**COMPLIANCE CHECKLIST**

**OP5\_Outpatient Class 1 Imaging 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:

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

Instructions:

1. All requirement lines must be completed according to 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. |

1. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
2. 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.
3. 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”.
4. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
5. The location & patient care station 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** |  |
| --- | --- | --- | --- |
| 2.3  | **SPECIFIC REQUIREMENTS FOR OUTPATIENT IMAGING FACILITIES** |  |  |
|  |  |  |  |
| 2.3-1.1 | **APPLICATION** |  |  |
| 2.3-1.1.1 | \_\_\_ Imagingfacility associated with this checklist is not located within an acute care hospital |  |  |
|  |  |  |  |
| 2.3-22.1-2.1.1.2 | **ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE**[ ]  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 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 handw. 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\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
| 2.1-2.6.1.2 | \_\_\_ regular toilet \_\_\_ mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet |  |  |
|  |  |  |  |
| 2.1-2.6.1.3 | \_\_\_ rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
| 2.1-2.6.2.1  | \_\_\_ 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 | \_\_\_ adjustable/foldable grab bar mounted on horizontally movable track is provided |  |  |
|  |  |  |  |
| 2.1-2.8 | \_\_\_ Equipment & supply storage |  |  |
|  |  |  |  |
| 2.1-2.9 | \_\_\_ Waiting areas |  |  |
| 2.1-2.9.1 | \_\_\_ seating for persons of size be provided in waiting areas in outpatient facilities |  |  |
| 2.1-2.9.2 | \_\_\_ waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size |  |  |
| 2.1-2.10.1 | \_\_\_ 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 | \_\_\_ all door openings used for path of travel to public areas & care areas for individuals of size min. clear width 45.5” |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size min. clear width 45.5”  |  |  |
|  |  |  |  |
| 2.1-3.5.1.2 | \_\_\_ **Class 1** Imaging Room |  |  |
| Table 2.1-5 |  (for X-ray, fluoroscopy, mammography, CT scanner, ultrasound, MRI & other imaging modalities that may use natural orifice entry & do not pierce or penetrate natural protective membranes) |  |  |
|  | \_\_\_ room is an unrestricted area\_\_\_ accessed from unrestricted area |  |  |
|  |  |  |  |
| 2.1-3.5.3 | **COMPUTED TOMOGRAPHY (CT) FACILITIES**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 CT Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washableCeiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.1-3.5.1.2 |  Radiation Protection: [ ]  check if not included in project (only if imaging equipment does not emit ionizing radiations)\_\_\_ certified radiation physicist or equally qualified expert representing owner or appropriate state agency has specified type, location & amount of radiation protection to be installed in accordance with final approved imaging services 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 |  |  |
|  |  |  |  |
| (b)  | \_\_\_ shared control room or alcove[ ]  check if not included in project  |  |  |
|  | \_\_\_ control room or alcove serves more than one imaging room \_\_\_ manufacturer recommendations for installation, service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
|  |  |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window  |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure 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 & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d)  |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**[ ]  **check if not included in project**  |  |  |
| (1)  |  Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ SCR dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ SCR shared among multiple imaging rooms \_\_\_ equipment manufacturers permit such sharing \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  |  |  |  |
| (2) |  Space requirements: \_\_\_ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.2 | **RADIOGRAPHY ROOM**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 Radiography Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washableCeiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 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 [ ]  check if not included in project (only if radiation-emitting imaging equipment is portable) |  |  |
| (a) | \_\_\_ control room or alcove is at min. sized & configured in compliance with equipment manufacturer’s recommendations for installation service & maintenance |  |  |
| (b)  | \_\_\_ shared control room or alcove[ ]  check if not included in project  |  |  |
|  | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
|  |  |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window  |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure 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 & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d)  |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**[ ]  **check if not included in project**  |  |  |
| (1)  |  Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ SCR dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ SCR shared among multiple imaging rooms \_\_\_ equipment manufacturers permit such sharing \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  |  |  |  |
| (2) |  Space requirements: \_\_\_ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.3 | **FLUOROSCOPY ROOM**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 Fluoroscopy Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washable Ceiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ Handwashing station |  |  |
| 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 [ ]  check if not included in project (only if radiation-emitting imaging equipment is portable) |  |  |
| (a) | \_\_\_ control room or alcove is at min. sized & configured in compliance with equipment manufacturer’s recommendations for installation service & maintenance |  |  |
|  |  |  |  |
| (b)  | \_\_\_ shared control room or alcove[ ]  check if not included in project  |  |  |
|  | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window  |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure 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 & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d)  |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
| 2.1-3.5.3.3 |  |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**[ ]  **check if not included in project**  |  |  |
| (1)  |  Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ SCR dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ SCR shared among multiple imaging rooms \_\_\_ equipment manufacturers permit such sharing \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  |  |  |  |
| (2) |  Space requirements: \_\_\_ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.3(1) | \_\_\_ Separate toilet room \_\_\_ handwashing station \_\_\_ directly accessible\* from each dedicated Class 1 fluoroscopy room or combination radiography/ fluoroscopy room \_\_\_ patients are able to leave toilet room without reentering fluoroscopy room | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
|  |  |  |  |
| 2.1-3.5.4.4 | **MAMMOGRAPHY ROOM**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 Mammography Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washable Ceiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ Handwashing station |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(2)  |  Visual Privacy:\_\_\_ means to prevent views into mammography room by the public or other patients  |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(4) | \_\_\_ Changing rooms for mammography patients[ ]  check if not included in project (only if appropriate area for changing is provided in each mammography room)\_\_\_ immediately accessible\* to waiting area \_\_\_ immediately accessible\* to imaging rooms |  |  |
| 2.1-3.5.10.3(2) | \_\_\_ each room includes seat or bench & mirror |  |  |
| 2.1-3.5.10.3(3) | \_\_\_ provisions for hanging patient clothing & securing valuables located either in patient changing room or in shared secured storage |  |  |
|  |  |  |  |
| 2.1-3.5.4.1(3)(b)  |  Radiation Protection: |  |  |
|  | \_\_\_ mammography machines has built-in shielding for operator:\_\_\_ letter from certified radiation physicist approving shielding for operator**or**\_\_\_ shielded control alcove |  |  |
|  |  |  |  |
|  | **BONE DENSITOMETRY ROOM**[ ]  check if not included in project  |  |  |
|  |  |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour Power: | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washable Ceiling: \_\_\_ cleanable with routine housekeeping equipment | \_\_\_ Min. 8 receptacles\_\_\_ 4 receptacles on each lateral side of the imaging gantry | Table 2.1-1  |
| 2.1-3.5.2.3(1)  | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on circulating sides of freestanding imaging device including patient imaging table (except on side of bone densitometry table that is placed against wall)  |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.5 | **MAGNETIC RESONANCE IMAGING (MRI) FACILITIES**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 MRI Scanner Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washableCeiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.5.1 | Configuration of MRI suite: |  |  |
| (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 four-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 |  |  |
|  |  |  |  |
| (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 |  |  |
| (v)  | \_\_\_ space to accommodate site-specific clinical & operational requirements such as image-guided procedures emergent imaging or general anesthesia support |  |  |
| (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 |  |  |
| 2.1-3.5.2.3(2)  |  Handwashing Station: |  |  |
| 2.1-3.5.5.2(2) | \_\_\_ located in Class 1 MRI scanner room or directly outside entrance to Class 1 MRI scanner room |  |  |
| 2.1-3.5.2.2 | MRI scanner room space requirements: | Superconducting MRI cryogen venting:  | 2.1-3.5.5.3 |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer were submitted to DPH plan review | \_\_\_ cryogen vent (quench) pipe provided in accordance with equipment manufacturer technical specificationsCryogen venting points of discharge: | (1) |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly | \_\_\_ clearly marked & shielded from staff & maintenance personnel areas \_\_\_ substantially removed from all public & patient routes of travel | (a)  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly  | \_\_\_ minimum clearances from air intakes, operable windows or doors, as defined by MRI system manufacturer | (b) |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:\_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment | \_\_\_ designed with weather head sufficient to protect against ingress of horizontally driven rain\_\_\_ accessible areas around cryogen vent points of discharge | (c) |
|  |  | marked to indicate safety exclusion zone in accordance with MRI equipment manufacturer standards | (d) |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**[ ]  **check if not included in project**  | Building/occupant protection:  \_\_\_ Emergency exhaust & | (2) |
| (1)  |  Location: | passive pressure relief  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room**or** | provided in accordance with equipment manufacturer specifications |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ SCR dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ SCR shared among multiple imaging rooms \_\_\_ equipment manufacturers permit such sharing \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  |  |  |  |
| (2) |  Space requirements: \_\_\_ SCR sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.5.4 | \_\_\_ MRI control room  |  |  |
| (1)  | \_\_\_ operator console positioned so operator has full view of principal approach & entrance to MRI scanner room |  |  |
| (2)  | \_\_\_ outward-swinging door [ ]  check if not included in project \_\_\_ door in open position does not obstruct view of entry opening from operator’s console |  |  |
|  |  |  |  |
| 2.1-3.5.1.3(1)(a)  |  Space Requirements: \_\_\_ sized & configured according to manufacturer’s recommendations |  |  |
|  |  |  |  |
| 2.1-3.5.1.3(1)(c)  | \_\_\_ shielded view window designed to provide full view patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| 2.1-3.5.5.5(3) | \_\_\_ Control vestibule[ ]  check if not included in project (only if 9-gauss volume does not extend beyond the MRI device) |  |  |
| (1)  | \_\_\_ located outside MRI scanner room so that patients health care personnel & other employees must pass through it before entering MRI scanner room |  |  |
|  |  |  |  |
| (2)  | \_\_\_ control vestibule is part of MRI control room **or**\_\_\_ control vestibule directly visible from control room |  |  |
|  |  |  |  |
| 2.1-3.5.5.6 | \_\_\_ Patient treatment/resuscitation area \_\_\_ adjacent\* to MRI room \_\_\_ space suitable for patient code treatment/resuscitation | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  |  |  |
| 2.1-3.5.5.7 | **Special Design Elements for MRI Scanner Room** |  |  |
| (1) | Architectural Details: |  |  |
| (a) | \_\_\_ ferromagnetic materials that may become detached or otherwise interfere with operation of MRI scanner must not be used in MRI scanner rooms |  |  |
| (b)  | \_\_\_ radiofrequency (RF) shielding are provided for clinical MRI installations to attenuate stray radio frequencies that could interfere with MRI imaging process |  |  |
| (c) | \_\_\_ MRI scanner room located and/or shielded to avoid electromagnetic interference from elevators or other electromagnetic equipment |  |  |
|  |  |  |  |
| (d) | \_\_\_ magnetic field hazards or interferences are adequately controlled through facility planning (i.e. by physical distance)  |  |  |
|  | **or** |  |  |
|  | \_\_\_ need for magnetic shielding has been assessed by certified physicist experienced in magnetic shielding design or equally qualified expert |  |  |
|  |  |  |  |
| (e) | \_\_\_ acoustic control provided to mitigate noise emitted by MRI scanner in compliance with Table 1.2-5 |  |  |
| (2) | Structural details: |  |  |
| (a) | \_\_\_ floor structure designed to support weight of MRI scanner equipment, minimize disturbance to MRI magnetic field & mitigate disruptive environmental vibrations |  |  |
| (b) | \_\_\_ structural designs keep ferrous content at or below MRI manufacturer requirements based on mass & proximity to MRI scanner |  |  |
|  |  |  |  |
| (3) | Electrical details: |  |  |
| (a)  | \_\_\_ power conditioning and/or uninterruptible power supplies provided as indicated by MRI manufacturer power requirements & specific facility conditions |  |  |
| (b)  | \_\_\_ MRI magnet indicator sign that is lighted when magnet is on |  |  |
|  |  |  |  |
| 2.1-3.5.6 | **ULTRASOUND FACILITIES**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 Ultrasound Room: |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  | Wall Finishes: \_\_\_ washableCeiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly[ ]  check if not included in project (only for small mobile ultrasound equipment) |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly[ ]  check if not included in project (only for small mobile ultrasound equipment) |  |  |
|  |  |  |  |
| 2.1-3.5.6.2 | \_\_\_ Patient toilet room |  |  |
| 2.1-3.5.10.2(2)(a)  | \_\_\_ directly accessible\* from imaging room | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
| 2.1-3.5.10.2(2)(b)(c) | \_\_\_ each toilet room serves one ultrasound room only**or**\_\_\_ patient toilet room serves more than one ultrasound room\_\_\_ shared toilet rooms have interlocking door access hardware |  |  |
|  |  |  |  |
| 2.1-3.5.7 | **NUCLEAR/MOLECULAR IMAGING SERVICES**[ ]  check if not included in project  |  |  |
|  |  |  |  |
|  | Class 1 Nuclear Imaging Room (Scintigraphy Room PET Scanner Room or Single-Photon Emission Computed Tomography room (SPECT)):  |  |  |
| Table 2.1-5 | Flooring: \_\_\_ cleanable & wear-resistant for the location; stable firm & slip-resistant | Ventilation:\_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  |  Wall Finishes: \_\_\_ washable Ceiling:\_\_\_ cleanable with routine housekeeping equipment | Power:\_\_\_ Min. 8 receptacles\_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
|  |  |  |  |
| 2.1-3.5.2.3(1)  | \_\_\_ Handwashing station |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| (b)  | \_\_\_ shared control room or alcove[ ]  check if not included in project  |  |  |
|  | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
|  |  |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window  |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure 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 & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance\_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
| 2.1-3.5.2.4(d)  |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room**[ ]  **check if not included in project**  |  |  |
| (1)  |  Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
|  | \_\_\_ system component room dedicated to each imaging room |  |  |
|  | **or** |  |  |
| (d) | \_\_\_ system component room shared among multiple imaging rooms \_\_\_ equipment manufacturers permit such sharing \_\_\_ manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
| (2) |  Space requirements: \_\_\_ system component room sized to accommodate following as indicated by imaging equipment manufacturers including clear floor area: |  |  |
| (a) | \_\_\_ transformers |  |  |
| (b) | \_\_\_ power distribution equipment |  |  |
| (c) | \_\_\_ power conditioning/ uninterruptible power supply (UPS) equipment |  |  |
| (d) | \_\_\_ computers |  |  |
| (e) | \_\_\_ associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(3)  | \_\_\_ Exercise area or room [ ]  check if not included in project  |  |  |
| (a) | \_\_\_ space for exercise equipment in imaging room**or** \_\_\_ space for exercise equipment in separate room directly accessible\* to imaging room |  |  |
|  |  |  |  |
| (b) | \_\_\_ staff work space in imaging room**or** \_\_\_ staff work space in separate room directly accessible\* to imaging room |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(4)  |  Handwashing Stations: \_\_\_ provided throughout nuclear imaging suite at locations of patient contact \_\_\_ provided throughout nuclear imaging suite at locations where radiopharmaceutical materials are handled, prepared or disposed |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(5)(c)(d)  | \_\_\_ Nuclear imaging dose administration area(may be combined with pre-procedure patient care area or PET patient uptake/cool-down room) |  |  |
| (a)  | \_\_\_ located near preparation area |  |  |
| (b)  | \_\_\_ provisions for visual privacy from other areas |  |  |
|  |  |  |  |
| 2.1-3.5.7.1(6)  | \_\_\_ Surfaces throughout nuclear imaging suite constructed of cleanable non-porous materials that can be decontaminated |  |  |
|  |  |  |  |
| 2.1-3.5.7.2 | \_\_\_ **Scintigraphy (gamma camera) rooms**[ ]  check if not included in project  |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 |  Space Requirements:  |  |  |
| (1) | \_\_\_ imaging rooms are sized & configured to comply with manufacturer recommendations\_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | \_\_\_ min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
| 2.1-3.5.2.4(d) |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.7.2(2) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.1-3.5.7.3 | \_\_\_ **Positron emission tomography suite (PET)**[ ]  check if not included in project  |  |  |
| (1)  |  PET Suite Configuration: |  |  |
| (a)  | \_\_\_ PET suites designed & positioned in facility to restrict incidental exposure to ionizing radiation sources by persons not immediately involved in PET examination |  |  |
| (b)  | \_\_\_ certified radiation physicist has determined extent of radiation shielding at radio-pharmacy hot lab scanner room patient holding & other spaces |  |  |
|  | \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(3)(b)  | \_\_\_ control room (may serve more than one PET scanner room) |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(5)  | \_\_\_ cyclotron room [ ]  check if not included in project (only if radiopharmaceuticals are provided by commercial sources) |  |  |
| (a)  | \_\_\_ located in access-restricted areas |  |  |
| (b)  | \_\_\_ shielding requirements for cyclotron facilities coordinated between equipment manufacturer & reviewing medical physicist |  |  |
|  | \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
| (c)  | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| (6)  | \_\_\_ patient uptake/cool-down room \_\_\_ radiation shielding provided for patient uptake/cool-down |  |  |
| (a)  | \_\_\_ provided as appropriate to examinations & radiopharmaceuticals used for PET service |  |  |
| (b)  | \_\_\_ configured & appointed to minimize patient movement during radiopharmaceutical uptake period |  |  |
| (c)  | \_\_\_ toilet room with handwashing station & dedicated “hot” toilet to accommodate radioactive sanitary waste \_\_\_ directly accessible\* or adjacent\* to uptake/cool-down room | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
|  |  |  |  |
| 2.1-3.5.7.4 | \_\_\_ **Single-photon emission computed tomography room (SPECT)**[ ]  check if not included in project |  |  |
| 2.1-3.5.3.1 | \_\_\_ SPECT scanner room meets above requirements for Class 1 imaging rooms |  |  |
| 2.1-3.5.2.2 |  Space Requirements:  |  |  |
| (1)  | \_\_\_ imaging rooms are sized & configured to comply with manufacturer’s recommendations\_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
| (2)(a) | \_\_\_ min. clearance 4’-0” on all circulating sides of patient table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d)  |  Structural Support: \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
|  |  |  |  |
| 2.1-3.5.8 | **SUPPORT AREAS FOR IMAGING SERVICES** |  |  |
|  | (may be shared with other clinical services) |  |  |
| 2.1-3.5.8.2 | \_\_\_ Reception area with control desk |  |  |
| 2.1-3.5.8.3 | \_\_\_ Documentation area |  |  |
|  | \_\_\_ accommodations for written and/or electronic documentation provided for staff |  |  |
|  |  |  |  |
| 2.1-3.5.8.4 | \_\_\_ Consultation area \_\_\_ for consultation with patients or referring clinician (including remote consultation) |  |  |
|  |  |  |  |
| 2.1-3.5.8.8(1) | \_\_\_ Medication safety zone & storage[ ]  check if not included in project  |  |  |
|  | \_\_\_ immediately accessible\* from pre- & post-procedure patient care areas |  |  |
| 2.1-3.5.8.8(2) | \_\_\_ provision for locked storage of medications |  |  |
|  |  |  |  |
| 2.1‑2.8.8.1(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 | 2.1‑2.8.8.1(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 |  |  |
| (f)  | \_\_\_ max 45 dBA noise level caused by building systems  |  |  |
| 2.1‑2.8.8.2(1)  | \_\_\_ medication preparation room |  |  |
| (a)  | \_\_\_ under visual control of nursing staff | Ventilation:  |  |
| (b) | \_\_\_ work counter | \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ handwashing station | Lighting:  |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers[ ]  check if not included in project  |  |  |
|  |  |  |  |
| (c)  | \_\_\_ self‑contained medication‑dispensing unit [ ]  check if not included in project  |  |  |
|  | \_\_\_ room designed with space to prepare medications **or** |  |  |
| 2.1‑2.8.8.2(2)  | \_\_\_ automated medication‑dispensing unit |  |  |
| (a)  | \_\_\_ located at nurse station in clean workroom or in alcove | Lighting:\_\_\_ Task lighting | 2.1‑2.8.8.1(2)(d) |
| (c)  | \_\_\_ handwashing station located next to stationary medication-dispensing units or stations |  |  |
|  |  |  |  |
| 2.1-3.5.8.11 | \_\_\_ Clean workroom or clean supply room |  |  |
| (1)  | \_\_\_ readily accessible\* to imaging rooms |  |  |
|  |  |  |  |
| 2.1‑2.8.11.2 | \_\_\_ clean workroom \_\_\_ used for preparing patient care items | Ventilation:\_\_\_ Min. 2 air changes per hour | Table 8-2 |
| (1)  | \_\_\_ work counter | \_\_\_ Positive pressure |  |
| (2)  | \_\_\_ handwashing station |  |  |
| (3)  | \_\_\_ storage facilities for clean & sterile supplies **or** |  |  |
| 2.1‑2.8.11.3 | \_\_\_ clean supply room  | Ventilation:  |  |
|  | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile supplies | \_\_\_ Min. 2 air changes per hour\_\_\_ Positive pressure | Table 8-2 |
|  |  |  |  |
| 2.1-3.5.8.12 | Soiled workroom or soiled holding room |  |  |
| 2.1‑2.8.12.2 | \_\_\_ soiled workroom | Ventilation: |  |
| (1)(a)  | \_\_\_ handwashing station | \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| (1)(b)  | \_\_\_ flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | \_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
| (1)(c)  | \_\_\_ work counter |  |  |
| (1)(d)  | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
| (b)  |  **or** |  |  |
| 2.1‑2.8.12.3 | \_\_\_ soiled holding room | Ventilation: |  |
| (1)  | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Min. 6 air changes per hour\_\_\_ Exhaust | Table 8-2 |
| (2)  | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
| 2.1-3.5.8.12(2) | \_\_\_ Soiled workroom or soiled holding room dedicated to imaging facility |  |  |
|  | **or** |  |  |
|  | \_\_\_ Soiled workroom or soiled holding room is shared with another clinical service (under same outpatient license) \_\_\_ soiled workroom or soiled holding room readily accessible to imaging facility |  |  |
|  |  |  |  |
| 2.1-3.5.8.12(3)  | \_\_\_ Contaminated (hot) soiled holding[ ]  check if not included in project (only if written statement from medical physicist is included) |  |  |
| (a)  | \_\_\_ provided in soiled workroom or soiled holding room\_\_\_ separate from other waste holding areas |  |  |
|  |  |  |  |
| 2.1-3.5.8.13(4) | \_\_\_ Clean linen storage |  |  |
|  |  |  |  |
| 2.1-3.5.8.14 | \_\_\_ Environmental services room |  |  |
| (1)  | \_\_\_ immediate access to imaging suite |  |  |
| 2.1‑2.8.14.2(1)  | \_\_\_ service sink or floor‑mounted mop sink |  |  |
| 2.1‑2.8.14.2(2)  | \_\_\_ provisions for storage of supplies & housekeeping equipment | Ventilation:\_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 2.1‑2.8.14.2(3)  | \_\_\_ handwashing station **or** \_\_\_ hand sanitation station | \_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
|  |  |  |  |
| **2.1-3.5.8.15** | **Pre- and post-procedure patient care area:** |  |  |
| (1) | \_\_\_ min. of one patient care station provided for every three Class 1 imaging rooms or fraction thereof [ ]  check if not included in project(only if imaging patients do not receive point-of-care lab work or injection preparation) |  |  |
|  |  |  |  |
| 2.1-3.5.8.16(3) | \_\_\_ Contrast media preparation area(may serve multiple imaging rooms)[ ]  check if not included in project  |  |  |
| (1)(a) & (b) (2) | \_\_\_ sink & counter[ ]  check if not included in project (only if prepared media are used) |  |  |
| (c)  | \_\_\_ storage to accommodate preparation of contrast media |  |  |
| (d) | \_\_\_ secure lockable storage |  |  |
|  |  |  |  |
| (4) | \_\_\_ dedicated contrast media preparation area  |  |  |
|  | **or** |  |  |
|  | \_\_\_ contrast media preparation area is integrated in medication preparation area |  |  |
| 2.1-3.5.8.17 | \_\_\_ Image management system |  |  |
| **2.1-6.3.5.1** | \_\_\_ to maintain confidentiality of records digital image management system area is restricted to staff access |  |  |
| **2.1-6.3.5.2**(1) | \_\_\_ space provided for digital image management system |  |  |
| **2.1-3.5.8.17**(2) | \_\_\_ on-site location of image management system |  |  |
|  | **or** |  |  |
|  | \_\_\_ location of image management system off-site |  |  |
|  |  |  |  |
| 2.1-3.5.8.18 | \_\_\_ Image interpretation/reading rooms |  |  |
| (1)  | \_\_\_ remote location of image interpretation/ reading areas \_\_\_ radiologist is immediately available when interventional imaging procedures are performed |  |  |
|  | **or** |  |  |
| (2)  | \_\_\_ on-site location of image interpretation/ reading areas |  |  |
| (a) | \_\_\_ adjustable ambient lighting with minimal glare projected onto computer monitors |  |  |
|  | \_\_\_ higher level of illumination for room maintenance (activated separately from ambient reading lighting) |  |  |
|  | \_\_\_ workstation task lighting for writing or reading hard copy |  |  |
| (b)  | \_\_\_ acoustic control \_\_\_ materials finishes & sound masking minimize disruption from conversational speaking dictation & surrounding noise |  |  |
|  |  |  |  |
| 2.1-3.5.8.19 |  Facilities for Processing Ultrasound Probes:[ ]  check if not included in project (only if ultrasound room is not provided) |  |  |
| (1)  | \_\_\_ dedicated ultrasound probe processing room | Ventilation:\_\_\_ Min. 6 air changes per hour | Table 8-2 |
| (c)  | \_\_\_ processing room allows for flow of ultrasound probes from decontamination area to clean area & then to storage | \_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
| (d)  | \_\_\_ decontamination area |  |  |
|  | \_\_\_ work counter |  |  |
|  | \_\_\_ instrument-washing sink appropriate to method of decontamination used |  |  |
|  | \_\_\_ handwashing station |  |  |
|  | \_\_\_ space & utility connections to support high-level disinfection process & equipment used |  |  |
|  | **or** |  |  |
| (2)  | \_\_\_ ultrasound probes processed at point of use or in separate room or area using self‑contained automated high-level disinfection unit specifically designed for ultrasound probes |  |  |
| (a)  | \_\_\_ space for disinfection device with access to electrical receptacle |  |  |
| (b)  | \_\_\_ access to soiled workroom provided in same clinical area to support probe decontamination \_\_\_ soiled workroom equipped with instrument-washing sink |  |  |
|  |  |  |  |
| (3)  | \_\_\_ clean ultrasound probe storage |  |  |
|  |  |  |  |
| 2.1-3.5.8.21 | \_\_\_ Radiopharmaceutical production pharmacy[ ]  check if not included in project  |  |  |
|  | \_\_\_ radiopharmacy provided with appropriate shielding |  |  |
|  |  |  |  |
| (1)  |  Space Requirements: | Ventilation: |  |
| (a)  | \_\_\_ space provided for dose calibration quality assurance & record-keeping activities | \_\_\_ Hoods for pharmaceutical preparation meet applicable standards | 2.1-3.5.8.21(3) |
| (b)  | \_\_\_ space provided for storage of radionuclides chemicals for preparation dose calibrators & records |  |  |
| (2)  | \_\_\_ floors & walls be constructed of easily decontaminated materials |  |  |
| 2.1-3.5.8.22 | \_\_\_ Hot lab for nuclear imaging services [ ]  check if not included in project  |  |  |
|  | \_\_\_ securable area or room for storage & dosage of radiopharmaceuticals | Ventilation:\_\_\_ Min. 6 air changes per hour | Table 8-2 |
| (2)  | \_\_\_ hot lab shielded according to manufacturer’s technical specifications\_\_\_ manufacturer’s specifications have been submitted to DPH  | \_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
| (3)(a)  | \_\_\_ source storage area |  |  |
| (3)(b)  | \_\_\_ dose storage area |  |  |
| (3)(c)  | \_\_\_ storage area for syringe shields |  |  |
| (3)(d)  | \_\_\_ emergency eyewash & shower |  |  |
|  |  |  |  |
| 2.1-3.5.9 | **SUPPORT AREAS FOR IMAGING SERVICES STAFF** |  |  |
| 2.1-3.5.9.1 | \_\_\_ Staff lounge |  |  |
| (1)  | \_\_\_ readily accessible\* to imaging suite |  |  |
|  |  |  |  |
| (2)  | \_\_\_ Provisions for securing staff belongings |  |  |
|  |  |  |  |
| 2.1-3.5.9.2 | Staff toilet room: |  |  |
|  | \_\_\_ imaging suite has fewer than 3 imaging rooms\_\_\_ staff toilet room adjacent to staff lounge**or**\_\_\_ imaging suite has 3 or more imaging rooms \_\_\_ staff toilet room adjacent to staff lounge\_\_\_ staff toilet room immediately accessible\* to imaging suite | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
|  |  |  |  |
| 2.1-3.5.10 | **SUPPORT AREAS FOR IMAGING PATIENTS** |  |  |
|  |  |  |  |
| 2.1-3.5.10.2 | \_\_\_ Patient toilet rooms \_\_\_ handwashing stations | Ventilation:\_\_\_ Min. 4 air changes per hour | Table 8-2 |
| (1) | \_\_\_ immediately accessible to waiting areas & patient changing rooms | \_\_\_ Exhaust\_\_\_ Negative pressure |  |
|  |  | \_\_\_ No recirculating room units |  |
| (2)  |  Toilet rooms for imaging rooms: |  |  |
| (a) | \_\_\_ patient toilet room directly accessible from imaging room [ ]  check if not included in project  | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust | Table 8-2 |
|  | (only if the procedures performed do not require patient access to toilets) | \_\_\_ Negative pressure\_\_\_ No recirculating room units |  |
| (b) | \_\_\_ each patient toilet room serves only one imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ patient toilet room serves more than one imaging room |  |  |
| (c) | \_\_\_ shared toilet rooms have interlocking door access hardware |  |  |
|  |  |  |  |
| (3)  | \_\_\_ Toilet rooms for nuclear imaging patients[ ]  check if not included in project (only if Nuclear Imaging services are not included) |  |  |
| (a)  | \_\_\_ immediately accessible\* to waiting areas \_\_\_ immediately accessible\* to nuclear imaging rooms | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
| (b)  | \_\_\_ dedicated “hot” toilet rooms for dosed nuclear imaging patients  | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
| **2.1-3.5.10.3** | **\_\_\_ Patient changing rooms**[ ]  **check if not included in project**  |  |  |
| (1) | \_\_\_ located adjacent\* to imaging rooms |  |  |
| (2) | \_\_\_ each room has seat or bench & mirror |  |  |
| (3)  | \_\_\_ means for individual lockable storage for patient clothing & valuables \_\_\_ immediately accessible to changing rooms |  |  |
| **2.1-3.5.10.4** | **\_\_\_ Patient waiting room or area** |  |  |
| (1) | \_\_\_ waiting room or area for patients receiving imaging services |  |  |
| (a) (b) (c) | \_\_\_ access to toilet facilities\_\_\_ access to drinking water\_\_\_ access to public communications services |  |  |
| (2) | \_\_\_ Sub-waiting areas[ ]  check if not included in project  |  |  |
| (a)  | \_\_\_ provision of sub-waiting areas for individual modalities  |  |  |
|  | **or** |  |  |
|  | \_\_\_ sharing of waiting areas among similar modalities |  |  |
| (b) | \_\_\_ sub-waiting areas separated from unrelated traffic \_\_\_ under staff control |  |  |
| (3) (b) | \_\_\_ Low-level hot patient waiting area[ ]  check if not included in project(only if medical physicist report indicates it is not necessary) |  |  |
| (a) | \_\_\_ sub-waiting area to isolate patients with low levels of radiation (low-level hot) |  |  |
|  |  |  |  |
| 2.3-4.4 | **LINEN SERVICES** |  |  |
| 2.1-4.4.2 | \_\_\_ Dedicated on-site linen processing area[ ]  check if not included in project (only if linen is processed off-site) |  |  |
| 2.1-4.4.2.1(1)  | \_\_\_ area large enough to accommodate washer dryer & any plumbing equipment needed to meet temperature requirements |  |  |
| 2.1-4.4.2.1(2) | \_\_\_ area divided into distinct soiled area (sorting & washing) & clean area (drying & folding)  |  |  |
| 2.1-4.4.2.2 | \_\_\_ storage for laundry supplies |  |  |
| 2.1-4.4.2.3 | \_\_\_ clean linen storage |  |  |
| 2.1-4.4.2.4 | \_\_\_ handwashing station |  |  |
| 2.1-4.4.3 | \_\_\_ Support areas for outpatient facilities using off-site laundry services [ ]  check if not included in project (only if linen is processed on-site) |  |  |
| 2.1-4.4.3.1 | \_\_\_ soiled linen holding area or dedicated area for soiled laundry carts |  |  |
| 2.1-4.4.3.2 | \_\_\_ clean linen storage area or dedicated area for clean linen carts |  |  |
| 2.3-5.1 | **MATERIALS MANAGEMENT** |  |  |
| 2.1-5.1.2 | \_\_\_ Receiving facilities |  |  |
|  | \_\_\_ unpacking or box breakdown area accessible from designated delivery door |  |  |
| 2.1-5.1.3 | \_\_\_ Service entrance[ ]  check if not included in project  |  |  |
|  | \_\_\_ protected from inclement weather |  |  |
|  |  |  |  |
| 2.3-5.3 | **ENVIRONMENTAL SERVICES** |  |  |
| 2.1-5.3.1 | \_\_\_ 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) 2.1-5.3.1.1(2) | \_\_\_ min. one environmental services room per floor\_\_\_ additional ES rooms provided on floor according to needs of areas served | Ventilation:\_\_\_ Min. 6 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure | Table 8-2 |
| 2.1-5.3.1.2(1)  | \_\_\_ service sink or floor-mounted mop sink | \_\_\_ No recirculating room units |  |
| 2.1-5.3.1.2(2)  | \_\_\_ provisions for storage of supplies & housekeeping equipment |  |  |
| 2.1-5.3.1.2(3)  | \_\_\_ handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.1-5.4.2.1 | \_\_\_ Equipment rooms for HVAC telecom & electrical equipment |  |  |
| 2.1-5.4.2.2 | \_\_\_ secured with controlled access |  |  |
| 2.1-5.4.3 | \_\_\_ Building maintenance supplies & equipment storage room |  |  |
|  |  |  |  |
| 2.3-5.4 | **ENGINEERING & MAINTENANCE SERVICES** |  |  |
| 2.1-5.4.2.1 | \_\_\_ Equipment rooms for HVAC telecom & electrical equipment |  |  |
| 2.1-5.4.2.2 | \_\_\_ secured with controlled access |  |  |
| 2.1-5.4.3 | \_\_\_ Building maintenance supplies & equipment storage room |  |  |
|  |  |  |  |
| 2.1-6.2 | **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 |  |  |
|  |  |  |  |
| 2.1-6.2.4 | \_\_\_ Public toilet room |  |  |
| 2.1-6.2.4.2 |  (may be located off public corridor in multi-tenant building) |  |  |
| 2.1-6.2.4.1 | \_\_\_ readily accessible\* from waiting area without passing through patient care or staff work areas | Ventilation:\_\_\_ Min. 4 air changes per hour\_\_\_ Exhaust\_\_\_ Negative pressure\_\_\_ No recirculating room units | Table 8-2 |
| 2.1-6.2.5 | \_\_\_ Provisions for telephone access |  |  |
|  | \_\_\_ access to make local phone calls |  |  |
| 2.1-6.2.6 | \_\_\_ Provisions for drinking water |  |  |
| 2.1-6.2.7.1 | \_\_\_ Wheelchair storage[ ]  check if not included in project  |  |  |
|  | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.1-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.1-6.3.2(2) | \_\_\_ Interview space[ ]  check if not included in project (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 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 |  |  |
| 2.1-6.3.6 | \_\_\_ Storage for office equipment & supplies |  |  |
|  |  |  |  |
| 2.1-6.4 | **SUPPORT AREAS FOR STAFF** |  |  |
| 2.1-6.4.1 | \_\_\_ Staff lounge[ ]  check if not included in project  |  |  |
|  | \_\_\_ handwashing station |  |  |
| 2.1-6.4.2 | \_\_\_ Storage for staff personal effects \_\_\_ locking drawers cabinets or lockers \_\_\_ readily accessible\* to individual work areas |  |  |
|  |  |  |  |

\*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 Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  | CORRIDOR WIDTH: |
| 2.1‑7.2.2.1IBC 1018.2 | \_\_\_ Min. 44” **or**\_\_\_ Detailed code review incorporated in Project Narrative |
| 421 CMR 6.00 | \_\_\_ Corridors include turning spaces for wheelchairs |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (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(1)(a)(b) | DOORS & DOOR HARDWARE:Door Type:\_\_\_ doors between corridors, rooms or spaces subject to occupancy swing type or sliding doors\_\_\_ sliding doors[ ]  check if not included in project |
|  | \_\_\_ manual or automatic sliding doors comply with NFPA 101\_\_\_ detailed code review incorporated in Project Narrative\_\_\_ no floor tracks |
| (2)(a) | Door Opening:\_\_\_ min. 32” clear door width\_\_\_ min. 83.5” clear door height |
| (3)  |  Door Swing: |
| (a)  | \_\_\_ doors do not swing into corridors except doors to non‑occupiable spaces (e.g environmental services rooms & electrical closets) & doors with emergency breakaway hardware |
|  |  |
| (4)  | \_\_\_ Lever hardware or push/pull latch hardware  |
| (5)  |  Doors for Patient Toilet Facilities: |
| (a) | \_\_\_ door that swings outward **or** |
|  | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)**or** |
|  | \_\_\_ sliding door other than pocket door |
| (b)  | \_\_\_ toilet room opens onto public area or corridor [ ]  check if not included in project  |
|  | \_\_\_ visual privacy is maintained |
| 2.1‑7.2.2.8 | HANDWASHING STATIONS: |
| (3)(a)  | \_\_\_ Handwashing station countertops made of porcelain stainless steel solid‑surface materials or impervious plastic laminate assembly |
| (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  |
| (1)  | \_\_\_ Rail ends return to wall or floor |
| (2)  | \_\_\_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius |
| (3)  | \_\_\_ Handrails have eased edges & corners |
| (4)  | \_\_\_ 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 |
|  |  |
| 2.1‑7.2.3 | **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 8-2 in Part 3 ASHRAE Standard 170 |
|  |  |
| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
| 2.1‑8.3.2 | **ELECTRICAL DISTRIBUTION & TRANSMISSION** |
| 2.1‑8.3.2.2 |  Panelboards: |
| (1)  | \_\_\_ all panelboards accessible to health care tenants they serve |
| (4)  | \_\_\_ panelboards not located in exit enclosures or exit passageways |
|  |  |
| 2.1‑8.3.6 | **ELECTRICAL RECEPTACLES** |
|  | \_\_\_ Receptacles in patient care areas are provided according to Table 2.1-1 |
|  |  |
| 2.1‑8.4 | **PLUMBING SYSTEMS** |
| 2.1‑8.4.2 |  Plumbing & Other Piping Systems: |
| 2.1‑8.4.2.1(3)  | \_\_\_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem  |
| 2.1‑8.4.2.5 |  Heated Potable Water Distribution Systems: |
| (2)  | \_\_\_ heated potable water distribution systems serving patient care areas are under constant recirculation \_\_\_ non‑recirculated fixture branch piping not more than 25’‑0” long |
| (3)(a) (3)(c) | \_\_\_ no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b)  | \_\_\_ any existing dead‑end piping is removed☐ check if not included in project  |
| (4)(a)  | \_\_\_ water-heating system supplies water at following range of temperatures: 105–120oF |
| 2.1‑8.4.2.6 |  Drainage Systems: |
| (1)(a)  | \_\_\_ drainage piping installed above ceiling of or exposed in electronic data processing rooms & electrical rooms have special provisions to protect space below from leakage & condensation [ ]  check if not included in project  |
| (1)(b)  | \_\_\_ drip pan for drainage piping above ceiling of sensitive area ☐ check if not included in project \_\_\_ accessible \_\_\_ overflow drain with outlet located in normally occupied area that is not open to restricted area |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1)  | \_\_\_ Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
| 2.1‑8.4.3.2 |  Handwashing Station Sinks: |
| (1)  | \_\_\_ sinks are designed with basins & faucets that will reduce risk of splashing to areas where direct patient care is provided & medications are prepared |
| (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 & during loss of normal power |
|  |  |
| 2.1‑8.7 | **ELEVATORS**[ ]  check if not included in project  |
| 2.1-8.7.3 |  Dimensions of Elevators Used for Transport of Outpatients on Gurneys: |
|  | \_\_\_ elevator cars have min. inside floor dimension of 5’-8” wide by 7’-9” deep |
| 2.1‑8.7.4 | \_\_\_ Elevators are equipped with two‑way automatic level‑maintaining device with accuracy of ± 1/4 inch |
| 2.1‑8.7.5 |  Elevator Controls: |
| 2.1‑8.7.5.1 | \_\_\_ elevator call buttons & controls not activated by heat or smoke |
| 2.1‑8.7.5.2 | \_\_\_ light beams if used for operating door reopening devices without touch are used in combination with door‑edge safety devices & are interconnected with system of smoke detectors |
| 2.1‑8.7.5.3 | \_\_\_ elevator controls alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind |