COMPLIANCE CHECKLIST

OP9: Outpatient Radiation Therapy 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:

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

Instructions:

1. All requirement lines must be completed according to 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.

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.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project 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.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. 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.
6. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", & "WAGD".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. 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	
2.1-3.6	**RADIATION THERAPY**		
2.1-3.6.2	**EXTERNAL BEAM RADIATION THERAPY SUITE** ☐ check if not included in project		
A2.1-3.6.a	(Radiation treatment modalities that use high-energy, non-radioactive beams)		
2.1-3.6.2.1	___ Exam room		
	___ examination room provided for each external beam radiation therapy room		
2.1-3.6.2.1(2)	___ min. clear floor area 100 sf		
2.1-3.2.2.1(1)(b)	___ provisions to preserve patient privacy from observation from outside exam room		
2.1-3.2.2.2(2)(a)	___ 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 plans for each exam room (Layout #1)	Power: ___ Each exam table is served by at least one duplex receptacle	2.2-8.3.6.2
2.1-3.2.2.2(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 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		
2.1-3.6.2.2	___ **Radiation therapy room**	Ventilation:	
2.1-3.6.2.2(1)	Space Requirements:	___ Min. 2 air changes per hour	Table 8-2
(a)	___ room sized to accommodate following: ___ equipment ___ access to equipment for patient on gurney ___ medical staff access to equipment & patient ___ service access to equipment		
(b)	___ radiation therapy room sized in compliance with manufacturer's technical specifications		
	___ manufacturer's technical specifications have been submitted to DPH Plan Review		

	Architectural Requirements	Building Systems Requirements
	___ room sized to provide min. clearance 4'-0" on three sides of treatment table to facilitate bed transfer & provide access to patient	
	___ door swing does not encroach on equipment or on patient circulation or transfer space	
2.1-3.6.2.3	Support area for external beam radiation therapy suite:	
(1)(a)	___ mold room	
	___ exhaust hood	
	☐ check if not included in project (only if no toxic materials will be manipulated - e.g., melted, reformed, machined - in this room)	
	___ handwashing station	
(1)(b)	___ block room (may be combined with mold room)	
	___ storage	
2.1-3.6.3	**RADIOSURGERY SUITE**	
	☐ check if not included in project	
A2.1-3.6.3	(higher power & accuracy rotating, robotic, or gantry-based external beam therapy systems)	
2.1-3.6.3.1(1)	___ Radiosurgery suite readily accessible to imaging services suite to facilitate image acquisition prior to radiosurgery treatment	
(2)	___ Exam room	
	☐ check if not included in project (only if private pre- & post-procedure patient care station is provided for each radiosurgery room)	
	___ examination room provided for each radiosurgery room	
(a)	___ min. clear floor area 100 sf	
2.1-3.2.2.1(1)(b)	___ provisions to preserve patient privacy from observation from outside exam room	
2.1-3.2.2.2(2)(a)	___ 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 Power: ___ Each exam table is served by at least one duplex receptacle 2.2-8.3.6.2
	___ room arrangement shown in plans for each exam room (Layout #1)	
2.1-3.2.2.2(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 plans (Layout #2)	

	Architectural Requirements	Building Systems Requirements	
	___ 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		
2.1-3.6.3.2	___ **Radiosurgery rooms (i.e. gamma knife/ cyber knife rooms)**		
(1)	Space Requirements:	Ventilation:	
(a)	___ sized to accommodate patient access on gurney, medical staff access to equipment & patient & service access	___ Min. 2 air changes per hour	Table 8-2
	___ radiosurgery rooms sized & configured to accommodate manufacturer's technical specifications		
	___ manufacturer's technical specifications have been submitted to DPH Plan Review		
(b)	___ min. clearance 4'-0" provided on all sides of treatment table for maintenance access & clearance around table sufficient to facilitate patient transfer		
	___ door swing does not encroach on equipment or on patient circulation or transfer space		
(2)	___ handwashing station		
2.1-3.6.3.3	___ Pre- & post-procedure/recovery accommodations ☐ check if <u>not</u> included in project		
2.1-3.7.1.1	___ patient care stations accommodate lounge chairs, gurneys or beds for pre- & post-procedure patient care		
	___ patient care stations accommodate seating space for family/visitors		
2.1-3.6.3.6(2)	___ storage for patient belongings		
2.1-3.7.1.4 (1)	Number of Patient Care Stations: (pre- & post-procedure patient care stations combined in one area)		
	___ at least one patient care station provided for each procedure room		

	Architectural Requirements	**Building Systems Requirements**
2.1-3.7.2.2	Space Requirements:	
(2)	___ patient care bays ☐ check if not included in project	
(a)	___ min. clearance 5'-0" between sides of patient beds/gurneys/ lounge chairs ___ min. clearance 3'-0" between sides and foot of patient beds/gurneys/lounge chairs & adjacent walls or partitions ___ min. clearance 2'-0" between foot of patient beds/gurneys/ lounge chairs & cubicle curtain	Ventilation: ___ Min. 6 air changes per hour Table 8-1 ___ No recirculating room units Power: ___ Min. 8 receptacles Table 2.1-1 ___ convenient to head of gurney or bed Nurse Call System: ___ Patient station Table 2.1-3 ___ Staff assistance station ___ Emergency call station
(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 ___ min. clearance 2'-0" between foot of patient beds/gurneys/ lounge chairs & cubicle curtain	Ventilation: ___ Min. 6 air changes per hour Table 8-1 ___ No recirculating room units Power: ___ Min. 8 receptacles ___ Convenient to head of gurney or bed Table 2.1-1 Nurse Call System: ___ Patient station Table 2.1-3 ___ Staff assistance station ___ Emergency call station
	___ 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 Table 8-1 ___ No recirculating room units Power: ___ Min. 8 receptacles ___ Convenient to head of gurney or bed Table 2.1-1 Nurse Call System: ___ Patient station Table 2.1-3 ___ Staff assistance station ___ Emergency call station
2.1-3.7.2.4 2.1-2.1.2	Patient Privacy: ___ provisions are made to address patient visual & speech privacy	
2.1-3.7.2.5 2.1-3.8.7	___ 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 one handwashing station provided for every four patient care stations or fewer & for each major fraction thereof	

	Architectural Requirements	Building Systems Requirements	
(2)	___ handwashing stations evenly distributed based on arrangement of patient care stations		
2.1-3.6.3.4	**SUPPORT AREAS FOR RADIOSURGERY ROOMS** ☐ check if not included in project (only if radiation therapy modalities do not include radiosurgery)		
2.1-3.6.3.4(1)	___ Space for sterilization of head-frames		
2.1-3.6.3.4(2)	___ Target planning area		
2.1-3.6.3.4(3)	___ 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		
(a)	___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs ___ sharps containers ☐ check if not included in project	Ventilation: ___ Min. 2 air changes per hour Lighting: ___ Task lighting	Table 8-2 2.1-3.8.8.1(2)(d)
(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		
2.1-3.6.3.4(4)	___ Nourishment area		
2.1-3.6.3.4(5)	___ Storage for head-frames (may be located at each pre- & post-procedure patient care station)		

	Architectural Requirements	Building Systems Requirements	
2.1-3.6.3.4(6)	___ Toilet room for patients	Ventilation: ___ Min. 4 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
	___ Toilet room for staff	Ventilation: ___ Min. 4 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-2
2.1-3.6.3.4(7)	___ Area for sedation of pediatric patients ☐ check if not included in project		
2.1-3.6.3.5(1)	___ Frame pin sterilization ___ facilities for on-site sterile processing are provided ___ Compliance Checklist OP4 has been submitted **or** ___ sterile processing is provided off-site		
2.1-3.6.4	**PROTON THERAPY SUITE** ☐ check if not included in project		
2.1-3.6.4.1(1)	___ Rooms & spaces accommodate equipment manufacturer's technical specifications ___ equipment manufacturer's technical specifications have been submitted to DPH Plan Review		
2.1-3.6.4.1(3) (a)	___ Exam rooms ___ two exam rooms that meet requirements for single-patient exam room provided for each proton therapy room		
(b)	___ each exam room has min. clear floor area of 100 sf		
2.1-3.2.2.1(1)(b)	___ provisions to preserve patient privacy from observation from outside exam room		
2.1-3.2.2.2(2)(a)	___ room size allows Min. clearance 2'-8" at each side & at foot of exam table or recliner ___ room arrangement shown in plans for each exam room (Layout #1)	Ventilation: ___ Min. 2 air changes per hour Power: ___ Each exam table is served by at least one duplex receptacle	Table 8-2 2.2-8.3.6.2
2.1-3.2.2.2(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 plans (Layout #2)		

	Architectural Requirements	Building Systems Requirements	
	___ 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		
(1)(a)	___ Proton therapy room	Ventilation:	
	___ proton therapy equipment	___ Min. 6 air changes per hour	Table 8.1
	___ accommodates patient access on gurney		
	___ accommodates medical staff access to equipment		
	___ accommodates service access		
(b)	___ room sized to provide min. clearance 4'-0" on three sides of treatment table to facilitate bed transfer & provide access to patient		
	___ door swing does not encroach on equipment or on patient circulation or transfer space		
(2)	___ cyclotron vault		
(3)	___ hand sanitation station located immediately inside or outside entrance to proton therapy room		
2.1-3.6.4.3	___ Patient holding gurney bays		
	___ min. two gurney hold bays provided for each proton therapy treatment room		
(1)	___ located adjacent to treatment rooms & screened for privacy		
(2)	___ Separate waiting area for patients		
	___ separation & privacy of outpatient & inpatient populations		
2.1-3.6.4.6	Support Areas for Proton Accelerators:		
(1)	___ general supply storage in treatment room for patient care supplies		
(2)	___ storage for patient positioning devices		
(3)	___ storage for patient-specific treatment devices (e.g. apertures & compensators)		
(4)	___ post-treatment storage room for patient-specific treatment devices (e.g. apertures & range compensators)		

Architectural Requirements **Building Systems Requirements**

(a)
(b) ___ separate shielded room (may be located away from Proton Therapy Suite)

2.1-3.6.10.3 ___ Patient changing area
___ two gowning cubicles provided for each proton therapy room
(1) ___ secure storage for valuables & clothing provided
(2) ___ at least one space large enough for staff-assisted dressing

2.1-3.6.7 **SPECIAL DESIGN ELEMENTS FOR RADIATION THERAPY SUITE**

2.1-3.6.7.1 Architectural Details:
(1) ___ floor structure meets min. load requirements for equipment, patients & personnel
(2) ___ ceiling-mounted equipment have properly designed rigid support structures located above finished ceiling
(3) ___ direct-shielded door to radiation vault
☐ check if not included in project
___ both motor-driven automatic opening system & manual emergency opening system are provided

(4) ___ height & width of doorways, elevators & mazes allow delivery of equipment & replacement sources into treatment rooms

(5) Radiation Protection Requirements:
(a) ___ radiation protection provided in linear accelerator rooms, radiosurgery treatment rooms & proton therapy rooms
(b) ___ both photons & neutrons are taken into account in shielding for electron accelerators of higher energy
(c) ___ layouts designed to prevent escape of radioactive particles
(d) ___ openings into room including doors ductwork vents & electrical raceways & conduits are baffled to prevent direct exposure to other areas
(e) ___ physicist & vendor input have been obtained in design process
___ certified physicist representing owner specify type location & amount of protection to be installed in accordance with final department layout & equipment selection
___ shielding plans have been submitted to the DPH Radiation Control Program

	Architectural Requirements	Building Systems Requirements	
2.1-3.6.8	**SUPPORT AREAS FOR RADIATION THERAPY**		
2.1-3.6.8.1	(may be shared between different services in radiation therapy suite or other areas)		
2.1-3.6.8.4	___ Business office and/or reception/control area		
2.1-3.6.8.13(1)	___ Gurney storage area ___ immediately accessible to radiation therapy treatment rooms		
2.1-3.6.8.14	___ Environmental services room	Ventilation:	
2.1-5.3.1.1(1)	___ min. one ES room per floor	___ Min. 10 air changes per hour ___ Exhaust	Table 8-1
2.1-5.3.1.1(2)	___ additional ES rooms provided on floor according to needs of areas served	___ Negative pressure ___ No recirculating room units	
2.1-5.3.1.2(1)	___ service sink or floor-mounted mop sink		
2.1-5.3.1.2(2)	___ provisions for storage of supplies & housekeeping equipment		
2.1-5.3.1.2(3)	___ handwashing station or hand sanitation dispenser		
2.1-3.6.8.16	**OPTIONAL SUPPORT AREAS FOR RADIATION THERAPY** ☐ check if <u>not</u> included in project		
(1)(a)	___ Oncologist's office (may be combined with consultation room)		
(1)(b)	___ Physicist's office (may be combined with treatment planning & record room)		
(2)	___ Consultation room ☐ check if <u>not</u> included in project (only if private prep/holding rooms are provided)		
(3)	___ Quality control area with image viewing station		
2.1-3.6.10	**SUPPORT AREAS FOR PATIENTS**		
2.1-3.6.10.2	___ Patient toilet rooms ___ reserved for radiation therapy patients ___ directly accessible to waiting areas & procedure rooms	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 8-1
2.1-3.6.10.4	___ Patient waiting areas		
(1)	___ waiting area for gowned patients provided adjacent to changing area		
(2)	___ provisions made for patient privacy in waiting area		

LOCATION TERMINOLOGY:

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

<u>Adjacent</u>: Located next to but not necessarily connected to the identified area or room

<u>Immediately accessible</u>: Available either in or adjacent to the identified area or room

<u>Readily accessible</u>: Available on the same floor or in the same clinic as the identified area or room

Architectural Details & MEP Requirements

2.1-7.2.2 **ARCHITECTURAL DETAILS**

CORRIDOR WIDTH:

2.1-7.2.2.1 IBC 1018.2
___ Min. 44”
or
___ Detailed code review incorporated in Project Narrative

421 CMR 6.00
___ Corridors include turning spaces for wheelchairs

(2)
___ Corridors used for stretcher & gurney transport have min. corridor or aisle width of 6’-0”
☐ check if not included in project

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 DOORS & DOOR HARDWARE:

(1) Door Type:

(a)
___ doors between corridors, rooms, or spaces subject to occupancy swing type or

(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) Door Opening:

(a)
___ min. 32” clear door width
___ min. 83.5” clear door height

(3) Door Swing:

(a)
___ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware

(4)
___ Lever hardware or push/pull latch hardware

(5) Doors for Patient Toilet Facilities:

(a)
___ door that swings outward
or
___ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)
or
___ sliding door other than pocket door

(b)
___ toilet room opens onto public area or corridor
☐ check if not included in project
___ visual privacy is maintained

2.1-7.2.2.8 HANDWASHING STATIONS:

(3)(a)
___ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

(3)(b)
___ Countertops substrate
☐ check if not included in project
___ marine-grade plywood (or equivalent material) with impervious seal

(4)
___ Handwashing station casework
☐ check if not included in project
___ designed to prevent storage beneath sink

(5)
___ Provisions for drying hands
☐ check if not included in project
(only at hand scrub facilities)

(a)
___ hand-drying device does not require hands to contact dispenser

(b)
___ hand-drying device is enclosed to protect against dust or soil

(6)
___ Liquid or foam soap dispensers

2.1-7.2.2.9 GRAB BARS:

(1)
___ Grab bars anchored to sustain concentrated load 250 pounds

(3)
___ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors

2.1-7.2.2.10 HANDRAILS:
☐ check if not included in project

(1)
___ Rail ends return to wall or floor

(2)
___ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius

(3)
___ Handrails have eased edges & corners

(4)
___ Handrail finishes are cleanable

2.1-7.2.2.11 RADIATION PROTECTION:
___ Protection for X-ray & Gamma-ray installations are shown in the plans
___ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program

2.1-7.2.2.14 ___ Decorative water features
☐ check if not included in project
(1) ___ no indoor unsealed (open) water features in confines of outpatient suite
(2) ___ no covered fish tanks in other than public areas of outpatient suite

2.1-7.2.3 **SURFACES**

2.1-7.2.3.1 FLOORING & WALL BASES:
(1) ___ Flooring surfaces cleanable & wear-resistant for location
(3) ___ Smooth transitions provided between different flooring materials
(4) ___ Flooring surfaces including those on stairways are stable, firm & slip-resistant
(5) ___ Floors & wall bases of all areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions

2.1-7.2.3.2 WALLS & WALL PROTECTION:
(1)(a) ___ Wall finishes are washable
(1)(b) ___ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(2) ___ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(4) ___ Wall protection devices & corner guards durable & scrubbable

2.1-7.2.3.3 CEILINGS:
(1) ___ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(a) ___ Ceilings cleanable with routine housekeeping equipment
(b) ___ Acoustic & lay-in ceilings where used do not create ledges or crevices

2.1-7.2.4.3 ___ Privacy curtains in patient care areas are washable

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

2.1-8.2.1.3 ___ Ventilation rates meet requirements of Table 8-2 in Part 3 ASHRAE Standard 170

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

2.1-8.3.2.2 Panelboards:
(1) ___ all panelboards accessible to health care tenants they serve
(4) ___ panelboards not located in exit enclosures or exit passageways

2.1-8.3.6 **ELECTRICAL RECEPTACLES**
___ Receptacles in patient care areas are provided according to Table 2.1-1

2.1-8.4 **PLUMBING SYSTEMS**

2.1-8.4.2 Plumbing & Other Piping Systems:
2.1-8.4.2.1(3) ___ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem

2.1-8.4.2.5 Heated Potable Water Distribution Systems:
(2) ___ heated potable water distribution systems serving patient care areas are under constant recirculation
___ non-recirculated fixture branch piping not more than 25'-0" long
(3)(a) ___ no installation of dead-end piping (except for empty risers
(3)(c) 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: 105–120°F

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 of faucets is at least 10” above bottom of basin

(7) ___ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) ___ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)

(a) ___ blade handles

☐ check if not included in project

___ at least 4 inches in length

___ provide clearance required for operation

(b) ___ sensor-regulated water fixtures

☐ check if not included in project

___ meet user need for temperature & length of time water flows

___ designed to function at all times & during loss of normal power

2.1-8.4.3.4 Ice-Making Equipment:

☐ check if not included in project

___ copper tubing provided for supply connections to ice-making equipment

2.1-8.7 **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