

COMPLIANCE CHECKLIST**OP19 Mobile or Transportable Medical Units**

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
2.13	<u>MOBILE/TRANSPORTABLE MEDICAL UNITS</u> <u>(CLASS 1 IMAGING SERVICES)</u>	
2.13-1.1	APPLICATION	
2.13-1.1.1.1	___ Mobile/transportable medical units that are used on temporary basis	
2.13-1.1.1.4	___ Proposed mobile/transportable medical unit is <u>not</u> a modular/relocatable units that is prefabricated off-site & finished on-site & transported to permanent foundation	
2.13-1.1.2.1(1) Table 2.1-5	___ Class 1 imaging room as described below: (X-ray, fluoroscopy, mammography, CT scanner, ultrasound, MRI, PET scanner & other imaging modalities that may use natural orifice entry & do not pierce or penetrate natural protective membranes)	
2.13-1.1.2.1(2)	___ Provision of medical services for outpatients	
	___ Provision of medical services for inpatients <input type="checkbox"/> check if <u>not</u> included in project	
2.13-1.1.3	Mobile/Transportable Medical Unit Documentation:	
2.13-1.1.3.1(1)	___ plans of mobile/transportable medical unit from its manufacturer have been submitted to DPH Plan Review ___ plans are signed & stamped by architect or professional engineer	
2.13-1.3	SITE	
2.13-1.3.1	Mobile/Transportable Medical Unit Location:	
2.13-1.3.1.2 (1)	___ parked on solid level surface ___ safeguards be in place to prevent movement of unit while in use.	
(2)	___ securing techniques as defined by unit manufacturer	
2.13-1.3.1.3	___ min. separation 25'-0" provided between any building outside air intake & any HVAC or generator exhaust from unit	
2.13-1.3.1.4	___ location of unit & routing of utilities avoid interference with appropriate access to & exiting from all occupied areas including exterior means of egress to public way	
2.13-1.3.1.5	___ access point to mobile/transportable unit from host facility does not interfere with emergency egress from that facility	
2.13-1.3.1.6	___ unit location does not interfere with fire lanes & direct access to host facility by emergency personnel & vehicles	
2.13-1.3.1.7	___ unit sited to accommodate delivery services being provided to host facility	

	Architectural Requirements	Building Systems Requirements
2.13-1.3.1.7	___ unit is located where it does not interrupt normal delivery of services for host facility & not block facility infrastructure	
2.13-1.3.1.8	___ unit located near vehicular drives or parking areas <input type="checkbox"/> check if <u>not</u> included in project ___ impact barriers are provided	
2.13-1.3.1.9	___ tractors with fuel tank capacity of less than or equal to 100 gallons are detached & located more than 10'-0" from host facility or ___ tractors with fuel tank capacity greater than 100 gallons comply with NFPA 30	
2.13-1.3.3	Access to Mobile/Transportable Medical Unit from Host Facility:	
2.13-1.3.3.1	___ access to unit provided for wheelchairs, gurneys/stretchers & patients with walkers	
(1)	___ electric power lift <input type="checkbox"/> check if <u>not</u> included in project ___ connected either to host facility's essential electrical system or to unit's essential power supply system	
2.13-1.3.3.2	___ protection from rain, sleet, wind & snow during transport of patients from host facility to mobile/transportable unit	
140.209(A)(1)	___ mobile medical service is connected to host location by enclosed passageway that protects patients from inclement weather & temperature extremes	
140.209(A)(2)	___ mobile medical service is accessible to patients only through emergency, ambulatory care or radiology service areas ___ no access through inpatient or non-patient areas of the host location	
2.13-1.3.3.3	___ access to mobile/transportable unit from host facility is marked & lighted	
2.13-1.3.4	Site Utilities:	
2.13-1.3.4.1	___ mobile unit is provided with utilities that include power, telephone & fire alarm connections & may include waste & water to meet requirements of medical services provided	
2.13-1.3.4.2	Protection of Electrical Connections:	
(1)	___ concealment in conduits or	
(2)	___ burial underground or	
(3)	___ installation overhead	

Architectural Requirements**Building Systems Requirements**

- 2.13-1.3.5 Pad for Mobile/Transportable Medical Unit:
- 2.13-1.3.5.1 ☐ level parking area or concrete pad
- 2.13-1.3.5.2(1) ☐ meets local state & seismic codes
- 2.13-1.3.5.2(2) ☐ conforms to manufacturer's requirements
- 2.13-1.3.5.2(3) ☐ designed to support loads of unit
- 2.13-1.3.5.3 ☐ unit secured in place to prevent unintentional movement

2.13-1.3.6 **Mobile/Transportable MRI Medical Unit:**

- ☐ check if not included in project
- 2.13-1.3.6.1 ☐ Restricted entry to static magnetic field of 5 Gauss or greater for all persons who did not pass screening for magnetic field contraindications
- 2.13-1.3.5.2 MRI Suite Safety:
- 2.1-3.5.5.1 (1) ☐ MRI suite with static magnetic field of 9 gauss contained within MRI scanner device
- ☐ conforms to manufacturer's siting guidance
- or**
- (2) ☐ MRI suite with static magnetic field of 9 gauss that extends beyond MRI scanner device
- (a) ☐ MRI suite conforms to 4-zone screening & access control protocols identified in current edition of American College of Radiology's "ACR Manual on MR Safety", as summarized below.
- ☐ **Zone I:** all areas that are freely accessible to the general public
- ☐ **Zone II:** interface between the publicly accessible uncontrolled Zone I & strictly controlled Zone III (space for screening questions & ferromagnetic detection)
- ☐ **Zone III:** Controlled access areas reserved to screened persons & MRI personnel due to interactions between MRI scanner magnetic field and persons or equipment
- ☐ **Zone IV:** MRI scanner room where access must be supervised by MRI personnel
- (b) ☐ MRI suite as well as spaces around, above & below (comply with IEC Standard 60601-2-33 to prevent unscreened individuals from entering 9-gauss volume around MRI equipment & to minimize electromagnetic or radiofrequency interference to or from other equipment)

Architectural Requirements**Building Systems Requirements**

- (c) Specific support areas for MRI Suite:
- (i) ☐ space for patient interviews & physical & clinical screening separate from MRI scanner
- (ii) ☐ patient code treatment/resuscitation area adjacent to MRI scanner room
- (iii) ☐ ferromagnetic (only) detection & warning systems
- (iv) ☐ access control
- (vi) ☐ space for containment of non-MRI-safe objects outside restricted MRI safety zones
- (vii) ☐ space for storage (patient lockers) of patient belongings & non-MRI-safe items
- (d) ☐ any area in which magnetic field strength is equal to or greater than 9 gauss is physically restricted by use of key locks or pass-key locking systems

2.13-1.3.7 **Mobile/Transportable Medical Unit with Ionizing Radiation (X-Ray & Gamma Ray) Sources:**
 (e.g. X-ray, fluoroscopy, mammography, CT scanner, or PET scanner)

☐ check if not included in project

- 2.1-3.5.1.2 Radiation protection:
- ☐ certified radiation physicist representing owner has specified type, location & amount of radiation protection to be installed in accordance with layout & equipment selections
 - ☐ specifications of radiation shielding have been submitted to DPH Radiation Control Program
- (1) ☐ shielded control alcove or room
- (a) ☐ control room or alcove is at min. sized & configured in compliance with equipment manufacturer's recommendations for installation service & maintenance
- (c) ☐ control room or alcove includes shielded view window
- ☐ designed to provide full view of exam table & patient at all times including full view of patient during imaging activities (e.g. when table is tilted or chest X-ray is in use)
- or**
- ☐ use of closed-circuit video monitoring in addition to view window
- (2) ☐ radiation protection requirements are incorporated into specifications & engineering plans

Architectural Requirements**Building Systems Requirements****2.13-3 PATIENT CARE & DIAGNOSTIC AREAS****2.13-3.1 Mobile/Transportable Imaging Medical Units:****2.13-1.1.2.1(1)****2.1-3.5.1.2****Table 2.1-5**

___ Class 1 imaging room
(for X-ray, fluoroscopy, mammography, CT scanner, ultrasound, MRI, PET scanner & other imaging modalities that may use natural orifice entry & do not pierce or penetrate natural protective membranes)

Flooring:

___ cleanable & wear-resistant for the location; stable, firm & slip-resistant

Wall Finishes:

___ washable

Ceiling:

___ cleanable with routine housekeeping equipment

Ventilation:

___ Min. 6 air changes per hour Table 8-1

Power:

___ Min. 8 receptacles Table 2.1-1
___ 4 on each lateral side of the imaging gantry

2.13-3.1.1**2.13-3.1.1.1(1)****(a)****Space Requirements:**

___ rooms sized & arranged to accommodate required equipment & clearances in accordance with manufacturer technical specifications
___ manufacturer technical specifications have been submitted to DPH Plan Review

2.13-3.1.2.1

___ handwashing station

or**2.13-3.1.2.2**

___ hand sanitation dispenser

2.13-3.2**2.13-3.2.1****Pre- & Post-Procedure Patient Care:**

___ holding area in mobile/transportable unit

or

___ holding area readily accessible in host facility

2.13-3.8**SUPPORT AREAS FOR MOBILE/TRANSPORTABLE MEDICAL UNITS****2.13-3.8.1**

(may be located either in unit or in host facility provided they are readily accessible* to unit)

2.13-3.8.1.11**2.1-3.8.11.2****(1)****(2)****(3)**

___ Clean workroom or clean work area
___ work counter
___ handwashing station
___ storage for clean & sterile supplies

or**2.1-3.8.11.3**

___ Clean supply room or clean supply area
___ used only for storage & holding as part of system for distribution of clean & sterile materials

Ventilation:

___ Min. 4 air changes per hour Table 8-1
___ Positive pressure

Ventilation:

___ Min. 4 air changes per hour Table 8-1
___ Positive pressure

Architectural Requirements

- 2.13-3.8.1.12 (3) ☐ Soiled workroom (may serve both mobile/transportable unit & adjacent unit in host facility)
- 2.1-3.8.12.1 ☐ does not have direct connection with clean workrooms or clean supply rooms
- 140.204 ☐ handwashing station
- 140.204 ☐ clinical service sink
- 2.1-3.8.12.2(1) (d) ☐ work counter
- 2.1-3.8.12.2 (1)(e) ☐ space for separate covered containers for waste & soiled linen
- 2.1-3.8.12.2(2) ☐ fluid waste management system
☐ check if not included in project
- (a) ☐ electrical & plumbing connections that meet manufacturer requirements
- (b) ☐ space for docking station
- 2.13-3.8.13 ☐ Equipment & supply storage
- 2.13-3.8.13.1 ☐ located in mobile/transportable medical unit
or
☐ located in host facility
☐ adjacent to host facility's access point to unit
- 2.13-3.8.14 ☐ Environmental services closet
- 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
- 2.13-3.8.14.2 ☐ located in mobile/transportable medical unit
or
☐ located in host facility
☐ readily accessible to unit

SUPPORT AREAS FOR PATIENTS

- 2.13-3.10 ☐ Patient changing area
- 2.13-3.10.1 ☐ designed for privacy
- 2.13-3.10.1.1 ☐ located in mobile/transportable medical unit
- 2.13-3.10.1.2 ☐ located in host facility
☐ readily accessible to unit
- 2.13-3.10.2 ☐ Patient toilet room
- ☐ located in mobile/transportable medical unit
or
☐ located in host facility
☐ readily accessible to unit
- 2.13-3.10.3 ☐ Storage for patients
- 2.1-3.2.2.10(4) ☐ provisions for securing patients personal effects

Building Systems Requirements

- Ventilation:
- ☐ Min. 10 air changes per hour Table 8-1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units
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- Ventilation:
- ☐ Min. 10 air changes per hour Table 8-1
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

Architectural Requirements		Building Systems Requirements	
2.13-6.2	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		
2.1-6.2.1.3	___ 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		
2.13-6.2.1	___ Public waiting space		
2.13-6.2.1.1	___ located in host facility		
2.13-6.2.1.1(1)	___ public waiting area or room		
2.13-6.2.1.2	___ waiting area for patients to be received & wait for services provided in mobile/ transportable medical unit		
	or		
	___ waiting area for patients to be received & wait for services provided in host facility		
2.13-6.2.1.1(2)	___ public toilet room	Ventilation:	
	___ readily accessible to mobile/ transportable medical unit	___ Min. 10 air changes per hour	Table 8-1
2.1-6.2.4.1	___ readily accessible* from waiting area without passing through patient care or staff work areas	___ Exhaust	
		___ Negative pressure	
		___ No recirculating room units	
2.13-6.2.1.1(3)	___ access to drinking water		
2.13-6.2.1.1(4)	___ access to public communications services		
2.1-6.2.7.1	___ Wheelchair storage ___ <input type="checkbox"/> check if <u>not</u> 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		

Architectural Requirements**Building Systems Requirements**

- 2.2-6.3 **ADMINISTRATIVE AREAS**
- 2.1-6.3.2 ☐ Interview space (used for patient communication/interviews related to social services, credit, etc.)
☐ check if not included in project
 (2) (may be combined with consultation room)
- (1) ☐ separate from public areas
- 2.1-6.3.3 ☐ Office space for business administrative & professional staffs
- 2.1-6.3.5 ☐ Medical records space
☐ provisions 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
- 2.1-6.3.6 ☐ Storage for office equipment & supplies

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**2.1-7.2.2 ARCHITECTURAL DETAILS**

- 2.1-7.2.2.1 **CORRIDOR WIDTH:**
☐ Min. 44"
 IBC 1018.2 **or**
☐ Detailed code review incorporated in Project Narrative
- 421 CMR ☐ Corridors include turning spaces for wheelchairs
 6.00
 (2) ☐ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6'-0"
☐ check if not included in project
- 2.1-7.2.2.2 **CEILING HEIGHT:**
 (4) ☐ Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path
☐ Min. ceiling height 7'-10" in other areas
- 2.13-7.2 Architectural details for mobile/transportable medical unit construction:
- 2.13-7.2.1.1 ☐ min. corridor clear width 2'-8"
- 2.13-7.2.1.2 ☐ min. clear ceiling height 6'-8"

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
☐ 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) (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	2.1-7.2.2.11	RADIATION PROTECTION: <input type="checkbox"/> check if no radiation emitting equipment is included in project ___ Protection for X-ray & Gamma-ray installations are shown in the plans ___ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program
(b)	___ toilet room opens onto public area or corridor <input type="checkbox"/> check if <u>not</u> included in project ___ visual privacy is maintained	2.1-7.2.3	SURFACES
2.1-7.2.2.8	HANDWASHING STATIONS:	2.1-7.2.3.1	FLOORING & WALL BASES:
(3)		(1)	___ Flooring surfaces cleanable & wear-resistant for location
(a)	___ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly	(3)	___ Smooth transitions provided between different flooring materials
(b)	___ Countertops substrate <input type="checkbox"/> check if <u>not</u> included in project ___ marine-grade plywood (or equivalent material) with impervious seal	(4)	___ Flooring surfaces including those on stairways are stable, firm & slip-resistant
(4)	___ Handwashing station casework <input type="checkbox"/> check if <u>not</u> included in project ___ designed to prevent storage beneath sink	(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
(5)	___ Provisions for drying hands <input type="checkbox"/> check if <u>not</u> included in project (only at hand scrub facilities)	2.1-7.2.3.2	WALLS & WALL PROTECTION:
(a)	___ hand-drying device does not require hands to contact dispenser	(1)(a)	___ Wall finishes are washable
(b)	___ hand-drying device is enclosed to protect against dust or soil	(1)(b)	___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(6)	___ Liquid or foam soap dispensers	(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
2.1-7.2.2.9	GRAB BARS:	(4)	___ Wall protection devices & corner guards durable & scrubbable
(1)	___ Grab bars anchored to sustain concentrated load 250 pounds	2.1-7.2.3.3	CEILINGS:
(3)	___ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors	(1)	___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
2.1-7.2.2.10	HANDRAILS:	(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
(1)	___ Rail ends return to wall or floor	2.1-7.2.4.3	___ Privacy curtains in patient care areas are washable
(2)	___ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius	(3)	(4)
(3)	___ Handrails have eased edges & corners		
(4)	___ Handrail finishes are cleanable		

2.1-8.2 HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS

- 2.13-8.2.1.2 Class 1 Mobile/Transportable Units: (limited to provision of non-invasive diagnostic & treatment services without use of anesthetics)
- (1)(a) _____ min. indoor winter design capacity temperature 75°F for all patient areas
- (1)(b) _____ controls for adjusting temperature as appropriate for patient activities & comfort
- (2) Ventilation & space-conditioning requirements:
 _____ all occupied areas are ventilated by mechanical means
- 2.13-8.2.2 Air Intake:
 Part 3/6.3.1.1 _____ located min. of 25'-0" from cooling towers & all exhaust & vent discharges
 _____ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade
 _____ air intakes located away from public access
 _____ all intakes are designed to prevent entrainment of wind-driven rain
- 2.13-8.2.2.2 _____ air intake for mobile/transportable unit located min. of 25'-0" from all plumbing vents, exhaust fans sources of combustion idling vehicles & any other sources of noxious fumes or odors

2.1-8.3.6 ELECTRICAL RECEPTACLES

- _____ Receptacles in patient care areas are provided according to Table 2.1-1

2.13-8.5 COMMUNICATIONS SYSTEMS

- 2.13-8.5.1 Emergency Communication System
- 2.13-8.5.1.1 _____ means for connecting unit to outpatient facility emergency communication system
- 2.13-8.5.2 _____ telephone located inside unit to communicate directly with host facility's public branch exchange or continually staffed location inside host facility

2.13-8.4 PLUMBING SYSTEMS

Water Supply to Mobile Unit:

- ☐ check if not included in project
- 2.13-8.4.2.1 _____ water supply lines to unit have means of freeze protection
- 2.13-8.4.2.3 _____ water supply connection backflow prevention installed at point of water connection on unit

Waste Connection from Mobile Unit:

- ☐ check if not included in project
- 2.13-8.4.2.1 _____ sanitary lines from unit have means of freeze protection
- 2.13-8.4.2.4 _____ waste lines designed to discharge into host facility sanitary sewage system or directly into utility sewage system