

**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 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals and 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.

☒ = 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.

**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:

Initial Date:

Revision Date:

Project Description:

**Architectural 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

☐ Examination room

☐ examination room provided for each external beam radiation therapy room

Ventilation:

☐ Min. 4 air changes per hourTable 8.1/  
Policy

Lighting:

☐ Portable or fixed exam light

2.1-8.3.4.3(1)

Power:

☐ Min. 8 receptacles

Table 2.1-1

☐ 4 convenient to head of exam table or gurney

2.1-3.6.8.15(1)

☐ min. clear floor area 100 sf

2.1-3.6.8.15(2)

☐ handwashing station

2.1-3.6.2.2

☐ Radiation therapy room

Ventilation:

☐ Min. 6 air changes per hourTable 8.1/  
Policy

2.1-3.6.2.2(1)

Space Requirements:

(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

☐ 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☐ handwashing station

(1)(b)

☐ block room (may be combined with mold room)☐ storage

**Architectural Requirements****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) ☐ Examination room

(a) ☐ examination room provided for each radiosurgery room

2.1-3.6.8.15(1) ☐ min. clear floor area 100 sf

2.1-3.6.8.15(2) ☐ handwashing station

**or**

☐ private pre- & post-procedure patient care station provided for each radiosurgery room

Ventilation

☐ Min. 4 air changes per hour

Lighting:

☐ Portable or fixed exam light

Power:

☐ Min. 8 receptacles

☐ 4 convenient to head of exam table or gurney

Table 8.1/  
Policy

2.1-8.3.4.3(1)

Table 2.1-1

2.1-3.6.3.2 ☐ Radiosurgery rooms (i.e. gamma knife/cyber knife rooms)

(1) Space Requirements:

(a) ☐ sized to accommodate patient access on gurney, medical staff access to equipment & patient & service access

☐ 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

Ventilation:

☐ Min. 6 air changes per hour

Table 8.1

2.1-3.6.3.3 ☐ Pre- & post-procedure/recovery accommodations

☐ check if not 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

**Architectural Requirements**

- 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 imaging room
- 2.1-3.7.2.2  
(2) Space Requirements:  
 \_\_\_ 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 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 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
- \_\_\_ 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 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
- 2.1-3.7.2.4 \_\_\_ provisions made for patient privacy
- 2.1-3.7.2.5
- 2.1-3.8.7 \_\_\_ handwashing station
- 2.1-3.8.7.1 \_\_\_ located in each room where hands-on patient care is provided

**Architectural Requirements**

- 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
- (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)
- (1) ☐ Space for sterilization of head-frames
- (2) ☐ Target planning area
- (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
- (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
- (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
- (b) ☐ handwashing station or hand sanitation dispenser provided next to stationary medication-dispensing units
- Lighting:  
☐ Task-specific lighting level min. 100 foot-candles
- Ventilation:  
☐ Min. 4 air changes per hour
- Lighting:  
☐ Task lighting
- Lighting:  
☐ Task lighting

2.1-3.8.8.1(2)(d)

Table 8.1

2.1-3.8.8.1(2)(d)

2.1-3.8.8.1(2)(d)

**Architectural Requirements**

- (c) ☐ countertop or cart provided adjacent\* to stationary medication-dispensing units
- 2.1-3.8.9 ☐ 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  
 Ventilation: ☐ Min. 2 air changes per hour Table 8.1
- 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
- 2.1-3.6.3.4(5) ☐ Storage for head-frames (may be located at each pre- & post-procedure patient care station)
- (6) ☐ Toilet room for patients  
 Ventilation: ☐ Min. 10 air changes per hour Table 8.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units
- ☐ Toilet room for staff  
 Ventilation: ☐ Min. 10 air changes per hour Table 8.1  
☐ Exhaust  
☐ Negative pressure  
☐ No recirculating room units
- (7) Area for sedation of pediatric patients  
☐ check if not included in project
- 2.1-3.6.3.5(1) ☐ Frame pin sterilization  
☐ work counter to accommodate small autoclave
- 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
- (3) ☐ Examination rooms  
 Ventilation: ☐ Min. 4 air changes per hour Table 8.1/ Policy  
☐ two examination rooms provided for each proton therapy room
- 2.1-3.6.8.15(1) ☐ min. clear floor area 100 sf  
 Lighting: ☐ Portable or fixed exam light 2.1-8.3.4.3(1)
- 2.1-3.6.8.15(2) ☐ handwashing station  
 Power: ☐ Min. 8 receptacles Table 2.1-1  
☐ 4 convenient to head of exam table or gurney

**Architectural Requirements**

- (1)(a) ☐ Proton therapy room  
           ☐ proton therapy equipment  
           ☐ 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)
- (a) ☐ separate shielded room (may be
- (b) ☐ 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

Ventilation:

☐ Min. 6 air changes per hour

Table 8.1

**Architectural Requirements****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

**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



**Architectural Requirements**

- 2.1-3.6.8.14 ☐ Environmental services room
- 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
- 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

**Ventilation:**

- ☐ Min. 10 air changes per hour Table 8.1/  
Policy
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

2.1-3.6.8.16 **OPTIONAL SUPPORT AREAS FOR RADIATION THERAPY**

- ☐ check if not 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 not 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
- 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

**Ventilation:**

- ☐ Min. 10 air changes per hour Table 8.1/  
Policy
- ☐ Exhaust
- ☐ Negative pressure
- ☐ No recirculating room units

**\*LOCATION TERMINOLOGY:**

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

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

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

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

**Architectural Details & MEP Requirements****2.1-7.2.2 ARCHITECTURAL DETAILS****2.1-7.2.2.1 CORRIDOR WIDTH:**

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:**

(4) ☐ 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 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) Door Opening:

(a) ☐ min. 34" 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)

(a)

Doors for Patient Toilet Facilities:

☐ door that swings outward

**or**

☐ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)

**or**

☐ sliding door other than pocket door

(b)

☐ toilet room opens onto public area or corridor

☐ check if not included in project

☐ visual privacy is maintained

**2.1-7.2.2.8 HANDWASHING STATIONS:**

(3)(a)

☐ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

(3)(b)

☐ Countertops substrate

☐ check if not included in project

☐ marine-grade plywood (or equivalent material) with impervious seal

(4)

☐ Handwashing station casework

☐ check if not included in project

☐ designed to prevent storage beneath sink

(5)

☐ Provisions for drying hands

☐ check if not included in project (only at hand scrub facilities)

(a)

☐ hand-drying device does not require hands to contact dispenser

(b)

☐ hand-drying device is enclosed to protect against dust or soil

(6)

☐ Liquid or foam soap dispensers

**2.1-7.2.2.9 GRAB BARS:**

(1)

☐ Grab bars anchored to sustain concentrated load 250 pounds

(3)

☐ Ends of grab bars constructed to prevent snagging clothes of patients staff & visitors

**2.1-7.2.2.10 HANDRAILS:**

☐ check if not included in project

(2)

☐ Rail ends return to wall or floor

(3)

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

(4)

☐ Handrails have eased edges & corners

(5)

☐ Handrail finishes are cleanable

<p>2.1-7.2.2.11</p> <p>2.1-7.2.2.14</p> <p>(1)</p> <p>(2)</p> <p>2.1-7.2.3</p> <p>2.1-7.2.3.1</p> <p>(1)</p> <p>(3)</p> <p>(4)</p> <p>(5)</p> <p>2.1-7.2.3.2</p> <p>(1)(a)</p> <p>(1)(b)</p> <p>(2)</p> <p>(4)</p> <p>2.1-7.2.3.3</p> <p>(1)</p> <p>(a)</p> <p>(b)</p> <p>2.1-7.2.4.3</p>	<p><b>RADIATION PROTECTION:</b></p> <p>___ Protection for X-ray &amp; Gamma-ray installations are shown in the plans</p> <p>___ Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program</p> <p>___ Decorative water features</p> <p>    <input type="checkbox"/> check if <u>not</u> included in project</p> <p>___ no indoor unsealed (open) water features in confines of outpatient suite</p> <p>___ no covered fish tanks in other than public areas of outpatient suite</p> <p><b>SURFACES</b></p> <p><b>FLOORING &amp; WALL BASES:</b></p> <p>___ Flooring surfaces cleanable &amp; wear-resistant for location</p> <p>___ Smooth transitions provided between different flooring materials</p> <p>___ Flooring surfaces including those on stairways are stable, firm &amp; slip-resistant</p> <p>___ Floors &amp; 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</p> <p><b>WALLS &amp; WALL PROTECTION:</b></p> <p>___ Wall finishes are washable</p> <p>___ Wall finishes near plumbing fixtures are smooth, scrubbable &amp; water-resistant</p> <p>___ 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 &amp; smooth</p> <p>___ Wall protection devices &amp; corner guards durable &amp; scrubbable</p> <p><b>CEILINGS:</b></p> <p>___ Ceilings provided in all areas except mechanical, electrical &amp; communications equipment rooms</p> <p>___ Ceilings cleanable with routine housekeeping equipment</p> <p>___ Acoustic &amp; lay-in ceilings where used do not create ledges or crevices</p> <p>___ Privacy curtains in patient care areas are washable</p>	<p>2.1-8.2</p> <p>2.1-8.2.1.3</p> <p>2.1-8.3</p> <p>2.1-8.3.2</p> <p>2.1-8.3.2.2</p> <p>(1)</p> <p>(4)</p> <p>2.1-8.3.6</p> <p>2.1-8.4</p> <p>2.1-8.4.2</p> <p>2.1-8.4.2.1(3)</p> <p>2.1-8.4.2.5</p> <p>(2)</p> <p>(3)(a)</p> <p>(3)(c)</p> <p>(3)(b)</p> <p>(4)(a)</p> <p>2.1-8.4.2.6</p> <p>(1)(a)</p> <p><b>HEATING VENTILATION &amp; AIR-CONDITIONING (HVAC) SYSTEMS</b></p> <p>___ Ventilation rates meet requirements of Table 8.1 in Part 3 ASHRAE Standard 170 (Policy based on input from Facility Guidelines Institute)</p> <p><b>ELECTRICAL SYSTEMS</b></p> <p><b>ELECTRICAL DISTRIBUTION &amp; TRANSMISSION</b></p> <p>Panelboards:</p> <p>___ all panelboards accessible to health care tenants they serve</p> <p>___ panelboards not located in exit enclosures or exit passageways</p> <p><b>ELECTRICAL RECEPTACLES</b></p> <p>___ Receptacles in patient care areas are provided according to Table 2.1-1</p> <p><b>PLUMBING SYSTEMS</b></p> <p>Plumbing &amp; Other Piping Systems:</p> <p>___ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem</p> <p>Heated Potable Water Distribution Systems:</p> <p>___ heated potable water distribution systems serving patient care areas are under constant recirculation</p> <p>___ non-recirculated fixture branch piping does not exceed 25'-0" in length</p> <p>___ no installation of dead-end piping (except for empty risers mains &amp; branches for future use)</p> <p>___ any existing dead-end piping is removed</p> <p>    <input type="checkbox"/> check if <u>not</u> included in project</p> <p>___ water-heating system supplies water at following range of temperatures: 105–120°F</p> <p>Drainage Systems:</p> <p>___ drainage piping installed above ceiling of or exposed in electronic data processing rooms &amp; electrical rooms have special provisions to protect space below from leakage &amp; condensation</p> <p>    <input type="checkbox"/> check if <u>not</u> included in project</p>
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(1)(b)	<input type="checkbox"/> drip pan for drainage piping above ceiling of sensitive area <input type="checkbox"/> check if <u>not</u> included in project <input type="checkbox"/> accessible <input type="checkbox"/> overflow drain with outlet located in normally occupied area	2.1-8.7	<b>ELEVATORS</b> <input type="checkbox"/> check if <u>not</u> included in project
2.1-8.4.3	<b>PLUMBING FIXTURES</b>	2.1-8.7.3	Dimensions of Elevators Used for Transport of Outpatients on Gurneys:
2.1-8.4.3.1(1)	<input type="checkbox"/> Materials used for plumbing fixtures are non-absorptive & acid-resistant		<input type="checkbox"/> elevator cars have min. inside floor dimension of 5'-8" wide by 7'-9" deep
2.1-8.4.3.2	Handwashing Station Sinks:	2.1-8.7.4	<input type="checkbox"/> Elevators are equipped with two-way automatic level-maintaining device with accuracy of $\pm 1/4$ inch
(1)	<input type="checkbox"/> sinks in handwashing stations are designed with basins that will reduce risk of splashing to areas where direct patient care is provided	2.1-8.7.5	Elevator Controls:
(2)	<input type="checkbox"/> sink basins have nominal size of no less than 144 square inches	2.1-8.7.5.1	<input type="checkbox"/> elevator call buttons & controls not activated by heat or smoke
(3)	<input type="checkbox"/> sink basins have min. dimension 9 inches in width or length	2.1-8.7.5.2	<input type="checkbox"/> 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
(5)	<input type="checkbox"/> sink basins are made of porcelain, stainless steel or solid-surface materials		<input type="checkbox"/> elevator controls, alarm buttons & telephones are accessible to wheelchair occupants & usable by the blind
(7)	<input type="checkbox"/> water discharge point of faucets is at least 10" above bottom of basin		
(8)	<input type="checkbox"/> anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied		
(8)	<input type="checkbox"/> sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)		
(a)	<input type="checkbox"/> blade handles		
	<input type="checkbox"/> check if <u>not</u> included in project		
	<input type="checkbox"/> at least 4 inches in length		
	<input type="checkbox"/> provide clearance required for operation		
(b)	<input type="checkbox"/> sensor-regulated water fixtures		
	<input type="checkbox"/> check if <u>not</u> included in project		
	<input type="checkbox"/> meet user need for temperature & length of time water flows		
	<input type="checkbox"/> designed to function at all times and during loss of normal power		
2.1-8.4.3.4	Ice-Making Equipment:		
	<input type="checkbox"/> check if <u>not</u> included in project		
	<input type="checkbox"/> copper tubing provided for supply connections to ice-making equipment		