**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 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: |  | 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 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 the Project Narrative) |  |  |
| 2.1-2.1.2 | Location: |  |  |
|  | \_\_\_ spaces designated for care of or use by individuals of size are provided in locations to accommodate population expected to be served by facility |  |  |
| 2.1-2.5 | \_\_\_ Handwashing stations |  |  |
| 2.1-2.5.2 | \_\_\_ downward static force required for handwashing stations designated for individuals of size accommodates maximum patient weight of patient population |  |  |
| 2.1-2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1-2.6.1.1 | \_\_\_ expanded-capacity toilet  \_\_\_ mounted min 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift)  **or** | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 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 & areas where care will be provided for individuals of size have min. clear width of 45.5” |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size have min. clear width of 45.5” |  |  |
|  |  |  |  |
| 2.3-3.2 | **GENERAL REQUIREMENTS FOR CLASSES 2 & 3 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  Nurse Call System:  \_\_\_ Staff assistance station  \_\_\_ Emergency call station | Table 2.1-1  Table 2.1-3 |
|  | \_\_\_ lay-in ceiling  check if not included in project  \_\_\_ gasketed or each ceiling tile weighs at least 1 lbs/sq. ft. | Medical Gases:  \_\_\_ 1 OX, 2 VAC  \_\_\_ 1 MA (may be portable) | Table 2.1-2 |
|  | \_\_\_ no perforated, tegular, serrated, or highly textured tiles |  |  |
|  |  |  |  |
| 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 minimum 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  Medical Gases: | Table 2.1-3 |
|  |  | \_\_\_ 2 OX, 3 VAC  \_\_\_ 1 MA (may be portable) | Table 2.1-2 |
| 2.1-3.5.2.3(3) | Hand Scrub Facilities: |  |  |
|  | \_\_\_ hand scrub facilities provided directly outside entrance to Class 3 imaging rooms |  |  |
|  | \_\_\_ placement of scrub station does not restrict min. required corridor width |  |  |
|  |  |  |  |
| **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 |  |  |
|  |  |  |  |
| (1) | \_\_\_ shielded control room or alcove  check if not included in project |  |  |
| (e) | (only for electrophysiology labs if approved by certified radiation physicist & provisions are made for individual staff radiation shielding) |  |  |
| (a) | \_\_\_ control room or alcove be 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 include 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 |  |  |
|  |  |  |  |
| (d) | \_\_\_ control room for Class 2 or Class 3 imaging room separated from imaging room with walls & door |  |  |
|  | **or** |  |  |
|  | \_\_\_ control room door omitted where control room serves only one Class 2 or Class 3 imaging room  \_\_\_ control room includes same architectural details & environmental controls as imaging room (except for laminar flow diffusers & low returns) |  |  |
|  |  |  |  |
| (2) | \_\_\_ radiation protection requirements are incorporated into specifications & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
|  |  |  |  |
| 2.1-3.5.2.2(1)(a) | \_\_\_ all imaging rooms meet manufacturer recommended clearances for installation service & maintenance  \_\_\_ installation plans from manufacturer have been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.1-3.5.2.2(1)(c) | Class 2 imaging rooms:  check if not included in project |  |  |
|  | \_\_\_ 4-foot clearance on all circulating sides of freestanding imaging device including imaging table/bed/ couch, gantry or assembly |  |  |
|  | \_\_\_ 5-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.2(1)(d) | Class 3 imaging rooms:  check if not included in project |  |  |
| 2.1-3.5.2.1(3) | \_\_\_ meets requirements for applicable imaging modality & requirements for 400 sf operating room |  |  |
| 2.1-3.2.4.2(2)(c) | \_\_\_ min. clearance 8’-6” on each side of imaging table  \_\_\_ 6’-0” at head of imaging table  \_\_\_ clear floor area of 48 sf for anesthesia work zone  \_\_\_ min. clearance 7’-0” at foot of imaging table |  |  |
|  |  |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**  **check if not included in project** |  |  |
| (1) | Location: |  |  |
| (c) | Class 3 imaging rooms:  check if not included in project  \_\_\_ SCR does not open into imaging room or any restricted space |  |  |
|  |  |  |  |
|  | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.1-3.5.3 | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | 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 |  |  |
| 2.1-3.5.4.3 | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | 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 |  |  |
|  |  |  |  |
| 2.1-3.5.4.4 | **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 | 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 |  |  |
|  |  |  |  |
| 2.1-3.5.5.2 | \_\_\_ 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 | 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 specifications | (1) |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly | Cryogen venting points of discharge:  \_\_\_ clearly marked & shielded from staff & maintenance personnel areas |  |
| 2.1-3.5.2.4(d) | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly  Structural Support: | \_\_\_ substantially removed from all public & patient routes of travel  \_\_\_ minimum clearances from air intakes, operable windows or doors, as defined by MRI system manufacturer | (a).  (b) |
|  | \_\_\_ 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 | (c) |
|  |  | \_\_\_ accessible areas around cryogen vent points of discharge marked to indicate safety exclusion zone in accordance with MRI equipment manufacturer standards | (d) |
|  |  | Building/occupant protection:  \_\_\_ Emergency exhaust & passive pressure relief provided in accordance with equipment manufacturer specifications | (2) |
|  |  |  |  |
| 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 |  |  |
| (2)(a) | \_\_\_ Min. clearance 4’-0” on all circulating sides of patient table 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 |  |  |
|  |  |  |  |
| 2.1-3.5.5.4 | \_\_\_ 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 | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.7 | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.7.3 | \_\_\_ **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) |  |  |
|  |  |  |  |
| 2.1-3.5.7.3(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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.15(2) | **PRE- & POST-PROCEDURE PATIENT CARE AREA FOR CLASS 2 OR 3 IMAGING ROOMS:** |  |  |
| (4) | (may be shared with adjacent surgical services) |  |  |
|  |  |  |  |
| 2.1-3.7.1.1 | \_\_\_ 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 |  |  |
| 2.1-3.7.1.2 | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.1-3.7.1.3(1) | 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 |  |  |
|  |  |  |  |
| 2.1-3.7.1.4 | 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 one patient care station for each Class 2 & Class 3 imaging room |  |  |
|  |  |  |  |
| (2) | \_\_\_ separate pre‑procedure & recovery areas  check if not included in project |  |  |
| 2.1-3.7.3 | \_\_\_ pre‑procedure patient care room or area provides min. of one patient care station per imaging room |  |  |
| 2.1-3.7.4 | \_\_\_ Phase I post‑anesthetic care unit (PACU) provides min. of one Phase I patient care station per Class 3 imaging room |  |  |
| 2.1-3.7.5 | \_\_\_ Phase II recovery room(s) or area |  |  |
|  | \_\_\_ Min. one Phase II patient care station per Class 2 or Class 3 imaging room |  |  |
|  |  |  |  |
| 2.1-3.7.2.2 | 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 and foot 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, 1 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, 1 VAC per station | Table 2.1-2 |
|  |  |  |  |
| (2)(c) | \_\_\_ 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)(d) | \_\_\_ 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, 1 VAC per station | Table 2.1-2 |
| 2.1-3.7.2.4 | Patient Privacy: |  |  |
| 2.1‑2.1.2 | \_\_\_ provisions are made to address patient visual & speech privacy |  |  |
|  |  |  |  |
| 2.1-3.7.2.5 | \_\_\_ Handwashing stations |  |  |
| 2.1‑3.8.7.1 | \_\_\_ located in each room where hands‑on patient care is provided |  |  |
| 2.1‑3.8.7.3 | \_\_\_ handwashing station serves multiple patient care stations  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 |  |  |
|  |  |  |  |
| 2.1-3.7.4.2 | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.1-3.7.4.3 | \_\_\_ 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 |  |  |
|  | \_\_\_ 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. 4 air changes per hour | Table 8-1 |
|  | \_\_\_ 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  (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: |  |
| (1) | \_\_\_ handwashing station or hand sanitation station | \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust | Table 8-1 |
| (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(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 |  |  |
| **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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.21 | \_\_\_ 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 |  |  |
|  | \_\_\_ 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. 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) |  |  |
| **2.1-3.9.4.1**(1) | \_\_\_ lockers |  |  |
| **2.1-3.9.4.1**(2) | \_\_\_ toilets |  |  |
| **2.1-3.9.4.1**(3) | \_\_\_ handwashing stations |  |  |
| **2.1-3.9.4.1**(4) | \_\_\_ space for changing clothes |  |  |
| **2.1-3.9.4.1**(5) | \_\_\_ provision for separate storage for clean & soiled surgical attire | Ventilation:  \_\_\_ Min. 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-1 |
| 2.1-3.5.10 | **SUPPORT AREAS FOR IMAGING PATIENTS** |  |  |
| 2.1-3.5.10.2 | \_\_\_ Patient toilet rooms  \_\_\_ handwashing stations | Ventilation:  \_\_\_ Min 10 air changes per hour |  |
| (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 10 air changes per hour  \_\_\_ Exhaust |  |
|  | (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 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (b) | \_\_\_ dedicated “hot” toilet rooms for dosed nuclear imaging patients | Ventilation:  \_\_\_ Min 10 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| **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** | Ventilation: |  |
| (1) | \_\_\_ waiting room or area for patients receiving imaging services | \_\_\_ Chest X-ray imaging rooms served |  |
| (a)  (b)  (c) | \_\_\_ access to toilet facilities  \_\_\_ access to drinking water  \_\_\_ access to public communications services | \_\_\_ min. 12 air changes per hr  \_\_\_ exhaust or recirculation through HEPA filter  \_\_\_ negative pressure | Table 8-1 |
|  |  | **or**  \_\_\_ No chest X-ray imaging rooms served |  |
| (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) |  |  |
|  |  |  |  |
| 2.3-4.3 | **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 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

PATIENT CARE STATION TERMINOLOGY:

Bay: Space for patient care with one hard wall at the headwall and up to three soft walls (e.g., cubicle curtains or portable privacy screen).

Cubicle: A space intended for patient care that has at least one opening and no door and is enclosed on three sides with full-height or partial-height partitions.

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: |
| (1) | \_\_\_ Min. height 7'-6” in corridors & 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 |
|  |  |
| (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 |
| (1) | \_\_\_ Rail ends return to wall or floor |
| (2) | \_\_\_ Handrail gripping surfaces & fasteners are smooth 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 |
| (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 such that shortest distance from intake to any specific potential outdoor contaminant source be equal to or greater than separation distance listed in Table 6-1 |
|  | \_\_\_ 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 3/6.3.1.4 | \_\_\_ 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’-0” 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’-0” horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public |
|  |  |
| Part 3/6.4 | FILTRATION: |
| a. | \_\_\_ Particulate matter filters, min. MERV-8 provided upstream of first heat exchanger surface of any air-conditioning system that combines return air from multiple rooms or introduces outdoor air. |
| b. | \_\_\_ Outdoor air filtered in accordance with Table 8-1 |
| c. | \_\_\_ Air supplied from equipment serving multiple or different spaces is filtered in accordance with Table 8-1 |
| d. | \_\_\_ Air recirculated within room is filtered in accordance with Table 8-1 |
| e. | \_\_\_ Design includes all necessary provisions to prevent moisture accumulating on filters located downstream of cooling coils & humidifiers |
| h. | \_\_\_ For spaces that do not permit air recirculated by means of room units & have min. filter efficiency of MERV-14, MERV-16 or HEPA in accordance with Table 8-1, the min. filter requirement listed in Table 8-1, is installed downstream of all wet-air cooling coils & supply fan |
|  |  |
| 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 Table 8-1 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 6-2 |
|  |  |
| 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 filters required by Part 3/6.8.4 |
| 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 3/7.1.1 | \_\_\_ Complies with Table 8 1  \_\_\_ Air movement is from clean to less-clean areas |
|  |  |
| Part 3/7.1.3 | \_\_\_ 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 3/7.1.4 | \_\_\_ Entire min. 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 single space |
|  | \_\_\_ provides Min. MERV 8 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 & faucets 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 & 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 Sinks:  check if not included in project |
| (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 inches long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
| 2.1‑8.4.3.6 | Scrub Sinks:  check if not included in project |
| (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 |
|  |  |