

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 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:

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

Instructions:

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

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

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

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

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

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

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

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 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. 4 air changes per hour Table 8.1
 _____ Exhaust
 _____ Negative pressure
 _____ No recirculating room units

Architectural Requirements		Building Systems Requirements	
2.1-2.6.1.2	<input type="checkbox"/> regular toilet <input type="checkbox"/> mounted Min. 44" 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	<input type="checkbox"/> rectangular clear floor area Min. 46" wide extends 72" from front of toilet		
2.1-2.6.2.1	<input type="checkbox"/> 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	<input type="checkbox"/> adjustable/foldable grab bar mounted on horizontally movable track is provided		
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:	
(2)	<input type="checkbox"/> min. 3'-0" clearance on non-transfer side of expanded-capacity exam table	<input type="checkbox"/> Min. 2 air changes per hour	Table 8-2
(3)			
(a)	<input type="checkbox"/> min. 5'-0" on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift		
(b)	or <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 individuals 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 individuals of size have min. clear width of 45.5"		

Architectural Requirements**Building Systems Requirements****2.12-3 PATIENT CARE & DIAGNOSTIC AREAS**

2.12-3.2 Physical & occupational therapy areas:

2.12-3.2.2.1 ☐ Individual therapy room

☐ check if not included in project

(1) (only if undressing is not necessary for patients to receive treatment)

(2) Space Requirements:

(a) ☐ min. clear floor area 80 sf

(b) ☐ min. clearance of 2'-8" on at least three sides of therapy furniture & equipment

Ventilation:

☐ Min. 3 air changes per hour

Table 8-2

(3) ☐ handwashing station

2.12-3.8.13.2 ☐ designated storage for therapeutic equipment & safety devices

2.12-3.2.2.2 ☐ Multiple-patient therapy or exercise area

(1) ☐ layout of multiple-patient therapy or exercise area includes staff work area located so staff can view activities taking place in exercise area

(2) Space requirements:

(a) ☐ open, barrier-free space for rehab therapy is sized based on following:

- Number of patients to be treated at same time
- Number of staff members to be present at same time
- Manufacturer's clearance requirements for equipment used
- Clearances to accommodate therapist or other caregiver

☐ above listed information is included in Project Narrative

(b) ☐ individual therapy spaces

☐ min. clear floor area 60 sf

(3) ☐ provisions for patient privacy

(4) ☐ handwashing station

2.12-3.8.13.2 ☐ designated storage for therapeutic equipment & safety devices

	Architectural Requirements	Building Systems Requirements
2.12-3.2.4	<input type="checkbox"/> Therapeutic pool <input type="checkbox"/> check if <u>not</u> included in project	
2.12-3.2.4.2	<input type="checkbox"/> patient changing area	
(1)	<input type="checkbox"/> single unisex rooms or <input type="checkbox"/> gender designated common locker rooms	
(2)	<input type="checkbox"/> directly accessible to pool without entering public or exercise areas	
(3)	<input type="checkbox"/> patient toilet room <input type="checkbox"/> directly accessible to changing area	Ventilation: <input type="checkbox"/> Min. 4 air changes per hour <input type="checkbox"/> Exhaust <input type="checkbox"/> Negative pressure <input type="checkbox"/> No recirculating room units
(4)	<input type="checkbox"/> shower	Table 8-2
(a)	<input type="checkbox"/> at least one shower provided <input type="checkbox"/> separate from toilet room	
(b)	<input type="checkbox"/> directly accessible to toilet room	
(5)	<input type="checkbox"/> securable lockers	
2.12-3.8.13.2	<input type="checkbox"/> designated storage for therapeutic equipment & safety devices	
2.12-3.3.1	<input type="checkbox"/> Prosthetics & orthotics area <input type="checkbox"/> check if <u>not</u> included in project Application: <input type="checkbox"/> evaluation & fitting of prosthetics & orthotics	
2.12-3.3.1.1	<input type="checkbox"/> provision for privacy	
2.12-3.3.1.2	<input type="checkbox"/> handwashing station	
2.12-3.3.1.3	<input type="checkbox"/> clinical sink <input type="checkbox"/> check if <u>not</u> included in project (only if running water is not needed in prosthetic & orthotic areas for materials preparation)	
2.12-3.8.13.2	<input type="checkbox"/> designated storage for therapeutic equipment & safety devices	
2.12-3.3.1.4	<input type="checkbox"/> eyewash station	
2.12-3.3.2	<input type="checkbox"/> Speech & hearing therapy rooms <input type="checkbox"/> check if <u>not</u> included in project	
2.12-3.3.2.2	Space Requirements: <input type="checkbox"/> min. clear floor area 80 sf	Ventilation: <input type="checkbox"/> Min. 3 air changes per hour
2.12-3.3.2.3	<input type="checkbox"/> sound insulated gasketed door w/ sweep	Table 8-2
2.12-3.8.13.2	<input type="checkbox"/> designated storage for therapeutic equipment & safety devices	
2.12-3.3.2.4	Hand Hygiene: <input type="checkbox"/> hands-on patient care is provided <input type="checkbox"/> handwashing station	
2.1-3.8.7	or <input type="checkbox"/> hands-on patient care is <u>not</u> provided <input type="checkbox"/> dedicated hand sanitation dispenser	
2.12-3.3.2.4(2)		

	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 <input type="checkbox"/> check if <u>not</u> 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	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 ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs ___ sharps containers <input type="checkbox"/> check if not included in project	Lighting: ___ Task lighting	2.1-3.8.8.1(2)(d)
(b)	___ self-contained medication dispensing units <input type="checkbox"/> 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		
2.12-3.8.9	___ Nourishment area or room <input type="checkbox"/> check if <u>not</u> included in project		
2.1-3.8.9.1	___ handwashing station in or directly accessible to nourishment room or area		
2.1-3.8.9.2	___ work counter		
2.1-3.8.9.3	___ storage		
2.1-3.8.9.4	___ fixtures & appliances for beverages and/or nourishment provided in facility		

Architectural Requirements		Building Systems Requirements	
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		
2.12-3.8.13.1(2) 140.204	___ Soiled linen holding room ___ handwashing station	Ventilation: ___ Min. 6 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
2.12-3.8.13.3	___ Wheelchair, lift & gurney storage space		
2.12-3.10	Support Areas for Patients:		
2.12-3.10.1	___ Patient toilet room		
2.12-3.10.1.2	(may be shared by patients and staff)		
2.12-3.10.1.1	___ separate from public use toilet rooms &	Ventilation: ___ Min. 4 air changes per hour ___ Exhaust	Table 8-2
2.1-3.10.2.1	___ located to permit access from patient care areas without passing through publicly accessible areas		
2.1-3.10.2.2	___ equipped with toilet & handwashing station	___ Negative pressure ___ No recirculating room units	
2.12-3.10.2	___ 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	Ventilation: ___ Min. 6 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
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		
2.12-6.2	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		

Architectural Requirements**Building Systems Requirements**

- 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
- 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

Ventilation:

- ☐ Min. 4 air changes per hour Table 8.1
☐ Exhaust
☐ Negative pressure
☐ No recirculating room units

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 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

Architectural Details & MEP Requirements2.1-7.2.2 **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:**

- (1) ☐ Min. ceiling height 7'-6" in corridors & in 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 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 & 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
- (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:	(3)(b)	___ any existing dead-end piping is removed
(1)(a)	___ Wall finishes are washable		<input type="checkbox"/> check if <u>not</u> included in project
(1)(b)	___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant	(4)(a)	___ water-heating system supplies water at following range of temperatures: 105–120°F
(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	2.1-8.4.2.6	Drainage Systems:
(4)	___ Wall protection devices & corner guards durable & scrubbable	(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
2.1-7.2.3.3	CEILINGS:		<input type="checkbox"/> check if <u>not</u> included in project
(1)	___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms	(1)(b)	___ drip pan for drainage piping above ceiling of sensitive area
(a)	___ Ceilings cleanable with routine housekeeping equipment		<input type="checkbox"/> check if <u>not</u> included in project
(b)	___ Acoustic & lay-in ceilings where used do not create ledges or crevices		___ accessible
2.1-7.2.4.3	___ Privacy curtains in patient care areas are washable		___ overflow drain with outlet located in normally occupied area
2.1-8.2	HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS	2.1-8.4.3	PLUMBING FIXTURES
2.1-8.2.1.3	___ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170	2.1-8.4.3.1(1)	___ Materials used for plumbing fixtures are non-absorptive & acid-resistant
2.1-8.3	ELECTRICAL SYSTEMS	2.1-8.4.3.2	Handwashing Station Sinks:
2.1-8.3.2	ELECTRICAL DISTRIBUTION & TRANSMISSION	(1)	___ sinks are designed with basins & faucets that will reduce risk of splashing to areas where direct patient care is provided
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 of faucets is at least 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:	(a)	___ 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		<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 length max. 25'-0"		
(3)(a)	___ no installation of dead-end piping (except for empty risers mains & branches for future use)		
(3)(c)			

- (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
- 2.1-8.4.3.4 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
- (1) _____ dedicated drain
(2) _____ 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