COMPLIANCE CHECKLIST

OP3: Freestanding Outpatient Diagnostic 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 2014 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 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 and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797
- 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 Part II of the 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 symbols, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the symbol "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).

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.

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**

FREESTANDING OUTPATIENT DIAGNOSTIC FACILITIES

3.1-1.2.2 **PATIENT PRIVACY**

___ Each facility design ensures appropriate levels of patient acoustic & visual privacy & dignity throughout care process

3.1-1.2.3 **SHARED/PURCHASED SERVICES**

☐ check if not included in project

___ Details of shared or purchased space and/or services indicated in Project Narrative

___ Waiver requests have been submitted for shared or purchased space (except as explicitly allowed below)

3.1-1.3.2 **PARKING**

1.3-3.3.1.1 ___ Parking capacity sufficient to satisfy needs of patients, personnel & public

ACCESS

140.209 ___ Facility is accessible to handicapped individuals

3.1-1.3.3 **ENTRANCE**

___ At grade level

___ Clearly marked

___ Located so patients need not go through other activity areas (public lobbies may be shared)

3.1-1.4 **FACILITY LAYOUT**

___ Precludes unrelated traffic in facility

2.2-3.4.1.3 **Radiation Protection**

☐ check if not included in project

(only for MRI scanner rooms or ultrasound rooms)

___ Specifications of radiation shielding have been submitted to DPH Radiation Control Program

(1) ___ Shielded control alcove or room

(a) ___ each examination/procedure room containing non-portable radiation-emitting imaging equipment includes fixed shielded control alcove or room

(b) ___ shielded view window designed to provide full view of examination/ procedure table & patient at all times, including full view of patient when table is tilted or chest X-ray is used

or

	Architectural Requirements	Building Systems Requirements	
	___ No shielded control alcove or room		
	___ letter from hospital physicist supporting the omission of shielded control alcove or room is attached		
2.2-3.4.1.4	**SPECIAL DESIGN ELEMENTS**		
(1)	___ Floor structure meets equipment manufacturer load requirements		
	___ Floor finishes conform to imaging equipment technical requirements		
2.2-3.4.2	**COMPUTED TOMOGRAPHY (CT) FACILITIES** ☐check if not included in project		
2.2-3.4.2.1	___ CT scanner room	Ventilation:	
(1)	Space Requirements:	___ Min. 6 air changes per hour	Table 7.1
(a)	___ CT scanner room sized & configured in compliance with manufacturer specifications		
	___ installation plans have been submitted to DPH Plan Review		
(b)	___ min. clearance 4'-0" on all sides of gantry assembly or table		
(2)	___ handwashing station in CT scanner room		
(3)	___ door swing does not encroach on equipment, patient circulation, or transfer space		
2.2-3.4.2.2	___ Control room		
(1)	___ shielded view window		
(2)	___ angle between control & CT equipment centroid permits control operator to see patient's head & part of body being imaged in bore of scanner		
2.2-3.4.3	**DIAGNOSTIC RADIOGRAPHY FACILITIES** ☐check if not included in project		
2.2-3.4.3.1			
(1)	___ Room design & equipment siting accommodate manufacturer's operational, service & safety clearances		
	___ installation plans have been submitted to DPH Plan Review		
2.2-3.4.3.2	___ Radiography room ☐check if not included in project		
(2)	___ handwashing station	Ventilation: ___ Min. 6 air changes per hour	Table 7.1
2.2-3.4.3.3	___ Radiography/fluoroscopy room ☐check if not included in project		
(2)	___ handwashing station	Ventilation: ___ Min. 6 air changes per hour	Table 7.1

	Architectural Requirements	Building Systems Requirements	
(3)	___ separate toilet room ___ handwashing station ___ direct access from each dedicated fluoroscopy room ___ patients able to leave toilet room without reentering fluoroscopy room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust	Table 7.1
2.2-3.4.3.4	___ Mammography room ☐check if not included in project		
(1)	___ views into mammography room by public or other patients prevented when room is in use	Ventilation: ___ Min. 6 air changes per hour	Table 7.1
(2)	___ handwashing station		
(3)	___ changing room for mammography patients immediately accessible* to waiting area & procedure room		
(a)	___ complies with Section 2.2-3.4.8.3		
(b)	(may serve other imaging services)		
2.2·3.4.4	**MAGNETIC RESONANCE IMAGING (MRI) FACILITIES** ☐check if not included in project		
2.2-3.4.4.1	___ MRI suite & scanner rooms sized & configured in compliance with manufacturer specifications ___ installation plans have been submitted to DPH Plan Review		
2.2·3.4.4.2	MRI Scanner Room Space Requirements:	Ventilation:	
(1)	___ sized to accommodate clearances in manufacturer's technical specifications	___ Min. 6 air changes per hour	Table 7.1
(2)	___ min. clearance 4’-0” on all sides of gantry assembly or table ___ door swing does not encroach on min. clearances		
2.2·3.4.4.3	Planning Configuration of MRI Suite:		
(1)	___ conforms to 4-zone screening & access control protocols identified by American College of Radiology ___ **Zone I**: all areas that are freely accessible to the general public ___ **Zone II**: interface between the publicly accessible uncontrolled Zone I & strictly controlled Zone III (space for screening questions, patient histories, medical insurance questions) ___ **Zone III**: no free access by unscreened persons or non-MRI personnel due to interactions between persons or equipment & MRI scanner ___ **Zone IV**: MRI scanner room where access must be supervised by MRI personnel		

	Architectural Requirements	Building Systems Requirements
(2)	___ MRI suite as well as spaces around, above & below designed to prevent unscreened individuals from entering 5-gauss volume around MRI equipment	
(3)	Layout has provisions for following functions:	
(a)	___ patient interviews & clinical screening	
(b)	___ physical screening	
(c)	___ ferromagnetic detection & warning systems	
(d)	___ access control	
(g)	___ storage for patient belongings & non-MRI-safe items	
(4)	___ Control vestibule	
	___ visible from control room	
	___ sole means of access to MRI scanner room & control room	
(5)	___ Locking system to any area where magnetic field strength equal to or greater than 5 gauss	
2.2-3.4.4.4	___ Cryogen venting, emergency exhaust & passive pressure relief systems in accordance with equipment manufacturer specifications	
2.2-3.4.4.5	___ Handwashing station	
	___ directly accessible* to MRI scanner room	
2.2-3.4.4.6	___ MRI control room	
(1)	___ full view of patient & all activity in MRI room	
(a)	___ operator's console positioned so operator has full view of approach & entrance to MRI scanner room	
(b)	___ door in open position does not obstruct view of entry opening from operator's console	
(3)	___ space for emergency patient stabilization or resuscitation near control room but outside 5-gauss line	
2.2-3.4.4.7	___ Pre-procedure patient care area or room	
2.2-3.5.3.1		
(2)	___ immediately accessible* to procedure rooms	
	___ separate from corridors	
(3)	___ arranged to permit visual observation by staff before & after procedure	
2.2-3.5.3.2	Space Requirements:	
	___ patient bays*	
	☐check if <u>not</u> included in project	
	___ min. clear floor area 60 sf	
	___ 5’-0” between sides of patient beds/stretchers	
	___ 4’-0” between sides of patient beds/ stretchers & adjacent walls or partitions	

	Architectural Requirements	Building Systems Requirements	
	___ patient cubicles* ☐check if not included in project		
	___ min. clear floor area 80 sf ___ min. clearance 3'-0" between sides & foot of lounge chairs/stretchers & adjacent walls or partitions		
	___ provisions such as cubicle curtains used for patient privacy		
2.1-2.6.5.3	Handwashing Stations:		
(1)	___ at least one handwashing station for every 4 patient care stations or fewer & for each major fraction thereof		
(2)	___ evenly distributed ___ provide uniform distance from two patient care stations farthest from handwashing station		
2.2-3.4.4.8	___ Computer room		
2.2-3.4.4.10	Special Design Elements-MRI Scanner Room:		
(1)	___ no ferromagnetic materials		
(a)	___ location or shielding to avoid		
(b)	radiofrequency interference from elevators or other mechanical-electrical equipment		
(2)			
(a)	___ floor structure designed to support weight of MRI scanner equipment, ___ floor structure designed to minimize disturbance to MRI magnetic field ___ floor structure designed to mitigate disruptive environmental vibrations		
(b)	___ entry door swings outward from inside room		
(c)	___ lighted sign with red light to indicate that magnet is always on		
(d)	___ acoustic control to mitigate ambient noise emitted by MRI scanner per Table 1.2-6		
2.2-3.4.5	**ULTRASOUND FACILITIES** ☐check if not included in project		
2.2-3.4.5.2	___ Ultrasound examination or procedure rooms	Ventilation:	
(1)	___ min. clear floor area 120 sf	___ Min. 6 air changes per hour	Table 7.1
(2)	___ min. clearance 3'-0" on three sides of table/stretcher		
2.2-3.4.5.3	___ handwashing station		

	Architectural Requirements	Building Systems Requirements	
2.2-3.4.5.4	___ patient toilet room	Ventilation:	
(1)	___ directly accessible* from examination or procedure room	___ Min. 10 air changes per hour ___ Exhaust	Table 7.1
(2)	___ serves more than one procedure room ___ measures to limit patient access to other procedure rms **or** ___ serves only one procedure room		
2.2-3.4.6	**SUPPORT AREAS FOR IMAGING SERVICES**		
2.2-3.4.6.1	___ Reception area with control desk		
2.2-3.4.6.2	___ Documentation area		
2.2-3.4.6.3	___ Area for consultation with patients or referring clinician (including remote consultation with referring clinicians)		
2.2-3.4.6.4	___ Pre-procedure patient care & observation space		
(1)	___ area where imaging service patients can receive point-of-care lab work or injection preparation for contrast		
(2)	___ under direct observation of nursing staff ___ accommodates stretcher patients ___ accommodates seating space for patients & visitors		
2.2-3.4.6.6	___ Medication safety zone & storage		
2.1-2.6.6.1	___ medication preparation room		
(2)	**or** ___ self-contained medication dispensing unit		
2.2-3.4.6.6	___ immediately accessible* from patient holding areas		
(2)	___ provision made for locked storage of medications & drugs		
2.1-2.6.6.1(2)			
(a)	___ located out of circulation paths to minimize distraction & interruption		
(c)	___ work counters		
(d)	___ task lighting		
(e)	___ meet acoustic design criteria per 1.2-5.1		
2.1-2.6.6.2(1)	___ medication preparation room ☐check if not included in project		
(a)	___ under visual control of nursing staff	Ventilation:	
(b)	___ work counter ___ handwashing station ___ lockable refrigerator ___ locked storage for controlled drugs	___ Min. 4 air changes per hour	Table 7.1
(c)	Sharps Containers: ☐check if not included in project ___ sharps containers placed at height that allows users to see top of container		

	Architectural Requirements	Building Systems Requirements	
(d)	___ space to prepare medicines in addition to any self-contained medicine-dispensing unit		
(2)	___ self-contained medication dispensing units ☐check if not included in project		
(a)	___ located at nurse station or in an alcove ___ lockable unit to secure controlled drugs		
(b)	___ handwashing station located next to stationary medication-dispensing units		
2.2-3.4.6.9	___ Clean storage (may be shared with another department) ___ readily accessible*		
2.2-3.4.6.10	___ Provisions made for soiled holding		
(2)	___ handwashing stations immediately accessible*		
2.2-3.4.6.12	___ Environmental services room		
(1)	___ immediate access to imaging suite		
2.1-2.6.12.2		Ventilation:	
(1)	___ service sink or floor-mounted mop sink	___ Min. 10 air changes per hour	Table 7.1
(2)	___ provisions for storage of supplies & housekeeping equipment	___ Exhaust	
(3)	___ handwashing station or hand sanitation station		
2.2-3.4.6.13(1)	___ Contrast media preparation area ☐check if not included in project		
(a)	___ sink		
(b)	___ counter		
(c)	___ storage		
2.2-3.4.6.14	___ Space to accommodate equipment to be used for image acquisition & transmission		
2.2-3.4.6.15	___ Image interpretation/reading rooms		
2.2-3.4.6.16	___ Facilities for processing ultrasound probes ☐check if not included in project		
(1)	(only if cleaning & decontamination of probes is not performed in the imaging department)		
(b)	___ size of processing room dictated by amount of equipment to be processed	Ventilation: ___ Min. 10 air changes per hour	Table 7.1
(c)	___ cleaning area allows for flow of probes from contaminated area to clean assembly area & then to storage ___ decontamination area	___ Exhaust ___ Negative pressure ___ No recirculating room units	
(d)	___ work counter space ___ sink appropriate to method of decontamination used ___ handwashing station ___ space & utility connections for automatic cleaning of & sterilizing probes		

	Architectural Requirements	Building Systems Requirements	
(2)	___ clean probes storage room	Ventilation: ___ Min. 4 air changes per hour ___ Positive pressure	Table 7.1
2.2-3.4.7	**SUPPORT AREAS FOR IMAGING SERVICES STAFF**		
2.2-3.4.7.1	___ Staff lounge ___ lockers ___ readily accessible* to imaging suite		
2.2-3.4.7.2	___ More than 3 exam/procedure rooms in suite ___ staff toilets directly accessible* **or** ___ 3 or fewer exam/procedure rooms in suite ___ staff toilets immediately accessible* (may be outside suite)		
2.2-3.4.8	**SUPPORT AREAS FOR PATIENTS**		
2.2-3.4.8.3	___ Patient changing rooms		
(1)	___ immediately accessible* to imaging examination/procedure rooms		
(2)	___ include seat or bench & mirror		
(3)	___ provisions for hanging patients' clothing & securing valuables either in patient changing room or in shared secured storage		
3.1-5	**GENERAL SUPPORT FACILITIES**		
3.1-5.2	Linen Services:		
3.1-5.2.2	___ on-site linen processing		
3.1-5.2.2.1	___ dedicated linen processing area ___ accommodates washer & dryer	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
(1)			
(2)	___ area divided into distinct soiled (sorting & washing) & clean (drying & folding) areas		
3.1-5.2.2.2	___ storage for laundry supplies		
3.1-5.2.2.3	___ clean linen storage		
3.1-5.2.2.4	___ handwashing station		
	or		
3.1-5.2.3	___ off-site laundry services		
3.1-5.2.3.1	___ soiled linen holding area or dedicated area for soiled laundry cart		
3.1-5.2.3.2	___ clean linen storage area		
3.1-5.3	Materials Management:		
3.1-5.3.2	___ receiving facilities		
	___ accessible from designated delivery door		
3.1-5.3.3	___ clean clinical supply storage		

	Architectural Requirements	Building Systems Requirements	
3.1-6.2	**PUBLIC AREAS**		
3.1-6.2.1	___ Vehicular drop-off & pedestrian entrance		
3.1-6.2.2	___ Reception & information counter, desk, or kiosk		
2.2-3.4.8.1 (1)	___ Patient waiting area ___ screened & separated from unrelated traffic ___ under staff control		
		Chest X-Ray Ventilation: ☐check if not included in project (only if no chest X-rays are performed)	4/7.1
		___ Min. 12 air changes per hour ___ exhaust ventilation **or** ___ recirculating ventilation system with HEPA filter	Table 7.1
2.2-3.4.8.2	___ Patient toilet rooms ___ handwashing stations ___ immediately accessible* to waiting areas	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust	 Table 7.1
3.1-6.2.4	___ Public toilets (may be located off public corridor in multi-tenant building)		
3.1-6.2.4.1	___ readily accessible from waiting area without passing through patient care or staff work areas	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust	 Table 7.1
	___ Local telephone access		
3.1-6.2.5	___ Provisions for drinking water		
3.1-6.2.6	___ Wheelchair storage		
3.1-6.3	**ADMINISTRATIVE AREAS**		
3.1-6.3.3	___ General or Individual offices		
3.1-6.3.5	___ Medical records		
3.1-6.3.5.1	___ restricted to staff access		

Architectural Details & MEP Requirements

3.1-7.2.2 **ARCHITECTURAL DETAILS**

3.1-7.2.2.1 Corridor Width:

IBC 1018.2
___ Min. 44" except in corridors used to transport patients on stretchers
or
___ Compliance of corridor width with State Building Code is established in submitted Code Review Sheet

___ Min. 72" in corridors used to transport patients on stretchers
☐check if not included in project

421 CMR 6.00
___ Corridors include turning spaces for wheelchairs

3.1-7.2.2.2 Ceiling Height:
___ Min. 7'-10" (except in spaces listed below in this section)
(1)
___ Min. 7'-6" in corridors
___ Min. 7'-6" in normally unoccupied spaces
(2)
___ Min. height 7'-0" from lowest protruding element of equipment in radiography rooms
☐check if not included in project

3.1-7.2.2.3 Doors & Door Hardware:
(1) Door Type:
(a)
___ all doors between corridors, rooms, or spaces subject to occupancy of swing type or sliding doors
(b)
___ sliding doors
☐check if not included in project
___ no floor tracks in patient care areas

(2) Door Openings:
(a)
___ door provides stretcher access
___ min. clear width 45.5"
___ min. clear height 83.5"
or
___ door does not provide stretcher access
___ door to room used by patients min. clear width 32"

421 CMR 26.00

3.1-7.2.2.3
(3)
___ door do not swing into corridors except doors in behavioral health units & doors to non-occupiable spaces
(4)
___ lever hardware
(b)
___ doors to patient use toilets in patient care & treatment areas have hardware that allows staff emergency access

3.1-7.2.2.8 Handwashing Stations:
(3)
___ Anchored to support vertical or horizontal force of 250 lbs.
(4) Counter-Mounted Sinks:
(a)
___ countertops made of porcelain, stainless steel, or solid surface materials
(b)
___ plastic laminate countertops
☐check if not included in project
___ at minimum substrate marine-grade plywood with impervious seal
(5)
___ no storage casework beneath sink
(6)
___ provisions for drying hands at all handwashing stations except hand scrub facilities
(a)
___ hand-drying device does not require hand contact
(b)
___ hand-drying provisions enclosed to protect against dust or soil
(7)
___ liquid or foam soap dispensers

3.1-7.2.2.9 Grab Bars:
(2)
___ anchored for concentrated load of 250 lbs.
(3)
___ bariatric design
☐check if not included in project
___ length of rear wall grab bars 44"

3.1-7.2.3 **SURFACES**

3.1-7.2.3.1 Flooring & Wall Bases:
(1)
___ Selected flooring surfaces cleanable & wear-resistant for location
(2)
___ Smooth transitions between different flooring materials
(3)
___ Flooring surfaces, including those on stairways, stable, firm & slip-resistant
___ Carpet provides stable & firm surface
(4)
___ Floors & wall bases materials in all areas subject to frequent wet cleaning are not affected by germicidal cleaning solutions

3.1-7.2.3.2 Walls & Wall Protection:
(1)
(a) ___ Wall finishes washable
(b) ___ Wall finishes in vicinity of plumbing fixtures smooth, scrubbable & water-resistant
(2) ___ Wall surfaces in areas routinely subjected to wet spray or splatter are monolithic or have sealed seams
(4) ___ No sharp protruding corners
(5) ___ Corner guards durable & scrubbable

3.1-8.2 **HVAC SYSTEMS**

4/6.3.1 Outdoor Air Intakes:

4/6.3.1.1 ___ Located min. 25 feet from cooling towers & all exhaust & vent discharges
___ Bottom of air intake is at least 6'-0" above grade

Roof Mounted Air Intakes:
☐check if not included in project
___ bottom min. 3'-0" above roof level

4/6.4 Filtration:
___ Filter banks conform to Table 6.4

4/6.7 Air Distribution Systems:

4/6.7.1 ___ Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships

4/7 Space Ventilation:

4/7.1 ___ Spaces ventilated per Table 7.1
___ Air movement from clean areas to less clean areas
___ Min. number of total air changes indicated either supplied for positive pressure rooms or exhausted for negative pressure rooms
___ Recirculating room HVAC units
☐check if not included in project
___ each unit serves only single space
___ min. MERV 6 filter for airflow downstream of cooling coils

3.1-8.2.1.1(5) Acoustical Considerations:
___ Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade

3.1-8.2.1.2 Ventilation & Space-Conditioning:
(1) ___ All rooms & areas used for patient care have provisions for ventilation
(2) ___ Natural ventilation only allowed for non sensitive areas via operable windows
___ Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4

3.1-8.3 **ELECTRICAL SYSTEMS**

3.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**

3.1-8.3.2.1 Switchboards Locations:
(1)
(a) ___ located in areas separate from piping & plumbing equipment
___ not located in rooms they support
(b) ___ accessible to authorized persons only
(c) ___ easily accessible
(d) ___ located in dry, ventilated space free of corrosive gases or flammable material

3.1-8.3.6 **ELECTRICAL RECEPTACLES**

3.1-8.3.6.2 ___ Receptacles in patient care areas conform to Table 3.1-1

3.1-8.4 **PLUMBING SYSTEMS**

3.1-8.4.2.5 Heated Potable Water Distribution Systems:
(2) ___ Systems serving patient care areas are under constant recirculation
___ Non-recirculated fixture branch piping does not exceed 25'-0" in length
(3) ___ No dead-end piping
(4) ___ Water-heating system has supply capacity at minimum temperatures & amounts indicated in Table 2.1-3
(5) ___ Handwashing stations supplied as required above
or
___ Handwashing stations supplied at constant temperature between 70°F & 80°F using single-pipe supply

3.1-8.4.3 **PLUMBING FIXTURES**

3.1-8.4.3.1
(1) ___ Materials material used for plumbing fixtures non-absorptive & acid resistant

3.1-8.4.3.2 Handwashing Station Sinks:

(1) ___ Basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared

(2) ___ Basin min. 144 square inches
___ Min. dimension 9 inches

(3) ___ Made of porcelain, stainless steel, or solid-surface materials

(5) ___ Water discharge point of faucets at
(7) least 10 inches above bottom of basin

___ Anchoring for sinks withstands min.
(8) vertical or horizontal force of 250 lbs

___ Fittings operated without using hands for sinks used by staff, patients & public

(a) ___ blade handles or single lever
___ min. 4 inches long
___ provide clearance required for operation

or

(b) ___ sensor-regulated water fixtures
___ meet user need for temperature & length of time water flows
___ designed to function at all times & during loss of normal power

3.1-8.4.3.5 Clinical Sinks:

☐ check if not included in project

(1) ___ Trimmed with valves that can be operated without hands

(2) ___ Handles min. 6 inches long
___ Integral trap wherein upper portion of water trap provides visible seal

3.1-8.7.2 **ELEVATORS**

3.1-8.7.2.1
___ Outpatient facility located on more than one floor or on floor other than an entrance floor at grade level
___ at least one elevator

or

___ Outpatient facility located on entrance floor at grade level