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:
- 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.

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:  

Building/Floor Location:  

Satellite Name: (if applicable)  

Satellite Address: (if applicable)  

Submission Dates:  

Project Description:  

Initial Date:  

Revision Date:  
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
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
2.1-3.6.2.2(1)  (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

Ventilation:
  ☐ Min. 4 air changes per hour  Table 8.1/Policy
  ☐ Min. 6 air changes per hour  Table 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
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

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

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

2.1-3.6.3.6(2) storage for patient belongings
Architectural Requirements

2.1-3.7.1.4 Number of Patient Care Stations:

(1)

____ 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 Space Requirements:

(2)

____ patient care bays

☐ check if not included in project

___ 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

2.1-3.8.7.1 ______ handwashing station

____ 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

Lighting:

___ Task-specific lighting level min. 100 foot-candles

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 lighting
**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
☐ check if not included in project

___ 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

___ two examination rooms provided for each proton therapy room

2.1-3.6.8.15(1) ___ min. clear floor area 100 sf
2.1-3.6.8.15(2) ___ handwashing station

Ventilation:
☐ Min. 4 air changes per hour Table 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
Architectural Requirements

(1)(a) Proton therapy room
   ___ Min. 6 air changes per hour
   ___ Ventilation: Table 8.1
   ___ 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
   ___ room sized to provide min. clearance
   ___ 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 located away from Proton Therapy Suite)

(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
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
2.1-3.6.8.16  _____ handwashing station or hand sanitation dispenser

Ventilation:

2.1-5.3.1.1(1)  _____ Min. 10 air changes per hour
2.1-5.3.1.1(2)  _____ Exhaust
2.1-3.6.8.16  _____ Negative pressure
2.1-5.3.1.2(3)  _____ No recirculating room units

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

SUPPORT AREAS FOR PATIENTS

2.1-3.6.10
2.1-3.6.10.2  _____ Patient toilet rooms
2.1-3.6.10.4  _____ Patient waiting areas

Ventilation:

2.1-3.6.10.2  _____ Min. 10 air changes per hour
2.1-3.6.10.4  _____ Exhaust
2.1-3.6.10.2  _____ Negative pressure
2.1-3.6.10.4  _____ 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

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

#### CEILING HEIGHT:

- **2.1-7.2.2.2**
  - Min. height 7’-6” above floor of suspended tracks, rails & pipes located in traffic path
  - Min. ceiling height 7’-10” in other areas

#### DOORS & DOOR HARDWARE:

- **2.1-7.2.2.3**
  - 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

- **2 (2)***
  - Door Opening:
    - (a) min. 34” clear door width
    - (3) 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 (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

- **(3)(b)***
  - Countertops substrate
  - ☐ check if not included in project

- **(4)***
  - Handwashing station casework
  - ☐ check if not included in project

- **(5)***
  - Provisions for drying hands
  - ☐ check if not included in project

- **(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

#### GRAB BARS:

- **2.1-7.2.9**
  - Grab bars anchored to sustain concentrated load 250 pounds

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

#### HANDRAILS:

- **2.1-7.2.10**
  - ☐ 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
2.1-7.2.11 RADIATION PROTECTION:
   (1) Protection for X-ray & Gamma-ray installations are shown in the plans
   (2) Documentation for radiation protection has been submitted separately to the DPH Radiation Control Program

2.1-7.2.14 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 8.1 in Part 3 ASHRAE Standard 170 (Policy based on input from Facility Guidelines Institute)

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
   (3)(a) no installation of dead-end piping (except for empty risers mains & branches for future use)
   (3)(b) any existing dead-end piping is removed
   (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
<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
<th>Notes</th>
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<tbody>
<tr>
<td>2.1-8.4.3</td>
<td>Handwashing Station Sinks:</td>
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<tr>
<td>2.1-8.4.3.1(1)</td>
<td>Materials used for plumbing fixtures are non-absorptive &amp; acid-resistant</td>
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<td>2.1-8.4.3.2</td>
<td>Handwashing Station Sinks:</td>
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<td>(1)</td>
<td>sinks in handwashing stations are designed with basins that will reduce risk of splashing to areas where direct patient care is provided</td>
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<td>(2)</td>
<td>sink basins have nominal size of no less than 144 square inches</td>
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<td>(3)</td>
<td>sink basins have min. dimension 9 inches in width or length</td>
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<td>(4)</td>
<td>sink basins are made of porcelain, stainless steel or solid-surface materials</td>
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<td>(5)</td>
<td>water discharge point of faucets is at least 10&quot; above bottom of basin</td>
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<td>(6)</td>
<td>anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied</td>
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<td>(7)</td>
<td>sinks used by staff, patients, &amp; public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)</td>
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<td>(a)</td>
<td>blade handles</td>
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<td>□ check if not included in project</td>
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<td>□ at least 4 inches in length</td>
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<td>□ provide clearance required for operation</td>
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<td>(b)</td>
<td>sensor-regulated water fixtures</td>
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<td>□ check if not included in project</td>
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<td></td>
<td>□ meet user need for temperature &amp; length of time water flows</td>
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<td></td>
<td>□ designed to function at all times and during loss of normal power</td>
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<td>2.1-8.7</td>
<td>ELEVATORS</td>
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<td>2.1-8.7.3</td>
<td>Dimensions of Elevators Used for Transport of Outpatients on Gurneys:</td>
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<td>elevator cars have min. inside floor dimension of 5'-8&quot; wide by 7'-9&quot; deep</td>
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<td>2.1-8.7.4</td>
<td>Elevators are equipped with two-way automatic level-maintaining device with accuracy of ± 1/4 inch</td>
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<td>2.1-8.7.5</td>
<td>Elevator Controls:</td>
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<td>2.1-8.7.5.1</td>
<td>elevator call buttons &amp; controls not activated by heat or smoke</td>
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<tr>
<td>2.1-8.7.5.2</td>
<td>light beams if used for operating door reopening devices without touch are used in combination with door-edge safety devices &amp; are interconnected with system of smoke detectors</td>
<td></td>
</tr>
<tr>
<td>2.1-8.7.5.3</td>
<td>elevator controls, alarm buttons &amp; telephones are accessible to wheelchair occupants &amp; usable by the blind</td>
<td></td>
</tr>
<tr>
<td>2.1-8.7.5.4</td>
<td>Ice-Making Equipment:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ check if not included in project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ copper tubing provided for supply connections to ice-making equipment</td>
<td></td>
</tr>
</tbody>
</table>