STATEMENT OF CONDITIONS™

C O M P L I A N C E - D O C U M E N T

PART 1: INTRODUCTION & INSTRUCTIONS

JOINT COMMISSION

ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

INTRODUCTION

This Statement of Conditions™ (SOC™) compliance document has been developed to assist your efforts in creating and maintaining a fire safe environment of care and in demonstrating compliance with the intent of standards of accreditation that require:

> Newly constructed and existing environments of care are designed and maintained to comply with the *Life Safety Code®*.*

The SOC™ compliance document consists of the following four parts:

- **Part 1: Introduction & Instructions -** contains general information and guidance to aid you in completing Parts 2 through 4.
- **Part 2: Basic Building Information (BBI) -** collects general information about each building occupied by patients/residents/clients.
- **Part 3: Life Safety Assessment (LSA) -** assesses your organization's general compliance with the requirements of NFPA 101® - 1997; *Life Safety Code®* (*LSC®*).
- **Part 4: Plan for Improvement (PFI) -** describes your organization's plan to resolve identified *LSC* deficiencies.

Note: *Business occupancies, as defined by the* LSC*, that are free standing (or connected to a health care occupancy but are separated by a two-hour fire barrier and do not serve as a required means of egress from the health care occupancy)* ***do not require a SOC****.*

Preparation and use of this SOC compliance document should be more than a mere formality justified by an impending JCAHO triennial survey. Compliance will be evaluated by your organization's use of the SOC within a proactive process that assesses *LSC* compliance (Part 3) and, when required, develops management plans for improvement (Part 4) for resolving identified deficiencies.

The SOC compliance document must be completed before the day of the survey. Do not send the completed SOC to the Joint Commission. Retain as original, historical records the completed Parts 2 and 4 within your organization and be prepared to make a photocopy of these documents available to your JCAHO surveyor. It is extremely important for you to be thorough and detail oriented when assessing *LSC* compliance (Part 3) and developing plans for improvement (Part 4). Joint Commission surveyors will review Parts 2, 3, and 4 and will be validating the contents of your SOC with their own observations.

The SOC compliance document must be completed by persons who have both a strong knowledge of the requirements of the *LSC* and the building(s) described in Part 2. There are no prescriptive requirements for the education or experience of persons who complete the SOC.

You have received one SOC for your organization. Please ***photocopy*** *Parts 2 and 4 as many times as needed. Additional SOC forms may be requested from the Presurvey Quality Control Coordinator at 630/792-5519. Technical questions pertaining to the SOC should be directed to the Environment of Care section in the Department of Standards at 630/792-5900.*

* Life Safety Code *and NFPA are registered trademarks of the National Fire Protection Association, Inc, Quincy, Massachusetts. Effective January 1, 1998, the Joint Commission will reference the NFPA 101-1997,* Life Safety Code (LSC) *of the National Fire Protection Association. All facilities being surveyed after this date will be evaluated using the 1997 edition of the* LSC. *Buildings for which plans were approved after January 1, 1998, will be evaluated as "new construction" under the applicable occupancy chapters of the 1997 edition of the* LSC.

INSTRUCTIONS

PART 2: BASIC BUILDING INFORMATION (BBI)

BBI forms should be photocopied as many times as needed. Complete one BBI for each building occupied by patients/residents/clients regardless of ownership, lease/rental agreements, etc. Reasons for occupancy include: housing, care, treatment, counseling, or other activities that relate to the occupant's status as a patient/resident/client of your organization. *Buildings which your organization may own, lease, occupy, manage, or control and which are* ***not*** *occupied by patients/residents/clients* ***do not require a BBI.***

The purpose of the BBI is to document specific features of the building that exist; it does not require an assessment to be made as to the acceptability of each feature. Assessment of acceptability will be accomplished in Part 3.

The following are guidelines for completing the BBI:

- Number 1 - Self explanatory.
- Number 2 - Identify the building name or address. Do not identify more than one building. A separate BBI must be completed for each building. Buildings that share common walls with other buildings must be completely separated from each other by fire barriers having at least two-hour fire resistance rating or shall be considered one building.
- Number 3 - Self explanatory.
- Number 4 - Provide your JCAHO organization identification number.
- Number 5A - Determine which **one** of the five occupancy classifications listed matches the primary usage of the building. *CAUTION: Occupancy classifications are based solely upon* LSC *definitions. Do not rely on clinical definitions or your organization's use of these terms which, if used, may incorrectly classify the building.*
- Number 5B - After identifying the primary occupancy classification (Number 5A), determine if this building is a mixed occupancy because of two or more separate and distinct occupancy classifications. All additional occupancies must be separated by appropriate fire resistance rated walls and floor/ceiling assemblies. Indicate all additional occupancy classifications and locations.
- Number 6 - Attach a copy of all JCAHO equivalency award letters for the building identified (Question 2). *NOTE: Variances, waivers, exceptions, or equivalencies awarded by another AHJ are not automatically accepted by JCAHO. A separate request for equivalency must be made to the JCAHO using one of the two equivalency methods provided in Part 4.*
- Number 7 - Patients/residents/clients may be considered incapable of taking their own measures of self-preservation because of one or more of the following reasons: age, physical or mental disability, mental acuity, medication, illness, disease, treatment/procedures being administered, general anesthesia, or confinement by locked doors.
- Number 8 - Count stories by starting at the level of exit discharge. If multiple levels of exit discharge exist, then start counting at the lowest level of exit discharge where the floor is level with or above grade along 50% or more of the building perimeter at the exterior wall line.
- Numbers 9, 10, 11, and 12 - Self explanatory.

PART 3: LIFE SAFETY ASSESSMENT (LSA)

Ongoing compliance with the intent of Joint Commission life safety management standards will be dependent upon your organization's development and implementation of a process that continually assesses, identifies, and resolves *LSC* deficiencies (see Figure 1). Your organization, through your documented Life Safety Management Plan, must establish policies and procedures from which ongoing assessments will occur. These assessments must be performed by persons who have a strong knowledge of *LSC* requirements. There are no prescriptive requirements for the education or experience of those who complete the LSA. Assessments must be performed by on-site evaluation of arrangements, assemblies, and current practices. Assessments performed using drawings or blueprints only and not validated by a building tour will not be acceptable.

The Joint Commission has provided an assessment tool for your use in Part 3. **Use of the Joint Commission tool is not mandatory; however, the Joint Commission does require that each building identified in Part 2 be assessed by your organization for compliance with the *LSC.*** There are numerous tools, methods, and sources of data that you may utilize to perform the required assessment. Some examples of data sources might include: fire department or state licensure inspection, insurance (loss control) reports, consultant surveys, etc. **The assessment must be documented,** regardless of method selected, for review by Joint Commission surveyors. The purpose of the assessment is to determine if any *LSC* deficiencies exist. It is important that every *LSC* deficiency is identified by an exact location (i.e., building, floor, wing, room, etc.). If you decide to select the Joint Commission assessment tool, you will find additional instructions in Part 3.

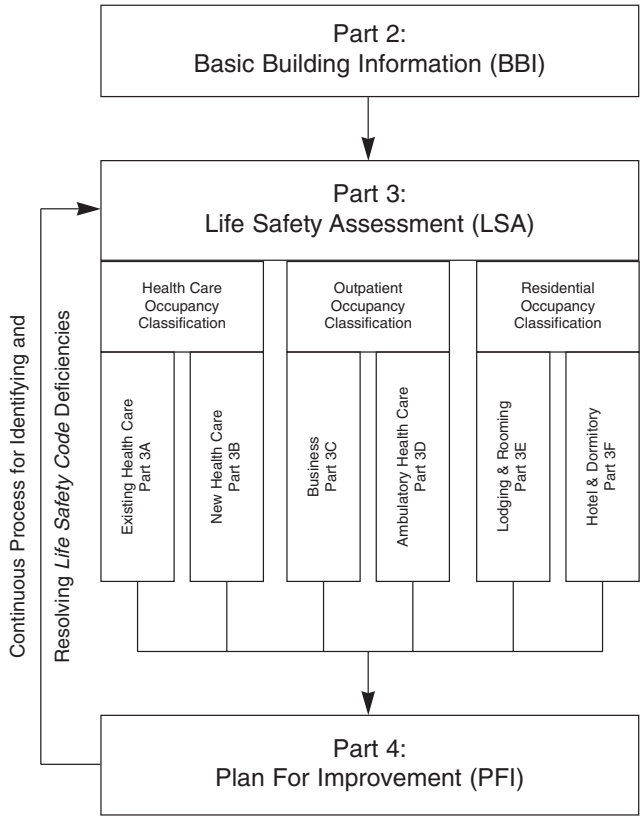


Figure 1 - Relationship of the different SOC™ compliance document parts.

PART 4: PLAN FOR IMPROVEMENT (PFI)

PFI forms may be photocopied as many times as needed. All *LSC* deficiencies identified in the Life Safety Assessment must be corrected. Any of the following improvement actions may be used to resolve identified deficiencies:

1. Perform all work necessary to meet *LSC* requirements; or
2. Request an equivalency from the Joint Commission; or
3. Develop a Plan For Improvement (PFI) whenever the resources currently available to your organization preclude you from immediately accomplishing either 1 or 2 above.

When a PFI is indicated, your organization must develop and document the proposed improvement on one of the following forms:

PFI (Short Form) - This form is intended for resolving a single or limited number of the same type of deficiency. The PFI actions associated with these deficiency types must be of a limited scope and duration of work. The IDENTIFICATION section requires a brief description of the deficiency, the date the deficiency was identified, a unique identifier assigned by your organization for tracking purposes, and the specific location. The RESOLUTION section requires a brief description of the proposed improvement action, the action's estimated cost, the source of funding (along with an acknowledgment that funding is committed), and the projected start and projected/actual completion dates of the improvement.

PFI (Long Form) - This form is the appropriate choice for documenting improvement activities involving various phases of completion. Examples include an improvement project resolving several different types of deficiencies concurrently or a project resolving multiple instances of the same deficiency over an extended period of time. In addition to the IDENTIFICATION and RESOLUTION sections described above, the PROJECT TIMETABLE on the long term PFI requires the time frames for each major phase of the improvement activities.

Resolution of a *LSC* deficiency may also be achieved by requesting an equivalency. An equivalency is granted when the JCAHO determines that the intent of the *LSC* is met through alternative means. The JCAHO recognizes two equivalency methods (see attachments to Part 4). The traditional method focuses on single deficiencies and the means by which the *LSC* intent for that deficiency is fulfilled. The second method involves the use of the Fire Safety Evaluation System (FSES), reference NFPA 101A-1995; this system objectively evaluates buildings as a whole to judge the seriousness of multiple *LSC* deficiencies. Guidelines and instructions for these equivalency methods are included in Part 4.

Statement of Conditions and the Accreditation Process

The SOC has been provided to you well in advance of your actual survey date. After initial completion of the SOC, ensure that all parts are maintained to be current and accurate. The SOC must be continually updated to reflect the actual conditions that exist at all times.

At the time of survey, the surveyor will review your SOC compliance documents to verify that:

1. Each building occupied by patients has a separate and accurate Part 2 - BBI;
2. All *LSC* deficiencies within your organization's facilities have been identified;
3. Each unresolved deficiency is addressed in Part 4 - PFI; and
4. All PFIs are currently proceeding on schedule.

JCAHO follow-up monitoring may be required as a condition of continued accreditation. It will be your organization's responsibility to maintain the SOC and PFIs as part of your organization's historical record and to make these original documents available for review during future surveys. Failure to implement or make sufficient progress in completing JCAHO approved PFIs or to implement appropriate Interim Life Safety Measures (ILSM) may lead to a decision of Conditional Accreditation for your organization. Requests for PFI revisions should be submitted to the address below.

Department of Standards
Environment of Care
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

PART 2: Basic Building Information (BBI)

1. Organization Name:	2. Building Name/Address
3. City, State	4. JCAHO I.D. Number

FOR THIS BUILDING:

5A. What is the primary occupancy classification of this building?* (check one only)

HEALTH CARE OCCUPANCY

☐ Hospital, Nursing Home, Limited Care Facility
Number of licensed beds:_____

OUTPATIENT OCCUPANCY

☐ Business

☐ Ambulatory Health Care Center

RESIDENTIAL OCCUPANCY

☐ Lodging or Rooming House
Number of licensed beds:_____

☐ Hotel and Dormitory
Number of licensed beds:_____

5B. Is this building a mixed occupancy?* ☐ Yes ☐ No
If YES, indicate all classifications and locations:_____
_____

6. Have any *Life Safety Code* equivalencies been approved by the JCAHO? ☐ Yes ☐ No
If YES, attach a copy of the award letter.

7. Can all patients/clients/residents take their own measures for self-preservation? ☐ Yes ☐ No
If NO, are there instances when four (4) or more staff dependent patients/clients/ residents are present in the building at the same time? ☐ Yes ☐ No

8. Indicate the number of stories
- above and including the level of exit discharge*: _____
- below the level of exit discharge*: _____
- that are occupied by the organization: _____

9. Is this building equipped with a fire alarm system? ☐ Yes ☐ No

10. Is there a smoke detection system? ☐ Yes ☐ No
If YES, check one:

☐ throughout the building (i.e., in **all** occupable areas, common areas, and work spaces)

☐ in limited areas (indicate locations on Page 2, Number 13)

11. Is there an approved automatic sprinkler system? ☐ Yes ☐ No
If YES, check one:

☐ throughout the building (i.e., in **all** areas throughout the building)

☐ in limited areas (indicate locations on Page 2, Number 13)

12. Attach a rough sketch, representative drawing(s), or floor plans for each story occupied by the organization. Identify or illustrate (provide a legend) each of the following features that exist: exterior exit doors, exit stairs/ramps (exterior or interior), smokeproof enclosures, horizontal exits, exit passageways, fire barriers, fire compartments, smoke barriers, and linen/trash chutes.

*Please refer to the instructions for this question in Part 1.

13. Additional Comments & Notes:

14. Attach Additional Pages if necessary.

COMPLETED BY:

15. Print Name and Title:	16. (Area Code) Telephone Number
17. Organization (Employer)	18. Date

PART 3: Life Safety Assessment (LSA)

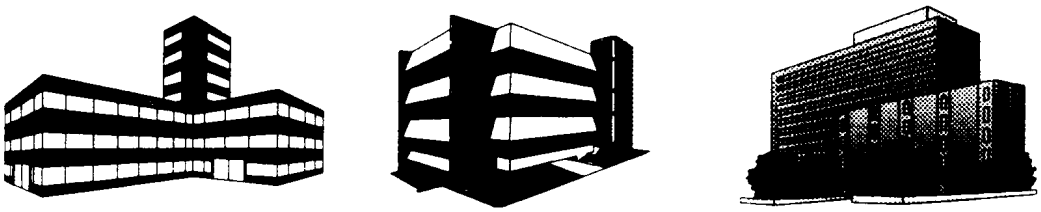
1. Organization Name:

2. City, State	3. JCAHO I.D. Number

INSTRUCTIONS

This assessment tool is provided as one means of evaluating and documenting your facilities for *LSC* compliance. If you decide to utilize this tool, please remember that this assessment represents only an abbreviated checklist of the *LSC* and should not be construed as a comprehensive listing of all *LSC* requirements. Each LSA question includes a reference, which correlates the applicable *LSC* (or other NFPA code) requirement paragraph to the question.

You have two options for completing the LSA. Option one is to photocopy and complete a separate LSA for each and every occurrence of an occupancy classification. Option two is to evaluate all occurrences of an occupancy classification on one LSA using the section applicable to that occupancy classification (see Figure 1).



Building A
with Existing Health Care &
Business Occupancies

Building B
with New Health Care,
Ambulatory Health Care,
and Business Occupancies

Building C
with Existing Health Care &
Ambulatory Health Care Occupancies

Figure 1. The assessment of the existing health care occupancies in buildings A & C could be combined onto a single copy of the LSA section 3A. Likewise, the Ambulatory Health Care Occupancies in buildings B & C could be assessed on one LSA section 3D. Alternatively, each occurrence of an occupancy within your facilities could be evaluated separately in the applicable section of the LSA.

To complete the assessment of a given building you should answer all questions in the applicable LSA section. Some questions may not be applicable to a given building. These questions should be answered "N/A." Other questions have *LSC* allowed exceptions and are marked by a "p ." A question answered "NO" may not truly indicate a *LSC* deficiency if an allowed exception to the question is met. The reference included with each LSA question can be used to determine the requirements of the exception. You should note in the "Location/Comments" column that an exception for this requirement has been met.

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Abbreviations used in this document:		
AASS	-	Approved Automatic Sprinkler System
FRR	-	Fire Resistance Rated
FRRA	-	Fire Resistance Rated Assembly
FRRS	-	Fire Resistance Rated Separation
hr	-	hour(s)
min	-	minute(s)
ft	-	foot (feet)
in	-	inch(es)
sq	-	square
>	-	greater than
≥	-	greater than or equal to
<	-	less than
≤	-	less than or equal to
p	-	Consult the NFPA codes for possible exceptions or additional information

Health Care Occupancies

Instructions

This Life Safety Assessment Form has been designed to assist you in assessing your Health Care Occupancy buildings for compliance with the *Life Safety Code® (LSC®); NFPA 101-1997.* Existing Health Care Facilities are those buildings, additions, renovations, or changes in occupancy whose *final* plans were approved by the local Authority Having Jurisdiction prior to January 1, 1998; Existing Health Care Occupancy requirements are found in Chapter 13 of the *LSC*. New Health Care Facilities are those buildings, additions, renovations, or changes in occupancy whose *final* plans were approved by the local Authority Having Jurisdiction after January 1, 1998; New Health Care Occupancy Requirements are found in Chapter 12 of the *LSC*.

Complete PART 3A for Existing Health Care Occupancies Only.

Complete PART 3B for New Health Care Occupancies Only.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
PART 3A	**Existing Health Care Occupancies**		
	SECTION I – BUILDINGS		
	1A. For each building listed in Table 3A-2:	13-1.6.2	
Y N	1. is the building an allowable type of construction (refer to Table 3A-1 and NFPA 220); AND		
Y N	2. is the type of construction permitted based upon number of stories; AND		
Y N N/A	3. is an AASS provided throughout the building, where required; AND		
	4. are the following assemblies constructed of materials with the minimum FRR based upon the type of construction:		
Y N N/A	a. exterior bearing wall,		
Y N	b. structural frame,		
Y N	c. floor construction,		
Y N	d. roof construction?		
N/A	1B. Where 2-hr FRRS are required (common walls between buildings, occupancy separation walls within buildings, etc.):		
Y N	1. do the separations extend from the floor slab below to the floor or roof slab above; AND	6-2.2.2	
Y N	2. do such separations extend from exterior wall to exterior wall; AND	6-2.2.2	
Y N N/A	3. are openings therein protected by ≥ $1\frac{1}{2}$-hr FRRA?	6-2.3.2.3.1	
N/A	1C. Are doors in 2-hr FRRS (and 1-hr FRRS):		
Y N	1. ≥ $1\frac{1}{2}$-hr FRRA in 2-hr FRRS (≥ $\frac{3}{4}$-hr FRRA in 1-hr FRRS); AND	6-2.3.2.3.1	
Y N	2. provided with positive latching; AND	NFPA 80: 2-8.2.3	
Y N	3. self-closing or automatic closing; AND	6-2.3.2.1	
Y N	4. provided with ≤ $\frac{1}{8}$ in. gaps between meeting edges of door pairs; AND	NFPA 80: 2-5.4	
Y N	5. provided with ≤ $\frac{3}{4}$ in. undercuts?	NFPA 80: 2-5.5	
N/A	1D. Are fire doors ≥ $\frac{3}{4}$-hr FRRA free of:		
Y N	1. nonrated protective plates which extend > 16 in. (> 48 in. for hazardous room doors per 13-3.2.1) above the bottom of the door; AND	NFPA 80: 2-8.3	
Y N	2. coverings, decorations, or other objects applied to the door face, except informational signs?	NFPA 80: 1-3.4	
Y N N/A	1E. Are duct penetrations in 2-hr FRRS protected by dampers that are ≥ $1\frac{1}{2}$-hr FRRA?	NFPA 90A: 3-3.1	

TABLE 3A-1: Construction Types and Requirements

(A) Types	Exterior Bearing Walls	Structural Frame	Floor Construction	Roof Construction	Max. Floors	Sprinklers
I (443)	4	4	3	2	N.R.	—
I (332)	3	3	2	1½	N.R.	—
II (222)	2	2	2	1	N.R.	—
II (111)	1	1	1	1	3	>1*
II (000)	0	0	0	0	2	*
III (211)	2	1	1	1	2	*
III (200)	2	0	0	0	1	*
IV (2HH)	2	H	H	H	2	*
V (111)	1	1	1	1	2	*
V (000)	0	0	0	0	1	*

Key:
- > – indicates greater than
- * – requires automatic sprinkler protection throughout
- H – indicates heavy timber
- N.R. – not restricted

TABLE 3A-2: Assessment of Construction Type

	(B) Building Name	(C) Construction Type	(D) Stories above grade	(E) AASS
1.				Y/N
2.				Y/N
3.				Y/N
4.				Y/N
5.				Y/N
6.				Y/N
7.				Y/N
8.				Y/N
9.				Y/N
10.				Y/N
11.				Y/N
12.				Y/N
13.				Y/N
14.				Y/N
15.				Y/N

Column Notes

A. Types .....select the type of construction that corresponds to each building listed in Table 3A-2, column (B) and enter in column (C).

B. Building Name .....enter building names from each Part 2 - Basic Building Information, question 2. List only those buildings classified as Existing Health Care Occupancies.

C. Construction Type.....enter the type of construction. Select from Table 3A-1, column (A) in accordance with note A above.

D. Number of Stories .....enter the number of stories above and including the level of exit discharge from each Part 2 - Basic Building Information, question 8.

E. AASS .....Circle Y for yes or N for no to indicate if the building is protected throughout by an approved automatic sprinkler system.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	1F. Is the interior finish of walls and ceilings Class A or B for existing finish (Class A for interior finish installed after January 1, 1998)?	13-3.3.2	
Y N N/A	1G. Are floor coverings in corridors and exits installed after January 1, 1998, Class I?	13-3.3.3	
Y N N/A	1H. When the following penetrate FRR wall assemblies, are the spaces between the item and the wall filled with an appropriate FRR material: 1. pipes, 2. conduits, 3. bus ducts, 4. cables/wires, 5. air ducts, 6. pneumatic tubes?	6-2.3.2.4.2	
	SECTION II – ROOMS		
	2A. Are corridors separated from use areas by partitions that are:		
Y N	1. 1/2-hr FRR (nonrated if sprinklered throughout); AND	13-3.6.2.1	
Y N	2. continuous from floor slab to the underside of the floor or roof slab above, through any concealed spaces, such as those above suspended ceilings and including interstitial spaces; AND	13-3.6.2.1	
Y N	3. constructed to limit the transfer of smoke with all penetrations properly sealed? NOTE: Unsealed spaces ≤ 1/8-in. in width around pipes, conduits, ducts, and wires above the ceiling are permitted.	13-3.6.2.2	
N/A	2B. Are waiting areas open to the corridor:	13.3.6.1	
Y N	1. ≤ 600 sq ft; AND		
Y N	2. equipped with an automatic smoke detection system; AND		
Y N	3. arranged to not obstruct access to required exits?		
Y N N/A	2C. Are patient sleeping rooms or suites of patient sleeping rooms > 1,000 sq ft provided with ≥ 2 exit access doors remotely located from each other?	13-2.5.2	
Y N N/A	2D. Are rooms or suites, other than patient sleeping rooms, > 2,500 sq ft provided with ≥ 2 exit access doors remotely located from each other?	13-2.5.3	
N/A	2E. Are suites arranged so that:		
Y N	1. suites of sleeping rooms are ≤ 5,000 sq ft; AND	13-2.5.6	
Y N	2. suites of rooms, other than patient sleeping rooms, are ≤ 10,000 sq ft; AND	13-2.5.7	
Y N	3. no intervening rooms are considered hazardous areas?	13-2.5.5	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	2F. Are exit access doors in suites arranged so that the travel distance to an exit access door is:		
Y N	1. ≤ 100 ft from any point in a suite of patient sleeping rooms; AND	13-2.6.2.4	
Y N	2. ≤ 100 ft from any point in a suite of nonpatient sleeping rooms containing 1 intervening room; AND	13-2.5.8	
Y N	3. ≤ 50 ft from any point in a suite of nonpatient sleeping rooms containing 2 intervening rooms?	13-2.5.8	
Y N	2G. Do patient sleeping rooms open directly onto an exit access corridor?	13-2.5.1	
N/A	2H. Are fixed fire window assemblies on corridor walls and doors of unsprinklered smoke compartments:		
Y N	1. ≥ 20-min FRRA; AND	6-2.3.2.3.1	
Y N	2. ≤ 25% of the size of the fire barrier in which they are used?	6-2.3.2.2	
	NOTE: Existing window installations that conform to the following previously accepted *LSC* criteria are permitted: 1. fixed wire glass, ≤ 1,296 sq in, set in approved metal frames OR 2. fire rated glazing, set in approved frames.		
	2I. Are corridor doors:		
Y N	1. of a swinging type; AND	5-2.1.4.1	
Y N	2. ≥ $1^3/_4$-in. solid bonded wood core or equivalent (nonrated if sprinklered); AND	13.3.6.3.1	
Y N	3. fitted with positive latching hardware; AND	13.3.6.3.2	
Y N	4. arranged to restrict the movement of smoke; AND	13.3.6.3.1	
Y N	5. free of louvers or transoms (except doors for bathrooms, toilets, and sink closets not containing flammable or combustible materials); AND	13-3.6.4	
Y N	6. free of nonrated protective plates > 48 in. above the bottom of the door?	13-3.6.3.4	
	NOTE: To restrict the passage of smoke, doors should have ≤ 1 in. undercuts and ≤ $^1/_8$ in. gaps between meeting edges of door pairs.		
N/A	2J. Are openings such as mail slots, pass through windows (laboratory, pharmacy, cashiers) in vision panels or doors:	13-3.6.5	
Y N	1. ≤ 20 sq in; AND		
Y N	2. installed at or below $^1/_2$ the distance from the floor to the room ceiling?		
	NOTE: Smoke compartments containing patient sleeping rooms may not have these openings in required corridor separations.		

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	2K. Are all hazardous areas protected by walls and doors in accordance with Table 3A-3? **If NO,** list all deficient hazardous areas and their locations on Table 3A-4.	13-3.2 unless noted	(Use Table 3A-4)
N/A Y N Y N	2L. Are doors in partitions enclosing hazardous areas: 1. provided with positive latching (no latch required, if sprinklered); AND 2. self-closing or automatic closing?	 NFPA 80: 2-8.2.3 13-3.2.1	
Y N N/A	2M. Are gift shops which are: 1. used for storage or display of combustibles in quantities considered hazardous: a. separated by ≥ 1-hr FRRA; OR b. protected by an AASS (with walls and doors to limit the passage of smoke); OR 2. not considered hazardous, protected by an AASS, and having separately protected storage: a. ≤ 500 sq ft, when open to the lobby; OR b. separated from the corridor or lobby by nonrated walls?	13-3.2.5	
SECTION III – COMPARTMENTS			
Y N N/A	3A. Do smoke barriers divide any story used for patient sleeping rooms accommodating > 30 patients into ≥ 2 smoke compartments?	13-3.7.1	
N/A Y N Y N	3B. Do smoke barriers limit the: 1. maximum area of each smoke compartment to ≤ 22,500 sq ft; AND 2. travel distance from any point to a smoke barrier door to ≤ 200 ft?	13-3.7.1	
N/A Y N Y N Y N	3C. Are smoke barriers: 1. continuous from outside wall to outside wall with all penetrations properly sealed; AND 2. continuous from floor slab to the floor or roof slab above, through any concealed spaces, such as those above suspended ceilings and including interstitial spaces; AND 3. constructed of materials that have ≥ 1/2-hr FRR?	13-3.7.3	

TABLE 3A-3 – Required Fire Protection of Hazardous Areas

Type of Hazardous Area \ Minimum Fire Protection Required	2 hr FRRA*	1 hr FRRA**	1 hr FRRA** or nonrated smoke resisting & sprinklers
a. Boiler/fuel fired heater rooms			X
b. Central/bulk laundries (> 100 sq ft)			X
c. Flammable gas storage rooms (NFPA 99:10-10.2.2)	X		
d. Flammable liquid storage rooms (> 300 gals.) (NFPA 30:4-4.2.1, 4-4.4.2)	X		
e. Laboratories:			
(1) less than severe hazard			X
(2) severe hazard (NFPA 99: 5-1)	X[1]		
f. Maintenance repair shops			X
g. Piped oxygen tank supply rooms (NFPA 99: 4-3.1.1.2)		X	
h. Paint shops (less than severe hazard)			X
i. Soiled linen rooms			X
j. Storage rooms for combustible materials (> 50 sq ft)			X
k. Trash collection rooms			X

TABLE 3A-4 – Deficient Hazardous Areas

	Type of Hazardous Area	Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

The tables on this page are to be used to assess protection of hazardous areas and identify any deficient areas in conjunction with question 2K.

[1] 1-hr FRRA walls and $^3/_4$-hr FRRA doors if sprinklered.
* with ≥ $1^1/_2$-hr FRRA doors.
** with ≥ $^3/_4$-hr FRRA doors.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	3D. Are doors in smoke barriers:		
Y N	1. fitted to limit the spread of smoke;	6-3.4.1	
	AND		
Y N	2. ≥ $1^3/_4$-in. solid bonded wood core or equivalent;	13-3.7.5	
	AND		
Y N	3. self-closing or automatic closing;	13-3.7.6	
	AND		
Y N	4. free of nonrated protective plates > 48 in. above the bottom of the door?	13-3.7.5	
	NOTE: To restrict the passage of smoke, doors should have ≤ $^3/_4$ in. undercuts and ≤ $^1/_8$ in. gaps between meeting edges of door pairs.		
N/A	3E. Are fixed fire window assemblies in smoke barrier walls and doors:		
Y N	1. ≥ 20-min FRRA;	13-3.7.5	
	AND		
Y N	2. ≤ 25% of the size of the fire barrier in which they are used?	6-2.3.2.2	
	NOTE: Existing window installations that conform to the following previously accepted *LSC* criteria are permitted: 1. fixed wire glass, ≤ 1,296 sq in, set in approved metal frames OR 2. fixed rated glazing, set in approved frames.		
Y N N/A	3F. Are duct penetrations of smoke barriers protected by approved smoke dampers?	13-3.7.3	
Y N N/A	3G. Do the required dampers in duct penetrations of smoke barriers close upon activation of a local smoke detector that is located either within the duct system or in the corridor?	6-3.5.2	
Y N N/A	3H. If the above ceiling space is used for a common plenum (unducted) for either supply or return air, are all smoke barrier penetrations protected by approved smoke dampers?	6-3.5.1	
	SECTION IV – FLOOR ASSEMBLIES		
	4A. Are the following vertical openings enclosed with construction having > 1-hr FRR:	13-3.1.1	
Y N N/A	1. communicating or exit stairs (exit stairs > 4 stories > 2-hr FRR, per 5-1.3.2.1),		
Y N N/A	2. ramp,		
Y N N/A	3. elevator shafts,		
Y N N/A	4. ventilation shafts,		
Y N N/A	5. light shafts,		
Y N N/A	6. trash chutes,		
Y N N/A	7. linen (laundry) chutes,		
Y N N/A	8. utility chases?		

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	4B. Linen/waste chutes:		
	1. Do service (inlet) doors have:	13-5.4.1	
Y N	a. self-closing devices;		
	AND		
Y N	b. positive latching;		
	AND		
Y N	c. ≥ $^3/_4$-hr FRR (≥ 1-hr FRR if opening onto a corridor)?		
	2. Do outlet (discharge) doors have:	6-2.3.2.3.1	
Y N	a. self-closing devices (fusible link or electrical hold-open devices are acceptable);		
	AND		
Y N	b. positive latching;		
	AND		
Y N	c. ≥ 1-hr FRRA?		
	3. Is an AASS provided per 13-5.4.2:	NFPA 82: 3-2.5.1	
Y N	a. above the top service opening;		
	AND		
Y N	b. at the lowest service level;		
	AND		
Y N	c. at alternate floor levels in buildings > 2 stories in height?		
N/A	4C. Do linen and waste chutes discharge into a collection room:		
Y N	1. separated from the corridor by ≥ 1-hr FRR;	13-3.2.1	
	AND		
Y N	2. not used for any other purpose or storage (applies only to trash collection rooms)?	13-5.4.3	
	4D. When the following penetrate FRR floor assemblies, is the space between the item and the floor filled with an appropriate FRR material:	6-2.3.2.4.2	
Y N N/A	1. pipes,		
Y N N/A	2. conduits,		
Y N N/A	3. bus ducts,		
Y N N/A	4. cables/wires,		
Y N N/A	5. air ducts,		
Y N N/A	6. pneumatic tubes?		
	SECTION V – EXITS		
Y N	5A. Do all floors or fire sections of the building have ≥ 2 approved exits arranged and constructed as to minimize any possibility that more than one may be blocked by any one fire or other emergency condition?	13-2.4.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	5B. Are exits arranged so that:		
Y N	1. travel distance to a room door from any point in a patient sleeping room is ≤ 50 ft; AND	13-2.6.2.3	
Y N	2. travel distance between any room door and an exit is ≤ 100 ft (150 ft if AASS); AND	13-2.6.2.1	
Y N	3. travel distance between any point in a room and an exit is ≤ 150 ft (200 ft if AASS); AND	13-2.6.2.2	
Y N	4. exit corridors are ≥ 4 ft in width?	13-2.3.3	
Y N	5C. Are means of egress adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, landings of stairs, and exit doors?	13-2.8	
Y N	5D. Are egress corridors not used for any portion of a supply, return, or exhaust air system serving adjoining areas?	NFPA 90A: 2-3.11.1	
N/A	5E. Are exit stair doors:		
Y N	1. ≥ 1-hr FRRA ($1^1/_2$-hr if 4 or more stories); AND	6-2.3.2.3.1	
Y N	2. provided with positive latching; AND	NFPA 80: 2-8.2.3	
Y N	3. self-closing or automatic closing?	5-1.3.2.1	
N/A	5F. Are fixed fire window assemblies in exit stair doors:		
Y N	1. ≥ 1-hr FRRA ($1^1/_2$-hr FRRA if 4 or more stories); AND	6-2.3.2.3.1	
Y N	2. ≤ 25% of the size of the fire barrier in which they are used? AND	6-2.3.2.2	
Y N	3. ≤ 100 sq in?	NFPA 80: 1-7.4	
	NOTE: Existing window installations that conform to the following previously accepted *LSC* criteria are permitted: 1. fixed wire glass, ≤ 100 sq in, set in approved metal frames OR 2. fire rated glazing, ≤ 100 sq in, set in approved frames.		
Y N N/A	5G. Do stairs and ramps serving as a required means of egress have handrails on both sides?	5-2.2.4.2	
Y N N/A	5H. Do exit stairs discharge: 1. to the outside at grade; OR 2. through an approved exit passageway that is continuous to the building exterior?	5-7	
Y N N/A	5I. Are doors to stairs or areas that are not conforming exits and are likely to be mistaken for exits identified with signs reading "NO EXIT"?	5-10.4.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	5J. Are doors in a means of egress:		
Y N	1. always unlocked in the direction of egress;	13-2.2.2.4	
	AND		
Y N	2. that serve ≥ 50 occupants set to swing in the direction of egress?	5-2.1.4.2	
	5K. Are exit signs:		
Y N	1. readily visible from any direction of access;	5-10.1.2	
	AND		
Y N	2. adequately illuminated;	5-10.3	
	AND		
Y N	3. provided with letters ≥ 4 in. high?	5-10.2	
N/A	5L. Are outside stairs:	5-2.2.6.4	
Y N	1. separated from the interior of the building by walls with the same FRR required for enclosed stairs;		
	AND		
Y N	2. does the construction extend vertically from the ground to a point ≥ 10 ft above the top most landing of the stairs or roofline, whichever is lower;		
	AND		
Y N	3. does the construction extend ≥ 10 ft horizontally?		
Y N	5M. Are all means of egress maintained free from the accumulation of snow and ice?	5-1.9.1	
N/A	5N. Are walls containing horizontal exits:		
Y N	1. ≥ 2-hr FRR construction;	5-2.4.3.1	
	AND		
Y N	2. continuous from the roof to the ground floor;	5-2.4.3.1	
	AND		
Y N	3. continuous from exterior wall to exterior wall?	6.2.2.2	
N/A	5O. Are doors in horizontal exits:		
Y N	1. ≥ $1^1/_2$-hr FRRA;	6-2.3.2.3.1	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self-closing or automatic closing?	5-2.4.3.8	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	SECTION VI – OPERATING FEATURES		
Y N	6A. Is automatic transmission of the fire alarm signal accomplished via: 1. auxiliary fire alarm system, per NFPA 72: 4-7 (direct connection to the servicing fire department); OR 2. central station service, per NFPA 72: 4-2; OR 3. proprietary supervising station system, per a. NFPA 72: 4-3; OR b. Joint Commission policy for a manual transmission system (Reference Joint Commission *Perspectives*, March/April 1992); OR 4. remote supervising station fire alarm system, per NFPA-72: 4-4?	7-6.4	
N/A Y N Y N Y N Y N Y N Y N Y N Y N Y N	6B. Do AASS, other than limited area sprinkler systems provided in accordance with 7-7.1.2, include: 1. a local alarm unit, both audible and visual at a constantly attended location; AND 2. a water flow alarm connected to the fire alarm system; AND 3. supervisory signals that monitor: a. control valves? b. fire pumps (where required) (1) power supplies; (2) pump running condition? c. water tank (where provided) (1) tank levels; (2) tank temperatures; (3) tank pressures? AND 4. a clear space ≥ 18 in. below standard pendent sprinkler heads to top of storage? NOTE: Perimeter room wall shelving may extend up to the ceiling when not located directly below any sprinkler head.	7-7.2.1 7-7.2.2 7-7.2.1 NFPA 13: 4-6.6	
N/A Y N Y N	6C. When connected to the domestic water system, are limited area sprinkler systems installed to protect isolated hazardous area: 1. provided with an indicating shut-off valve; AND 2. limited to ≤ 6 sprinkler heads?	7-7.1.2	
Y N	6D. Are portable space heating devices prohibited in patient treatment and sleeping areas?	13-7.7	
Y N	6E. Are combustible decorations prohibited, unless flame retardant?	13-7.5.4	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	6F. Are furnishings, decorations, or other objects placed to not obstruct access, egress, or visibility of exits?	5-1.9.2.1	
Y N	6G. Are exit access doors and exit doors free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit?	5-5.2.2	
Y N	6H. Is the travel distance from any point to the nearest fire extinguisher ≤ 75 ft?	NFPA 10: Chapter 3	
N/A	6I. Are grease producing cooking devices (deep fat fryers, ranges, griddles or broilers) provided with:		
Y N	1. an exhaust hood;	NFPA 96: 1-3.1	
	AND		
Y N	2. an exhaust duct system;	NFPA 96: 1-3.1	
	AND		
Y N	3. grease removal devices (mesh filters are not acceptable, per NFPA 96: 3-1);	NFPA 96: 1-3.1	
	AND		
Y N	4. approved portable fire extinguishers;	NFPA 96: 1-3.1	
	AND		
Y N	5. a. an approved automatic fire extinguishing system that uses:	NFPA 96: 1-3.1	
	(1) carbon dioxide;		
	OR		
	(2) an AASS;		
	OR		
	(3) deluge foam water sprinkler;		
	OR		
	(4) wet or dry chemical;		
	AND		
	b. when activated, the extinguishing system:		
Y N	(1) activates the building fire alarm system;		
	AND		
Y N	(2) deactivates the fuel (energy) source;		
	AND		
Y N	(3) controls the exhaust fans as designed;		
	AND		
Y N	6. a program for inspection, testing, and maintenance of all items required above to ensure cleanliness, operability, and reliability?	NFPA 96: Chapter 8	

ASSESSMENT				REFERENCE	LOCATION/COMMENTS
		N/A	6J. An organization may choose to establish a *Building Maintenance Program* to resolve each of the following LSC deficiency types in lieu of identifying their location to create a PFI for their resolution.When an organization has ongoing and effective *Building Inspection Programs*:		
		N/A	1. Do $1^1/_2$-hr FRRA doors and 1-hr FRRA doors (including occupancy separation doors, stair doors, horizontal exit doors, and hazardous area room doors) have:		
Y	N		a. properly functioning positive latching devices;		
Y	N		b. properly functioning self-closing or automatic closing devices;		
Y	N		c. $\leq {}^1/_8$ in. gaps between meeting edges of door pairs;		
Y	N		d. $\leq {}^3/_4$ in. undercuts?		
		N/A	2. Do linen/trash chute inlet and outlet doors have properly functioning:		
Y	N		a. positive latching devices;		
Y	N		b. self-closing or automatic closing devices?		
		N/A	3. Do doors in smoke barriers:		
Y	N		a. have properly functioning self-closing or automatic closing devices;		
Y	N		b. are maintained to prevent the spread of smoke?		
			4. Do corridor doors:		
Y	N		a. have properly functioning latching devices;		
Y	N		b. are maintained to prevent the spread of smoke?		
Y	N	N/A	5. Are smoke barrier wall penetrations properly sealed?		
Y	N		6 Are corridor wall penetrations properly sealed?		
Y	N		7. Are means of egress illumination devices properly functioning?		
Y	N		8. Are exit signs properly functioning?		
Y	N		9. Are means of egress maintained to be free from the accumulation of ice and snow?		
Y	N	N/A	10. Are the following grease producing devices clean and maintained:		
			a. exhaust hoods;		
			b. exhaust duct system;		
			c. grease removal devices?		
			NOTE: 1. For a *Building Maintenance Program* to be considered "effective," Joint Commission requires ≥ 95% of program items to properly function at any one time. 2. While a PFI can be developed to resolve an individual LSC deficiency, a PFI **cannot** be established to resolve an ineffective *Building Maintenance Program*.		

SECTION VII – UNUSUAL OBSERVATION

This section is for your use to describe any *Life Safety Code*® deficiency encountered that is not assessed in Sections I through VI above. All deficiencies should be thoroughly described and an accurate location provided.

END OF PART 3A

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
PART 3B	**New Health Care Occupancies**		
	SECTION I – BUILDING		
	1A. For each building listed in Table 3B-2:		
Y N	1. is the building an allowable type of construction (refer to Table 3B-1 and NFPA 220);	12-1.6.2	
	AND		
Y N	2. is the type of construction permitted based upon number of stories;	12-1.6.2	
	AND		
	3. are the following assemblies constructed of materials with the minimum FRR based upon the type of construction:	12-1.6.2	
Y N N/A	a. exterior bearing wall,		
Y N	b. structural frame,		
Y N	c. floor construction,		
Y N	d. roof construction?		
	AND		
Y N	4. is an AASS provided?	12-3.5.1	
N/A	1B. Where 2-hr FRRS are required (common walls between buildings, occupancy separation walls within buildings, etc.):		
Y N	1. do the separations extend from the floor slab below to the floor or roof slab above;	6-2.2.2	
	AND		
Y N	2. do such separations extend from exterior wall to exterior wall;	6-2.2.2	
	AND		
Y N N/A	3. are openings therein protected by ≥ $1^1/_2$ -hr FRRA?	6-2.3.2.3.1	
N/A	1C. Are doors in 2-hr FRRS (and 1-hr FRRS):		
Y N	1. ≥ 1 $^1/_2$-hr FRRA in 2-hr FRRS (≥ $^3/_4$-hr FRRA in 1-hr FRRS);	6-2.3.2.3.1	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self-closing or automatic closing;	6-2.3.2.1	
	AND		
Y N	4. provided with ≤ $^1/_8$ in. gaps between meeting edges of door pairs;	NFPA 80: 2-5.4	
	AND		
Y N	5. provided with ≤ $^3/_4$ in. undercuts?	NFPA 80: 2-5.5	
	1D. Are fire doors ≥ $^3/_4$-hr FRRA free of:		
Y N	1. protective plates which extend > 16 in. above the bottom of the door;	NFPA 80: 2-8.3	
	AND		
Y N	2. coverings, decorations, or other objects applied to the door face, except informational signs?	NFPA 80: 1-3.4	
Y N N/A	1E. Are duct penetrations in 2-hr FRRS protected by dampers that are ≥ $1^1/_2$ -hr FRRA?	NFPA 90A: 3-3.1	
Y N	1F. Is the interior finish of walls and ceilings in use areas Class A or B?	12-3.3.2	

TABLE 3B-1: Construction Types and Requirements

(A) Types	Exterior Bearing Walls	Structural Frame	Floor Construction	Roof Construction	Max. Floors	Sprinklers
I (443)	4	4	3	2	N.R.	*
I (332)	3	3	2	1½	N.R.	*
II (222)	2	2	2	1	N.R.	*
II (111)	1	1	1	1	3	*
II (000)	0	0	0	0	1	*
III (211)	2	1	1	1	1	*
III (200)	2	0	0	0	N.P.	N.P.
IV (2HH)	2	H	H	H	1	*
V (111)	1	1	1	1	1	*
V (000)	0	0	0	0	N.P.	N.P.

Key:
- * – requires automatic sprinkler protection throughout
- H – indicates heavy timber
- N.P. – this type of construction is not permitted
- N.R. – not restricted

TABLE 3B-2: Assessment of Construction Type

	(B) Building Name	(C) Construction Type	(D) Stories above grade	(E) AASS
1.				Y/N
2.				Y/N
3.				Y/N
4.				Y/N
5.				Y/N
6.				Y/N
7.				Y/N
8.				Y/N
9.				Y/N
10.				Y/N
11.				Y/N
12.				Y/N
13.				Y/N
14.				Y/N
15.				Y/N

Column Notes

A. Types .....select the type of construction that corresponds to each building listed in Table 3B-2, column (B) and enter in column (C).

B. Building Name .....enter building names from each Part 2 - Basic Building Information, question 2. List only those buildings classified as New Health Care Occupancies.

C. Construction Type.....enter the type of construction. Select from Table 3B-1, column (A) in accordance with note A above.

D. Number of Stories .....enter the number of stories above and including the level of exit discharge from each Part 2 - Basic Building Information, question 8.

E. AASS .....Circle Y for yes or N for no to indicate if the building is protected throughout by an approved automatic sprinkler system.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	1G. When the following penetrate FRR wall assemblies, are the spaces between the item and the wall filled with an appropriate FRR material: 1. pipes, 2. conduits, 3. bus ducts, 4. cables/wires, 5. air ducts, 6. pneumatic tubes?	6-2.3.2.4.2	
	SECTION II – ROOMS		
Y N	2A. Are corridor walls constructed to limit the transfer of smoke?	12-3.6.2	
N/A Y N Y N Y N	2B. Where unlimited spaces are open to the corridor (space is not used for patient sleeping, treatment rooms, or hazardous areas): 1. are corridors protected by: a. an electrically supervised automatic smoke detection system; OR b. is the smoke compartment protected by quick response sprinklers; AND 2. is the open space: a. equipped with an electrically supervised automatic smoke detection system; OR b. located so that it will permit direct supervision by the staff; AND 3. does the open space not obstruct access to required exits?	12-3.6.1	
N/A Y N Y N Y N	2C. Are waiting areas open to the corridor: 1. limited to an aggregate of ≤ 600 for the smoke zone; AND 2. a. equipped with an automatic smoke detection system; OR b. located to permit direct supervision by staff; AND 3. arranged to not obstruct access to required exits?	12-3.6.1	
Y N N/A	2D. Are patient sleeping rooms or suites of patient sleeping rooms > 1,000 sq ft provided with ≥ 2 exit access doors remotely located from each other?	12-2.5.2	
Y N N/A	2E. Are rooms or suites, other than patient sleeping rooms, > 2,500 sq ft provided with ≥ 2 exit access doors remotely located from each other?	12-2.5.3	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	2F. Are suites arranged so that:		
Y N	1. suites of sleeping rooms are ≤ 5,000 ft;	12-2.5.6	
	AND		
Y N	2. suites of rooms, other than patient sleeping rooms, are ≤ 10,000 sq ft;	12-2.5.7	
	AND		
Y N	3. no intervening rooms are considered hazardous areas?	12-2.5.5	
N/A	2G. Are exit access doors in suites arranged so that the travel distance to an exit access door:		
Y N	1. ≤ 100 ft from any point in a suite of patient sleeping rooms;	12-2.6.2.4	
	AND		
Y N	2 ≤ 100 ft from any point in a suite of non-patient sleeping rooms containing 1 intervening room;	12-2.5.8	
	AND		
Y N	3. ≤ 50 ft from any point in a suite of non-patient sleeping rooms containing 2 intervening rooms?	12-2.5.8	
Y N	2H. Do patient sleeping rooms open directly onto an exit access corridor?	12-2.5.1	
	2I. Are corridor doors:		
Y N	1. of a swinging type;	5-2.1.4.1	
	AND		
Y N	2. fitted to resist the passage of smoke;	12-3.6.3.1	
	AND		
Y N	3. fitted with positive latching hardware (roller latches are prohibited);	12-3.6.3.2	
	AND		
Y N	4. free of louvers or transoms (except doors for bathrooms, toilets, and sink closets);	12-3.6.4	
	AND		
Y N	5. free of nonrated protected plates > 48 in. above the bottom of the door?	12-3.6.3.4	
	NOTE: To restrict the passage of smoke, doors should have ≤ 1 in. undercuts and ≤ 1/8 in. gaps between meeting edges of door pairs.		
N/A	2J. Are openings, such as mail slots or pass through windows (laboratory, pharmacy, cashier) in vision panels or doors:	12-3.6.5	
Y N	1. ≤ 80 sq in;		
	AND		
Y N	2. installed at or below 1/2 the distance from the floor to the room ceiling?		
	NOTE: Smoke compartments containing patient sleeping rooms may not have these openings in required corridor separations.		
Y N N/A	2K. Are all hazardous areas protected in accordance with Table 3B-3? **If NO,** list all deficient hazardous areas and their locations on Table 3B-4.	12-3.2, unless noted	Use Table 3B-4
N/A	2L. Are doors in partitions enclosing hazardous areas:		
Y N	1. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	2. self-closing or automatic closing?	12-3.2.1	

TABLE 3B-3 – Minimum Required Fire Protection of Hazardous Areas

Type of Hazardous Area \ Minimum Fire Protection Required	2-hr FRRA* & sprinklers	1-hr FRRA** & sprinklers	Nonrated smoke resisting walls and doors & sprinklers
a. Boiler/fuel fired heater rooms		X	
b. Central/bulk laundries (> 100 sq ft)		X	
c. Flammable gas storage rooms (NFPA 99:10-10.2.2)	X		
d. Flammable liquid storage rooms (> 750 gals.) (NFPA 30:4-4.2.1, 4-4.4.2)	X		
e. Laboratories:			
(1) less than severe hazard			X
(2) severe hazard (NFPA 99: 5-1)		X	
f. Maintenance repair shops		X	
g. Piped oxygen tank supply rooms (NFPA 99: 4-3.1.1.2)		X	
h. Paint shops (less than severe hazards)		X	
i. Soiled linen rooms		X	
j. Storage rooms for combustible materials:			
(1) 50–100 sq ft			X
(2) > 100 sq ft		X	
k. Trash collection rooms		X	

TABLE 3B-4 – Deficient Hazardous Areas

	Type of Hazardous Area	Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

The tables on this page are to be used to assess protection of hazardous areas and identify any deficient areas in conjunction with question 2K.

* with ≥ $1^1/_2$-hr FRRA doors.
** with ≥ $^3/_4$-hr FRRA doors.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	2M. Are gift shops which are: 1. used for storage or display of combustibles considered hazardous, separated by ≥ 1-hr FRRA; OR 2. not considered hazardous and having separately protected storage: a. ≤ 500 sq ft when open to the lobby; OR b. separated from the corridor or lobby by nonrated walls?	12-3.2.5	
N/A Y N Y N	2N. Are doors to boiler rooms, heater rooms, and mechanical equipment rooms: 1. self-closing; AND 2. never held open by any means?	12.2.2.2.6	
SECTION III – COMPARTMENTS			
Y N N/A	3A. Do smoke barriers provide at least two smoke compartments on any story that: 1. is used by inpatients for sleeping or treatment; OR 2. has an occupant load of ≥ 50 persons, regardless of use; OR 3. is usable but unoccupied?	 12-3.7.1 12-3.7.1 12-3.7.2	
N/A Y N Y N	3B. Do smoke barriers limit the: 1. maximum area of each smoke compartment to ≤ 22,500 sq ft; AND 2. travel distance from any point to a smoke barrier door to ≤ 200 ft?	12-3.7.1	
N/A Y N Y N Y N	3C. Are smoke barriers: 1. continuous from outside wall to outside wall with all penetrations properly sealed; AND 2. continuous from floor slab to the floor or roof slab above, through any concealed spaces, such as those above suspended ceilings and including interstitial spaces; AND 3. constructed of materials that have ≥ 1-hr FRR?	12-3.7.3	
N/A Y N Y N Y N Y N	3D. Are doors in smoke barriers: 1. fitted to resist the passage of smoke; AND 2. ≥ $1^3/_4$-in. solid bonded wood core or equivalent; AND 3. self-closing or automatic closing; AND 4. free of nonrated protective plates > 48 in. above the bottom of the door? NOTE: To restrict the passage of smoke, doors should have ≤ $^3/_4$ in. undercuts and ≤ $^1/_8$ in. gaps between meeting edges of door pairs.	 12-3.7.6 12-3.7.5 12-3.7.6 12-3.7.5	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	3E. Are fixed fire window assemblies in smoke barrier walls and doors:		
Y N	1. ≥ 20-min FRRA;	6-2.3.2.3.1	
	AND		
Y N	2. ≤ 25% of the size of the fire barrier in which they are used?	6-2.3.2.2	
Y N N/A	3F. Are duct penetrations of smoke barriers protected by approved smoke dampers?	12-3.7.3	
Y N N/A	3G. Do the dampers in duct penetrations of smoke barriers close upon activation of a local smoke detector that is located in the corridor?	6-3.5.2	
Y N N/A	3H. If the above ceiling space is used for a common plenum (unducted) for either supply or return air, are penetrations through smoke barriers protected by approved smoke dampers?	6-3.5.1	
	SECTION IV – FLOOR ASSEMBLIES		
	4A. Are the following vertical openings enclosed with rated construction having at least a:	12-3.1.1	
	• 1-hr FRR in buildings that are required to be 1-hr construction (see Question 1A.3.c);		
	• 1-hr FRR for enclosures connecting no more than three floors;		
	• 2-hr FRR for enclosures connecting more than three floors?		
Y N N/A	1. stairs,		
Y N N/A	2. elevator shafts,		
Y N N/A	3. ventilator shafts,		
Y N N/A	4. light shafts,		
Y N N/A	5. trash chutes,		
Y N N/A	6. linen (laundry) chutes,		
Y N N/A	7. utility chases.		

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	4B. Linen/waste chutes per 12-5.4:		
	1. Are service (inlet) doors provided with:		
Y N	a. self-closing devices;	NFPA 82: 3-2.4	
	AND		
Y N	b. positive latching;	NFPA 82: 3-2.4	
	AND		
Y N	c. ≥ 1-hr FRR ($1^1/_2$-hr if ≥ 4 stories)?	6-2.3.2.3.1	
	2. Do outlet (discharge) doors have:	NFPA 82: 3.2.2.9	
Y N	a. self-closing devices (fusible link or electrical hold-open devices are acceptable);		
	AND		
Y N	b. positive latching;		
	AND		
Y N	c. ≥ 1-hr FRRA?		
	3. Is an AASS provided:	NFPA 82: 3-2.5.1	
Y N	a. above the top service opening;		
	AND		
Y N	b. at the lowest service level;		
	AND		
Y N	c. at alternate floor levels in buildings > 2 stories in height?		
	AND		
Y N	4. Are chutes vented through the roof and open to the atmosphere?	NFPA 82: 3-2.2.4	
	NOTE: Inlet doors are prohibited in corridors and may only be located within rooms protected as hazardous areas per 7-5.		
N/A	4C. Do linen and waste chutes discharge into a collection room:		
Y N	1. separated from the corridor by ≥ 1-hr FRR (≥ 2-hr FRR if ≥ 4 stories);	NFPA 82: 3-2.6.1	
	AND		
Y N	2. not used for any other purpose or storage (applies only to trash collection rooms);	12-5.4.3	
	AND		
Y N	3. protected by an approved sprinkler system?	NFPA 82: 3-2.6.2	
	4D. When the following penetrate FRR floor assemblies, is the space between the item and the floor filled with an appropriate FRR material:	6-2.3.2.4.2	
Y N N/A	1. pipes,		
Y N N/A	2. conduits,		
Y N N/A	3. bus ducts,		
Y N N/A	4. cables/wires,		
Y N N/A	5. air ducts,		
Y N N/A	6. pneumatic tubes?		
	SECTION V – EXITS		
Y N	5A. Do all floors or fire sections of the building have ≥ 2 approved remote exits?	12-2.4.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	5B. Are exits arranged so that:		
Y N	1. travel distance to a room door from any point in a patient sleeping room is ≤ 50 ft;	12-2.6.2.3	
	AND		
Y N	2. travel distance between any room door and an exit is ≤ 150 ft;	12-2.6.2.1	
	AND		
Y N	3. travel distance between any point in a room and an exit is ≤ 200 ft;	12-2.6.2.2	
	AND		
Y N	4. there are no dead-end corridors > 30 ft;	12-2.5.10	
	AND		
Y N	5. exit corridors are ≥ 8 ft in width?	12-2.3.3	
Y N	5C. Are means of egress adequately illuminated at all points, including angles and intersections of corridors and passageways, stairways, landings of stairs, and exit doors?	12-2.8	
Y N	5D. Is the interior finish of corridors Class A or B?	12-3.3.2	
Y N	5E. Are egress corridors not used for any portion of a supply, return, or exhaust air system serving adjoining areas?	NFPA 90A: 2-3.11.1	
N/A	5F. Are exit stair doors:		
Y N	1. ≥ 1-hr FRRA (≥ $1^1/_2$-hr if 4 or more stories);	6-2.3.2.3.1	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self-closing or automatic closing?	5-1.3.2.1	
N/A	5G. Are fixed fire window assemblies in exit stair doors:		
Y N	1. ≥ 1-hr FRRA ($1^1/_2$-hr FRRA if 4 or more stories);	6-2.3.2.3.1	
	AND		
Y N	2. ≤ 25% of the size of the fire barrier in which they are used;	6-2.3.2.2	
	AND		
Y N	3. ≤ 100 sq in?	NFPA 80: 1-7.4	
Y N N/A	5H. Do stairs serving as a required means of egress have handrails on both sides?	5-2.2.4.2	
Y N N/A	5I. Do exit stairs discharge:	5-7	
	1. to the outside at grade;		
	OR		
	2. through an approved exit passageway that is continuous to the building exterior?		

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	5J. Are doors to stairs or areas that are not exits and are likely to be mistaken for exits identified with signs reading "NO EXIT"?	5-10.4.2	
	5K. Are doors in a means of egress:		
Y N	1. always unlocked in the direction of egress; AND	12-2.2.2.4	
Y N	2. that serves ≥ 50 occupants set to swing in the direction of egress?	5-2.1.4.2	
	5L. Are exit signs:		
Y N	1. readily visible from any direction of access; AND	5-10.1.2	
Y N	2. adequately illuminated; AND	5-10.3	
Y N	3. equipped with letters:		
	a. ≥ 6 in. high if externally illuminated; OR	5-10.2.1	
	b. legible at a distance of ≥ 100 ft if internally illuminated?	5-10.2.2	
N/A	5M. Are outside stairs:	5-2.2.6.4	
Y N	1. separated from the interior of the building by walls with the same FRR required for enclosed stairs; AND		
Y N	2. does the construction extend vertically from the ground to a point ≥ 10 ft above the top most landing of the stairs or roofline, whichever is lower; AND		
Y N	3. does the construction extend ≥ 10 ft horizontally?		
Y N	5N. Are all means of egress maintained free from the accumulation of snow and ice?	5-1.9.1	
N/A	5O. Are walls containing horizontal exits:		
Y N	1. ≥ 2-hr FRR construction; AND	5-2.4.3.1	
Y N	2. continuous from the roof to the ground floor; AND	5-2.4.3.1	
Y N	3. continuous from exterior wall to exterior wall?	6-2.2.2	
Y N N/A	5P. Where horizontal exit walls terminate at outside walls that are at an angle < 180°, are the outside walls ≥1-hr FRRS with openings protected by ≥ $^3/_4$-hr FRRA for a distance of ≥ 10 ft on each side?	5-2.4.3.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	5Q. Are doors in horizontal exits:		
Y N	1. ≥ $1^1/_2$-hr FRRA;	6-2.3.2.3.1	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self-closing or automatic closing;	5-2.4.3.8	
	AND		
Y N	4. provided with an approved vision panel;	12-2.2.5.5	
	AND		
Y N	5. installed without center mullions?	12-2.2.5.5	
	SECTION VI – OPERATING FEATURES		
Y N	6A. Is automatic transmission of the fire alarm signals accomplished via:	7-6.4	
	1. auxiliary fire alarm system, per NFPA 72: 4-7 (direct connection);		
	OR		
	2. central station service, per NFPA-72: 4-2;		
	OR		
	3. proprietary supervising station system, per		
	a. NFPA 72: 4-3;		
	OR		
	b. Joint Commission policy for a manual transmission system (Reference Joint Commission *Perspectives*, March/April 1992);		
	OR		
	4. remote supervising station fire alarm system, per NFPA-72: 4-4?		
	6B. Do AASS include:		
Y N	1. a local alarm unit, both audible and visual at a constantly attended location;	7-7.2.1	
	AND		
Y N	2. a water flow alarm connected to the fire alarm system;	7-7.2.2	
	AND		
	3. supervisory signals that monitor the following:	7-7.2.1	
Y N	a. control valves?		
	b. fire pumps (where required)		
Y N	(1) power supplies;		
Y N	(2) pump running condition?		
	c. water tank (where provided)		
Y N	(1) tank levels;		
Y N	(2) tank temperatures;		
Y N	(3) tank pressures?		
	AND		
Y N	4. a clear space ≥ 18 in. below standard pendant sprinkler heads to top of storage?	NFPA 13: 4-6.6	
	NOTE: Perimeter room wall shelving may extend up to the ceiling when not located directly below any sprinkler head.		

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	6C. Are portable space heating devices prohibited in patient treatment and sleeping areas?	12-7.7	
Y N	6D. Are combustible decorations prohibited, unless flame retardant?	12-7.5.4	
Y N	6E. Are furnishings, decorations, or other objects placed to not obstruct access, egress, or visibility of exits?	5-1.9.2.1	
Y N	6F. Are exit access doors and exit doors free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit?	5-5.2.2	
Y N	6G. Is the travel distance from any point to the nearest fire extinguisher ≤ 75 ft?	NFPA 10: Chapter 3	
N/A	6H. Are grease producing cooking devices (deep fat fryers, ranges, grills, or broilers) provided with:		
Y N	1. an exhaust hood;	NFPA 96: 1-3.1	
	AND		
Y N	2. an exhaust duct system;	NFPA 96: 1-3.1	
	AND		
Y N	3. grease removal devices (mesh filters are not acceptable, per NFPA 96: 3-1);	NFPA 96: 1-3.1	
	AND		
Y N	4. approved portable fire extinguisher;	NFPA 96: 1-3.1	
	AND		
Y N	5. a. an approved automatic fire extinguishing system that uses:	NFPA 96: 1-3.1	
	(1) carbon dioxide;		
	OR		
	(2) an AASS;		
	OR		
	(3) deluge foam water sprinkler;		
	OR		
	(4) wet or dry chemical;		
	AND		
	b. when activated, the extinguishing system:		
Y N	(1) activates the building fire alarm system;		
	AND		
Y N	(2) deactivates the fuel (energy) source;		
	AND		
Y N	(3) controls the exhaust fans as designated;		
	AND		
Y N	6. a program for inspection, testing, and maintenance of all items required above to ensure cleanliness, operability, and reliability?	NFPA 96: Chapter 8	

ASSESSMENT			REFERENCE	LOCATION/COMMENTS
		N/A	6I. An organization may choose to establish a *Building Maintenance Program* to resolve each of the following LSC deficiency types in lieu of identifying their location to create a PFI for their resolution. When an organization has ongoing and effective *Building Inspection Programs*:	
		N/A	1. Do $1^1/_2$-hr FRRA doors and 1-hr FRRA doors (including occupancy separation doors, stair doors, horizontal exit doors, and hazardous area room doors) have:	
Y	N		a. properly functioning positive latching devices;	
Y	N		b. properly functioning self-closing or automatic closing devices;	
Y	N		c. $\leq {}^1/_8$ in. gaps between meeting edges of door pairs;	
Y	N		d. $\leq {}^3/_4$ in. undercuts?	
		N/A	2. Do linen/trash chute inlet and outlet doors have properly functioning:	
Y	N		a. positive latching devices;	
Y	N		b. self-closing or automatic closing devices?	
		N/A	3. Do doors in smoke barriers:	
Y	N		a. have properly functioning self-closing or automatic closing devices;	
Y	N		b. are maintained to prevent the spread of smoke?	
			4. Do corridor doors:	
Y	N		a. have properly functioning latching devices;	
Y	N		b. are maintained to prevent the spread of smoke?	
Y	N	N/A	5. Are smoke barrier wall penetrations properly sealed?	
Y	N		6. Are corridor wall penetrations properly sealed?	
Y	N		7. Are means of egress illumination devices properly functioning?	
Y	N		8. Are exit signs properly functioning?	
Y	N		9. Are means of egress maintained to be free from the accumulation of ice and snow?	
		N/A	10. Are the following grease producing devices clean and maintained:	
Y	N		a. exhaust hoods;	
Y	N		b. exhaust duct system;	
Y	N		c. grease removal devices?	

NOTE: 1. For a *Building Maintenance Program* to be considered "effective," Joint Commission requires ≥ 95% of program items to properly function at any one time.
2. While a PFI can be developed to resolve an individual LSC deficiency, a PFI **cannot** be established to resolve an ineffective *Building Maintenance Program*.

SECTION VII – UNUSUAL OBSERVATION

This section is for your use to describe any *Life Safety Code®* deficiency encountered that is not assessed in Sections I through VI above. All deficiencies should be thoroughly described and an accurate location provided.

END OF PART 3B

Outpatient Occupancies

Instructions

This Life Safety Assessment Form has been designed to assist you in assessing your Outpatient Occupancy buildings for compliance with the *Life Safety Code® (LSC®); NFPA 101-1997.* Business Occupancy requirements are found in Chapters 26 and 27 of the *LSC.* Ambulatory Health Care Occupancy requirements are found in Chapters 12-6 and 13-6 of the *LSC.*

Complete Part 3C for Business Occupancies (New & Existing) Only.

Complete Part 3D for Ambulatory Health Care Occupancies (New & Existing) Only.

Note: Requirements that apply to NEW are limited to buildings constructed after January 1, 1998.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
PART 3C	**Business Occupancies**		
	SECTION I – ROOMS		
Y N	1A. Is the interior finish in rooms and office areas Class A, B, or C?	26/27-3.3.2	
Y N N/A	1B. Are hazardous areas (general storage, boiler/furnace rooms, maintenance shops, woodworking, or painting areas): 1. enclosed by fire barriers having ≥ 1-hr FRR; OR 2. enclosed by nonrated walls and doors when protected by an AASS?	26/27-3.2.1	
N/A Y N Y N Y N	1C. Are doors in partitions enclosing unsprinklered hazardous areas: 1. ≥ 3/4-hr FRRA; AND 2. provided with positive latching; AND 3. self-closing or automatic closing?	 26/27-3.2.1 NFPA 80: 2.8.2.3 26/27-3.2.1	
N/A Y N Y N	1D. Are fire doors ≥ 3/4-hr FRRA free of: 1. protective plates which extend > 16 in. above the bottom of the door; AND 2. any coverings, decorations, or other objects applied to the door face, except informational signs?	 NFPA 80: 2-8.3 NFPA 80: 1-3.4	
	SECTION II – FLOOR ASSEMBLIES		
Y N N/A	2A. Are stairways, elevator shafts, escalator openings, and other vertical openings enclosed by: 1. ≥ 1/2-hr FRRA in EXISTING; OR 2. ≥ 1-hr FRRA in NEW, and for EXISTING exit stairs that connect ≤ 3 stories; OR 3. ≥ 2-hr FRRA in NEW, and for EXISTING exit stairs that connect > 4 stories?	26/27-3.1.1	
	SECTION III – EXITS		
Y N Y N	3A. Number of exits: 1. Are there ≥ 2 approved exits arranged and constructed as to minimize any possibility that more than one may be blocked by any one fire or other emergency condition located on each floor; AND 2. are exits accessible from every part of each floor? NOTE: Exits in NEW must meet test for remoteness per 5-5.1.4.	26/27-2.4	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	3B. Are exits arranged so that:		
Y N	1. common paths of travel are ≤ 75 ft (≤ 100 ft if AASS);	26/27-2.5.3	
	AND		
Y N	2. dead-end corridors are ≤ 50 ft (≤ 20 ft in NEW, ≤ 50 ft in NEW with AASS)?	26/27-2.5.2	
Y N	3C. Is the travel distance from any point to an exit ≤ 200 ft (≤ 300 ft if AASS)?	26/27-2.6	
Y N	3D. Are corridors or passageways serving as a means of egress ≥ 44 in. in clear width?	26/27-2.3.2	
Y N N/A	3E. In NEW, are corridors providing access to exits separated from use areas by 1-hr FRRS?	26-3.6.1	
N/A	3F. Are corridor doors in NEW unsprinklered buildings:		
Y N	1. ≥ 20-min FRRA;	26-3.6.2	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self closing or automatic closing;	6-2.3.2.1	
	AND		
Y N	4. provided with undercuts ≤ 3/4 in. to restrict the passage of smoke?	6-2.3.2.3.1	
N/A	3G. Are doors in a means of egress:		
Y N	1. ≥ 28 in. wide (32 in. wide in NEW);	5-2.1.2.2	
	AND		
Y N	2. always unlocked in the direction of egress (see 26/27-2.2.2.2 through 26/27-2.2.2.4 for permitted exceptions);	5-2.1.5.1	
	AND		
Y N	3. set to swing in the direction of egress when serving ≥ 50 occupants?	5-2.1.4.2	
	NOTE: Means of egress consist of three separate and distinct components: 1. exit access, 2. the exit, and 3. the exit discharge.		
N/A	3H. Are exit stair doors:		
Y N	1. ≥ 1-hr FRRA ≤ 3 stories (1 1/2-hr if 4 or more stories);	6-2.3.2.3.1	
	AND		
Y N	2. provided with positive latching;	NFPA 80: 2-8.2.3	
	AND		
Y N	3. self-closing or automatic closing?	5-1.3.2.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A Y N Y N Y N	3I. Are fixed fire window assemblies in exit stair doors: 1. ≥ 1-hr FRRA ($1^1/_2$-hr FRRA if 4 or more stories); AND 2. ≤ 25% of the size of the fire barrier in which they are used; AND 3. ≤ 100 sq in? NOTE: Existing window installations that conform to the following previously accepted *LSC* criteria are permitted: 1. fixed wire glass, ≤ 100 sq in, set in approved metal frames OR 2. fire rated glazing, ≤ 100 sq in, set in approved frames.	 6-2.3.2.3.1 6-2.3.2.2 NFPA 80: 1-7.4	
Y N N/A	3J. Do stairs and ramps serving as a means of egress have handrails on both sides?	5-2.2.4.2	
Y N N/A	3K. Do exit stairs discharge: 1. to the outside at grade; OR 2. through an approved exit passageway continuous to the building exterior?	5-7	
Y N N/A	3L. Are exit enclosures free of open or enclosed areas used for storage?	5-2.2.5.3	
Y N N/A	3M. Are doors to stairs or areas that are not complying exits and are likely to be mistaken for exits identified with signs reading "NO EXIT"?	5-10.4.2	
N/A Y N Y N Y N	3N. Are exit signs: 1. readily visible from any direction of access; AND 2. adequately illuminated; AND 3. equipped with letters: a. ≥ 4 in. high; OR b. ≥ 6 in. high if NEW externally illuminated; OR c. legible at a distance of ≥ 100 ft if NEW internally illuminated?	 5-10.1.2 5-10.3 5-10.2 5-10.2.1 5-10.2.2	
N/A Y N Y N Y N	3O. Are outside stairs: 1. separated from the interior of the building by walls with the same FRR required for enclosed stairs; AND 2. does the construction extend vertically from the ground to a point ≥ 10 ft above the topmost landing of the stairs or roofline, whichever is lower; AND 3. does the construction extend ≥ 10 ft horizontally?	5-2.2.6.4	
Y N N/A	3P. Are all means of egress maintained free from the accumulation of snow and ice?	5-1.9.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A Y N Y N N/A	3Q. Is the interior finish of exits and enclosed corridors: 1. on walls and ceilings Class A or B; AND 2. on NEW floors Class I or II?	26/27-3.3	
Y N Y N	3R. Are designated stairs, aisles, corridors, ramps, escalators, and passageways: 1. illuminated at all times when building is occupied; AND 2. illuminated on all floor and walking surfaces to a value of 1-ft candle?	 5-8.1.2 5-8.1.3	
SECTION IV - OPERATING FEATURES			
Y N	4A. Is the travel distance from any point to the nearest fire extinguisher ≤ 75 ft?	NFPA 10: Chapter 10	
N/A Y N Y N Y N Y N Y N Y N Y N Y N Y N	4B. Where installed to take advantage of code allowed exceptions, do AASS include: 1. a local alarm unit, both audible and visual at a constantly attended location; AND 2. a water flow alarm connected to the fire alarm system; AND 3. supervisory signals that monitor: a. control valves? b. fire pumps (where required) (1) power supplies; (2) pump running condition? c. water tank (where provided) (1) tank levels; (2) tank temperatures; (3) tank pressures? AND 4. a clear space ≥ 18 in. below standard pendant sprinkler heads to top of storage? NOTE: Perimeter room wall shelving may extend up to the ceiling when not located directly below any sprinkler head.	 7-7.2.1 7-7.2.2 7-7.2.1 NFPA 13: 4-6.6	
N/A Y N Y N	4C. When connected to the domestic water system, are limited area sprinkler systems installed to protect isolated hazardous areas: 1. provided with an indicating shut-off valve; AND 2. limited to ≤ 6 sprinkler heads?	7-7.1.2	
Y N	4D. Are furnishings, decorations, or other objects so placed as not to obstruct access, egress, or visibility of exits?	5-1.9.2.1	
Y N	4E. Are mirrors, hangings, or draperies not placed on or over exit doors, nor do they conceal, obscure, or confuse the direction of exit?	5-5.2.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	Answer questions 4F through 4I if ANY of the following criteria apply: • The building is ≥ 2 stories in height above the level of exit discharge; • The occupancy is subject to ≥ 100 occupants above or below the level of exit discharge (50 in NEW); • The occupancy is subject to ≥ 1,000 total occupants (300 in NEW).		
	4F. Is emergency power provided for: 1. illumination of:		
Y N	a. exit signs,	5-10.3.5	
Y N N/A	b. exit access corridors,	5-9.1.1	
Y N N/A	c. designated stairs,	5-9.1.1	
Y N N/A	d. exit passageways,	5-9.1.1	
Y N N/A	e. aisles,	5-9.1.1	
Y N N/A	f. ramps,	5-9.1.1	
Y N N/A	g. escalators?	5-9.1.1	
N/A	4G. Are battery powered emergency lighting systems tested:	5-9.3	
Y N	1. every 30 day period for a minimum of 30 seconds; AND		
Y N	2. annually for ≥ 1 1/2-hr?		
Y N	4H. Is the building provided with a fire alarm system activated by: 1. manual pull stations; OR 2. an AASS installed throughout the building; OR 3. an approved automatic detection system installed throughout the building?	26/27-3.4.2	
Y N	4I. Is the building provided with a fire alarm system capable of sounding: 1. a general, audible alarm throughout the building; OR 2. an audible alarm in a continuously attended location for the purpose of initiating emergency action?	26/27-3.4.3	

ASSESSMENT		LOCATION/COMMENTS
SECTION V - UNUSUAL OBSERVATION		
This section is for your use to describe any *Life Safety Code®* deficiency encountered that is not assessed in Sections I through IV above. All deficiencies should be thoroughly described and an accurate location provided.		

END OF PART 3C

ASSESSMENT		REFERENCE	LOCATION/COMMENTS

PART 3D Ambulatory Health Care Occupancies

An Ambulatory Healthcare Center is a building or part thereof used to provide services or treatment to four (4) or more patients at the same time meeting either I or II below:

I. Those facilities that provide, on an outpatient basis, treatment that renders patients incapable of taking action for self-preservation under emergency conditions without assistance from others.

II. Those facilities that provide, on an outpatient basis, surgical treatment requiring general anesthesia.

SECTION I – BUILDINGS

	1A. For each building listed in Table 3D-2:	12/13-6.1.6	
Y N	1. is the building an allowable type of construction (refer to Table 3D-1 and NFPA 220); AND		
Y N	2. is the type of construction permitted based upon number of stories; AND		
Y N	3. is an AASS provided, where required; AND		
	4. are the following assemblies constructed of materials with the minimum FRR based upon the type of construction:		
Y N N/A	a. exterior bearing wall; AND		
Y N	b. structural frame; AND		
Y N N/A	c. floor construction; AND		
Y N	d. roof construction?		
Y N N/A	1B. When located in multi-occupancy buildings are ambulatory health care centers separated from:		
	1. health care occupancies by ≥ 2-hr FRRS; OR	12/13-1.2.2	
	2. business occupancies by ≥ 1-hr FRRS?	12/13-6.3.7.1	
N/A	1C. Where 2-hr FRRS are required:		
Y N	1. do such separations extend from the floor slab below to the floor or roof slab above on each floor where the separation is required; AND	6-2.2.2	
Y N	2. do such separations extend from exterior wall to exterior wall; AND	6-2.2.2	
Y N	3. are openings therein protected by ≥ $1^1/_2$-hr FRRA?	6-2.3.2.3.1	

TABLE 3D-1: Construction Types and Requirements

(A) Types	Exterior Bearing Walls	Structural Frame	Floor Construction	Roof Construction	One Story Buildings	Two or More Story Buildings
I (443)	4	4	3	2	X	X
I (332)	3	3	2	1½	X	X
II (222)	2	2	2	1	X	X
II (111)	1	1	1	1	X	X
II (000)	0	0	0	0	X	X*
III (211)	2	1	1	1	X	X
III (200)	2	0	0	0	X	X*
IV (2HH)	2	H	H	H	X	X
V (111)	1	1	1	1	X	X
V (000)	0	0	0	0	X	X*

Key:
X – allowable type of construction
X* – requires AASS throughout
H – indicates heavy timber

TABLE 3D-2: Assessment of Construction Type

	(B) Building Name	(C) Construction Type	(D) Stories above grade	(E) AASS
1.				Y/N
2.				Y/N
3.				Y/N
4.				Y/N
5.				Y/N
6.				Y/N
7.				Y/N
8.				Y/N
9.				Y/N
10.				Y/N
11.				Y/N
12.				Y/N
13.				Y/N
14.				Y/N
15.				Y/N

Column Notes

A. Types.....select the type of construction that corresponds to each building listed in Table 3D-2, column (B) and enter in column (C).

B. Building Name .....enter building names from each Part 2 - Basic Building Information, question 2. List only those buildings classified as Ambulatory Health Care Occupancies.

C. Construction Type.....enter the type of construction. Select from Table 3D-1, column (A) in accordance with note A above.

D. Number of Stories .....enter the number of stories above and including the level of exit discharge from each Part 2 - Basic Building Information, question 8.

E. AASS .....Circle Y for yes or N for no to indicate if the building is protected throughout by an approved automatic sprinkler system.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A	1D. Are doors in 2-hr FRRS (and 1-hr FRRS):		
Y N	1. ≥ 1 1/2-hr FRRA in 2-hr FRRS (≥ 3/4-hr FRRA in 1-hr FRRS); AND	6-2.3.2.3.1	
Y N	2. provided with positive latching; AND	NFPA 80: 2-8.2.3	
Y N	3. self-closing or automatic closing; AND	6-2.3.2.1	
Y N	4. provided with ≤ 1/8 in. gaps between meeting edges of door pairs; AND	NFPA 80: 2-5.4	
Y N	5. provided with ≤ 3/4 in. undercuts?	NFPA 80: 2-5.5	
	1E. Are fire doors ≥ 3/4-hr FRRA free of:		
Y N	1. protective plates which extend > 16 in. above the bottom of the door; AND	NFPA 80: 2-8.3	
Y N	2. any coverings, decorations, or other objects applied to the door face, except informational signs?	NFPA 80: 1-3.4	
Y N N/A	1F. Are duct penetrations in 2-hr FRRS protected by dampers that are ≥ 1 1/2-hr FRRA?	NFPA 90A: 3-3.1	
Y N N/A	1G. When the following penetrate FRR wall assemblies, are the spaces between the item and the wall filled with an appropriate FRR material: 1. pipes, 2. conduits, 3. bus ducts, 4. cables/wires, 5. air ducts, 6. pneumatic tubes?	6-2.3.2.4.3	
	SECTION II – ROOMS		
Y N	2A. Is the interior finish in rooms and office areas Class A, B, or C?	26/27-3.2.2	
N/A	2B. Are openings such as mail slots or pass through windows (laboratory, pharmacy, cashiers) in vision panels or doors:	12-6.3.6.1	
Y N	1. ≤ 20 sq in; AND		
Y N	2. installed ≤ 1/2 the distance from the floor to the room ceiling?		
Y N N/A	2C. Are hazardous areas (general storage, boiler/furnace rooms, maintenance shops, woodworking, or painting areas): 1. enclosed by fire barriers having ≥ 1-hr FRR; OR 2. enclosed by nonrated walls and doors when protected by an AASS?	26/27-3.2.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A Y N Y N Y N	2D. Are doors in partitions enclosing unsprinklered hazardous areas: 1. constructed with ≥ 3/4-hr FRRA; AND 2. provided with positive latching; AND 3. self-closing or automatic closing?	 26/27-3.2.1 NFPA 80: 2-8.2.3 26/27-3.2.1	
Y N N/A	2E. Are rooms or suites of rooms of > 2,500 sq ft equipped with at least 2 exit access doors located remotely from each other?	12/13-6.2.4.2	
Y N	2F. Are doors in the means of egress from diagnostic or treatment areas ≥ 32 in. minimum clear width?	12/13-6.2.3.3	
	SECTION III – COMPARTMENTS		
Y N	3A. Are smoke barriers provided to divide patient treatment floors into ≥ 2 smoke compartments?	12/13-6.3.7.2	
N/A Y N Y N Y N	3B. Are smoke barriers: 1. continuous from outside wall to outside wall with all penetrations properly sealed; AND 2. continuous from floor slab to the floor or roof slab above, through any concealed spaces, such as those above suspended ceilings and including interstitial spaces; AND 3. constructed of materials that are ≥ 1-hr FRR?	12/13-6.3.7.3	
N/A Y N Y N Y N	3C. Are doors in smoke barriers: 1. fitted to prevent the spread of smoke; AND 2. ≥ 1 3/4-in. solid bonded wood core or equivalent; AND 3. self-closing or automatic closing? NOTE: To restrict the passage of smoke, doors should have ≤ 3/4 in. undercuts and ≤ 1/8 in. gaps between meeting edges of door pairs.	12/13-6.3.7.1	
Y N Y N	3D. Are vision panels in doors or walls of smoke barriers: 1. ≥ 20-min FRRA; AND 2. ≤ 25% of the size of the fire barrier in which they are used? NOTE: Existing window installations that conform to the following previously accepted *LSC* criteria are permitted: 1. fixed wire glass, ≤ 1,296 sq in, set in approved metal frames OR 2. fire rated glazing, set in approved frames.	 6-2.3.2.3.1 6-2.3.2.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	3E. Are duct penetrations of smoke barriers protected by approved smoke dampers?	12/13-6.3.7.3	
Y N N/A	3F. Do the dampers in duct penetrations of smoke barriers close upon activation of a local smoke detector that is located either within the duct system or in the corridor?	6-3.5.2	
Y N	3G. Are egress corridors not used for any portion of a supply, return, or exhaust air system serving adjoining areas?	NFPA 90A: 2-3.11.1	
Y N N/A	3H. If air above ceiling space is used for a common plenum (unducted) for either supply or return air, are all smoke barrier penetrations protected by approved smoke dampers?	6-3.5.1	
	SECTION IV – FLOOR ASSEMBLIES		
Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A Y N N/A	4A. When the following penetrate FRR floor assemblies, is the space between the item and floor filled with an appropriate FRR material: 1. pipes; 2. conduits; 3. bus ducts; 4. cables/wires; 5. air ducts; 6. pneumatic tubes?	6-2.3.2.4.2	
Y N N/A	4B. Are stairways, elevator shafts, escalator openings, and other vertical openings enclosed by: 1. ≥ 1/2-hr FRRA in EXISTING; OR 2. ≥ 1-hr FRRA in NEW, and for EXISTING exit stairs that connect ≤ 3 stories; OR 3. ≥ 2-hr FRRA in NEW, and for EXISTING exit stairs that connect ≥ 4 stories?	26/27-3.1.1	
	SECTION V – EXITS		
Y N	5A. Are there ≥ 2 approved remote exits located on each floor?	12/13-6.2.4.1	
Y N N/A	5B. Are there ≥ 2 remote exit access doors in any room or suite > 2,500 sq ft?	12/13-6.2.4.2	
Y N Y N	5C. Are exits arranged so that: 1. common paths of travel are ≤ 75 ft (≤ 100 ft. if AASS); AND 2. dead-end corridors are ≤ 50 ft (≤ 20 ft in NEW, ≤ 50 ft in NEW with AASS)?	26/27-2.5.3 26/27-2.5.2	
Y N Y N	5D. Is the travel distance: 1. from any room door to an exit ≤ 100 ft (≤ 150 ft if AASS); AND 2. from any point in a room to an exit ≤ 150 ft (≤ 200 ft if AASS)?	12/13-6.2.6.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	5E. Are corridors or passageways serving as a means of egress ≥ 44 in. in clear width?	12/13-6.2.3.2	
Y N N/A	5F. In NEW, are corridors providing access to exits separated from use areas by 1-hr FRRS?	26-3.6.1	
N/A Y N Y N Y N Y N	5G. In NEW unsprinklered buildings, are corridor doors: 1. ≥ 20-min FFRA; AND 2. provided with positive latching; AND 3. self-closing or automatic closing; AND 4. provided with undercuts ≤ 3/4 in. to restrict the passage of smoke?	 26-3.6.2 NFPA 80: 2-8.2.3 6-2.3.2.1 6-2.3.2.3.1	
N/A Y N Y N Y N	5H. Are doors in a means of egress: 1. ≥ 28 in. wide (32 in. wide in NEW); AND 2. always unlocked in the direction of egress (see 26/27-2.2.2.2 through 26/27-2.2.2.4 for permitted exceptions); AND 3. set to swing in the direction of egress when serving ≥ 50 occupants? NOTE: Means of egress consist of three separate and distinct components: 1. exit access, 2. the exit, and 3. the exit discharge.	 5-2.1.2.2 5-2.1.5.1 5-2.1.4.2	
N/A Y N Y N Y N	5I. Are exit stair doors: 1. ≥ 1-hr FRRA (1 1/2-hr if 4 or more stories); AND 2. provided with positive latching; AND 3. self-closing or automatic closing?	 6-2.3.2.3.1 NFPA 80: 2-8.2.3 5-1.3.2.1	
   Y N Y N Y N	5J. Are doors in exit passageways, stair enclosures, horizontal exits, required enclosures of hazardous areas, or smoke partitions held open only by an approved electrical device which responds to: 1. manual fire alarm system; AND 2. loss of power; AND 3. smoke detection system which is: a. an approved automatic system installed to protect the entire building; OR b. installed in such a way as to detect smoke on either side of the door opening?	12/13-6.2.2.3	
Y N N/A	5K. Does the release of one door in a stair enclosure due to smoke detection result in the closing of all doors serving that stair?	12/13-6.2.2.4	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
N/A Y N Y N Y N	5L. Are fixed fire window assemblies in exit stair doors: 1. ≥ 1-hr FRRA ($1^1/_2$-hr FRRA if 4 or more stories); AND 2. ≤ 25% of the size of the fire barrier in which they are used; AND 3. ≤ 100 sq in?	 6-2.3.2.3.1 6-2.3.2.2 NFPA 80: 1-7.4	
Y N N/A	5M. Do stairs and ramps serving as a means of egress have handrails on both sides?	5-2.2.4.2	
Y N N/A	5N. Do exit stairs discharge: 1. to the outside at grade; OR 2. through an approved exit passageway?	5-7	
Y N N/A	5O. Are exit enclosures free of open or enclosed areas used for storage?	5-2.2.5.3	
Y N N/A	5P. Are doors to stairs or areas that are not true exits and are likely to be mistaken for exits identified with signs reading "NO EXIT"?	5-10.4.2	
Y N Y N Y N	5Q. Are exit signs: 1. readily visible from any direction of access; AND 2. adequately illuminated; AND 3. equipped with letters: a. ≥ 4 in. high; OR b. ≥ 6 in. high if NEW externally illuminated; OR c. legible at a distance of ≥ 100 ft if NEW internally illuminated?	 5-10.1.2 5-10.3 5-10.2 5-10.2.1 5-10.2.2	
N/A Y N Y N Y N	5R. Are outside stairs: 1. separated from the interior of the building by walls with the same FRR required for enclosed stairs; AND 2. does the construction extend vertically from the ground to a point > 10 ft above the topmost landing of the stairs or roofline, whichever is lower; AND 3. does the construction extend > 10 ft horizontally?	5-2.2.6.4	
Y N N/A	5S. Are all means of egress maintained free from the accumulation of snow and ice?	5-5.1.9.1	
Y N N/A Y N N/A	5T. Is the interior finish of exits and enclosed corridors: 1. on walls and ceilings Class A or B; AND 2. on NEW floors Class I or II?	26/27-3.3	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	5U. Are designated stairs, aisles, corridors, ramps, escalators, and passageways:		
Y N	1. illuminated at all times when building is occupied;	5-8.1.2	
	AND		
Y N	2. illuminated on all floor and walking surfaces to a value of 1-ft candle?	5-8.1.3	
	SECTION VI – OPERATING FEATURES		
Y N	6A. Is the travel distance from any point to the nearest fire extinguisher ≤ 75 ft?	NFPA 10: Chapter 10	
N/A	6B. Where required based upon minimum construction requirements or installed to take advantage of code allowed exceptions, do AASS include:		
Y N	1. a local alarm unit, both audible and visual at a constantly attended location;	7-7.2.1	
	AND		
Y N	2. a water flow alarm connected to the fire alarm system;	7-7.2.2	
	AND		
	3. supervisory signals that monitor:	7-7.2.1	
Y N	a. control valves;		
	b. fire pumps (where required)		
Y N	(1) power supplies;		
Y N	(2) pump running condition?		
	c. water tank (where provided)		
Y N	(1) tank levels;		
Y N	(2) tank temperatures;		
Y N	(3) tank pressures?		
	AND		
Y N	4. a clear space > 18 in. below standard pendant sprinkler heads?	NFPA 13: 4-6.6	
	NOTE: Perimeter room wall shelving may extend up to the ceiling when not located directly below any sprinkler head.		
N/A	6C. When connected to the domestic water system, are limited area sprinkler systems installed to protect isolated hazardous areas:	7-7.1.2	
Y N	1. provided with an indicating shut-off valve;		
	AND		
Y N	2. limited to < 6 sprinkler heads;		
	AND		
Y N	3. for new installations of > 2 sprinkler heads?		
Y N N/A	6D. Are limited area sprinkler systems protecting isolated hazardous areas with > 2 sprinkler heads in a single area provided with a water flow alarm?	12/13-6.3.5.1	
Y N	6E. Are furnishings, decorations, or other objects so placed as not to obstruct access, egress, or visibility of exits?	5-1.9.2.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	6F. Are exit access doors and exit doors free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit?	5-5.2.2	
	6G. Is emergency power provided for:		
	1. illumination of:		
Y N	a. exit signs,	5-10.3.5	
Y N N/A	b. exit access corridors,	5-9.1.1	
Y N N/A	c. designated stairs,	5-9.1.1	
Y N N/A	d. exit passageways,	5-9.1.1	
Y N N/A	e. aisles,	5-9.1.1	
Y N N/A	f. ramps,	5-9.1.1	
Y N N/A	g. escalators;	5-9.1.1	
	AND		
Y N N/A	2. patient or equipment support when general anesthesia or life support equipment is used?	12/13-6.2.9.2	
N/A	6H. Are battery powered emergency lighting systems tested:	5-9.3	
Y N	1. every 30 day period for a minimum of 30 seconds;		
	AND		
Y N	2. annually for ≥ 1 1/2-hr?		
	6I. Is initiation of the fire alarm system provided through:	12/13-6.3.4.2	
Y N	1. manual pull stations;		
	AND		
Y N	2. an AASS (if provided);		
	AND		
Y N	3. an approved automatic fire detection system (if provided)?		
N/A	6J. Does the fire alarm system:		
Y N	1. operate an audible and visual evacuation signal throughout the building;	7-6.3.5	
	AND		
Y N	2. provide occupant notification without delay?	6-3.4.3	
Y N	6K. Are portable space heating devices prohibited in patient treatment and sleeping areas?	12/13-7.7	
Y N N/A	6L. Have unvented fuel-fired heaters been removed from service?	12/13-6.5.2.2	
Y N N/A	6M. Are heating appliances provided with safety features to stop the flow of fuel or turn off the appliance if excessive temperatures or ignition failure occurs?	12/13-6.5.2.2	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	6N. Is automatic transmission of the fire alarm signal accomplished via: 1. auxiliary fire alarm system, per NFPA 72: 7 (direct connection); OR 2. a central station service, per NFPA 72: 4-2; OR 3. a proprietary supervising station system, per a. NFPA 72: 4-3; OR b. Joint Commission policy for manual transmission systems (Reference Joint Commission *Perspectives*, March/April 1992); OR 4. a remote supervising fire alarm station system, per NFPA 72: 4-4?	7-6.4	
N/A Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N	6O. Piped medical gas systems: 1. Are there written testing procedures for piped medical gas systems when the systems are installed, modified or repaired that include: a. cross-connection testing, b. piping purity testing, c. pressure testing? 2. Are there written policies and procedures for inspection, testing, and maintaining critical components of piped medical gas systems including: a. area alarms, b. master signal panel, c. automatic pressure switches, d. flexible connectors, e. shutoff valves, f. outlets? 3. Are the main supply and area shutoff valves for piped medical gas systems: a. accessible, b. clearly labeled? NOTE: For guidance on maintenance of piped medical gas systems, see NFPA 99, Appendix C-4.2.	NFPA 99: Chapter 4	

SECTION VII - UNUSUAL OBSERVATION

This section is for your use to describe any *Life Safety Code* deficiency encountered that is not assessed in Sections I through VI above. All deficiencies should be thoroughly described and an accurate location provided.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
SECTION VII - UNUSUAL OBSERVATION			

END OF PART 3D

Residential Occupancies

Instructions

This Life Safety Assessment Form has been designed to assist you in assessing your Residential Occupancy buildings for compliance with the *Life Safety Code® (LSC®); NFPA 101-1997.* Lodging or Rooming House (1 through 16 occupants) Occupancy requirements are found in Chapter 20 of the *LSC.* Hotel and Dormitory (17 or more occupants) Occupancy requirements are found in Chapters 16 and 17 of the *LSC.*

Complete Part 3E for Lodging or Rooming Houses (New & Existing) Only.

Complete Part 3F for Hotels and Dormitories (New & Existing) Only.

Note: Requirements that apply to NEW are limited to buildings constructed after January 1, 1998.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
PART 3E	**Lodging or Rooming House Occupancies** **(sleeping accommodations for 16 or fewer occupants)**		
	SECTION I – ROOMS		
Y N Y N Y N Y N Y N	1A. Are sleeping rooms separated from escape route corridors by: 1. walls and doors that are smoke resistant; AND 2. walls and doors that are free of louvers, transoms, or transfer grills; AND 3. doors that are: a. self-closing or automatic closing upon detection of smoke (if unsprinklered); AND b. provided with latching that keep the doors closed; AND c. unobstructed in any way that would prevent the door from closing?	20-3.4	
Y N	1B. Is the interior finish on walls and ceilings of occupied spaces Class A, B, or C? NOTE: Smoke development ratings do not apply to existing finishes per 6-5.5.1.	20-3.2.2	
Y N	1C. Are closet doors capable of being opened from the inside?	20-2.4	
Y N	1D. Are bathroom doors capable of being opened from the outside in an emergency?	20-2.5	
Y N	1E. Are all NEW buildings protected throughout by an AASS?	20-3.5.2	
	SECTION II – FLOOR ASSEMBLIES		
N/A Y N Y N Y N Y N Y N	2A. Are interior stairways: 1. enclosed with ≥ 1/2-hr FRRA? AND 2. equipped with doors which are: a. ≥ 20-min FRRA; AND b. provided with positive latching; AND c. self-closing or automatic closing upon detection of smoke; AND 3. free of open or enclosed areas under stairs used for storage?	20-2.2 6-2.3.2.3.1 NFPA 80: 2-8.2.3 20-2.2 5-2.2.5.3	
Y N N/A	2B. Are unprotected vertical openings protected from primary means of escape by a smoke and fire resisting capability of ≥ 1/2-hr?	20-3.1.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
	SECTION III – EXITS		
Y N	3A. Do sleeping rooms have a primary and secondary means of escape?	20-2.1.2	
Y N N/A	3B. In sleeping rooms located above or below the level of exit discharge, is the primary means of escape ONE of the following: 1. an interior stair; OR 2. an exterior stair; OR 3. a horizontal exit; OR 4. an existing fire escape stair?	20-2.1.1	
Y N	3C. Are 2 remotely located, primary means of escape provided on every story that: 1. is > 2,000 sq ft in size; OR 2. the travel distance to the primary means of escape > 75 ft?	20-2.1.3	
Y N	3D. Are doors and paths of travel to a means of egress ≥ 28 in. wide?	20-2.3	
Y N	3E. Are exit doors always unlocked in the direction of egress when the building is occupied?	20-2.7	
	SECTION IV – OPERATING FEATURES		
Y N	4A. Is the building equipped with a manual fire alarm system?	20-3.3.2	
Y N	4B. Does an internal, audible alarm automatically notify occupants without delay?	20-3.3.3	
Y N	4C. Is every sleeping room provided with approved single station smoke alarms powered by the building's electrical service? NOTE: EXISTING battery powered smoke detectors are acceptable when the organization has written policies, procedures, and documentation for testing, maintenance, and battery replacement.	20-3.3.4	
Y N N/A	4D. Are fuel-fired heaters in use fully vented to the outside?	20-5.2.2	

ASSESSMENT		LOCATION/COMMENTS
SECTION VI - UNUSUAL OBSERVATION		
This section is for your use to describe any *Life Safety Code®* deficiency encountered that is not assessed in Sections I through IV above. All deficiencies should be thoroughly described and an accurate location provided.		

END OF PART 3E

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
PART 3F	**Hotel and Dormitory Occupancies** **(sleeping accommodations for 17 or more occupants)**		
	SECTION I – BUILDINGS		
N/A Y N Y N	1A. Are interior corridor walls: 1. 1/2-hr FRRA (1-hr FRRA in NEW) or if AASS, nonrated (1/2-hr FRRA in NEW); AND 2. Constructed to resist the passage of smoke?	16/17-3.6.1	
Y N Y N	1B. Are exit access corridor walls free of: 1. unprotected openings; AND 2. transoms, louvers, and transfer grills?	16/17-3.6.4 16/17-3.6.5	
Y N N/A	1C. Are hazardous areas protected according to Table 3F-1? **If NO**, list all deficient hazardous areas and their locations on Table 3F-2.	16/17-3.2.2	Use Table 3F-2
N/A Y N Y N	1D. Are fire doors ≥ 3/4-hr FRRA free of: 1. protective plates that extend > 16 inches above the bottom of the door; AND 2. any coverings, decorations, or other objects applied on the door face, except informational signs?	NFPA 80: 2-8.3 NFPA 80: 1-3.4	
Y N	1E. Are all NEW buildings protected throughout by an AASS?	16-3.5.2	
	SECTION II – ROOMS		
Y N	2A. Are all doors opening to an exit access corridors ≥ 20-min FRR (nonrated if AASS), self-closing, and equipped with latches that keep the doors tightly closed?	16/17-3.6	
Y N	2B. Is the interior finish of exit enclosures and exit access corridors Class A or B?	16/17-3.3.2	
	SECTION III – COMPARTMENTS		
Y N	3A. In EXISTING, do patient sleeping room floors have at least 2 smoke compartments when the building is unsprinklered and the corridor length is > 150 ft?	17-3.7	

TABLE 3F-1 – Required Fire Protection of Hazardous Areas

Type of Hazardous Area		Minimum Fire Protection Required: 1-Hr FRRA* or AASS	Minimum Fire Protection Required: 1-Hr FRRA* & AASS
a. Boiler/fuel fired heater rooms	EXISTING	X	
	NEW		X
b. Central/bulk laundries (> 100 sq ft)	EXISTING	X[1]	
	NEW		X
c. Employee locker rooms		X	
d. Gift or retail shops	in EXISTING (> 100 sq ft)	X[1]	
	in NEW	X	
e. Guest laundries	in EXISTING (>100 sq ft)	X[1]	
	in NEW (≤ 100 sq ft)	X[1]	
	in NEW (> 100 sq ft)		X
f. Maintenance shops			X
g. Storage rooms or spaces[2]		X	
h. Trash rooms			X

Key: [1] – if AASS is provided no enclosure is required
[2] – storage areas > 24 sq ft directly accessible from a room or suite require no separation or protection
* – with ≥ 3/4-hr FRRA doors

TABLE 3F-2 – Deficient Hazardous Areas

	Type of Hazardous Area	Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

The tables on this page are to be used to assess protection of hazardous areas and identify any deficient areas in conjunction with question 1C.

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N	3B. In EXISTING, is the maximum travel distance from a patient sleeping room corridor door to a smoke barrier door ≤ 150 ft?	17-3.7	
	SECTION IV – FLOOR ASSEMBLIES		
Y N N/A	4A. Are nonexit stairways, elevator shafts, and other vertical openings enclosed by: 1. 1/2-hr FRRA; OR 2. 1-hr FRRA in NEW ≤ 3 stories; OR 3. 2-hr FRRA in NEW > 4 stories?	16/17-3.1.1	
Y N N/A	4B. Are floors below the level of exit discharge used for storage, heating equipment, or purposes other than residential occupancy free of unprotected opening to floors used for residential purposes?	16/17-3.1.2	
Y N N/A	4C. Are interior exit stairways enclosed by: 1. ≥ 1-hr FRRA if ≤ 3 stories; OR 2. ≥ 2-hr FRRA if > 4 stories; OR 3. 1-hr FRRA if the building has an AASS?	 5-1.3.2.1 5-1.3.2.1 16/17-2.2.1.2	
	SECTION V – EXITS		
Y N	5A. Are exit doors ≥ 28 in. wide (≥ 32 in. in NEW)?	5-2.1.2.2	
Y N	5B. Are there ≥ 2 exits from every floor?	16/17-2.4	
Y N N/A	5C. Are any rooms containing high-pressure boilers, refrigerators, machinery, transformers, or other service equipment subject to possible explosion not located directly under or adjacent to exits?	16/17-3.2.1	
 Y N Y N	5D. Are exits arranged so that: 1. common paths of travel are ≤ 35 ft (≤ 50 ft if AASS); AND 2. dead-end corridors are ≤ 50 ft (≤ 35 ft in NEW)?	 16/17-2.5.2 16/17-2.5.3	
 Y N Y N	5E. Is the travel distance: 1. from any patient sleeping room door to the nearest exit ≤ 100 ft (≤ 200 ft if AASS); AND 2. within a patient sleeping room or suite to a corridor door ≤ 75 ft (≤ 125 ft if AASS)?	 16/17-2.6.2 16/17-2.6.1	
Y N	5F. Are means of egress continuously illuminated along designated paths of travel?	16/17-2.8	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	5G. Are buildings with > 25 sleeping rooms provided with an automatic source of emergency lighting capable of generating 1 footcandle for a period of $1^1/_2$-hr throughout the means of egress?	16/17-2.9	
	5H. Are means of egress marked with exit signs:		
Y N	1. that are continuously illuminated by a reliable light source;	5-10.3	
	AND		
Y N	2. equipped with letters:		
	a. ≥ 4 in. high;	5-10.2	
	OR		
	b. ≥ 6 in. high if NEW externally illuminated;	5-10.2.1	
	OR		
	c. legible at a distance of ≥ 100 ft if NEW internally illuminated?	5-10.2.2	
	5I. Is the interior finish:		
	1. on walls and ceilings:		
Y N N/A	a. of exit enclosures rated Class A or B (Class A if NEW);	16/17-3.3.2	
	AND		
Y N N/A	b. of corridors and lobbies that are part of an exit access Class A or B;	16/17-3.3.2	
	AND		
Y N N/A	2. on floors of corridors and exits rated Class II?	16/17-3.3.3	
Y N N/A	5J. In NEW, are all rooms or suites of rooms > 2,000 sq ft provided with ≥ 2 remote exit access doors?	16-2.5.4	
Y N	5K. Are exit doors always unlocked in the direction of egress when the building is occupied?	16/17-2.2.2	
	SECTION VI – OPERATING FEATURES		
	6A. Is a fire alarm system provided that is activated by:	16/17-3.4.2	
Y N	1. manual pull stations;		
	AND		
Y N	2. a manual pull station at a central point under continuous supervision by a responsible employee;		
	AND		
Y N	3. any required AASS;		
	AND		
Y N	4. any required detection system?		
Y N	6B. Is an internal audible fire alarm provided to automatically notify occupants without delay?	16/17-3.4.3.1	
Y N	6C. Are patient sleeping rooms, and each living area within a patient sleeping room or suite, provided with an approved single station smoke alarm powered by the building's electrical service?	16/17-3.4.4.2	
Y N	6D. In NEW, is a corridor smoke detection system provided in buildings without AASS?	16-3.4.4.1	

ASSESSMENT		REFERENCE	LOCATION/COMMENTS
Y N N/A	6E. Are portable fire extinguishers provided in all hazardous areas?	16/17-3.5	
Y N N/A	6F. Are fuel-fired heaters in use fully vented to the outside?	16/17-5.2.2	

SECTION VII - UNUSUAL OBSERVATION

This section is for your use to describe any *Life Safety Code®* deficiency encountered that is not assessed in Sections I through VI above. All deficiencies should be thoroughly described and an accurate location provided.

END OF PART 3F

PART 4: Plan For Improvement/PFI (Short Form)

Organization Name:		JCAHO I.D. Number
City, State	Point of Contact	Telephone Number

IDENTIFICATION

Deficiency : _____

_____ Identification Date: _____

Unique Identifier:	Building Name:	Floor:	Room:	Use/Location:

RESOLUTION

Proposed Action : _____

Source of Funds:	Projected Cost:

Projected Start Date: _____

Projected Completion Date: _____

Actual Completion Date: _____

Are Funds Committed? ☐ Y ☐ N

IDENTIFICATION

Deficiency : _____

_____ Identification Date: _____

Unique Identifier:	Building Name:	Floor:	Room:	Use/Location:

RESOLUTION

Proposed Action : _____

Source of Funds:	Projected Cost:

Projected Start Date: _____

Projected Completion Date: _____

Actual Completion Date: _____

Are Funds Committed? ☐ Y ☐ N

IDENTIFICATION

Deficiency : _____

_____ Identification Date: _____

Unique Identifier:	Building Name:	Floor:	Room:	Use/Location:

RESOLUTION

Proposed Action : _____

Source of Funds:	Projected Cost:

Projected Start Date: _____

Projected Completion Date: _____

Actual Completion Date: _____

Are Funds Committed? ☐ Y ☐ N

IDENTIFICATION

Deficiency : _____

_____ Identification Date: _____

Unique Identifier:	Building Name:	Floor:	Room:	Use/Location:

RESOLUTION

Proposed Action : _____

Source of Funds:	Projected Cost:

Projected Start Date: _____

Projected Completion Date: _____

Actual Completion Date: _____

Are Funds Committed? ☐ Y ☐ N

JCAHO USE ONLY:		**Page _____ of _____**
Surveyors Signature:	I.D. Number:	Date:

PART 4: Plan For Improvement (Long Form)

Organization Name:		JCAHO I.D. Number
City, State	Point of Contact	Telephone Number

IDENTIFICATION

Deficiency : _____

Unique Identifier:	Building Name:	Floor:	Room:	Use/Location:

RESOLUTION

Proposed Action: _____

Source of Funds:	Projected Cost:

Are Funds Committed? ☐ **Y** ☐ **N**

PROJECT TIMETABLE

Major Project Milestones	Projected Start Date	Projected Completion Date	Actual Completion Date
A/E Selection			
Design Phase			
Construction Document Preparation Phase			
Contractor Bidding Negotiation Phase			
Construction Contract Award Date			
Construction Phase			
CONSTRUCTION MILESTONES			
Owner Occupancy Phase			

JCAHO USE ONLY:	**Page _____ of _____**	
Surveyors Signature:	I.D. Number:	Date:

Request for *Life Safety Code*® Equivalency

Traditional Procedure

1. Identify each deficiency.
   A. Reference the applicable NFPA 101®-1997 *Life Safety Code*® (*LSC*) paragraph.
   B. State the intent of the *LSC*.
2. Propose an alternate solution.
   A. Explain proposal in writing.
   B. Provide detailed drawings showing existing conditions and proposed solution (maximum size of unfolded drawings - 11" x 17").
   C. Indicate the total cost and describe the source, availability, and commitment of funds for the proposed alternate solution.
   D. Provide a timetable of events from present through completion.
3. Have one of the following certify, in writing, that to the best of their knowledge, your proposed alternate solution meets either the intent of the *LSC* identified in 1A above or will provide an equivalent level of life safety:
   A. Fire protection engineer
   B. Registered architect
   C. Local authority having jurisdiction (over enforcement of fire safety).
4. Submit to the address given below.

Fire Safety Evaluation System (FSES)

1. Survey facility to determine all *Life Safety Code*®(*LSC*) deficiencies. Reference document is NFPA 101®-1997, *Life Safety Code*.
2. Provide a current JCAHO Statement of Conditions (SOC), Part 2 - Basic Building Information (BBI) for each building where an equivalency is requested.
3. Perform the FSES equivalency evaluation. Reference document is NFPA 101®A-1995, *Alternate Approaches to Life Safety*. For each FSES Fire/Smoke Zone:
   A. Complete FSES Tables 3-1 through 3-7. Evaluate zone as it presently exists. Drawings, SOC, and *LSC* deficiencies must support point values selected.
   B. List all *LSC* deficiencies (include *LSC* reference numbers) identified within the zone during step number 1 above.
   C. Provide a floor plan. Unfolded attachments must not be larger than 11" x 17". Indicate zone boundaries. Identify or illustrate (provide a legend) each of the following features of life safety that exists and where credit is taken on FSES Table 3-4: direct exits, exit stairs, horizontal exits, 2-hour fire rated separations, or smokestop partitions.
4. Complete FSES Table 3-8 for each building containing one or more zones being evaluated.
5. Determine if an equivalent condition exists:
   A. Review FSES Table 3-7 for each zone being evaluated. Any FSES Table 3-7 containing no response indicates that an equivalent level condition does not exist in that zone.
   B. Review FSES Table 3-8 for each building containing zones being evaluated. Any FSES Table 3-8 containing a *Not Met* response indicates that an equivalent condition does not exist in any zone within that building.

   Those zones having all Yes responses to FSES Table 3-7 and either *Met* or *Not App*. responses to FSES Table 3-8 indicate that an equivalent condition presently exists.
6. Submit a SOC, Part 4 - Plan for Improvement (PFI) for each zone where an equivalent condition does not presently exist. An acceptable PFI must contain:
   A. Proposed Actions - fully explain proposal in writing.
   B. An indication of the total cost and a description of the source, availability, and commitment of funds.
   C. A timetable of events from present through completion.
   D. FSES Table 3-5A (see reverse). The column labeled "Condition After PFI" must validate the numeric values that will result when the PFI is completed. Any numeric increase in "Condition After PFI" from "Condition Before PFI" must be supported by the proposed actions.
   E. A list of all *LSC* deficiencies that will remain after the PFI is completed.
7. All above steps must be accomplished using the most current information available. Do not submit an FSES equivalency request where survey or evaluation information is more than one year old. Drawings and BBI must be current and accurate but are not subject to the one year restriction.
8. Submit to the address given below.

Mail all submissions to:

Joint Commission
Environment of Care
Department of Standards
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Note: *Equivalency requests will be returned if the above procedure is not followed or the information submitted is incomplete.*

Table 3-5A Equivalency PFI Validation

Safety Parameters	Condition **Before** PFI				Condition **After** PFI			
	Containment (S_1)	Extinguishment (S_2)	People Movement (S_3)	General Safety (S_G)	Containment (S_1)	Extinguishment (S_2)	People Movement (S_3)	General Safety (S_G)
1, Construction								
2. Interior Finish (Corridors & Exits)								
3. Interior Finish (Rooms)								
4. Corridor Partitions/Walls								
5. Doors to Corridor								
6. Zone Dimensions								
7. Vertical Openings								
8. Hazardous Areas								
9. Smoke Control								
10. Emergency Movement Routes								
11. Manual Fire Alarm								
12. Smoke Detection & Alarm								
13. Automatic Sprinklers			÷2				÷2	
A. Total Value (Add 1-13)								
B. Mandatory Values (Table 3-6)								
C. Subtract B from A								
D. Check Box if C is ~ 0								