of size have min. clear width of 45.5" to provide access for expanded-capacity wheelchairs access		
2.1-2.10.2.2	<input type="checkbox"/> door openings to toilet rooms designated for patients of size have min. clear width of 45.5"		

Architectural Requirements		Building Systems Requirements	
PATIENT CARE & DIAGNOSTIC AREAS			
2.12-3	Physical & Occupational Therapy Areas:		
2.12-3.2	_____ Individual therapy room		
2.12-3.2.2.1	<input type="checkbox"/> check if <u>not</u> included in project (only if undressing is not necessary for patient to receive treatment)		
(1)			
(2)	Space Requirements:		
(a)	_____ min. clear floor area 80 sf		
(b)	_____ min. clearance of 2'-8" 8 on at least three sides of therapy furniture & equipment		
2.12-3.8.13.2	_____ designated storage for therapeutic equipment & safety devices		
2.12-3.2.2.2	_____ Individual therapy/exercise area		
(1)	_____ min. clear floor area 60 sf		
(2)	_____ provisions for patient privacy		
2.12-3.8.13.2	_____ designated storage for therapeutic equipment & safety devices		
2.1-3.8.7	Handwashing Station:		
2.1-3.8.7.1	_____ located in each room where hands-on patient care is provided		
2.1-3.8.7.3	_____ handwashing station serves multiple patient care stations		
(1)	<input type="checkbox"/> check if <u>not</u> included in project		
(2)	_____ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof		
	_____ handwashing stations evenly distributed based on arrangement of patient care stations		
2.12-3.2.3	_____ Exercise area		
2.12-3.2.3.1	_____ layout includes staff work area where staff can view activities taking place in exercise area		
2.12-3.2.3.2	Space Requirements:		
	_____ open barrier-free space for rehab therapy		
	_____ space based on number of patients treated at same time		
	_____ space based on number of staff members present at same time		
	_____ space accommodates clearance requirements for equipment used		
	_____ equipment layout shown on plans		
2.12-3.8.13.2	_____ designated storage for therapeutic equipment & safety devices		
2.12-3.2.3.5	_____ at least one handwashing station provided in exercise area		
	Ventilation:		
	_____ Min. 6 air changes per hour		
	_____ Negative pressure		
	Table 8.1/ Policy		
	Table 8.1/ Policy		
	Table 8.1/ Policy		

Ventilation:
 _____ Min. 6 air changes per hour
 _____ Negative pressure
 Table 8.1/
 Policy

Ventilation:
 _____ Min. 6 air changes per hour
 _____ Negative pressure
 Table 8.1/
 Policy

Ventilation:
 _____ Min. 6 air changes per hour
 _____ Negative pressure
 Table 8.1/
 Policy

Architectural Requirements**Building Systems Requirements**

- 2.12-3.2.4 ☐ Therapeutic pool
☐ check if not included in project
- 2.12-3.2.4.2 (1) ☐ patient changing area
☐ single unisex rooms
or
☐ gender designated common locker rooms
- (2) ☐ directly accessible* to pool without entering public or exercise areas
- (3) ☐ patient toilet room
☐ directly accessible* to changing area
- (4) ☐ shower
- (a) ☐ at least one shower provided separate from toilet room
- (b) ☐ in or directly accessible* to toilet room
- (5) ☐ securable lockers be provided
- 2.12-3.8.13.2 ☐ designated storage for therapeutic equipment & safety devices
- 2.12-3.3.1 ☐ Prosthetics & orthotics area
☐ check if not included in project
Application:
☐ evaluation & fitting of prosthetics & orthotics
- 2.12-3.3.1.1 ☐ provision for privacy
- 2.12-3.3.1.2 ☐ handwashing station
- 2.12-3.3.1.3 ☐ clinical sink
☐ check if not included in project (only if running water is not needed in prosthetic & orthotic areas for materials preparation)
- 2.12-3.8.13.2 ☐ designated storage for therapeutic equipment & safety devices
- 2.12-3.3.1.4 ☐ eyewash station
- 2.12-3.3.2 ☐ Speech & hearing therapy rooms
☐ check if not included in project
- 2.12-3.3.2.2 Space Requirements:
☐ min. clear floor area 80 sf
- 2.12-3.3.2.3 ☐ sound insulated gasketed door w/ sweep
- 2.12-3.8.13.2 ☐ designated storage for therapeutic equipment & safety devices
- 2.12-3.3.2.4 Hand Hygiene:
2.1-3.8.7 ☐ hands-on patient care is provided
☐ handwashing station
or
2.12-3.3.2.4(2) ☐ hands-on patient care is not provided
☐ dedicated hand sanitation dispenser

Ventilation:

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

Table 8.1/
Policy**Ventilation:**

- ☐ Min. 6 air changes per hour

Table 8.1/
Policy

Architectural Requirements**Building Systems Requirements**

- 2.12-3.8 **Support Areas for Therapy & Other Patient Care Areas:**
- 2.12-3.8.3 ☐ Documentation area
- 2.12-3.8.8 ☐ Medication safety zone
☐ check if not included in project
- 2.1-3.8.8.1(2) Design Promoting Safe Medication Use:
- (a) ☐ medication safety zones located out of circulation paths
- (b) ☐ work space designed so that staff can access information & perform required tasks
- (c) ☐ work counters provide space to perform required tasks
- (e) ☐ sharps containers placed at height that allows users to see top of container
- 2.1-3.8.8.2 (1)
- (a) ☐ medication preparation room
- ☐ work counter
- ☐ handwashing station
- ☐ lockable refrigerator
- ☐ locked storage for controlled drugs
- ☐ sharps containers
☐ check if not included in project
- (b) ☐ self-contained medication dispensing units
☐ check if not included in project
- ☐ room designed with space to prepare medications
- or**
- (2) ☐ automated medication-dispensing unit
- (a) ☐ located at nurse station, in clean workroom or in alcove
- (b) ☐ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units
- (c) ☐ countertop or cart provided adjacent* to stationary medication-dispensing units
- 2.12-3.8.13.1(1) ☐ Clean linen storage for clean linen & towels provided in cabinets, closets, room or alcove for clean linen carts

Lighting: 2.1-3.8.8.1(2)(d)

☐ Task-specific lighting level min. 100 foot-candles

Ventilation: Table 8.1

☐ Min. 4 air changes per hour

Lighting: 2.1-3.8.8.1(2)(d)

☐ Task lighting

Lighting: 2.1-3.8.8.1(2)(d)

☐ Task lighting

Architectural Requirements

- 2.12-3.8.13.1(2) ☐ Soiled linen holding room
140.204 ☐ handwashing station

- 2.12-3.10 **Support Areas for Patients:**
☐ Provisions for drinking water

2.12-5 **BUILDING SUPPORT FACILITIES**

- 2.12-5.3 ☐ 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
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

PUBLIC AREAS

- 2.12-6.2
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

2.1-6.2.5 ☐ Provisions for telephone access
☐ access to make local phone calls
2.1-6.2.6 ☐ Provisions for drinking water

2.1-6.2.7.1 ☐ Wheelchair storage
☐ check if not included in project
☐ designated area located out of required corridor width
☐ directly accessible* to entrance
☐ provided for at least one wheelchair

Building Systems Requirements

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

- Ventilation:
☐ Min. 10 air changes per hour
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units
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Policy

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

Architectural Requirements**Building Systems Requirements**

- 2.1-6.2.7.2 ☐ Wheelchair parking space
☐ check if not included in project (only if facility provides services that do not require patients to transfer to facility chair, recliner, exam table or stretcher)
☐ 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

2.12-6.3

ADMINISTRATIVE AREAS

- 2.12-6.3.1 ☐ Office space
 2.12-6.3.1.1 ☐ staff office space & file storage
 2.12-6.3.1.2 ☐ office & clerical space (may be combined with reception area)

***LOCATION TERMINOLOGY:**

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

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

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

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

Architectural Details & MEP Requirements**2.1-7.2.2 ARCHITECTURAL DETAILS****CORRIDOR WIDTH:**

- 2.1-7.2.2.1 ☐ Min. 44"
 IBC 1018.2 **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 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. 34" clear door width
☐ min. 83.5" clear door height

(3)

(a)

Door Swing:

- ☐ 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)

(a)

Doors for Patient Toilet Facilities:

- ☐ door that swings outward

or

- ☐ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)

or

- ☐ sliding door other than pocket door

(b)

- ☐ toilet room opens onto public area or corridor
☐ check if not included in project
☐ visual privacy is maintained

- 2.1-7.2.2.8 **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
- (2) ☐ Rail ends return to wall or floor
- (3) ☐ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius
- (4) ☐ Handrails have eased edges & corners
- (5) ☐ Handrail finishes are cleanable
- 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
- 2.12-7.2.3 **FURNISHINGS**
- 2.12-7.2.3.1 ☐ Windows in therapy areas have curtains or shades to provide patient privacy

- 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
- 2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**
- 2.1-8.2.1.3 ☐ Ventilation rates meet requirements of Table 8.1 in Part 3 ASHRAE Standard 170 (Policy based on input from Facility Guidelines Institute)
- 2.1-8.3 **ELECTRICAL SYSTEMS**
- 2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**
- 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 length max. 25'-0"

(3)(a) ☐ no installation of dead-end piping (except for empty risers

(3)(c) 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: 105–120°F

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

2.1-8.4.3 PLUMBING FIXTURES

2.1-8.4.3.1(1) ☐ Materials used for plumbing fixtures are non-absorptive & acid-resistant

2.1-8.4.3.2 Handwashing Station Sinks:

(1) ☐ sinks are designed with basins that will reduce risk of splashing to areas where direct patient care is provided

(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 of faucets is at least 10" above bottom of basin

(7) ☐ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) ☐ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)

(a) ☐ blade handles

☐ check if not included in project

☐ at least 4 inches in length

☐ provide clearance

☐ required for operation

(b) ☐ sensor-regulated water fixtures

☐ check if not included in project

☐ meet user need for

☐ temperature & length of

☐ time water flows

☐ designed to function at all

☐ times and during loss of

☐ normal power

2.1-8.4.3.4 Ice-Making Equipment:

☐ check if not included in project

☐ copper tubing provided for

☐ supply connections to

☐ ice-making equipment

2.1-8.4.3.9 Hydrotherapy Facilities:

☐ check if not included in project

☐ dedicated drain

☐ handwashing sinks not used as

☐ drains for hydrotherapy units

2.1-8.7 ELEVATORS

☐ check if not included in project

2.1-8.7.4 ☐ Elevators are equipped with two-way automatic level-maintaining device with accuracy of $\pm 1/4$ inch

2.1-8.7.5 Elevator Controls:

2.1-8.7.5.1 ☐ elevator call buttons & controls not activated by heat or smoke

2.1-8.7.5.2 ☐ light beams if used for operating door reopening devices without touch are used in combination with door-edge safety devices & are interconnected with system of smoke detectors

2.1-8.7.5.3 ☐ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind