**COMPLIANCE CHECKLIST**

**OP7\_Urgent Care Centers**

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 requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  |  |
| Satellite Name: (if applicable) |  | Building/Floor Location: |
| Satellite Address: (if applicable) |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 2.5 | **URGENT CARE CENTERS** |  |  |
| 2.5-1.1 | **APPLICATION** |  |  |
| 2.5-1.1.1 | \_\_\_ Facilities that provide urgent care but are not emergency facilities |  |  |
|  |  |  |  |
| 2.5-2 | **ACCOMMODATIONS FOR CARE OF INDIVIDUALS OF SIZE** |  |  |
| 2.1-2.1.1.2 | check if not included in project (only if a Patient Handling & Movement Assessment that determines that the outpatient service does not have a need for expanded-capacity lifts & architectural details that support movement of individuals of size in patient areas is attached to the Project Narrative) |  |  |
| 2.1-2.1.2 | Location: |  |  |
|  | \_\_\_ spaces designated for care of or use by individuals of size are provided in locations to accommodate population expected to be served by facility |  |  |
| 2.1-2.5 | \_\_\_ Handwashing stations |  |  |
| 2.1-2.5.2 | \_\_\_ downward static force required for handwashing stations designated for individuals of size accommodates maximum patient weight of patient population |  |  |
| 2.1-2.6 | \_\_\_ Patient toilet room |  |  |
| 2.1-2.6.1.1 | \_\_\_ expanded-capacity toilet  \_\_\_ mounted Min. 36” from finished wall to centerline of toilet on both sides (for caregiver assistance and/or use of floor-based lift)  **or** | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.1-2.6.1.2 | \_\_\_ regular toilet  \_\_\_ mounted min. 44 inches from centerline of toilet on both sides to finished walls to allow for positioning of expanded-capacity commode over toilet |  |  |
| 2.1-2.6.1.3 | \_\_\_ rectangular clear floor area min. 46” wide extends 72” from front of toilet |  |  |
| 2.1-2.6.2.1 | \_\_\_ grab bars in toilet rooms intended for use by individuals of size are anchored to sustain concentrated load of 800 pounds |  |  |
| 2.1-2.6.2.2 | \_\_\_ adjustable/foldable grab bar mounted on horizontally movable track is provided |  |  |
|  |  |  |  |
| 2.1-2.7 | \_\_\_ Single-patient exam/observation room |  |  |
| 2.1-2.7.1 | Space Requirements: |  |  |
| 2.1-2.7.1.1(1) | \_\_\_ min. 5'-0" clearance at foot of expanded‑capacity exam table | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
| 2.1-2.7.1.1(2) | \_\_\_ min. 3'-0" clearance on non-transfer side of expanded- capacity exam table | Lighting:  \_\_\_ Portable or fixed exam light | 2.1-8.3.4.2(1) |
| (3)(a) | \_\_\_ min. 5’-0” on transfer side of expanded-capacity exam table with ceiling- or wall-mounted lift  **or** | Power:  \_\_\_ Min. 8 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 2.1-1 |
| (3)(b) | \_\_\_ min. 7’-0” on transfer side of expanded-capacity exam table without ceiling- or wall-mounted lift |  |  |
| 2.1-2.8 | \_\_\_ Equipment & supply storage |  |  |
|  |  |  |  |
| 2.1-2.9 | \_\_\_ Waiting areas |  |  |
| 2.1-2.9.1 | \_\_\_ seating for persons of size be provided in waiting areas in outpatient facilities |  |  |
| 2.1-2.9.2 | \_\_\_ waiting areas be sized to accommodate expanded-capacity furniture required for patients & visitors of size |  |  |
| 2.1-2.10.1 | \_\_\_ All plumbing fixtures, handrails, grab bars, patient lift, equipment, built-in furniture & other furnishings designed to accommodate maximum patient weight |  |  |
| 2.1-2.10.2 | Door Openings: |  |  |
| 2.1-2.10.2.1 | \_\_\_ all door openings used for path of travel to public areas & care areas for individuals of size min. clear width 45.5” |  |  |
| 2.1-2.10.2.2 | \_\_\_ door openings to toilet rooms designated for individuals of size min. clear width 45.5” |  |  |
|  |  |  |  |
| 2.5-3.2.3 | **TRIAGE AREA** |  |  |
| 2.5-3.2.3.1 | Location: |  |  |
| (1) | \_\_\_ dedicated triage space  **or** |  |  |
| (2) | \_\_\_ patient care station  **or** |  |  |
| (3) | \_\_\_ space in consultation room or other patient care area |  |  |
|  |  |  |  |
| 2.1-3.1.2 | Patient Privacy: |  |  |
|  | \_\_\_ triage area design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process |  |  |
|  |  |  |  |
| 2.5-3.2.3.3 | \_\_\_ Handwashing stations  \_\_\_ directly accessible to triage area |  |  |
| 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 serving multiple patient care stations  check if not included in project |  |  |
| (1) | \_\_\_ at least one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof |  |  |
| (2) | \_\_\_ handwashing stations evenly distributed based on arrangement of patient care stations |  |  |
|  |  |  |  |
| 140.203 | **CONSULTATION, EXAMINATION AND TREATMENT AREAS** |  |  |
|  | \_\_\_ Each clinic shall provide consultation, examination, treatment and dressing areas appropriate to services provided by clinic |  |  |
|  | \_\_\_ Each clinic furnish & arrange such areas in a manner consistent with their use & that safeguards personal dignity & privacy (in terms of both sight & sound) of patient during interview, examination & treatment |  |  |
|  |  |  |  |
| 2.5-3.3.1 | **URGENT CARE EXAMINATION ROOMS** |  |  |
| 2.1-3.2.1.1  (1)(b) | \_\_\_ Provisions to preserve patient privacy from observation from outside exam room |  |  |
|  |  |  |  |
| 2.1-3.2.2.2 | \_\_\_ Single-patient examination room  check if not included in project |  |  |
|  | Space Requirements: |  |  |
| (2)(a) | \_\_\_ min. clear floor area of 80 sf |  |  |
|  | \_\_\_ room size allows min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ room arrangement shown in the plans for each exam room (Layout #1) | Power:  \_\_\_ Min. 8 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 2.1-1 |
| (1)(b) | \_\_\_ room arranged with particular placement of exam table, recliner or chair to accommodate type of patient being served  check if not included in project |  |  |
|  | \_\_\_ room arrangement shown in the plans (Layout #2) |  |  |
|  | \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.1-3.2.2.2 | \_\_\_ Single-patient exam/observation room  check if not included in project |  |  |
| (1)(a) | \_\_\_ immediately accessible to nurse or control station & toilet room |  |  |
|  |  |  |  |
|  | Space Requirements: |  |  |
| (2)(a) | \_\_\_ min. clear floor area of 80 sf |  |  |
|  | \_\_\_ room size allows min. clearance 2’‑8” at each side & at foot of exam table or recliner | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ room arrangement shown in the plans for each exam room (Layout #1) | Power:  \_\_\_ Min. 8 receptacles  \_\_\_ 4 convenient to head of exam table or gurney | Table 2.1-1 |
| (1)(b) | \_\_\_ room arrangement in which exam table recliner or chair is placed at angle closer to one wall than another or against wall to accommodate type of patient being served |  |  |
|  | check if not included in project  \_\_\_ room arrangement shown in the plans (Layout #2)  \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| (3) | Exam Room Features: |  |  |
| (a) | \_\_\_ portable or fixed exam light |  |  |
| (b) | \_\_\_ storage for supplies |  |  |
| (c) | \_\_\_ accommodations for written or electronic documentation |  |  |
| (d) | \_\_\_ space for visitor’s chair |  |  |
| (e) | \_\_\_ handwashing station |  |  |
|  |  |  |  |
| 2.5-3.3.3 | **URGENT CARE TREATMENT ROOM**  check if not included in project |  |  |
| 2.1-3.2.1.1  (1)(b) | \_\_\_ Provisions to preserve patient privacy from observation from outside exam room |  |  |
|  |  |  |  |
| 2.8-3.4.2.1(1) | Area:  \_\_\_ min. clear floor area of 120 sf | Ventilation:  \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ min. clear dimension of 10’-0” | Power: |  |
| 2.8-3.4.2.1(2) | Clearances: | \_\_\_ Min. 8 receptacles | Table 2.1-1 |
| (a) | \_\_\_ room size allows min. clearance 3'-0" at each side & at foot of exam table | \_\_\_ 4 convenient to head of exam table or gurney |  |
|  | \_\_\_ room arrangement shown in the plans for treatment room (Layout #1) |  |  |
|  |  |  |  |
| (b) | \_\_\_ room arrangement in which exam table is placed at angle closer to one wall than another or against wall to accommodate type of patient being served |  |  |
|  | check if not included in project  \_\_\_ room arrangement shown in the plans (Layout #2)  \_\_\_ proposed room arrangement to accommodate type of patient being served is explained in Project Narrative |  |  |
|  |  |  |  |
| 2.8-3.4.2.2 | Treatment room features: |  |  |
| (1) | \_\_\_ portable or fixed exam light |  |  |
| (2) | \_\_\_ accommodations for written and/or electronic documentation |  |  |
| (3) | \_\_\_ space for visitor chair |  |  |
| (4) | \_\_\_ handwashing station |  |  |
| (5) | \_\_\_ storage for supplies |  |  |
| (6) | \_\_\_ space for medical equipment |  |  |
| (7) | \_\_\_ view panel designed for patient visual privacy adjacent to and/or in door |  |  |
|  |  |  |  |
| 2.5-3.4 | **OBSERVATION FACILITIES** |  |  |
| 2.5-3.4.1.1 | \_\_\_ Facilities for holding urgent care patients until they can be discharged or transferred to appropriate hospital |  |  |
|  |  |  |  |
| 2.5-3.4.1.2 | \_\_\_ Examination or treatment room(s) designated as observation rooms |  |  |
|  |  |  |  |
| 2.5-3.4.3.1 | \_\_\_ Direct visual observation of each patient or door to examination or treatment room(s) from nurse station |  |  |
| 2.5-3.4.3.2(1) |  |  |  |
| 2.1-3.1.2 | \_\_\_ Each observation space design ensures appropriate levels of patient speech & visual privacy & dignity throughout care process |  |  |
|  |  |  |  |
| 2.1-3.10.2 | \_\_\_ Patient toilet room |  |  |
| 2.5-3.4.3.2(2) | \_\_\_ readily accessible to each observation space |  |  |
| 2.1-3.10.2.1  2.1-3.10.2.2 | \_\_\_ separate from public use toilet rooms  \_\_\_ located to permit access from patient care areas without passing through publicly accessible areas  \_\_\_ equipped w/ toilet & handwashing station | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
|  |  |  |  |
| 2.5-3.5 | **RADIOGRAPHY SERVICES**  check if not included in project |  |  |
|  | (if other imaging modalities are provided, Compliance Checklist OP5 must be submitted to DPH Plan Review) |  |  |
| Table 2.1-5 | \_\_\_ Radiography room |  |  |
|  | Flooring:  \_\_\_ cleanable & wear-resistant for the location; stable, firm & slip-resistant | Ventilation:  \_\_\_ Min. 3 air changes per hour | Table 8-2 |
|  | Wall Finishes:  \_\_\_ washable  Ceiling:  \_\_\_ cleanable with routine housekeeping equipment | Power:  \_\_\_ Min. 8 receptacles  \_\_\_ 4 on each lateral side of the imaging gantry | Table 2.1-1 |
| 2.1-3.5.2.3(1) | \_\_\_ handwashing station |  |  |
| 2.1-3.5.1.2 | Radiation Protection:  \_\_\_ certified radiation physicist representing owner has specified type location & amount of radiation protection to be installed in accordance with layout & equipment selections  \_\_\_ specifications of radiation shielding have been submitted to DPH Radiation Control Program |  |  |
| (1) | \_\_\_ shielded control alcove or room |  |  |
| (a) | \_\_\_ control room or alcove is at min. sized & configured in compliance with equipment manufacturer’s recommendations for installation service & maintenance |  |  |
| (b) | \_\_\_ shared control room or alcove  check if not included in project |  |  |
|  | \_\_\_ control room or alcove permitted to serve more than one imaging room provided manufacturer recommendations for installation service & maintenance are met for all rooms served |  |  |
|  | \_\_\_ means to prevent patient in one imaging room from viewing patient in another imaging room |  |  |
|  |  |  |  |
| (c) | \_\_\_ control room or alcove includes shielded view window |  |  |
|  | \_\_\_ designed to provide full view of exam/procedure table & patient at all times including full view of patient during imaging activities (e.g. when table is tilted or chest X-ray is in use) |  |  |
|  | **or** |  |  |
|  | \_\_\_ use of closed-circuit video monitoring in addition to view window |  |  |
|  |  |  |  |
| (2) | \_\_\_ radiation protection requirements are incorporated into specifications & building plans |  |  |
|  |  |  |  |
| 2.1-3.5.2.2 | Space requirements: |  |  |
| (1)(a) | \_\_\_ imaging room meets manufacturer recommended clearances for installation service & maintenance  \_\_\_ installation plans from manufacturer have been submitted to DPH plan review |  |  |
| (1)(b) | \_\_\_ 3-foot clearance on all circulating sides of freestanding imaging device including patient imaging table/bed/couch gantry or assembly |  |  |
|  | \_\_\_ 4-foot clearance on at least one designated patient transfer side of imaging table/bed/couch gantry or assembly |  |  |
|  |  |  |  |
| 2.1-3.5.2.4(d) | Structural Support:  \_\_\_ floor & if applicable ceiling structures in imaging rooms designed to support weight of imaging equipment as well as other fixed & movable ancillary equipment |  |  |
| **2.1-3.5.2.5** | **\_\_\_ System component room (SCR)**  **check if not included in project** |  |  |
| (1) | Location: |  |  |
| (a) | \_\_\_ opens into corridor or vestibule outside imaging room |  |  |
|  | **or** |  |  |
|  | \_\_\_ opens into imaging room |  |  |
|  |  |  |  |
| (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 |  |  |
|  |  |  |  |
| 2.1-3.5.8.3 | \_\_\_ Documentation area |  |  |
|  | \_\_\_ accommodations for written and/or electronic documentation provided for staff |  |  |
|  |  |  |  |
| **2.1-3.5.8.15** | **\_\_\_ Pre- & post-procedure patient care area** |  |  |
| (1) | \_\_\_ min. of one patient care station provided for every three Class 1 imaging rooms or fraction thereof  check if not included in project  (only if imaging patients do not receive point-of-care lab work or injection preparation) |  |  |
|  |  |  |  |
| 2.1-3.5.8.16  (3) | \_\_\_ Contrast media preparation area  (may serve multiple imaging rooms)  check if not included in project |  |  |
| (1)(a) & (b)  (2) | \_\_\_ sink & counter  check if not included in project  (only if prepared media are used) |  |  |
| (c) | \_\_\_ storage to accommodate preparation of contrast media |  |  |
| (d) | \_\_\_ secure lockable storage |  |  |
|  |  |  |  |
| (4) | \_\_\_ dedicated contrast media preparation area |  |  |
|  | **or** |  |  |
|  | \_\_\_ contrast media preparation area is integrated in medication preparation area |  |  |
|  |  |  |  |
| 2.1-3.5.8.17 | \_\_\_ Image management system |  |  |
| **2.1-6.3.5.1** | \_\_\_ to maintain confidentiality of records digital image management system area is restricted to staff access |  |  |
| **2.1-6.3.5.2**(1) | \_\_\_ space provided for digital image management system |  |  |
|  |  |  |  |
|  | \_\_\_ 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 |  |  |
| 105 CMR 140.361 | \_\_\_ Urgent Care Center has retained, at least on consulting basis, board certified or board qualified radiologist for the proper performance of the radiological services |  |  |
|  | **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 |  |  |
|  |  |  |  |
| 2.1-3.5.10 | Support Areas for Imaging Patients: |  |  |
| 2.1-3.5.10.2 | \_\_\_ Patient toilet rooms  \_\_\_ handwashing stations | Ventilation:  \_\_\_ Min. 4 air changes per hour | Table 8-2 |
| (1) | \_\_\_ immediately accessible to waiting areas & patient changing rooms | \_\_\_ Exhaust  \_\_\_ Negative pressure |  |
|  |  | \_\_\_ No recirculating room units |  |
|  |  |  |  |
| **2.1-3.5.10.3** | **\_\_\_ Patient changing rooms**  **check if not included in project** |  |  |
| (1) | \_\_\_ located adjacent\* to imaging rooms |  |  |
| (2) | \_\_\_ each room has seat or bench & mirror |  |  |
| (3) | \_\_\_ means for individual lockable storage for patient clothing & valuables  \_\_\_ immediately accessible to changing rooms |  |  |
| **2.1-3.5.10.4** | **\_\_\_ Patient waiting room or area** |  |  |
| (1) | \_\_\_ waiting room or area for patients receiving imaging services |  |  |
| (a)  (b)  (c) | \_\_\_ access to toilet facilities  \_\_\_ access to drinking water  \_\_\_ access to public communications services |  |  |
|  |  |  |  |
| 2.5-3.8 | **SUPPORT AREAS FOR PATIENT CARE & DIAGNOSTIC AREAS** |  |  |
| 2.5-3.8.2 | \_\_\_ Nurse station |  |  |
| 2.5-3.8.2.2 | \_\_\_ located to permit direct observation of clinical area & access to it |  |  |
| 2.5-3.8.2.3 | \_\_\_ communication links for staff with examination room, procedure room, reception, laboratory & imaging services |  |  |
| 2.1-3.8.2.1 | \_\_\_ work counter |  |  |
| 2.1-3.8.2.2 | \_\_\_ means for facilitating staff communication |  |  |
| 2.1-3.8.2.3 | \_\_\_ space for supplies |  |  |
| 2.1-3.8.2.4 | \_\_\_ accommodations for written or electronic documentation |  |  |
| 2.1-3.8.2.5 | \_\_\_ hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.5-3.8.8 | \_\_\_ Medication safety zone |  |  |
| 2.1-3.8.8.1(2) | Design Promoting Safe Medication Use: |  |  |
| (a) | \_\_\_ medication safety zones located out of circulation paths |  |  |
| (b) | \_\_\_ work space designed so that staff can access information & perform required tasks | Lighting:  \_\_\_ Task-specific lighting level min. 100 foot-candles | 2.1-3.8.8.1(2)  (d) |
| (c) | \_\_\_ work counters provide space to perform required tasks |  |  |
| (e) | \_\_\_ sharps containers placed at height that allows users to see top of container |  |  |
| 2.1-3.8.8.2 |  |  |  |
| (1) | \_\_\_ medication preparation room | Ventilation: |  |
| (a) | \_\_\_ work counter | \_\_\_ Min. 2 air changes per hour | Table 8-2 |
|  | \_\_\_ handwashing station | Lighting: |  |
|  | \_\_\_ lockable refrigerator | \_\_\_ Task lighting | 2.1-3.8.8.1(2) |
|  | \_\_\_ locked storage for controlled drugs |  |  |
|  | \_\_\_ sharps containers  check if not included in project |  |  |
| (b) | \_\_\_ self-contained medication dispensing units  check if not included in project |  |  |
|  | \_\_\_ room designed with space to prepare medications |  |  |
|  | **or** |  |  |
| (2) | \_\_\_ automated medication‑dispensing unit |  |  |
| (a) | \_\_\_ located at nurse station, in clean workroom or in alcove | Lighting:  \_\_\_ Task lighting | 2.1-3.8.8.1(2)(d) |
| (b) | \_\_\_ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units |  |  |
| (c) | \_\_\_ countertop or cart provided adjacent to stationary medication-dispensing units |  |  |
|  |  |  |  |
| 2.5-3.8.9 | \_\_\_ Nourishment area or room  check if not included in project |  |  |
| 2.1-3.8.9.1 | \_\_\_ handwashing station in or directly accessible to nourishment room or area |  |  |
| 2.1-3.8.9.2 | \_\_\_ work counter |  |  |
| 2.1-3.8.9.3 | \_\_\_ storage |  |  |
| 2.1-3.8.9.4 | \_\_\_ fixtures & appliances for beverages & nourishment |  |  |
|  |  |  |  |
| 2.5-3.8.11 | \_\_\_ Clean supply room |  |  |
| 2.1-3.8.11.1 | \_\_\_ separate from & have no direct connection with soiled workrooms or soiled holding rooms | Ventilation:  \_\_\_ Min. 2 air changes per hour  \_\_\_ Positive pressure | Table 8-2 |
| 2.1-3.8.11.3 | \_\_\_ used only for storage & holding as part of system for distribution of clean & sterile materials |  |  |
|  |  |  |  |
| 2.1-3.8.12.2 | \_\_\_ Soiled workroom |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 140.204 | \_\_\_ handwashing station | \_\_\_ Exhaust |  |
| 140.204 | \_\_\_ clinical service sink | \_\_\_ Negative pressure |  |
| 2.1-3.8.12.2(1)  (d) | \_\_\_ work counter | \_\_\_ No recirculating room units |  |
| 2.1-3.8.12.2 (1)(e) | \_\_\_ space for separate covered containers for waste & soiled linen |  |  |
|  |  |  |  |
| 2.1-3.8.12.2(2) | \_\_\_ fluid waste management system  check if not included in project |  |  |
| (a) | \_\_\_ electrical & plumbing connections that meet manufacturer requirements |  |  |
| (b) | \_\_\_ space for docking station |  |  |
|  | **or** |  |  |
| 2.1-3.8.12.3 | \_\_\_ Soiled holding room |  |  |
| 2.1-3.8.12.1 | \_\_\_ does not have direct connection with clean workrooms or clean supply rooms | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 140.204 | \_\_\_ handwashing station | \_\_\_ Exhaust |  |
| 2.1-3.8.12.3(2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| (2) | \_\_\_ space for separate covered containers for waste & soiled linen | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
|  |  |  |  |
| 2.5-4.1 | **LABORATORY SERVICES**  check if not included in project |  |  |
| 2.1-4.1.1.1 | \_\_\_ Facilities for laboratory services provided on-site are located in or immediately accessible to outpatient facility |  |  |
| 2.1-4.1.1.2 | \_\_\_ All laboratory equipment requiring permanent connections to power, water, ventilation or other utility systems are identified in equipment plan  \_\_\_ equipment plan & equipment schedule have been submitted to DPH Plan Review |  |  |
|  |  |  |  |
| 2.1-4.1.2 | \_\_\_ Laboratory work area  check if not included in project  (only if laboratory tests are performed off-site) |  |  |
| 2.1-4.1.2.1 | \_\_\_ separate dedicated room  check if not included in project  (only if laboratory testing in open laboratory is limited to CLIA waived tests) |  |  |
| 2.1-4.1.2.2 | \_\_\_ laboratory workstations |  |  |
| (1)(a) | \_\_\_ work counter |  |  |
| (1)(b) | \_\_\_ laboratory sink |  |  |
| (2) | \_\_\_ access to all utility connections required for the equipment |  |  |
| 2.1-4.1.2.3 | \_\_\_ handwashing station |  |  |
| 2.1-4.1.2.4 | \_\_\_ all work counter in areas used for specimen handling, preparation of specimens or reagents & laboratory testing are constructed of non‑porous materials | Ventilation:  \_\_\_ Min. 3 air changes per hour  \_\_\_ Negative pressure | Table 8-2 |
|  |  |  |  |
| 2.1-4.1.2.5(1) | \_\_\_ terminal sterilization provisions before transport  check if not included in project |  |  |
| (a) | \_\_\_ facilities & equipment (autoclave or electric oven) provided for terminal sterilization of bio-hazardous waste |  |  |
|  |  |  |  |
| 2.1-4.1.8 | **Support Areas for Laboratory** |  |  |
| 2.1-4.1.8.1 | \_\_\_ Storage cabinet or closet |  |  |
| (1) | \_\_\_ storage for reagents, specimens, flammable materials, acids, bases & other supplies used in laboratory |  |  |
| 2.1-4.1.8.2 | \_\_\_ Specimen collection facilities |  |  |
| (1) | \_\_\_ urine or feces specimen collection  check if not included in project |  |  |
|  | \_\_\_ dedicated specimen toilet room  \_\_\_ handwashing station  \_\_\_ staff-controlled access | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.1-4.1.8.2(2) | \_\_\_ drug screening requiring chain of custody  check if not included in project |  |  |
|  | \_\_\_ handwashing station meets requirements established in “Department of Health & Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs” (including securing water supply) |  |  |
|  |  |  |  |
| (3) | \_\_\_ blood collection facilities |  |  |
| (a) | \_\_\_ work counter |  |  |
| (b) | \_\_\_ seating space for patients |  |  |
| (c) | \_\_\_ handwashing station |  |  |
| (d) | \_\_\_ supply storage |  |  |
|  |  |  |  |
| 2.1-4.1.8.3 | Administrative Area:  \_\_\_ space for clerical work, filing & record maintenance/storage |  |  |
|  |  |  |  |
| 2.1-4.1.9 | **Support Areas for Laboratory Staff** |  |  |
| 2.1-4.1.9.2 | (may be shared with other clinical services) |  |  |
| 2.1-4.1.9.1 | \_\_\_ staff lounge & lockers  \_\_\_ staff toilet room  \_\_\_ readily accessible for laboratory staff | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.5-5 | **BUILDING SUPPORT FACILITIES** |  |  |
| 2.5-5.3 | \_\_\_ Environmental services room |  |  |
| 2.1-5.3.1.1(3) | (may serve more than one clinical service area on same floor) |  |  |
| 2.1-5.3.1.1(1) | \_\_\_ min. one ES room per floor |  |  |
| 2.1-5.3.1.1(2) | \_\_\_ additional ES rooms provided on floor according to needs of areas served | Ventilation:  \_\_\_ Min. 6 air changes per hour | Table 8-2 |
| 2.1-5.3.1.2(1) | \_\_\_ service sink or floor-mounted mop sink | \_\_\_ Exhaust |  |
| 2.1-5.3.1.2(2) | \_\_\_ provisions for storage of supplies & housekeeping equipment | \_\_\_ Negative pressure  \_\_\_ No recirculating room units |  |
| 2.1-5.3.1.2(3) | \_\_\_ handwashing station or hand sanitation dispenser |  |  |
|  |  |  |  |
| 2.5-6.2 | **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) |  |  |
| 2.5-6.2.1 | \_\_\_ Vehicular drop-off & pedestrian entrance |  |  |
|  | \_\_\_ access to wheelchairs provided at urgent care center entrance |  |  |
|  |  |  |  |
| 2.1-6.2.2 | \_\_\_ Reception area |  |  |
|  | \_\_\_ reception & information counter, desk or kiosk provided at main entry |  |  |
| 2.5-6.2.2 | \_\_\_ provides for direct observation of urgent care center entrance  \_\_\_ provides for direct observation of access to patient care area |  |  |
| 2.1-6.2.3 | \_\_\_ Waiting area |  |  |
| 2.1-6.2.3.2 | \_\_\_ visible from staff area either by camera or direct staff sight line |  |  |
| 2.1-6.2.4 | \_\_\_ Public toilet room |  |  |
| 2.1-6.2.4.2 | (may be located off public corridor in multi-tenant building) |  |  |
| 2.1-6.2.4.1 | \_\_\_ readily accessible from waiting area without passing through patient care or staff work areas | Ventilation:  \_\_\_ Min. 4 air changes per hour  \_\_\_ Exhaust  \_\_\_ Negative pressure  \_\_\_ No recirculating room units | Table 8-2 |
| 2.1-6.2.5 | \_\_\_ Provisions for telephone access |  |  |
|  | \_\_\_ access to make local phone calls |  |  |
| 2.1-6.2.6 | \_\_\_ Provisions for drinking water |  |  |
|  |  |  |  |
| 2.1-6.2.7.1 | \_\_\_ Wheelchair storage  check if not included in project |  |  |
|  | \_\_\_ designated area located out of required corridor width  \_\_\_ directly accessible to entrance  \_\_\_ provided for at least one wheelchair |  |  |
|  |  |  |  |
| 2.1-6.2.7.2 | \_\_\_ Wheelchair parking space |  |  |
|  | \_\_\_ 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 |  |  |
|  |  |  |  |
| 2.5-6.3 | **ADMINISTRATIVE AREAS** |  |  |
| 2.5-6.3.2  2.1-6.3.2.2 | \_\_\_ Interview space  check if not included in project  (may be combined with consultation room or triage room) |  |  |
| 2.1-6.3.2.1 | \_\_\_ suitable for private interviews |  |  |
|  |  |  |  |
| 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 |  |  |
|  |  |  |  |
| 2.5-6.3.4 | \_\_\_ Staff conference space |  |  |
| 2.5-6.3.4.2 | (may be combined with another functional space in urgent care center) |  |  |
|  |  |  |  |

LOCATION TERMINOLOGY:

Directly accessible: Connected to the identified area or room through doorway, pass-through, or other opening without going through intervening room or public space

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

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

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

Architectural Details & MEP Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1‑7.2.2 | | **ARCHITECTURAL DETAILS** | |
|  | | CORRIDOR WIDTH: | |
| 2.1‑7.2.2.1  IBC 1018.2 | | \_\_\_ Min. 44”  **or**  \_\_\_ Detailed code review incorporated in Project Narrative | |
| 421 CMR 6.00 | | \_\_\_ Corridors include turning spaces for wheelchairs | |
| 2.1‑7.2.2.1(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) | | DOORS & DOOR HARDWARE:  Door Type:  \_\_\_ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors | |
| (b) | | \_\_\_ sliding doors  check if not included in project | |
|  | | \_\_\_ manual or automatic sliding doors comply with NFPA 101  \_\_\_ detailed code review incorporated in Project Narrative  \_\_\_ no floor tracks | |
| (2)  (a) | | Door Opening:  \_\_\_ min. 32” clear door width  \_\_\_ min. 83.5” clear door height | |
| (3) | | Door Swing: | |
| (a) | | \_\_\_ doors do not swing into corridors except doors to non‑occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware | |
| (4) | | \_\_\_ Lever hardware or push/pull latch hardware | |
|  | |  | |
| (5) | | Doors for Patient Toilet Facilities: | |
| (a) | | \_\_\_ door that swings outward  **or** | |
|  | | \_\_\_ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)  **or** | |
|  | | \_\_\_ sliding door other than pocket door | |
|  | |  | |
| (b) | | \_\_\_ toilet room opens onto public area or corridor  check if not included in project | |
|  | | \_\_\_ visual privacy is maintained | |
|  | |  | |
| 2.1‑7.2.2.8 | | HANDWASHING STATIONS: | |
| (3) | |  | |
| (a) | | \_\_\_ Handwashing station countertops made of porcelain, stainless steel, solid‑surface materials or impervious plastic laminate assembly | |
| (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 | |
| (a) | | \_\_\_ hand‑drying device does not require hands to contact dispenser | |
| (b) | | \_\_\_ hand‑drying device is enclosed to protect against dust or soil | |
| (6) | | \_\_\_ Liquid or foam soap dispensers | |
| 2.1‑7.2.2.9 | | GRAB BARS: | |
| (1) | | \_\_\_ Grab bars anchored to sustain concentrated load 250 pounds | |
| (3) | | \_\_\_ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors | |
| 2.1‑7.2.2.10 | | HANDRAILS:  check if not included in project | |
| (1) | | \_\_\_ Rail ends return to wall or floor | |
| (2) | | \_\_\_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8‑inch min. radius | |
| (3) | | \_\_\_ Handrails have eased edges & corners | |
| (4) | | \_\_\_ Handrail finishes are cleanable | |
|  | |  | |
| 2.1-7.2.2.14 | | \_\_\_ Decorative water features  check if not included in project | |
| (1) | | \_\_\_ no indoor unsealed (open) water features in 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 rooms listed below | |
|  | | * soiled workrooms & soiled holding rooms | |
|  | | * airborne infection isolation (AII) room & any anteroom | |
|  | |  | |
| 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 one pound per square foot | |
| (c) | | \_\_\_ no perforated, tegular, serrated or highly textured tiles in semi‑restricted areas | |
|  | | **or**  \_\_\_ ceilings of monolithic construction | |
|  | |  | |
| 2.1‑7.2.4.3 | | \_\_\_ Privacy curtains in patient care areas are washable | |
|  | |  | |
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| 2.1‑8.2 | **HEATING VENTILATION & AIR‑CONDITIONING (HVAC) SYSTEMS** |
| 2.1-8.2.1.3 | \_\_\_ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170 |
|  |  |

|  |  |
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| 2.1‑8.3 | **ELECTRICAL SYSTEMS** |
| 2.1‑8.3.2 | **ELECTRICAL DISTRIBUTION & TRANSMISSION** |
| 2.1‑8.3.2.2 | Panelboards: |
| (1) | \_\_\_ all panelboards accessible to health care tenants they serve |
| (4) | \_\_\_ panelboards not located in exit enclosures or exit passageways |
| 2.1‑8.3.5 | **ELECTRICAL EQUIPMENT** |
| 2.1‑8.3.5.1 | \_\_\_ Handwashing sinks that depend on building electrical service for operation are connected to essential electrical system  check if not included in project |
|  |  |
| 2.1‑8.3.6 | **ELECTRICAL RECEPTACLES** |
|  | \_\_\_ Receptacles in patient care areas are provided according to Table 2.1-1 |
|  |  |
| 2.1‑8.4 | **PLUMBING SYSTEMS** |
| 2.1‑8.4.2 | Plumbing & Other Piping Systems: |
| 2.1‑8.4.2.1(3) | \_\_\_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem |
| 2.1‑8.4.2.5 | Heated Potable Water Distribution Systems: |
| (2) | \_\_\_ heated potable water distribution systems serving patient care areas are under constant recirculation  \_\_\_ non‑recirculated fixture branch piping not more than 25’‑0” long |
| (3)(a)  (3)(c) | \_\_\_ no installation of dead‑end piping (except for empty risers mains & branches for future use) |
| (3)(b) | \_\_\_ any existing dead‑end piping is removed  ☐ check if not included in project |
| (4)(a) | \_\_\_ water-heating system supplies water at following range of temperatures: 105–120oF |
| 2.1‑8.4.2.6 | Drainage Systems: |
| (1)(a) | \_\_\_ drainage piping installed above ceiling of or exposed in electronic data processing rooms & electrical rooms have special provisions to protect space below from leakage & condensation  check if not included in project |
| (1)(b) | \_\_\_ drip pan for drainage piping above ceiling of sensitive area  ☐ check if not included in project  \_\_\_ accessible  \_\_\_ overflow drain with outlet located in normally occupied area |
|  |  |
| 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:  check if not included in project  \_\_\_ 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 in. long |
| (2) | \_\_\_ integral trap wherein upper portion of water trap provides visible seal |
|  |  |
| 2.1‑8.7 | **ELEVATORS**  check if not included in project |
| 2.1-8.7.3 | Dimensions of Elevators Used for Transport of Outpatients on Gurneys: |
|  | \_\_\_ elevator cars have min. inside floor dimension of 5’-8” wide by 7’-9” deep |
| 2.1‑8.7.4 | \_\_\_ Elevators are equipped with two‑way automatic level‑maintaining device with accuracy of ± 1/4 inch |
|  |  |
| 2.1‑8.7.5 | Elevator Controls: |
| 2.1‑8.7.5.1 | \_\_\_ elevator call buttons & controls not activated by heat or smoke |
| 2.1‑8.7.5.2 | \_\_\_ light beams if used for operating door reopening devices without touch are used in combination with door‑edge safety devices & are interconnected with system of smoke detectors |
| 2.1‑8.7.5.3 | \_\_\_ elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind |
|  |  |