**COMPLIANCE CHECKLIST**

**OP6\_Outpatient Classes 2 & 3 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 2018 Edition of the FGI Guidelines for Design and Construction of Outpatient Facilities. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

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

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 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: |  | Patient Care Unit Bed Complements:  Current =  Proposed = |
| 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 CLASSES 2 & 3 IMAGING FACILITIES** |  |  |
|  |  |  |  |
| 2.3-1.1 | **APPLICATION** |  |  |
| 2.3-1.1.1 | Outpatient Classes 2 & 3 imaging facility that is separate from acute care hospital |  |  |
|  |  |  |  |
| 2.3-2  2.1-2.1.1.2 | **ACCOMMODATIONS FOR CARE OF PATIENTS 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 patients of size in patient areas is attached to the Project Narrative) |  |  |
| 2.1-2.1.2 | Location: |  |  |
|  | spaces designated for care of or use by patients of size are provided in locations to accommodate population expected to be served by facility |  |  |
| 2.1-2.5 | Handwashing stations |  |  |
| 2.1-2.5.2 | downward static force required for handwashing stations designated for patients of size accommodates maximum patient weight of patient population |  |  |
| 2.1-2.6 | Patient toilet room |  |  |
| 2.1-2.6.1 | expanded-capacity toilet        mounted min. 36 inches from finished wall to centerline of toilet on both sides (for caregiver assistance with lifts)  **or** | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| 2.1-2.6.2 | 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 |  |  |
|  |  |  |  |
| 2.1-2.6.3 | rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
|  |  |  |  |
| 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 & areas where care will be provided for patients of size have min. clear width of 45.5” |  |  |
| 2.1-2.10.2.2 | door openings to toilet rooms designated for patients of size have min. clear width of 45.5” |  |  |
|  |  |  |  |
| 2.3-3.2 | **GENERAL REQUIREMENTS FOR IMAGING ROOMS** |  |  |
|  |  |  |  |
| 2.1-3.5.1.2 | **Class 2** Imaging Room: |  |  |
| Table 2.1-5 | (for diagnostic & therapeutic procedures such as coronary, neurological, peripheral angiography & EP procedures) |  |  |
|  | check if not included in project |  |  |
|  | room is a semi-restricted area        accessed from unrestricted area or semi-restricted area |  |  |
|  |  |  |  |
|  | Flooring:        cleanable & wear-resistant for the location; stable, firm & slip-resistant        monolithic floor with integral coved wall base carried up the wall min. 6” | Ventilation:        Min. 15 air changes per hour        Positive pressure        No recirculating room units | Table 8.1 |
|  | Wall Finishes:        washable, free of fissures, open joints or crevices  Ceiling:        smooth & without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals | Power:        Min. 12 receptacles in total        Min. 8 receptacles convenient to table placement with at least one on each wall | Table 2.1-1 |
|  | lay-in ceiling  check if not included in project        gasketed or each ceiling tile weighs at least 1 lbs/sq. ft. | Nurse Call System:        Staff assistance station        Emergency call station | Table 2.1-3 |
|  | no perforated, tegular, serrated, or highly textured tiles | Medical Gases:        1 OX, 2 VAC        1 MA (may be portable) | Table 2.1-2 |
| 2.1-3.5.2.3(2) | Handwashing Station or Hand Scrub Facilities: |  |  |
|  | handwashing station |  |  |
| (a) | directly accessible\* to Class 2 imaging room  **or** |  |  |
| (b) | hand scrub facilities        hand scrub position directly outside entrance to Class 2 imaging room |  |  |
| 2.1‑2.8.6.3 | placement of scrub station does not restrict min. required corridor width |  |  |
| 2.1-3.5.1.2 | **Class 3** Imaging Room |  |  |
| Table 2.1-5 | (for invasive procedures, i.e. any Class 2 procedure during which patient will require physiological monitoring & is anticipated to require active life support) |  |  |
|  | check if not included in project |  |  |
|  | room is a restricted area        accessed from semi-restricted area |  |  |
|  |  |  |  |
|  | Flooring:        cleanable and wear-resistant for the location; stable, firm & slip-resistant        monolithic floor with integral coved wall base carried up the wall min. 6” | Ventilation:        Min. 20 air changes per hour        Positive pressure        No recirculating room units  Power: | Table 8.1 |
|  | Wall Finishes:        washable; free of fissures, open joints, or crevices | Min. 36 receptacles in total        Min. 12 receptacles convenient to patient table        Min. 2 on each wall | Table 2.1-1 |
|  | Ceiling:        monolithic, scrubbable, capable of withstanding cleaning & disinfecting chemicals        gasketed access openings | Nurse Call System:        Staff assistance station        Emergency call station | Table 2.1-3 |
|  |  |  |  |
| 2.1-3.5.2.3(3) | Hand Scrub Facilities: |  |  |
|  | hand scrub facilities provided directly outside entrance to Class 3 imaging rooms | Medical Gases:        2 OX, 3 VAC        1 MA (may be portable) | Table 2.1-2 |
|  | placement of scrub station does not restrict min. required corridor width |  |  |
|  |  |  |  |
| 2.1-3.5.1.3 | Radiation Protection:  check if not included in project (only if imaging equipment does not emit ionizing radiations)        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) |  |  |
|  |  |  |  |
| 2.1-3.5.3 | **COMPUTED TOMOGRAPHY (CT) FACILITIES**  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.3.1 | CT scanner room meets above requirements for Class 2 imaging rooms  **or**        CT scanner room meets above requirements for Class 3 imaging rooms |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
| (d)  (e) | control room enclosed with walls & door  check if not included in project  (only for Class 1 imaging room & where imaging room is not required to be under positive or negative pressure) |  |  |
|  |  |  |  |
| 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 |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room sized to accommodate following as indicated by imaging equipment manufacturer including clear floor area: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.3 | **FLUOROSCOPY ROOM**  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.3.1 | Fluoroscopy room meets above requirements for Class 2 imaging rooms  **or**        Fluoroscopy room meets above requirements for Class 3 imaging rooms |  |  |
| 2.1-3.5.3.2 |  |  |  |
| 2.1-3.5.1.3(1) | Shielded control alcove or room |  |  |
| (a) | Space Requirements:        sized & configured according to manufacturer’s recommendations |  |  |
| (c) | shielded view window designed to provide full view of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| (d)  (e) | control room enclosed with walls & door  check if not included in project  (only where imaging room is not required to be under positive or negative pressure) |  |  |
|  |  |  |  |
| 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 |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.4.4 | **MAMMOGRAPHY ROOM**  check if not included in project |  |  |
| 2.1-3.5.3.1 | Mammography meets above requirements for Class 2 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(1)(a) | Space Requirements:        min. clearance 3'-0" on all circulating sides of patient position |  |  |
| 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(3) | handwashing station |  |  |
|  |  |  |  |
| 2.1-3.5.4.4(4) | Changing rooms for mammography patients  check if not included in project (only if changing area 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 |  |  |
| 2.1-3.5.5 | **MAGNETIC RESONANCE IMAGING (MRI) FACILITIES**  check if not included in project |  |  |
|  |  |  |  |
| 2.1-3.5.5.1 (1) | Planning Configuration of MRI Suite:        conforms to 4-zone screening & access control protocols identified by American College of Radiology  **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, patient histories, medical insurance questions)  **Zone III**: no free access by unscreened persons or non-MRI personnel due to interactions between persons or equipment & MRI scanner  **Zone IV**: MRI scanner room where access must be supervised by MRI personnel |  |  |
|  |  |  |  |
| (2) | MRI suite as well as spaces around, above & below designed to prevent unscreened individuals from entering 5‑gauss volume around MRI equipment |  |  |
|  |  |  |  |
| (3) | Specific Support Areas for MRI Suite: |  |  |
| (a) | space for patient interviews & clinical screening |  |  |
| (b) | space for physical screening |  |  |
| (c) | ferromagnetic (only) detection & warning systems |  |  |
| (d) | access controls |  |  |
| (e) | space to accommodate site-specific clinical & operational requirements such as image-guided procedures emergent imaging or general anesthesia support  check if not included in project |  |  |
| (f) | space for containment of non-MRI-safe objects outside restricted MRI safety zones |  |  |
| (g) | space for storage (patient lockers) of patient belongings & non-MRI-safe items |  |  |
|  |  |  |  |
| (4) | Any area in which magnetic field strength is equal to or greater than 5 gauss is physically restricted by use of key locks or pass-key locking systems |  |  |
|  |  |  |  |
| 2.1-3.5.5.2 | MRI scanner room |  |  |
| 2.1-3.5.3.1 | MRI scanner room meets above requirements for Class 2 imaging rooms  **or**        MRI scanner room meets above requirements for Class 3 imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.2.3(2) | Handwashing Station or Hand Scrub Facilities: |  |  |
| 2.1-3.5.2.3(2)(a) | handwashing station |  |  |
|  | directly accessible\* to Class 2 MRI scanner room  **or** |  |  |
| 2.1-3.5.2.3(2)(b) | hand scrub facilities        hand scrub position directly outside entrance to Class 2 or Class 3 imaging room |  |  |
| 2.1‑2.8.6.3 | placement of scrub station does not restrict min. required corridor width |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space Requirements: |  |  |
| (1) | imaging rooms sized & configured to comply w/ manufacturer recommendations        installation plans from manufacturer have been submitted to DPH Plan Review | Cryogen Venting System:        Emergency exhaust provided in accordance with equipment manufacturer specifications | 2.1-3.5.5.3 |
| (2)(a) | min. clearance 4’-0” on all circulating sides of patient table gantry or assembly | Passive pressure relief provided in accordance with equipment manufacturer specifications |  |
| 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) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/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 of examination/ procedure table & patient at all times including full view of patient during imaging activities (use of additional closed-circuit video monitoring permitted) |  |  |
|  |  |  |  |
| 2.1-3.5.1.3(1)  (d)  2.1-3.5.1.3(1)  (e) | control room enclosed with walls & door  check if not included in project  (only where imaging room is not required to be under positive or negative pressure) |  |  |
|  |  |  |  |
| 2.1-3.5.5.5 | Control vestibule |  |  |
| (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. 6 air changes per hour | Table 8.1 |
| 2.1-3.5.5.7 |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.5.8 | Equipment Installation Requirements: |  |  |
| (1) | power conditioning and/or uninterruptible power supply provided as indicated by MRI manufacturer’s power requirements & specific facility conditions |  |  |
| (2) | radiofrequency (RF) shielding provided for clinical MRI installations to attenuate stray radio frequencies that could interfere with MRI imaging process |  |  |
| (3) | magnetic shielding  check if not included in project (only  if magnetic field hazards or interferences are adequately controlled through facility planning)        assessed by certified physicist |  |  |
|  |  |  |  |
| 2.1-3.5.5.9 | Special Design Elements for MRI Scanner Room: |  |  |
| (1)(a) | ferromagnetic materials that may become detached or otherwise interfere with operation of MRI scanner are not used in MRI scanner rooms |  |  |
| (1)(b) | MRI scanner room be located and/or shielded to avoid electromagnetic interference from elevators or other electromagnetic equipment |  |  |
| (2)(a) | floor structure designed to support weight of MRI scanner equipment minimize disturbance to MRI magnetic field & mitigate disruptive environmental vibrations |  |  |
| (2)(b) | MRI rooms be marked with lighted sign with red light to indicate that magnet is always on |  |  |
| (2)(c) | acoustic control provided to mitigate noise emitted by MRI scanner per Table 1.2-6 |  |  |
|  |  |  |  |
| 2.1-3.5.7 | **NUCLEAR IMAGING SERVICES**  check if not included in project |  |  |
| 2.1-3.5.7.1 |  |  |  |
| 2.1-3.5.3.1 | Nuclear imaging room meets above requirements for Class 2 imaging rooms  **or**        Nuclear imaging room meets above requirements for Class 3 imaging rooms |  |  |
|  |  |  |  |
| 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 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 |  |  |
|  |  |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 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 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) | PET scanner room |  |  |
| 2.1-3.5.3.1 | PET scanner room meets above requirements for Class 2 imaging rooms  **or**        PET scanner room meets above requirements for Class 3 imaging rooms |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(2)  (b) | handwashing station |  |  |
| (3)(b) | control room (may serve more than one PET scanner room) |  |  |
| 2.1-3.5.3.3 |  |  |  |
| 2.1-3.5.2.5 | system component room  check if not included in project |  |  |
| (1) | Location: |  |  |
| (a) | accessed only from unrestricted or semi-restricted space outside imaging room |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer:: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 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 waste        directly accessible\* or adjacent\* to uptake/cool-down room | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
|  |  |  |  |
| 2.1-3.5.7.4 | Single-photon emission computed tomography room (SPECT) |  |  |
|  |  |  |  |
| 2.1-3.5.3.1 | SPECT scanner room meets above requirements for Class 2 imaging rooms  **or**        SPECT scanner room meets above requirements for Class 3 imaging rooms |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.7.4(2) | handwashing station |  |  |
| 2.1-3.5.2.5 | System component room  check if not included in project |  |  |
| (2) | Space Requirements:        room size accommodates equipment listed below as indicated by imaging equipment manufacturer:: |  |  |
| (a) | transformers |  |  |
| (b) | power distribution equipment |  |  |
| (c) | power conditioning/UPS equipment |  |  |
| (d) | computers |  |  |
| (e) | associated electronics & electrical gear |  |  |
|  |  |  |  |
| 2.1-3.5.8.15(2) | **PRE- & POST-PROCEDURE PATIENT CARE AREA FOR CLASS 2 OR 3 IMAGING ROOMS:**  check if Class 2 & Class 3 imaging rooms are not included in project |  |  |
| (3) | (may be shared with adjacent\* surgical services) |  |  |
|  |  |  |  |
| 2.1‑3.4.1.1 | Patient care stations accommodate lounge chairs, gurneys or beds for pre‑ & post‑procedure (recovery) patient care        Patient care stations accommodate seating space for family/visitors |  |  |
| 2.1‑3.4.1.2 | Location in unrestricted area |  |  |
|  |  |  |  |
| 130.960(B) | Cardiac Catheterization & Electrophysiology:  check if not included in project        patient recovery area directly accessible\* from the procedure room |  |  |
|  |  |  |  |
| 2.1‑3.4.1.3(2) | Layout: |  |  |
| (a) | combination of pre‑ & post‑procedure patient care stations in one patient care area        patient care stations combined in same area meet most restrictive requirements of areas to be combined  **or** |  |  |
| (b) | separate pre‑procedure patient care area & post‑procedure recovery area        patient care stations combined in same area meet most restrictive requirements of areas to be combined  **or** |  |  |
| (c) | three areas: pre‑procedure patient care area Phase I post‑anesthetic care unit (PACU) & Phase II recovery area |  |  |
|  |  |  |  |
| 2.1‑3.4.1.4 | Number of Patient Care Stations: |  |  |
| (1) | pre‑ & post‑procedure patient care stations are combined into one patient care area  check if not included in project        at least two patient care stations for each Class 2 & Class 3 imaging room |  |  |
|  |  |  |  |
| (2) | separate pre‑procedure & recovery areas  check if not included in project |  |  |
| 2.1‑3.4.3 | pre‑procedure patient care room or area provides minimum of one patient care station per imaging room |  |  |
| 2.1‑3.4.4 | Phase I post‑anesthetic care unit (PACU) provides minimum of one Phase I patient care station per Class 3 imaging room |  |  |
| 2.1‑3.4.5 | Phase II recovery room(s) or area |  |  |
|  | min. one Phase II patient care station per Class 2 or Class 3 imaging room |  |  |
|  |  |  |  |
| 2.1‑3.4.2.2 | Space Requirements: |  |  |
| (2)(a) | patient care bays  check if not included in project |  |  |
|  | min. clearance 5’‑0” between sides of patient beds/gurneys/lounge chairs | Ventilation:        Min. 6 air changes per hour        No recirculating room units | Table 8.1 |
|  | min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions | Power:        Min. 8 receptacles in total        convenient to head of gurney or bed | Table 2.1-1 |
|  | min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | Nurse Call System:        Patient station        Staff assistance station        Emergency call station | Table 2.1-3 |
|  |  | Medical Gases:        1 OX, 3 VAC per station | Table 2.1-2 |
| (2)(b) | patient care cubicles  check if not included in project |  |  |
|  | min. clearance 3’‑0” between sides of patient beds/gurneys/lounge chairs & adjacent\* walls or partitions | Ventilation:        Min. 6 air changes per hour        No recirculating room units | Table 8.1 |
|  | min. clearance 2’‑0” between foot of patient beds/gurneys/lounge chairs & cubicle curtain | Power:        Min. 8 receptacles in total        convenient to head of gurney or bed | Table 2.1-1 |
|  |  | Nurse Call System:        Patient station        Staff assistance station        Emergency call station | Table 2.1-3 |
|  |  | Medical Gases:        1 OX, 3 VAC per station | Table 2.1-2 |
|  | bays or cubicles face each other  check if not included in project        aisle with min. clearance 8’‑0” independent of foot clearance between patient stations or other fixed objects |  |  |
| (2)(c) | single‑patient rooms  check if not included in project        min. clearance 3’‑0” between sides & foot of beds/gurneys/lounge chairs & adjacent\* walls or partitions | Ventilation:        Min. 6 air changes per hour        No recirculating room units | Table 8.1 |
|  |  | Power:        Min. 8 receptacles in total        convenient to head of gurney or bed | Table 2.1-1 |
|  |  | Nurse Call System:        Patient station        Staff assistance station        Emergency call station | Table 2.1-3 |
|  |  | Medical Gases:        1 OX, 3 VAC per station | Table 2.1-2 |
| 2.1‑3.4.2.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.1‑3.4.2.5 | Handwashing stations |  |  |
| 2.1‑2.8.7.1 | located in each room where hands‑on patient care is provided |  |  |
| 2.1‑2.8.7.3 | handwashing station serves multiple patient care stations  check if not included in project |  |  |
| (1) | at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof |  |  |
| (2) | handwashing stations evenly distributed |  |  |
|  |  |  |  |
| 2.1‑3.4.4.2 | At least one route of patient transport provides direct access from semi‑restricted area of surgical suite to Phase I recovery area without crossing public corridors |  |  |
|  |  |  |  |
| 2.1‑3.4.4.3 | Design of Phase I recovery area provides observation of all patient care stations from nurse station |  |  |
|  |  |  |  |
| 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 |  |  |
| 2.1‑2.8.3.1 | work surface to support documentation process |  |  |
| 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. 4 air changes per hour | Table 8.1/ |
|  | handwashing station | Lighting: | Policy |
|  | 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  (2) | Clean workroom or clean supply room  (may be shared with other clinical services) |  |  |
| (1) | readily accessible\* to imaging rooms |  |  |
| 2.1‑2.8.11.2 | clean workroom        used for preparing patient care items | Ventilation:        Min. 4 air changes per hour | Table 8.1 |
| (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. 4 air changes per hour        Positive pressure | Table 8.1 |
|  |  |  |  |
| 2.1-3.5.8.12 | Soiled workroom or soiled holding room |  |  |
|  |  |  |  |
| 2.1‑2.8.12.2 | soiled workroom | Ventilation:        Min. 10 air changes per hour | Table 8.1 |
| (1)(a) | handwashing station | Exhaust |  |
| (1)(b) | flushing‑rim clinical service sink with bedpan‑rinsing device or equivalent flushing‑rim fixture | Negative pressure        No recirculating room units |  |
| (1)(c) | work counter |  |  |
| (1)(d) | space for separate covered containers for waste & soiled linen |  |  |
| (2) | fluid management system is used  check if not included in project |  |  |
| (a) | electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | space for docking station  **or** |  |  |
| 2.1‑2.8.12.3 | soiled holding room | Ventilation:        Min. 10 air changes per hour | Table 8.1 |
| (1) | handwashing station or hand sanitation station | Exhaust        Negative pressure |  |
| (2) | space for separate covered containers for waste & soiled linen | No recirculating room units |  |
|  |  |  |  |
| 2.1-3.5.8.12(2) | 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 |  |  |
|  | storage area for clean linen |  |  |
|  | handwashing station provided in clean linen storage area |  |  |
|  |  |  |  |
| 2.1-3.5.8.14  (2) | Environmental services room  (may be shared with other clinical services) |  |  |
| (1) | immediate access to imaging suite |  |  |
| 2.1‑2.8.14.2 |  |  |  |
| (1) | service sink or floor‑mounted mop sink |  |  |
| (2) | provisions for storage of supplies & housekeeping equipment | Ventilation:        Min. 10 air changes per hour | Table 8.1 |
| (3) | handwashing station  **or**        hand sanitation station | Exhaust        Negative pressure        No recirculating room units |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.17 | Image management system |  |  |
| (1) | space provided for digital image management system to be used for image acquisition & transmission |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.21 | Radiopharmaceutical production pharmacy  check if not included in project |  |  |
|  | radiopharmacy provided with appropriate shielding |  |  |
| (1) | Space Requirements: |  |  |
| (a) | space provided for dose calibration quality assurance & record-keeping activities |  |  |
| (b) | space provided for storage of radionuclides for preparation dose calibrators & records | Ventilation:        Hoods for pharmaceutical preparation | 2.1-3.5.8.21 (3) |
| (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: |  |
| (2) | hot lab shielded according to manufacturer’s technical specifications        manufacturer technical specifications have been submitted to DPH | Min. 6 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| (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 |  |  |
| (2) | fewer than 3 imaging rms in imaging suite        staff toilet room readily accessible\* to imaging suite  **or**        3 or more imaging rms in imaging suite        staff toilet room immediately accessible\* to imaging suite | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| 2.1-3.5.9.4 | Staff changing area  (may be shared with surgery services) |  |  |
| 2.2-3.3.9.4(1) | staff changing area with one or more private changing rooms or areas provided for male & female staff |  |  |
| 2.2-3.3.9.4(2) |  |  |  |
| (a) | lockers |  |  |
| (b) | showers |  |  |
| (c) | toilets | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| (d) | handwashing stations |  |  |
| (e) | space for donning & doffing surgical attire |  |  |
| (f) | provision for separate storage of clean & soiled surgical attire |  |  |
|  |  |  |  |
| 2.1-3.5.10 | **SUPPORT AREAS FOR IMAGING PATIENTS** |  |  |
| 2.1-3.5.10.1 | Patient waiting room or area | Ventilation: |  |
| (1)  (2) | screened & separated from unrelated traffic        under staff control        seating capacity accommodates maximum expected patient volume | X-ray imaging rooms served        min. 12 air changes per hr        exhaust or recirculation through HEPA filter        negative pressure  **or**        no X-ray imaging rooms served  **or**        ICRA attached to Project Narrative indicates that no special measures are needed to reduce risk of airborne infection transmission | Table 8.1  2.1-3.5.10.1(5) |
| (4) | Sub-Waiting Areas:  check if not included in project |  |  |
|  | provision of waiting areas for individual imaging modalities or sharing of waiting areas among similar modalities        located adjacent\* to imaging rooms |  |  |
|  |  |  |  |
| 2.1-3.5.10.2 | Patient toilet rooms |  |  |
| (1) | immediately accessible\* to waiting areas        immediately accessible\* to changing rooms        handwashing stations | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| (3) | Toilet rooms for nuclear imaging patients  check if not included in project (only if nuclear imaging is not provided) |  |  |
| (a) | immediately accessible\* to waiting areas        immediately accessible\* to nuclear imaging rooms | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| (b) | Dedicated “hot” toilet rooms for dosed nuclear imaging patients | Ventilation:        Min. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| 2.1-3.5.10.3 | Patient changing rooms  check if not included in project |  |  |
| (1) | located adjacent\* to imaging rooms |  |  |
| (2) | each room includes seat or bench & mirror |  |  |
| (3) | provisions for hanging patient clothing & securing valuables located either in patient changing room or in shared secured storage |  |  |
|  |  |  |  |
|  | **STERILE PROCESSING**  check if not included in project |  |  |
|  | Compliance Checklist OP4 has been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.3-4.3 | **STERILE PROCESSING** |  |  |
| 2.7-4.3.2 | Facilities for on-site sterile processing  check if not included in project |  |  |
|  | Compliance Checklist OP4 has been submitted |  |  |
|  |  |  |  |
| 2.7-4.3.3 | Support areas for facilities using off-site sterile processing  check if not included in project (only if sterile processing is performed on-site) |  |  |
| 2.1-4.3.3.1 | room for breakdown (receiving/unpacking) of clean/sterile supplies |  |  |
| 2.1-4.3.3.2 | room for on-site storage of clean & sterile supplies |  |  |
| 2.1-4.3.2.4(1) | storage for sterile & clean instruments & supplies |  |  |
| (a) | separate equipment & supply storage room  **or**        designated equipment & supply storage area in clean workroom | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Positive pressure | Table 8.1 |
|  |  |  |  |
| (b) | space for case cart storage  check if not included in project (only if case carts are not used) |  |  |
| (c) | provisions to maintain humidity & temperature levels |  |  |
|  |  |  |  |
| 2.1-4.3.3.3 | room with flush-type device for gross decontamination & holding of soiled instruments |  |  |
| 2.1-3.8.12.1 | does not have direct connection with clean workrooms or clean supply rooms |  |  |
| 2.1-3.8.12.2(1) |  |  |  |
| (a) | handwashing station | Ventilation: |  |
| (b) | flushing-rim clinical service sink or equivalent flushing-rim fixture | Min. 10 air changes per hour        Exhaust | Table 8.1 |
| (c) | work counter | Negative pressure |  |
| (d) | space for separate covered containers for waste & soiled linen | No recirculating room units |  |
|  |  |  |  |
| (2) | fluid management system  check if not included in project |  |  |
| (a) | electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | space for docking station |  |  |
|  |  |  |  |
| 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) | min. one environmental services room per floor | Ventilation:        Min. 10 air changes per hour        Exhaust | Table 8.1/ Policy |
| 2.1-5.3.1.2(1) | service sink or floor-mounted mop sink | Negative pressure |  |
| 2.1-5.3.1.2(2) | provisions for storage of supplies & housekeeping equipment | No recirculating room units |  |
| 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. 10 air changes per hour        Exhaust        Negative pressure        No recirculating room units | Table 8.1 |
| 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 a doorway, pass-through, or other opening without going through an intervening room or public space

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

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

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

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 2.1‑7.2.2 | **ARCHITECTURAL DETAILS** |
|  | CORRIDOR WIDTH: |
| 2.1‑7.2.2.1  IBC 1018.2 | Min. 44”  **or**        Detailed code review incorporated in Project Narrative |
|  |  |
| 421 CMR 6.00 | Corridors include turning spaces for wheelchairs |
| (2) | Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0” |
| 2.1‑7.2.2.2 | CEILING HEIGHT: |
| (2)  (4) | Min. height 7’‑0” in radiography, procedure, operating rooms from floor to lowest protruding element of equipment or fixture in stowed position        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. 34” clear door width        min. 83.5” clear door height |
|  |  |
| (b) | Rooms with Gurney Access: |
|  | 41.5” min. clear door width |
|  | 79.5” min. 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 |
| (2) | Rail ends return to wall or floor |
| (3) | Handrail gripping surfaces & fasteners are smooth with 1/8‑inch min. radius |
| (4) | Handrails have eased edges & corners |
| (5) | Handrail finishes are cleanable |
| 2.1‑7.2.2.11 | RADIATION PROTECTION:  check if no radiation emitting equipment is included in project |
|  | Protection for X‑ray installations are shown in the plans        Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program |
| 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 |
| (6)(a) | Floors are monolithic & integral coved wall bases are at least 6” high & tightly sealed to wall in Class 2 & Class 3 imaging rooms |
| 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) | Semi‑Restricted Areas:  check if not included in project |
| (a) | ceiling finishes are scrubbable, non absorptive, non perforated, & capable of withstanding cleaning with chemicals |
| (b) | lay‑in ceilings        gasketed or each ceiling tile weighs at least 1 Lbs/sq. ft. |
| (c) | no perforated tegular serrated or highly textured tiles in semi‑restricted areas |
|  | **or**        ceilings of monolithic construction |
|  |  |
| (3) | Restricted Areas:  check if not included in project |
| (a) | ceilings of monolithic construction (except for central diffuser array) |
| (b) | ceiling finishes scrubbable & capable of withstanding cleaning & disinfecting chemicals |
| (c) | access openings are gasketed |
|  |  |
| 2.1‑7.2.4.3 | Privacy curtains in patient care areas are washable |
|  |  |
| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |

|  |  |
| --- | --- |
| Part 3/6.1 | UTILITIES: |
| Part 3/6.1.1 | Ventilation Upon Loss of Electrical Power:        space ventilation & pressure relationship requirements of Table 8.1 are maintained for AII Rooms & Operating Rooms in event of loss of normal electrical power  check if not included in project |
| Part 3/6.1.2 | Heating & Cooling Sources: |
| Part 3/6.1.2.1 | heat sources & essential accessories sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance |
|  | capacity of remaining source or sources is sufficient to provide heating for operating rooms & recovery rooms |
| Part 3/6.1.2.2 | Central cooling systems greater than 400 tons (1407 kW) peak cooling load  check if not included in project        cooling sources & essential accessories sufficient to support facility operation plan upon breakdown or routine maintenance of any one of cooling sources |
|  |  |
| Part 3/6.2 | AIR-HANDLING UNIT (AHU) DESIGN: |
| Part 3/6.2.1 | AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance |
| . |  |
| Part 3/6.3 | OUTDOOR AIR INTAKES & EXHAUST DISCHARGES: |
| Part 3/6.3.1 | Outdoor Air Intakes: |
| 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 |
|  |  |
| Part 3/6.3.1.3 | intakes on top of buildings  check if not included in project        located with bottom of air intake min. of 3’-0” above roof level |
|  |  |
| Part 3/6.3.1.4 | intake in areaway  check if not included in project        bottom of areaway air intake opening is at least 6’-0” above grade        bottom of air intake opening from areaway into building is at least 3’-0” above bottom of areaway |
|  |  |
| Part 3/6.3.2 | Contaminated Exhaust Discharges:  check if not included in project |
| Part 3/6.3.2.1 | ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms or HD sterile compounding pharmacy) |
|  | exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building |
| Part 3/6.3.2.2 | exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10 feet above adjoining roof level |
|  | exhaust discharge outlets from laboratory work area chemical fume hoods discharge with stack velocity of at least 2500 fpm |
|  | exhaust discharge outlets from AII rooms bronchoscopy & sputum collection exhaust & laboratory work area chemical fume hoods is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| Part 3/6.4 | FILTRATION: |
|  | Two filter banks for operating rooms, ambulatory diagnostic & therapeutic radiology (see Table 6.4)        Filter Bank No. 1: MERV 7        Filter Bank No. 2: MERV 14        All other outpatient spaces one filter bank MERV 7        One filter bank MERV 13 for laboratories        Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed |
|  |  |
| Part 3/6.4.1 | Filter Bank No. 1 placed upstream of heating & cooling coils |
| Part 3/6.4.2 | Filter Bank No. 2 placed downstream of all wet-air cooling coils & supply fan |
|  |  |
| Part 3/6.5 | HEATING & COOLING SYSTEMS: |
| Part 3/6.5.3 | Radiant heating systems  check if not included in project        ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room, OR or procedure room |
| Part 3/6.7 | AIR DISTRIBUTION SYSTEMS: |
| Part 3/6.7.1 | Maintain pressure relationships required in tables 7.1 in all modes of HVAC system operation        Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems        Recovery rooms are served by fully ducted return or exhaust systems |
|  |  |
| Part 3/6.7.2 | Air Distribution Devices: |
|  | supply air outlets comply with Table 6.7.2 |
|  |  |
| Part 3/6.7.3 | Smoke Barriers:        HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers. |
|  |  |
| Part 3/6.8 | ENERGY RECOVERY SYSTEMS:  check if not included in project |
| Part 3/6.8.1 | Located upstream of Filter Bank No. 2 |
| Part 3/6.8.2 | AII room exhaust systems are not used for energy recovery |
|  |  |
| Part 3/6.8.3 | Energy recovery systems with leakage potential  check if not included in project        arranged to minimize potential to transfer exhaust air directly back into supply airstream        designed to have no more than 5% of total supply airstream consisting of exhaust air        not used from these exhaust airstream sources: waste anesthesia gas disposal, endoscope cleaning, central medical & surgical supply, soiled or decontamination room |
|  |  |
| Part 3/7 | SPACE VENTILATION: |
| Part 3/7.1.a  Part 3/7.1.a.1 | Complies with Table 8.1        Air movement is from clean to less-clean areas |
|  |  |
| Part 3/7.1.a.3 | Min. number of total air changes required for positive pressure rooms is provided by total supply airflow        Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow |
| Part 3/7.1.a.4 | Entire minimum outdoor air changes per hour required by Table 8.1 for each space meet filtration requirements of Section 6.4 |
|  |  |
| Part 3/7.1a.5 | Air recirculation through room unit  check if not included in project        complies with Table 8.1 |
|  | room unit receive filtered & conditioned outdoor air        serve only a single space |
|  | provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered |
|  |  |
| Part 3/7.2 | ADDITIONAL ROOM-SPECIFIC REQUIREMENTS: |
| Part 3/7.2.1 | Airborne Infection Isolation (AII) Rooms  check if not included in project |
|  | AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor        Local visual means is provided to indicate whenever negative differential pressure is not maintained |
|  | Air from AII room is exhausted directly to outdoors |
|  | Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system |
|  | Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed |
|  |  |
|  | Anteroom  check if not included in project        AII room is at negative pressure with respect to anteroom        Anteroom is at negative pressure with respect to corridor |
|  |  |
| Part 3/7.4.1 | Class 3 Imaging Rooms  check if not included in project |
|  | Each IR has individual temperature control        IR is provided with primary supply diffuser array designed as follows: |
|  | airflow is unidirectional downwards & average velocity of diffusers is 25 to 35 CFM/ft2        diffusers are concentrated to provide airflow pattern over patient & surgical team |
|  | coverage area of primary supply diffuser array extends min. 12” beyond footprint of surgical table on each side        no more than 30% of portion of primary supply diffuser array is used for non-diffuser uses |
|  | additional supply diffusers provided within room outside of primary supply diffuser array  check if not included in project |
|  | each IR has at least two low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible with bottom of these grilles installed approximately 8” above floor |
|  |  |
| Part 3/7.4.3 | Imaging Procedure Rooms  check if not included in project |
|  | Anesthetic gases are administered        ventilation requirements for operating rooms are met  **or**        No anesthetic gases are administered |
|  |  |

|  |  |
| --- | --- |
| 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 |
| (2) | panelboard serving critical branch circuits serve floors on which they are located |
| (3) | panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below |
| (4) | panelboards not located in exit enclosures or exit passageways |
|  |  |
| 2.1‑8.3.2.3 | Ground‑Fault Circuit Interrupters in Critical Care Areas:  ☐ check if not included in project |
| (2) | each receptacle individually protected by single GFCI device |
|  |  |
| 2.1-8.3.3 | **POWER-GENERATING & -STORING EQUIPMENT** |
| 2.1-8.3.3.1 | Essential electrical system or emergency electrical power |
| (1) | essential electrical system complies with NFPA 99 |
| (2) | emergency electrical power complies with NFPA 99 |
|  |  |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 | Handwashing sinks & scrub sinks that depends on building electrical service for operation are connected to essential electrical system |
|  |  |
| 2.1‑8.3.6 | **ELECTRICAL RECEPTACLES** |
|  | Receptacles in patient care areas are provided according to Table 2.1-1 |
|  |  |
| 2.1‑8.4 | **PLUMBING SYSTEMS** |
| 2.1‑8.4.2 | Plumbing & Other Piping Systems: |
| 2.1‑8.4.2.1(3) | no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem |
| 2.1‑8.4.2.5 | Heated Potable Water Distribution Systems: |
| (2) | heated potable water distribution systems serving patient care areas are under constant recirculation        non‑recirculated fixture branch piping length max. 25’‑0” |
| (3)(a)  (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 rooms listed below piping have special provisions to protect space below from leakage & condensation   * sterile processing facilities * Class 2 & 3 imaging rooms, * electronic data processing areas * electrical rooms |
| (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) | Floor Drains: |
| (a) | no floor drains in Class 2 & 3 imaging rooms |
|  |  |
| 2.1‑8.4.3 | **PLUMBING FIXTURES** |
| 2.1‑8.4.3.1(1) | Materials used for plumbing fixtures are non‑absorptive & acid‑resistant |
|  |  |
| 2.1‑8.4.3.2 | Handwashing Station Sinks: |
| (1) | sinks are designed with basins that will reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & 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 min. 10” above bottom of basin |
| (7) | anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied |
| (8) | sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single‑lever or wrist blade devices) |
| (a) | blade handles  ☐ check if not included in project        at least 4 inches in length |
|  | provide clearance required for operation |
| (b) | sensor‑regulated water fixtures  check if not included in project |
|  | meet user need for temperature & length of time water flows |
|  | designed to function at all times and during loss of normal power |
| 2.1‑8.4.3.4 | Ice‑Making Equipment:        copper tubing provided for supply connections to ice‑making equipment |
| 2.1‑8.4.3.5 | Clinical Flushing-Rim Sinks: |
| (1)  (a) | trimmed with valves that can are operated without hands (may be single‑lever or wrist blade devices) |
| (b) | handles are at least 6 in. long |
| (2) | integral trap wherein upper portion of water trap provides visible seal |
| 2.1‑8.4.3.6 | Scrub Sinks: |
| (1) | freestanding scrub sinks are trimmed with foot, knee or electronic sensor controls |
| (2) | no single‑lever wrist blades except for temperature pre‑set valve |
|  |  |
| 2.1‑8.4.4 | **MEDICAL GAS & VACUUM SYSTEMS** |
|  | Station outlets provided as indicated in Table 2.1‑2 |
| 2.1‑8.5.1 | **CALL SYSTEMS** |
| 2.1‑8.5.1.1(1) | Nurse call stations provided as required in Table 2.1‑3 |
|  |  |
| 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: |
|  | min. interior car dimensions 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 |
|  |  |