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POLICY INTENT NOTICE

FILE NO.: 2

Subject: Installation of Underground Fuel Storage Tanks

DATE FIRST ISSUED: 5/20/94

REVISION DATE: 06/19/08

POLICY: Permits

1. Permits for the operation and monitoring of underground fuel storage tanks are the jurisdiction of the local city/county per Health and Safety Code Section 25280 et seq.
2. This Office however must also review, permit, and inspect these projects for the following:
 - A. Tanks shall be located so that loads from existing foundations and supports are not transmitted to the tank. Review for structural compliance of underground storage tanks will be limited to evaluating anchorage and will not involve a structural analysis of the tank. The only exception is when the tank is under a driveway or parking lot. In that situation, the Office will verify that the tank has been listed and approved by a recognized testing agency, for the specific loading condition. If the tank is not listed, the Office will review it for structural compliance with the 2007/ 2001 California Building Code (CBC).
 - B. Tank capacity, piping, valves, and emergency power in accordance with the 2007/ 2001 California Mechanical Code (CMC), 2007/ 2001 California Plumbing Code (CPC), 2007/ 2004 California Electrical Code (CEC), and the 2007/ 2001 CBC.
 - C. Fire and life safety requirements in accordance with Chapter 34 of the 2007/ 2001 California Fire Code (CFC).
3. Prior to issuing a building permit the Office will require documentation that the project has been submitted to the local city/county building department for review.

Original Signed	06/19/08
John D. Gillengerten	Date

POLICY INTENT NOTICE**FILE NO.:** 4**Subject:** Review of Existing Facilities for
Isolation Room and Related
Projects Used to Isolate TB Patients**DATE FIRST ISSUED:** 2/14/96**REVISION DATE:** 06/19/08

Because of the expense to build new Airborne Infection Isolation Rooms, the increasing number of suspected and confirmed tuberculosis (TB) cases requiring isolation at public hospitals, the need to admit TB patients to different areas of the hospital at different times and the need to use "TB rooms" for non-isolation patients some of the time, many hospitals are turning to a variety of methods to isolate TB patients, that are generally consistent with publications of the Centers for Disease Control and Prevention (CDC).

POLICY:

- Portable high efficiency particulate air (HEPA) filtration units not hard-wired, plumbed or structurally affixed to floors, walls, windows or ceilings installed in existing isolation rooms or in existing medical/surgical patient rooms, that are exhausted through windows either directly by installation in the window or via flexible duct through a fixed window panel will **not** be reviewed by the Office.
- Upon written request, alterations to existing isolation or patient rooms for the isolation of TB patients will be accepted for review by the Office as an Alternate Method of Compliance.
- Existing licensed isolation rooms, constructed to OSHPD standards in existence prior to October 26, 1993, are **not** required to be upgraded to meet the requirements for Airborne Infection Isolation Rooms in the 2007/ 2001 California Building Code (CBC).

For the purpose of implementing this PIN, the attached guidelines "Review Procedures for Rooms used to Isolate TB Patients," shall be utilized.

Original Signed 06/19/08

John D. Gillengerten

Date

REVIEW PROCEDURE FOR ROOMS USED TO ISOLATE TB PATIENTS

Portable HEPA (minimum 99.97% DOP efficiency or a minimum efficiency value (MERV) of 17) units that are not hard-wired, plumbed or structurally affixed to floors, walls, windows or ceilings installed in existing isolation rooms or in existing medical/surgical patient rooms, that are exhausted through windows either directly by installation in the window or via a duct through a fixed window panel will **not** be reviewed by the Office. It is **recommended** that the facility:

- Monitor, by means of a smoke tube or other local air flow or pressure monitor or gauge in the wall adjacent to the door to the room, the air balance and pressurization within the space so that it complies with recommendations in the Federal Register Vol. 59, No. 208 Friday, October 28, 1994: Centers for Disease Control and Prevention - Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities. If gauges are used, the gauge should be readable from the corridor, and annunciate locally at the door when the air balance is disrupted (except for time delays for normal opening of the door).
- Close windows and doors and seal, as far as practicable, all air penetration leaks into the room being negatively pressurized, e.g., at windows, doors, electrical outlets, lighting fixtures, etc. This can often be accomplished with caulking and fire stop material.
- Insure that alterations do not compromise or alter any fire protection assembly / system (i.e., fire sprinklers, fire alarm, and smoke detection).
- Verify that the exhaust outlet of any portable unit exhausted to the building exterior is not less than 10 feet (3048 mm) from any building opening or air intake and is not located to discharge near an area that may be populated.

Upon written request, alterations to existing isolation or existing patient rooms used to isolate TB patients will be accepted for review by the Office under a Program Flexibility as an Alternate Method of Construction. Existing licensed isolation rooms, constructed to OSHPD standards in existence prior to October 26, 1993, are **not** required to be upgraded to meet the requirements for Airborne Infection Isolation Rooms in the 2007/ 2001 California Building Code (CBC).

1. Non-portable HEPA (minimum 99.97% DOP efficiency or a MERV of 17) and/or ultraviolet light (U.V.) units mounted on or within ceilings, floors or walls will be reviewed as follows:
 - a. Any ceiling, floor, wall or window-mounted device or any installation affecting structural (including anchorage) will be reviewed to the applicable requirements of the 2007/ 2001 CBC.

- b. Any hard-wired electrical installation will be reviewed to the applicable requirements of the 2007/ 2004 California Electrical Code (CEC).
 - c. Any fixed mechanical connections of a fan, duct or filtration unit that attach directly into an existing ventilation duct system will be reviewed to the requirements of the California Mechanical Code (CMC). HEPA (minimum 99.97% DOP efficiency or a MERV of 17) filtered air shall not be returned directly into the general hospital circulation. HEPA (minimum 99.97% DOP efficiency or MERV of 17) filtered air may be exhausted through the general hospital exhaust system subject to OSHPD review.
 - d. Any fixed plumbing connection will be reviewed to the applicable requirements of the 2007/ 2001 California Plumbing Code (CPC).
 - e. No alteration shall compromise or alter any fire protection assembly / system.
2. Changes to the existing mechanical system will be reviewed as follows:
- a. A negative air balance relative to the corridor shall be created. Maximum airflow rates from the corridor into the room shall be 75 cubic feet per minute (35.4 L/s). (Note: Rebalancing of the corridor may be necessary to maintain equal air balance in the corridor.)
 - 1. An alarm system based on static pressure control, volumetric control or directional flow measurement shall be provided for each room used to isolate TB patients. The alarm system shall consist of a display monitor located on the corridor wall near the patient room door and a visual and/or audible alarm which annunciates at the door when the air balance is interrupted (except for time delays for normal opening of the door).
 - b. Air from rooms modified for the isolation of TB patients shall not be returned to general hospital ventilation. Ventilation rates shall be enhanced as follows:
 - 1. Increased air changes shall conform to the 2007/ 2001 CMC.
 - 2. Air may be recirculated within the patient room if the minimum ventilation rate is increased to greater than or equal to 12 air changes per hour and as much of the air in the room as possible is filtered through a HEPA (minimum 99.97% DOP efficiency) filter unit. Not less than 2 air changes of the total ventilation shall be outdoor air.
 - 3. New ante rooms are not required for alterations to existing isolation or patient rooms for the isolation of TB patients.
 - 4. Medical/surgical patient rooms that are not presently licensed as isolation rooms shall not be identified as an "isolation room" or an "Airborne Infection Isolation Room" unless they comply with all requirements for new construction.

5. Projects for the permanent conversion of any room to an Airborne Infection Isolation Room as described in the 2007/ 2001 CBC must comply with all requirements for new construction of an Airborne Infection Isolation Room.

POLICY INTENT NOTICE**FILE NO.:** 5**Subject:** OSHPD Review of**DATE FIRST ISSUED:** 9/1/94

Underground Fire Main Submittals

REVISION DATE: 06/19/08

Underground fire main submittals are most often incorporated as a part of the civil drawing submittal. As such, they are often incomplete for the purpose of evaluating compliance with the specification requirements of NFPA Standard No.13-02, Automatic Sprinkler Systems and NFPA Standard No. 24-02, Private Fire Mains. Subsequent Fire Sprinkler Submittals seldom include information relative to the underground installation. These submittals contain only information pertaining to the sprinkler system installation beginning at the above-ground point of connection and indicate underground work "by others".

POLICY:

To assure a thorough review of underground fire main submittals, they shall be reviewed for the correct location of all required piping and devices by OSHPD. When specific product information is not provided, the following Plan Review Comment is suggested.

Underground Fire Sprinkler and Fire Hydrant piping submittals shall include specifications for materials and devices which are required to be approved or listed in accordance with NFPA Standard No. 24-02. Material and Devices which require approval or listing include all control valves, check valves, piping, fittings, hydrants and supervisory switches. This information shall be provided with this submittal or deferred. If deferred, the following note shall be provided on this submittal:

"The Underground Fire Sprinkler and/or Fire Hydrant Piping System indicated on these drawings is for bidding purposes only. Underground piping system shop drawings and specifications shall be submitted to OSHPD for review and approval prior to installation."

Original Signed06/19/08

John D. Gillengerten

Date

POLICY INTENT NOTICE

Subject: Deferral of Filing Fee Payment
Senate Bill 1234
(Chapter 33, Statutes of 1994)

FILE NO.: 6
DATE FIRST ISSUED: 1/20/95
REVISION DATE: 06/19/08

Senate Bill 1234 (Bergeson) was signed by the Governor and filed with the Secretary of State on March 30, 1994. It became law immediately, due to the urgency clause.

POLICY: Implementation of SB 1234.

This legislation authorizes the Office of Statewide Health Planning and Development to postpone payment of the plan review filing fee, where an applicant meets certain conditions with respect to a declared disaster and disaster relief. It further authorizes the OSHPD to seek an offset from the State Controller against amounts owed by the State to the applicant for those postponed fee amounts that remain unpaid after one year from date of plan approval.

Section 129787 was added to the Health and Safety Code and reads:

§129787. Postponement of filing fee; conditions; unpaid fees, offsets.

(a) The payment of the filing fee described in Section 129785 may be postponed by the office if all of the following conditions are met:

(1) The proposed construction or alteration has been proposed as a result of a seismic event that has been declared to be a disaster by the Governor.

(2) The office determines that the applicant cannot presently afford to pay the filing fee.

(3) The applicant has applied for federal disaster relief from the Federal Emergency Management Agency (FEMA) with respect to the disaster described in paragraph (1).

(4) The applicant is expected to receive disaster assistance within one year from the date of the application.

(b) If the office does not receive full payment of any fee for which payment has been postponed pursuant to subdivision (a) within one year from the date of plan approval, the statewide office may request an offset from the Controller for the unpaid amount against any amount owed by the State to the applicant, and may request additional offsets against amounts owed by the state to the applicant until the fee is paid in full. This subdivision shall not be construed to establish an offset as described in the preceding sentence as the exclusive remedy for the collection of any unpaid fee amount as described in that same sentence.

REQUEST FOR FEE DEFERRAL

The health facility may request a fee deferral at the time of application. The request must be in writing and signed by the facility's Chief Executive Officer or Chief Financial Officer (suggested form letter - Attachment A).

Upon receipt of the health facility's completed request, the Facilities Development Division's (FDD) Deputy Director will, within ten working days, review the request and prepare a written response to the applicant, either approving or denying deferral of the project fees. Incomplete requests will be returned by fax within five working days, with a statement of what is needed to complete the request.

Copies of the FDD Deputy Director's response letter will be sent to the OSHPD Project Review Architect and to the Regional Program Technician.

If the FDD Deputy Director denies deferral of the project fees, the applicant may appeal the decision to the Director of OSHPD. Such an appeal must be made in writing and within ten working days of the denial.

If an appeal or fee payment is not received within ten working days, the project will be returned to the applicant as incomplete.

PAYMENT OF DEFERRED FEES

The health facility must pay the deferred fees in full within one year from the date of plan approval. Failure to submit the deferred fees will result in an offset against any amount owed by the State to the health facility.

<u>Original Signed</u>	<u>06/19/08</u>
John D. Gillengerten	Date

Suggested Form Letter Request:

Attachment A

Deputy Director
Office of Statewide Health Planning and Development
Facilities Development Division
1600 Ninth Street, Room 420
Sacramento, California 95814
(916) 654-3391 FAX (916) 654-2973

Subject: Request to postpone payment of plan review filing fees, project # _____ in the amount of \$ _____

Dear Mr. Gillengerten:

Section 129787 of the Health and Safety Code provides that payment of the plan review filing fees may be postponed for up to one-year if certain specific conditions are met.

On behalf of (Health Facility Name), I hereby request that the required plan review filing fees for this post earthquake repair project be deferred. The scope of this repair project is as follows:

I certify as follows:

1. The repair project is due to the (Name of Seismic Event) which was declared to be a disaster by the Governor on (Date of Declaration).
2. The facility cannot presently afford to pay the filing fee.
3. On (Date of Application), the health facility applied for federal disaster relief from the Federal Emergency Management Agency (FEMA) with respect to the disaster identified in Item #1 above. The facility expects to receive financial assistance within one-year of the date of application.

It is understood that payment in full of the plan review fees is due and payable within one year of plan approval.

Sincerely,

[Chief Executive Officer or Chief Financial Officer]

POLICY INTENT NOTICE**Subject:** Hazardous Materials Inventory**FILE NO.:** 8**DATE FIRST ISSUED:** 3/30/95**REVISION DATE:** 06/19/08

A number of projects are submitted to the OSHPD that involve storage of hazardous materials. Information required for review of these projects is often incomplete for the purpose of evaluating compliance with the 2007/ 2001 California Building Code (CBC) and the 2007/ 2001 California Fire Code (CFC). While the information may be provided at backcheck, it tends to be presented in a form which still requires additional clarification.

The attached guideline has been developed to assist the industry with their hazardous materials information submittals and to assist OSHPD staff in determining occupancy classification of areas in which hazardous materials are used/stored. The Hazardous Materials Inventory Statement condenses pertinent information into one table instead of several Material Safety Data Sheets.

POLICY:

In order to expedite the plan review process and evaluate compliance with the requirements for the storage and use of hazardous materials, a Hazardous Materials Inventory Statement (see attachment) shall be included on project plans submitted to the Office.

Original Signed _____ 06/19/08
John D. Gillengerten Date

Reference: Section 302 and Section 307.1 of the 2007 CBC.
Section 2701.2, Appendix H and Appendix E of the 2007 CFC.

Reference: Section 301 and Section 307.1.5 of 2001 CBC.
Section 8001.1.2, Appendix II-E and Appendix VI-A of the 2001 CBC.

**OSHPD
HAZARDOUS MATERIALS
INVENTORY STATEMENT GUIDELINE
FOR PLAN REVIEW**

A hazardous materials inventory statement *(example below) shall be included on project plans submitted to the Office

The Hazardous Materials Inventory Statement shall list by hazard class all hazardous materials stored **by room**. The Hazardous Materials Inventory Statement shall include the following information for each hazardous material listed **by room**.

1. Common or trade name.
2. Chemical name, major constituents and concentrations if mixture.
3. Hazard Class, pursuant to Chapters 27 & 34, 2007/ 2001 California Fire Code (CFC).
4. Chemical Abstract Service number (CAS number) found in Title 29, Code of Federal Regulations (C.F.R.).
5. Whether the material is pure or a mixture, and whether the material is a solid, liquid, or gas.
6. Maximum aggregate quantity stored and used at any one time, in gallons and/or pounds.
7. When a material has multiple hazards, all hazards shall be addressed.

***HAZARDOUS MATERIALS INVENTORY STATEMENT**

Room#	Common/ Trade Name	Chemical Name, Components & Concentration	Category/Hazard Class	Chemical Abstract Service# CAS#	Physical State	Quantity In Use/Open system	Quantity In Use/ Closed System	Quantity Storage	No. & Size of Containers

POLICY INTENT NOTICE

FILE NO.: 11

Subject: Establishment of Policy in
Facilities Development Division

DATE FIRST ISSUED: 5/30/95

REVISION DATE: 06/19/08

POLICY:

Only those issues which have been put in writing and signed by a Deputy Director of Facilities Development Division constitute Facilities Development Division Policy.

Any informal or verbal practices sufficiently important to merit policy status should be submitted in writing to the Deputy Director for consideration.

Program flexibilities, approval of alternate materials and methods and alternate means of construction for individual projects are not subject to this PIN.

When innovations occur that cause policy changes or when new policy is required for consideration by the Deputy Director, staff may suggest policy changes in writing. Formal approval as Facilities Development Division Policy will result in a Code Application Notice (CAN), Policy Intent Notice (PIN), or will be incorporated into the California Building Standards Code. New policies will be circulated in writing to all Facilities Development Division staff.

Original Signed 06/19/08
John D. Gillengerten Date

POLICY INTENT NOTICE**Subject:** Lighting System Retrofits**FILE NO.:**

13

DATE FIRST ISSUED: 7/11/95**REVISION DATE:** 06/19/08

Lighting system retrofits are performed in health care facilities for a variety of reasons, but normally to reduce operation and maintenance costs. The system retrofits typically consist of one or more of the following modifications:

- Ballast and/or lamp replacement.
- Lamp and/or ballast removal.
- Reflector installation.
- Fixture replacement.

When properly performed, system retrofits can lead to improved illumination and reduced energy consumption. However, some retrofit techniques adversely affect the illumination quality. To ensure that the quality of lighting is maintained, Article 517.22(b), 2007/ 2004 California Electrical Code (CEC) requires that illumination intensity values be as recommended in the latest edition of the Illumination Engineering Society (IES) Handbook.

POLICY:

Lighting system retrofits shall be submitted to the Office for plan review. Such submittals shall include:

1. Lighting calculations in accordance with the latest edition of the IES Handbook. A suggested format is a schedule of rooms to be retrofitted, showing the use of the area, dimensions of the room, height of the work plane, the illuminance recommended by IES, and the predicted illuminance.
2. Plans and specifications signed and stamped by a California registered electrical engineer pursuant to Section 7-115(a), 2007 California Administrative Code (CAC).
3. A list of the assumptions used in the calculations, including reflectances, depreciation factors, etc.
4. Certified photometrics for each new or modified luminaire, including spacing criteria.
5. Reflected ceiling plan for each area that shows the location of fixtures in each area to be retrofitted.
6. Confirmation that the components to be used in the retrofit are listed, labeled, or certified by a Nationally Recognized Testing Laboratory, in accordance with Article 110.2 of the 2007/ 2004 CEC; and where fixtures are installed in fire rated ceiling assemblies, each fixture shall be protected

to meet the fire rating criteria in Section 711, 2007 California Building Code;
(Section 711 of the 2001 CBC).

7. Plans and specifications for any circuiting and switching changes.

The above requirements are waived for one-for-one replacement, lamp and ballast retrofits. In these instances only a key plan, written description and specification are required to be submitted to the Office for review.

<u>Original Signed</u>	<u>06/19/08</u>
John D. Gillengerten	Date

POLICY INTENT NOTICE**FILE NO.:** 16**Subject:** Interior-Finish Materials(s)
Approval**DATE FIRST ISSUED:** 6/20/94**REVISION DATE:** 06/19/08

It has been OSHPD practice that all interior-finish materials be approved by the Area Compliance Officers (ACO) prior to the materials' installation. This approval procedure required the design professional-in-charge or the facility's representative to submit a complete package containing material samples, manufacturer's specifications, testing laboratory reports, etc., to the ACO's for their review, to determine code compliance as to cleanability, durability, flame spread, smoke development, etc. In addition, the Office, at the request of manufacturers, engaged in a materials pre-approval process. This resulted in letters issued by the Office expressing approval of a particular product line. These practices have led to a great deal of confusion and inconsistencies as to the methods used to determine and verify code compliance of interior-finish materials.

POLICY:

Effective immediately the Office will implement the following procedures:

1. The Office will not review and/or approve individual manufacturers' products for installation in health facilities. Letters of approval previously issued by the Office for particular manufacturers' product lines should not be used in the determination of acceptable finish materials for installation in health facilities.
2. All documents submitted to the Office for approval which involve interior-finish materials shall include interior finish material schedules and specifications. When necessary, this portion of the work may be deferred. Reference: Section 7-125, 2007 California Administrative Code (CAC).
3. The architect in responsible charge, the inspector of record and the contractor are responsible for assuring conformance with the approved plans and specifications as well as code conformance of materials incorporated into the project.
4. When interior-finish materials are installed on other than an approved project, the health facility will be required to designate a representative who will be responsible for compiling and reviewing the necessary information required for code conformance to Chapter 8 of the 2007/ 2001 California Building Code (CBC). A file containing all such information will be kept on site and available for review by the Office.

Original Signed _____ 06/19/08

John D. Gillengerten

Date

POLICY INTENT NOTICE**FILE NO.:** 18**Subject:** Design/Build
Project Delivery Method**DATE FIRST ISSUED:** 12/10/96**REVISION DATE:** 06/19/08

Historically, OSHPD has not accepted design/build projects for review and approval without significant modification or imposition of additional requirements. A thorough review of statutes and regulations reveals no basis for disallowing the use of design/build for projects under OSHPD jurisdiction.

POLICY:

The Office will now accept design/build projects for review and approval. In accepting projects prepared under a design/build project delivery method, all existing statutes of the Alfred E. Alquist Hospital Facilities Seismic Safety Act, Health and Safety Code (commencing with Section 129675) and Title 24, California Building Standards Code regulations will continue to be enforced.

When contemplating design/build project delivery special attention should be given to the following sections of the 2007 California Administrative Code: 7-115 Preparation of Plans and Specifications and Reports; 7-141 Administration of Construction; 7-143 Responsibility of the Contractor; 7-144 Inspection; 7-145 Continuous Inspection of the Work; 7-149 Tests; 7-151 Verified Compliance Reports; 7-153 Addenda, Change Orders and Deferred Approvals; and 7-155 Final Approval of the Work.

Original Signed _____ 06/19/08
John D. Gillengerten Date

POLICY INTENT NOTICE**FILE NO.:** 20**Subject:** Pneumatic Tube Systems
Support and Bracing**DATE FIRST ISSUED:** 1/30/97**REVISION DATE:** 06/19/08

Pneumatic Tube Systems are generally considered a “secondary” system within a hospital building used for the delivery of documents from one department to another.

Historically, the Office has reviewed the support and bracing of these piping systems as a Field Review. As such, these systems would only be reviewed by either an Area Compliance Officer or District Structural Engineer. Inconsistent interpretations of the California Building Code (CBC) have prompted the Pneumatic Tube Systems Association to write and request a consistent policy be issued on the subject.

POLICY:

Details for the bracing and anchorage of piping associated with the installation of Pneumatic Tube Systems need not be provided to the Office for review.

Piping associated with these systems is generally light (4.5 plf) and has no weight inside the pipe except when the “slug” is moving from station to station. Details and calculations shall be required for the stations, diverters and blowers in accordance with Chapter 13t of ASCE 7-05 as modified by Sections 1613A and 1614A of the 2007 CBC (Section 1632A.1 of the 2001 CBC). Separation of 6" between the pneumatic tube system piping and suspended ceiling lateral force bracing systems shall be provided in accordance with CISCA Guidelines for Seismic restraint for Direct Hung Suspended Ceiling Assemblies, Seismic Zone 3 & 4 (2004), Installation Section 3 (Section 2501A.5.7.2 of the 2001 CBC). Fire protection issues are addressed in Chapter 7 of the 2007/ 2001 CBC.

If a hospital desires the Pneumatic Tube System to be designed as an “essential system,” for continued operation following a seismic event, the piping system shall be braced in accordance with one of the OSHPD Pre-Approved Anchorage manuals using all schedules for 2½" diameter pipe. The maximum weight of this pipe is 7.9 plf compared to the 4.5 plf for the pneumatic system. An engineered bracing system could be submitted in lieu of utilizing OSHPD Pre-Approved Anchorage.

<u>Original Signed</u>	<u>06/19/08</u>
John D. Gillengerten	Date

POLICY INTENT NOTICE

FILE NO.: 32
DATE FIRST ISSUED: 5/3/01
REVISION DATE: 06/19/08

Health and Safety Code Section 130005 directs OSHPD to develop definitions of earthquake performance categories. These categories must include subgradations for hospital building equipment and nonstructural systems critical to providing basic services to hospital inpatients and the public after a disaster. Hospital buildings were required to meet the NPC-2 level of seismic bracing and anchorage by January 1, 2002. Two critical systems included in the NPC-2 performance level are fire alarm systems and emergency egress lighting systems.

Many fire alarm system and emergency communication system panels are relatively small, wall-mounted units. Nominal anchorage, typically provided for panel installation, can provide adequate lateral support for seismic loading. This document covers procedures for verifying the adequacy of the panel anchorage.

The methods outlined, and details described in this PIN indicate acceptable methods for achieving compliance for NPC-2 emergency exiting lighting, and exit signage support. Its' purpose is to provide and specify methods and details that comply with SB 1953 NPC-2 emergency egress lighting, and exit sign requirements, that may be approved in either the office or the field. Other methods proposed by the design professional of record to solve a particular problem shall be reviewed by OSHPD, and may also be acceptable. The details and methods specified in this PIN to retrofit existing emergency egress lighting, and exiting signage fixtures are intended to be an interim, and incremental solution towards full code compliance of these fixtures at a later date. The intent of this document is to provide for reliable vertical support for these fixtures only. Additional modifications to these fixtures will be needed to meet future SB 1953 requirements, such as anchorage and bracing to resist lateral loads.

In the event that emergency egress lighting does not exist, there is no requirement to install such lighting to meet the provisions of NPC-2.

POLICY:

1) General.

- a) The following provisions apply only to the anchorage of selected components and systems to meet the requirements of NPC-2, as defined in Article 11, Chapter 6, 2007 California Administrative Code. Selected components of the following systems are included:
 - i) Communications systems;
 - ii) Emergency power supply;
 - iii) Fire alarm systems, and
 - iv) Emergency lighting equipment and exit signs in the means of egress.

- b) Components of bulk medical gas systems are not covered by this PIN.
- c) These provisions are not applicable to bracing and anchorage of equipment and systems for NPC-3, NPC-4, or NPC-5 compliance.

2) Submittals.

- a) The engineer or architect of record shall provide design drawings in sufficient detail to permit an accurate description of the scope of the anchorage project. This will include plans showing descriptions and locations of the components to be braced or anchored, anchorage and bracing details, and general notes and specifications necessary to describe the work. Reference to this PIN and other pre-approved bracing standards may be made for anchorage of components covered therein. Supporting calculations are required for components not covered by this PIN or by other pre-approved anchorage systems.
- b) In the case of the emergency egress lighting system, the drawings shall clearly indicate the means of egress. Location of the emergency lighting fixtures in the means of egress need not be shown in the initial submittal. However, a note on the drawings shall clearly indicate that all fixtures on emergency power in the designated means of egress shall be supported. In addition, the drawings shall state that all fixtures outside the designated means of egress, but served by the same electrical circuit as those located in the designated means of egress, shall be supported.
- c) Prior to final approval of the project, the designer of record shall submit signed and stamped revised floor plans, indicating all emergency light fixtures that are supported as part of the project. The drawings shall also be amended to include any details, not indicated in the initial submittal, used to provide support for fixtures in locations where the approved details could not be implemented. The revised drawings shall be submitted to OSHPD for final review and approval.

3) Existing NPC-2 equipment weighing less than 20 lbs.

Existing NPC-2 equipment weighing less than 20 lbs. and not supported on vibration isolators shall be exempt from anchorage evaluation, except for the following items. The engineer of record shall evaluate the adequacy of the anchorage for these items, regardless of weight of the component.

- a) Emergency egress lighting, including all fixtures outside the designated means of egress, but served by the same electrical circuit as those located in the designated means of egress;
- b) Ceiling mounted exit signage;
- c) Emergency power and communications batteries;

- d) Emergency fuel transfer pumps, and
 - e) Emergency power supply battery chargers.
- 4) Wall mounted panels.

Fire alarm and emergency communication system panels meeting all of the following criteria may be exempt from anchorage calculation and fastener testing requirements:

- a) The panel is attached to any of the following:
 - i) Wood or metal stud framing;
 - ii) Blocking attached to wood or metal framing;
 - iii) Plywood adequately attached to wood or metal stud framing, reinforced concrete, or reinforced masonry;
 - iv) Reinforced concrete, or
 - v) Reinforced masonry.
 - b) The panel has a minimum of one fastener at each corner;
 - c) The panel weighs less than 100 lbs., is no deeper than 8 inches, and no larger than 12 square feet in elevation, and
 - d) The engineer of record has certified in writing on the plans that he or she has personally viewed and evaluated the existing anchorage of the fire alarm panel, and found it to be adequately anchored to resist the applicable code prescribed forces.
- 5) Emergency egress lighting and exit signage.

- a) General.

The methods and details provided in this document indicate acceptable methods for achieving compliance for NPC-2 emergency egress lighting and exit signage support. The intent of this PIN is to provide for reliable vertical support for these fixtures only. Additional lateral bracing of these fixtures may be needed to meet NPC-3, NPC-4, and NPC-5 requirements.

- i) Strings of lighting fixtures 2 feet by 4 feet or smaller, whether attached or detached, shall have two slack safety wires per fixture located at diagonally opposite corners. Strings of fixtures greater than 2 feet by 4 feet, but no larger than 4 feet by 4 feet, whether attached or detached, shall have four slack safety wires per fixture, one slack safety wire at each corner.

- ii) Fasteners used to connect light fixtures or exit signs to ceiling grid members, ceiling framing or runners, supplemental framing or blocking, and joists, trusses, or other structural elements shall meet the following criteria:
 - (1) Fasteners for fixtures shall be sheet metal screws, bolts, or other approved support devices;
 - (2) The fasteners must each be capable of supporting 100% of the weight of the fixture;
 - (3) Positive clamping to supporting members with devices made of material with a minimum of 14-gage thickness is acceptable;
 - (4) Rotational spring catches do not comply, and shall not be used for this application, and
 - (5) Fasteners in plaster or gypsum board are not acceptable.
- iii) Where spreader bars are used to support light fixtures, they shall be 1½ inch cold rolled 16 gage channels weighing 0.475 pounds per foot. Positive attachment of the spreader bars to the main ceiling runners is required, and shall consist of sheet metal screws, bolts, saddle-tied single strand 16 gage wire or saddle-tied double strand 18 gage wire, or other approved support devices.

b) Recessed Light Fixtures

- i) Existing recessed emergency egress lighting fixtures or exit signs weighing less than 56 lbs., hung from suspended acoustical lay-in and concealed spline ceiling systems may be supported by the following methods.
 - (1) Lighting fixtures 2 feet by 4 feet or smaller shall have two 12 gage slack safety wires attached to the fixture, at diagonal corners. Lighting fixtures no larger than 4 feet by 4 feet may be supported by providing four 12 gage slack safety wires, one at each corner.
 - (2) Alternatively, the fixture may be supported by positively attaching the fixture to the ceiling grid members as described below:
 - (a) Lighting fixtures 2 feet by 4 feet or smaller shall be provided with fasteners at diagonal corners. Lighting fixtures no larger than 4 feet by 4 feet may be supported by providing fasteners at each corner. Fasteners shall each be capable of supporting 100% of the weight of the fixture.
 - (b) A slack safety wire support to the ceiling grid shall be provided within 6 inches of each point where the fixture is attached to ceiling grid.

- ii) Existing recessed emergency egress lighting fixtures or exit signs weighing less than 56 lbs., hung from wire suspended drywall, plaster, or hard ceiling systems may be supported by positively attaching the fixture to the main runners, or supplemental framing that is supported by the main runners. Lighting fixtures or exit signs attached to a drywall, plaster, or hard ceilings supported directly on wood or metal joists, trusses, or other structural members (exposed joists, trusses, concrete, steel beams, metal deck, etc.), may be supported by positively attaching the fixture to the supporting element, or to supplemental framing or blocking that is carried by the supporting element.
 - (1) Lighting fixtures with dimensions no larger than 2 feet by 4 feet shall be attached to the main runners, spreader bars, supplementary framing, trusses, joists, blocking or structural elements of the building with four fasteners, one at each corner. If it is determined to be unfeasible to install fasteners at each corner, a minimum of two fasteners, one at each diagonal corner, or at each end of the fixture centerline, may be used.
 - (2) Lighting fixtures with dimensions no larger than 4 feet by 4 feet shall be supported by positively attaching the fixture to the main runners, spreader bars, supplementary framing, trusses, joists, blocking, or structural elements of the building with a minimum of four fasteners, one on each corner. The fasteners shall be placed within 6 inches of each corner of the fixture.
 - (3) As an alternative, these fixtures may also be supported with slack safety wires. The slack safety wire supports shall meet the requirements for fixtures hung from suspended acoustical lay-in ceiling systems.

c) Surface Mounted Light Fixtures

- i) Existing surface mounted emergency egress lighting fixtures or exit signs weighing less than 56 lbs., hung from suspended acoustical lay-in and concealed spline ceiling systems may be supported by positively attaching the fixture to the ceiling grid members.
 - (1) Lighting fixtures with dimensions no larger than 2 feet by 4 feet, shall have a minimum of two positive anchorage devices, at diagonal corners. Lighting fixtures no larger than 4 feet by 4 feet may be supported by positively attaching the fixture to two ceiling grid members with a minimum of four positive anchorage devices, (one attachment at each corner of the fixture). The fixture shall be attached to the ceiling grid within 6 inches of each corner of each fixture.
 - (2) Anchorage devices shall consist of screws, pop, rivets, or positive anchorage devices that surround the ceiling runner that are each capable of supporting 100% of the weight of the fixture.

- (3) A slack safety wire support to the ceiling grid shall be provided within 6 inches of each fixture attachment point.
- ii) Existing surface mounted emergency egress lighting fixtures or exit signs mounted on wire suspended drywall, plaster, or hard ceiling systems may be supported by positively attaching the fixture to the main runners, spreader bars, or supplemental framing that is supported by the main runners. Surface mounted lighting fixtures or exit signs attached to a drywall, plaster, or hard ceiling supported directly on wood, or metal joist, trusses, other structural elements may be supported by positively attaching the fixture to the supporting element, or supplemental framing or blocking that is supported by the element as follows:
 - (1) Lighting fixtures with dimensions larger than 2 feet by 4 feet, may be supported by positively attaching the fixture to the main runners, spreader bars, supplemental framing, trusses, joists, blocking or structural elements with four fasteners, one at each corner. If it is determined to be unfeasible to install fasteners at each corner, a minimum of two fasteners, one at each diagonal corner or at each end of fixture centerline may be used.
 - (2) Existing recessed or surface mounted emergency egress lighting fixtures with dimensions no larger than 4 feet by 4 feet may be supported by positively attaching the fixture to the main runners, spreader bars, supplemental framing, trusses, joists, blocking or structural elements with a minimum of four fasteners, one at each corner. The fasteners shall be placed within 6 inches of each corner of the fixture.
 - (3) These fixtures may also be supported with slack safety wires (see Section 5.b.i for slack safety wire support requirements).
- d) Pendant-mounted Light Fixtures
 - i) Pendants that support less than 28 lbs. each may be supported with 12 gage slack safety wires attaching directly to structure above the ceiling system. Where pendants support more than 28 lbs., but less than or equal to 56 lbs., two 12 gage slack safety wires shall be used.
 - (1) The slack safety wires must pass through each pendant hanger, and be capable of supporting four times the weight of the fixture.
 - (2) Chain hung pendant mounted light fixtures must have closed hooks at chain attachment points.
 - (a) If a pendant mounted light fixture is chain hung the fixture need not have slack safety wires from the light fixture to the supporting closed hook attached to an outlet box; however, the outlet box must be supported by slack safety wires to the structure above. The closed hook must be positively attached the outlet box by fasteners capable of

supporting four times the weight of the fixture.

Exception:

The slack safety wires supporting the outlet box may be omitted on chain-hung fixtures, if the outlet box is securely anchored to joists or trusses (or supplemental framing or blocking that is supported by joists or trusses), or to the structure above by fasteners capable of supporting four times the weight of the fixture.

- (3) Pendant mounted light fixtures must be able to swing about their pendant mounting supporting point up to 45 degrees in all directions without contacting obstructions; or they must be restrained by wires or cables from swinging movement in the direction of the obstruction.

e) Ceiling Mounted Exit Signs

- i) Existing exit signs weighing less than 28 lbs. may be supported using the following methods:
 - (1) Exit signs supported by positively attaching the fixture, or outlet box, (where fixture is securely attached to an outlet box) to the building structure with screws, bolts, or other positive fastener each capable of supporting 100% of the weight of the fixture.
 - (2) In suspended ceiling systems, exit signs weighing less than 28 lbs. may be supported by a slack safety wire to the structure, attached directly to the fixture or outlet box with fasteners capable of supporting 100% of the weight of the fixture. The fixture shall be securely attached to the outlet box.
 - (3) Exit signs may be supported by positively attaching the fixture, or outlet box, (where fixture is securely attached to an outlet box) to a main runner or by supplemental framing that is supported by main runners, with screws each capable of supporting 100% of the weight of the fixture.

6) Safety Wires

- a) New slack safety wires shall be of minimum 12 gage "Galvanized" soft annealed mild steel wire and conform to ASTM A 641.
- b) Where possible, slack safety wires shall run plumb from their support locations to the loads they support. Where it is not possible for the slack safety wires to run plumb, in no case shall they run at an angle of less than 45 degrees from horizontal. Where slack safety wires run more than 1 in 6 out of plumb, additional slack safety wires shall be provided to offset the resulting horizontal force by bracing, counter splaying, or other acceptable means. Slack safety wires may not be bent around conduits, ducts, pipes, or their covering materials. Slack safety wire attachment loops shall have 3 tight turns of the wire within 1 ½"

at each end of the wire. Slack safety wires may be supported by any one of the following specified, or detailed methods shown in this document.

- c) Slack safety wire support.
- i) Concrete. Attachment to concrete may be accomplished using shot-pin or drilled-in concrete anchors. When drilled-in concrete anchors, or shot-in anchors are used in reinforced concrete for slack safety wires 1 out of 10 must be field-tested for 200 pounds in tension. If any shot-in or drilled-in anchor fails, then all adjacent anchors must be tested. New 12 gage slack safety wires may be spliced onto existing 12gage or larger hanger wires as long as 100% of the spliced wires are tension tested to 200 lbs. See Details 3.1 and 3.2.
 - ii) Wood. See Details 3.4 and 3.6.
 - iii) Steel. See Details 3.4, and 3.5.
- d) If no practical method of support for slack safety wires can be found, and all known methods for the support have been considered, and found to be impractical, slack safety wires may be attached to existing trapeze supporting pipe, conduit, and ducts, or to existing individual pipe, conduit, or duct hanger rods. The slope of the slack safety wire may be no more than 1 in 6 out of plumb.
- i) Slack safety wires shall not be attached to hangers or trapezes that support a fire sprinkler line, fire alarm conduit, or cable.
 - ii) When attaching to a trapeze, or individual hangers the minimum diameter of the hanger rod shall be 3/8 inch.
 - iii) Attachment to individual 3/8 " or larger hanger rods may be made by tightly looping the splay wire twice around the hanger rod with a slip on nut below for support, and terminating the wire with 3 tight turns within 1½ inches. Additional attachment configurations are shown in Details 3.8 and 3.9.
 - iv) Supplemental framing may be added above corridors to provide support for the safety wires. See Details 5.1 and 5.2.

Original Signed	06/19/08
John D. Gillengerten	Date

NPC-2 SUPPORT REQUIREMENTS FOR EMERGENCY LIGHTING EQUIPMENT AND EXIT SIGNS IN THE MEANS OF EGRESS**A. GENERAL**

These notes refer to prescriptive details that will satisfy NPC-2 criteria for non-compliant emergency lighting equipment and exit signs in the means of egress. The primary intent of these details is to provide reliable vertical suspension after an earthquake. Bracing for lateral forces is not provided.

B. SOFT CEILINGS (LAY-IN OR CONCEALED SPLINE)

- 1) Recessed light fixtures
 - a) 2' x 4' or smaller fixture modules shall have two slack suspension wires located at diagonally opposite corners of each fixture. Strings or aligned groups of such fixtures, whether attached or detached, shall have two slack suspension wires located at diagonally opposite corners of each 2' x 4' or smaller fixture module. See detail 1.1.
 - b) 4' x 4' fixture modules shall have one slack suspension wire at each corner of each fixture. Strings or aligned groups of such fixtures, whether attached or detached, shall have one slack suspension wire at each corner of each 4' x 4' fixture module. See detail 1.2.
- 2) Surface mounted light fixtures
 - a) 2' x 4' or smaller fixture modules shall be attached to ceiling tees at two locations of each fixture. See detail 1.5.
 - b) 4' x 4' fixture modules shall be attached to ceiling tees within 6 inches of each corner of each fixture. See detail 1.5 (similar).
 - c) Minimum fasteners for attachment to ceiling tees shall consist of 1/8 inch diameter pop rivets, no. 10 sheet metal screws, or other approved connectors.
 - d) Slack suspension wires shall be located within six inches from the attachment of the fixture to the ceiling tees.
 - e) Alternately, fixtures may utilize slack suspension wires in a similar manner as for "recessed light fixtures", details 1.1 or 1.2.
- 3) Pendant mounted light fixtures
 - a) Provide one wire within pendant suspension tube connecting fixture to electrical junction box.
 - b) Provide one slack suspension wire from electrical junction box at ceiling to structure above.
- 4) Exit signs: Provide one slack suspension wire from electrical junction box to structure above. See detail 1.6.

C. HARD CEILINGS (PLASTER OR GYPSUM BOARD)

- Recessed or surface mounted light fixtures, pendant mounted light fixtures and exit signs:
- 1) 2' x 4' or smaller fixture modules shall be positively attached to the main ceiling runners with fasteners at diagonally opposite corners of each fixture. Alternately, 2' x 4' or smaller fixture modules may be fastened to spreader bars with fasteners at diagonally opposite corners of each fixture and spreader bars positively attached to the main ceiling runners at each end of each spreader bar. See details 2.1 or 2.2. Fixtures may be alternately be fastened directly to existing steel ceiling joists per detail 2.3 (similar).
 - 2) 4' x 4' fixture modules shall be positively attached to the main ceiling runners with fasteners within 6 inches of each corner of each fixture. Alternately, 4' x 4' fixture modules may be positively attached to spreader bars with fasteners within 6 inches of each corner of each fixture and spreader bars positively attached to the main ceiling runners at each end of each spreader bar. See details 2.1 (similar) or 2.2 (similar). Fixtures may be alternately be fastened directly to existing steel ceiling joists per detail 2.3.
 - 3) Fasteners for fixtures shall be sheet metal screws, bolts, or other approved support devices built into the fixtures. Rotational spring catches are not acceptable.
 - 4) Positive attachment of spreader bars to main ceiling runners shall consist of sheet metal screws, bolts, saddle-tied single strand 16 gage wire or saddle-tied double strand 18 gage wire, or other approved support devices.
 - 5) Attachment of fixtures to plaster or gypsum board is not adequate.
 - 6) Alternately, fixtures may utilize slack suspension wires in a similar manner as for "recessed light fixtures in soft ceilings" per details 1.1 or 1.2.

D. FIXTURES IN AREAS WITHOUT CEILINGS

- 1) Suspended fixtures must be free to swing a minimum of 45 degrees from vertical in all directions without contacting obstructions. Otherwise, suspended fixtures shall be restrained to prevent swing.
- 2) Pendant suspension systems shall have a wire connection between fixture and electrical junction box. Junction box must be securely anchored to building structure. Attachment must be adequate to resist 4 times the weight suspended by the junction box.
- 3) Chain hung fixtures shall have closed hook connections at ends of chains.

E. SLACK SUSPENSION WIRES

- 1) Slack suspension wires shall be 12 gauge minimum, galvanized and conform to ASTM A 641.
- 2) Each end of each slack suspension wire shall have a minimum of three tight turns in 1-1/2 inches.
- 3) Slack suspension wires shall not be more than 1 in 6 out of plumb.
Exception: Wires may be more than 1 in 6 out of plumb, to a maximum angle of 45 degrees, if additional counter-sloping wires are installed to avoid excessive twist or swing of the fixture, assuming support of the fixture is provided solely by the slack suspension wires.
- 4) Slack suspension wires shall not bend around ducts, pipes, conduits or other interfering obstructions.
- 5) Slack suspension wires shall be directly attached to the structure above. See details 3.1, 3.2, 3.3, 3.4, 3.5, or 3.6, as applicable. Attachment of slack suspension wires to ceilings, ducts, pipes, conduits, pipe hangers or trapezes is not permitted.
Exceptions when slack suspension wires are not more than 1 in 6 out of plumb:
 - a) Slack suspension wires may be attached to existing pipe hangers or trapezes if the pipe hangers or trapezes are supported by 3/8 inch diameter rods or greater. See details 3.7 or 3.8.
 - b) Slack suspension wires may be attached to spreader bars. For spans not exceeding 48 inches, see detail 4.1. For spans not exceeding 96 inches, see detail 4.2.
- 6) Alternately, slack suspension wires may be attached to channel struts in corridors that are 10 feet wide or less. See detail 5.1. For channel strut properties, see detail 5.5.
- 7) Where drilled-in concrete anchors or shot-in anchors are used in reinforced concrete or for steel deck with concrete fill, 1 out of 10 anchors must be field tested for 200 pounds in vertical tension. If any shot-in or drilled-in anchor fails, test all adjacent anchors.

F. 1-1/2 INCH COLD ROLLED STEEL CHANNELS

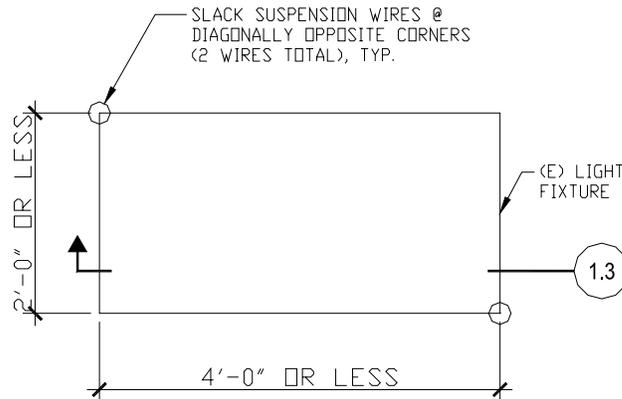
- 1) 1-1/2 inch cold rolled channels shall be made from 16 gage steel and weigh 0.475 pounds per foot.
- 2) Steel shall have a yield strength of at least 33 kips per square inch.
- 3) Minimum cross section properties shall be: $A = 0.129$ inches², $I_x = 0.039$ inches⁴, $S_x = 0.052$ inches³, and $I_y = 0.002$ inches⁴.
- 4) Cold rolled channels shall be galvanized or black asphaltum painted.

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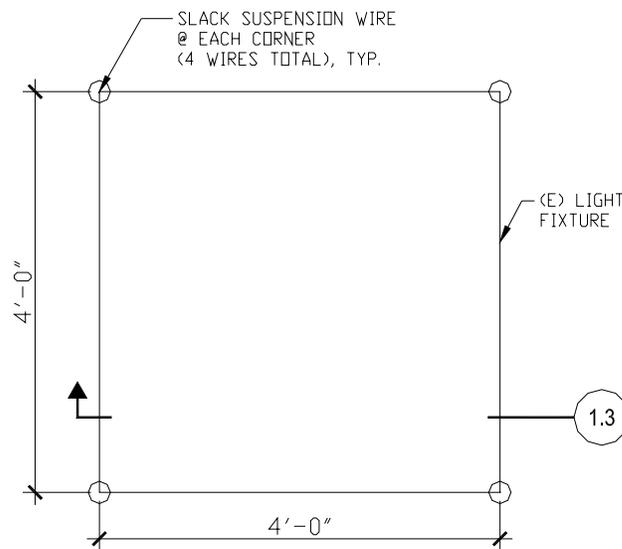


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1.1 PLAN-SUSPENSION OF 2'x4' OR SMALLER FIXTURES AT LAY-IN OR CONCEALED SPLINE CEILING



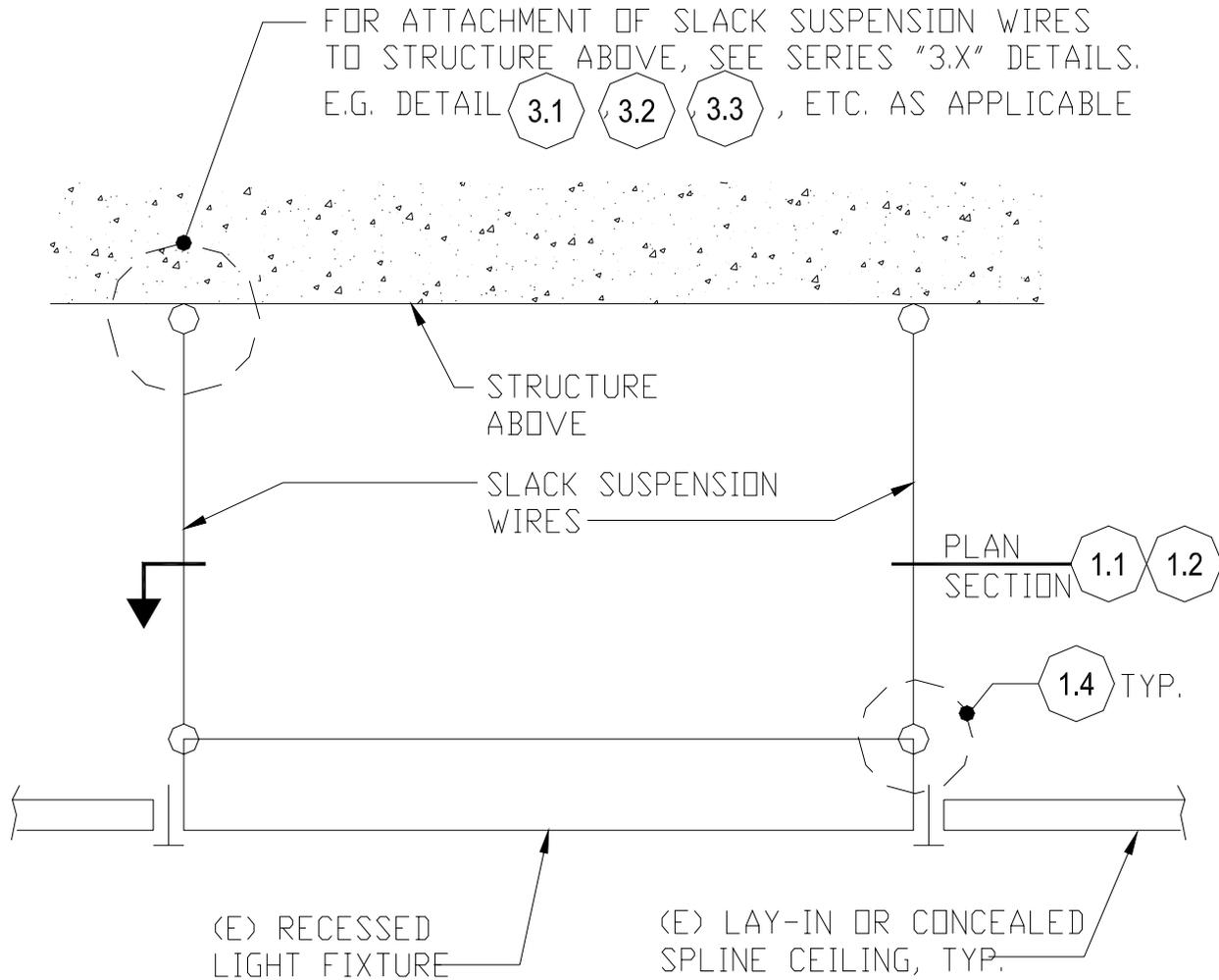
1.2 PLAN - SUSPENSION OF 4'x4' FIXTURES AT LAY-IN OR CONCEALED SPLINE CEILING

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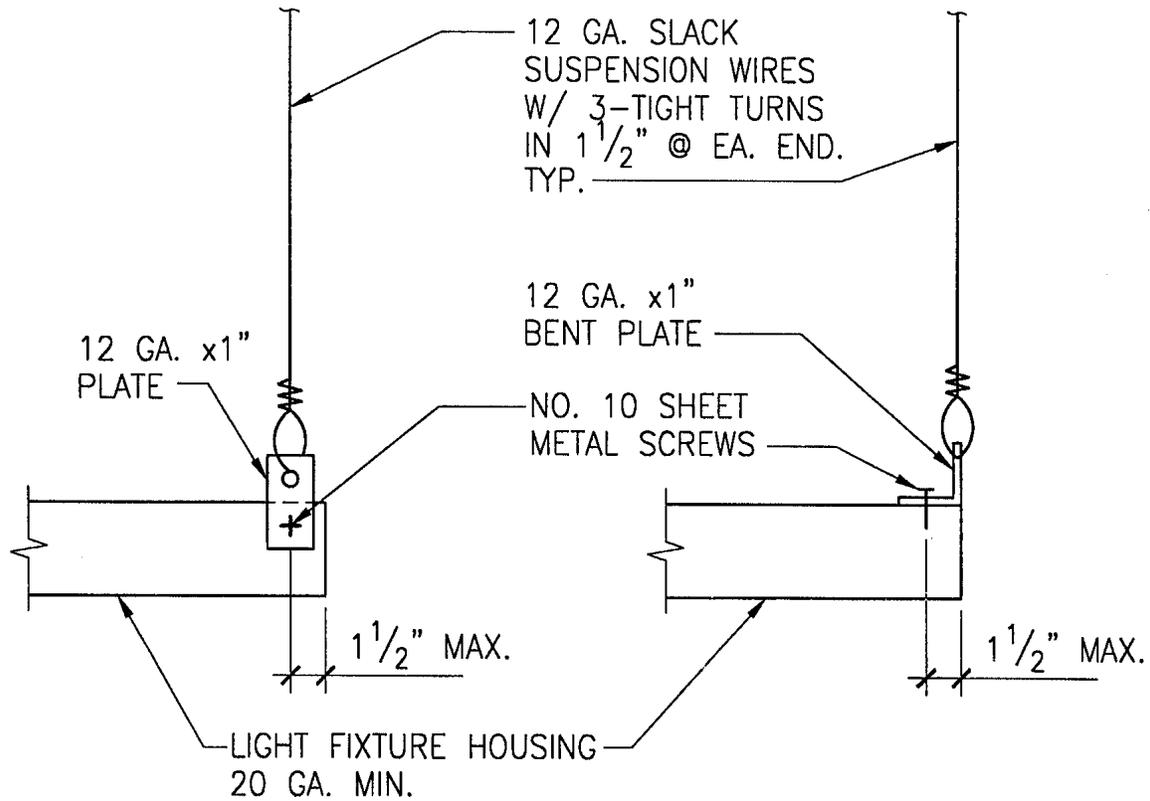
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1.3 ELEVATION - SLACK SUSPENSION WIRES FOR RECESSED LIGHT FIXTURE AT LAY-IN OR CONCEALED SPLINE CEILING

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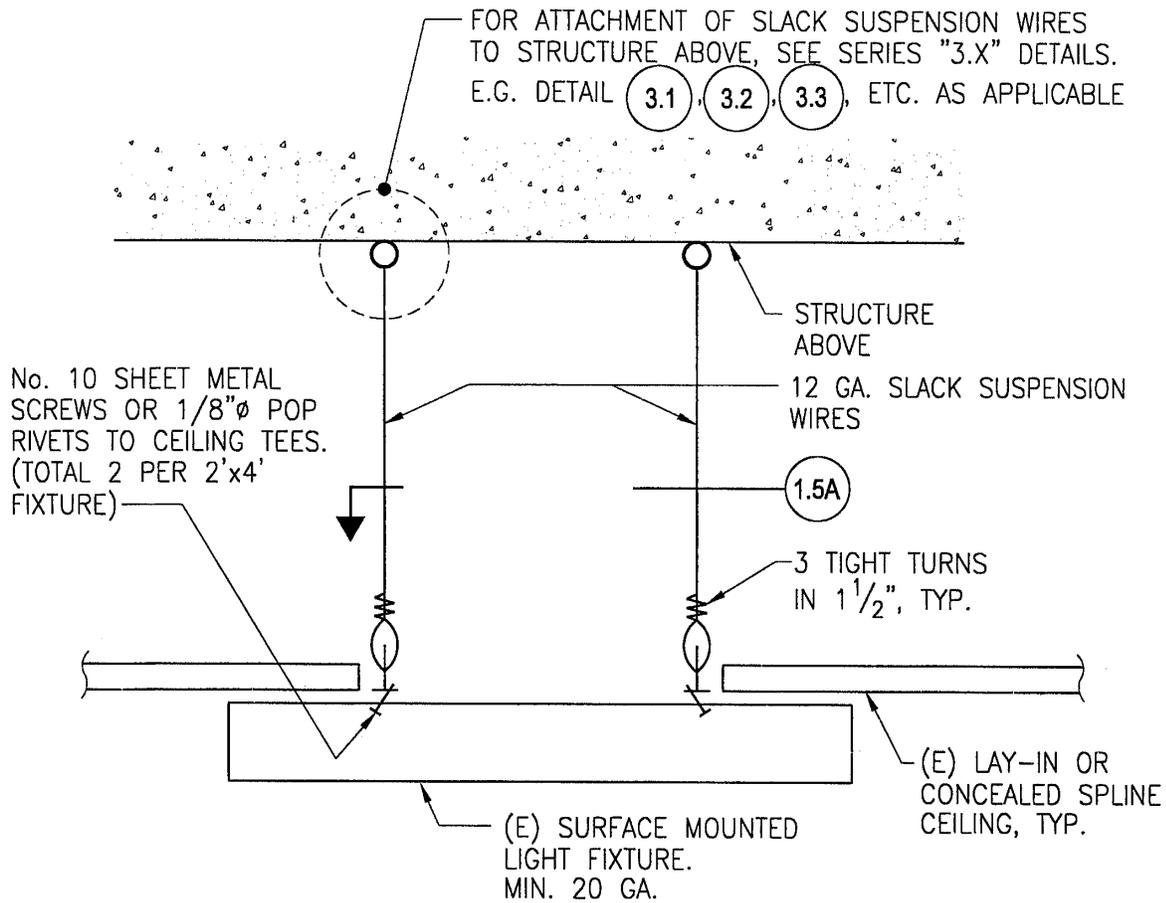


NOTE: SLACK SUSPENSION WIRES MAY BE ATTACHED TO (E) FACTORY INSTALLED EYELETS IF PRESENT @ CORNERS OF LIGHT FIXTURES.

1.4

ATTACHMENT OF SLACK SUSPENSION WIRES TO FIXTURES

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NOTE: DETAIL (1.3) MAY BE USED AS AN ALTERNATE.

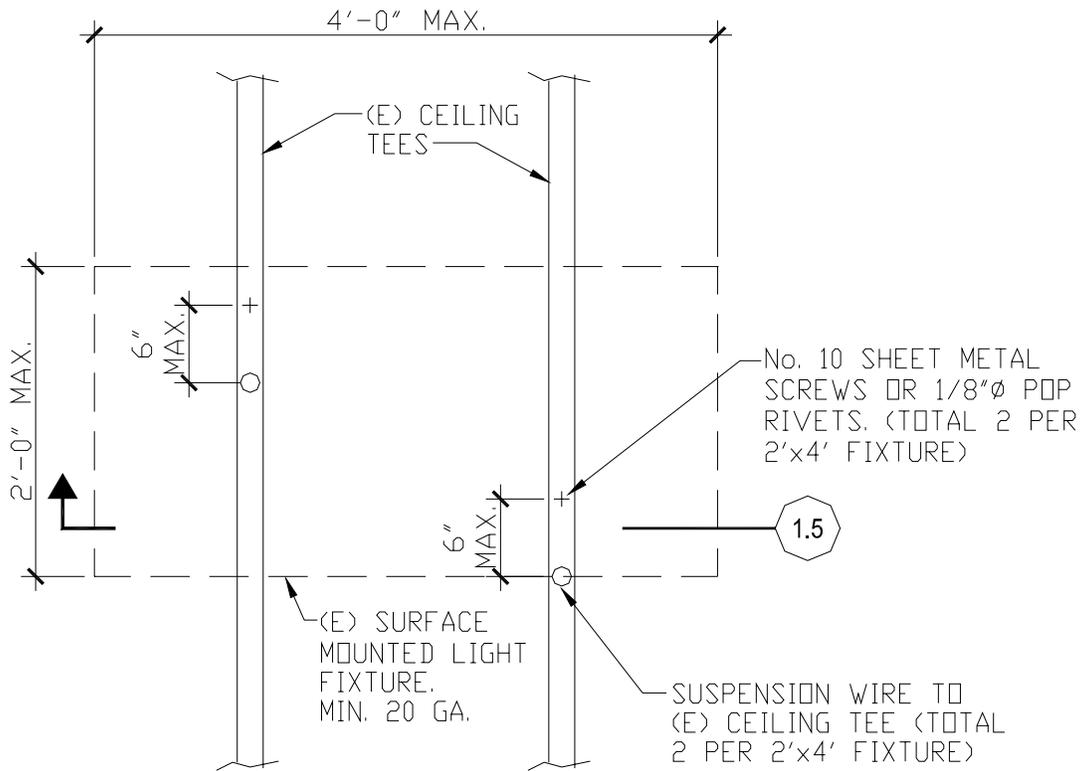
ELEVATION

(1.5) **SUSPENSION OF SURFACE MOUNTED
FIXTURES NOT LARGER THAN 2'x4' MODULE
AT LAY-IN OR CONCEALED SPLINE CEILING**

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1.5A

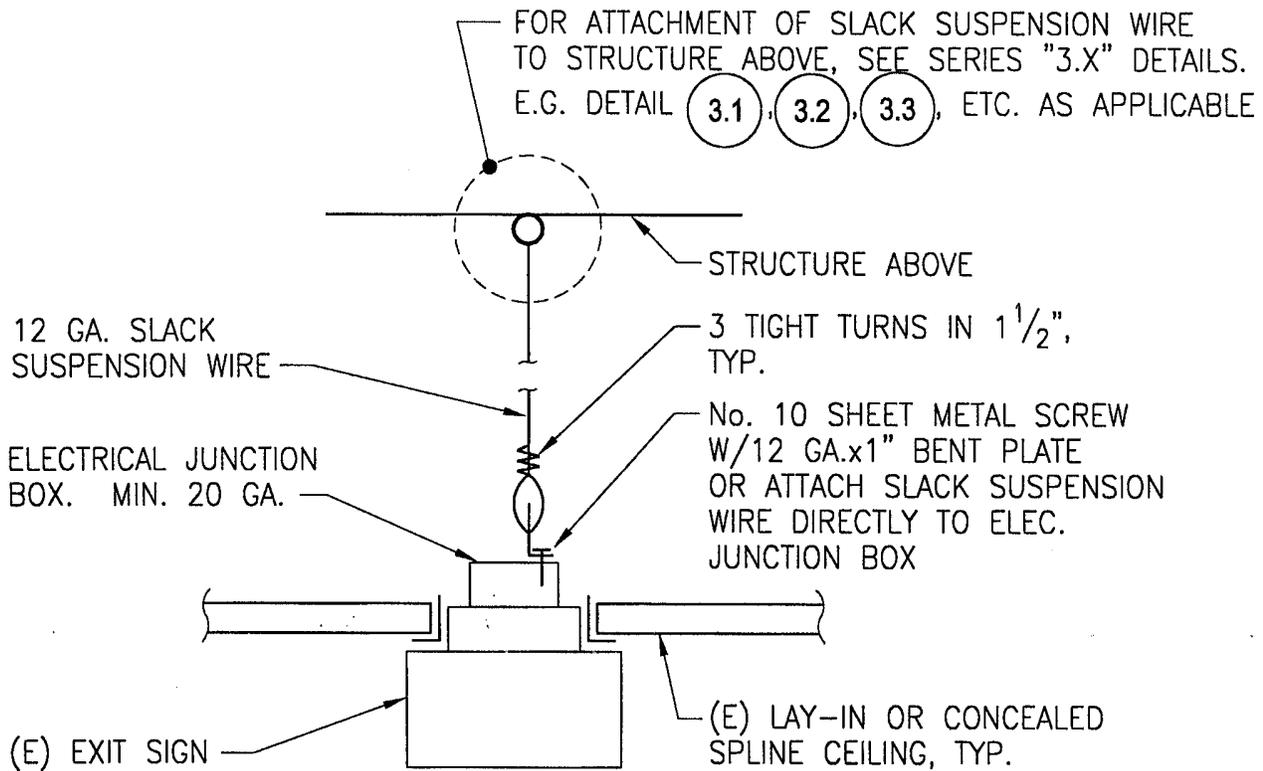
PLAN - SURFACE MOUNTED FIXTURES NOT LARGER THAN 2'x4' MODULE AT LAY-IN OR CONCEALED SPLINE CEILING

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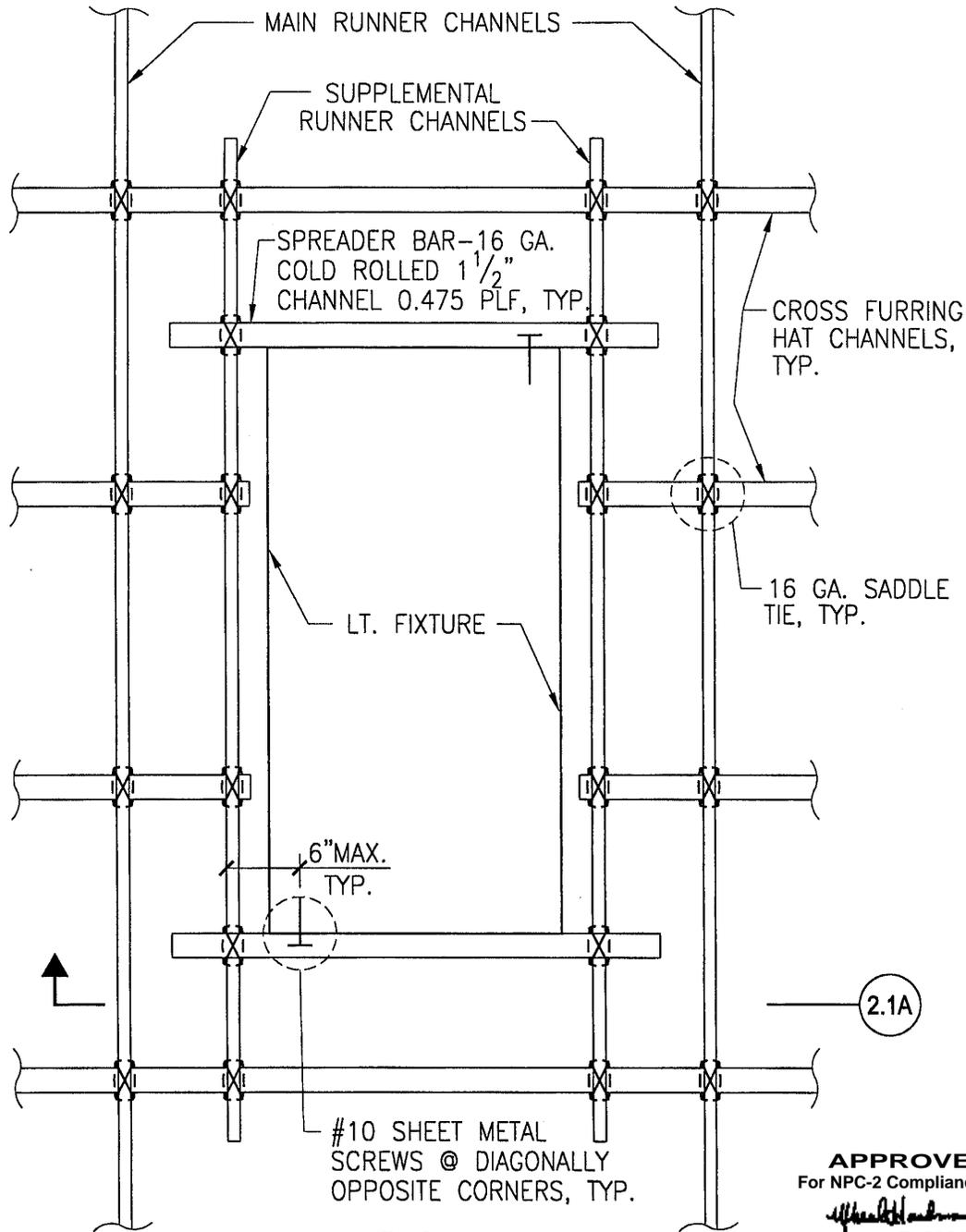
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ELEVATION

1.6 SLACK SUSPENSION WIRE FOR EXIT SIGN AT LAY-IN OR CONCEALED SPLINE CEILING

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#10 SHEET METAL
SCREWS @ DIAGONALLY
OPPOSITE CORNERS, TYP.

PLAN

- NOTES:**
1. VERT. HANGER WIRES NOT SHOWN.
 2. SLACK SUSPENSION WIRES NOT REQUIRED
 3. MIN. LT. FIXTURE = 20 GA.

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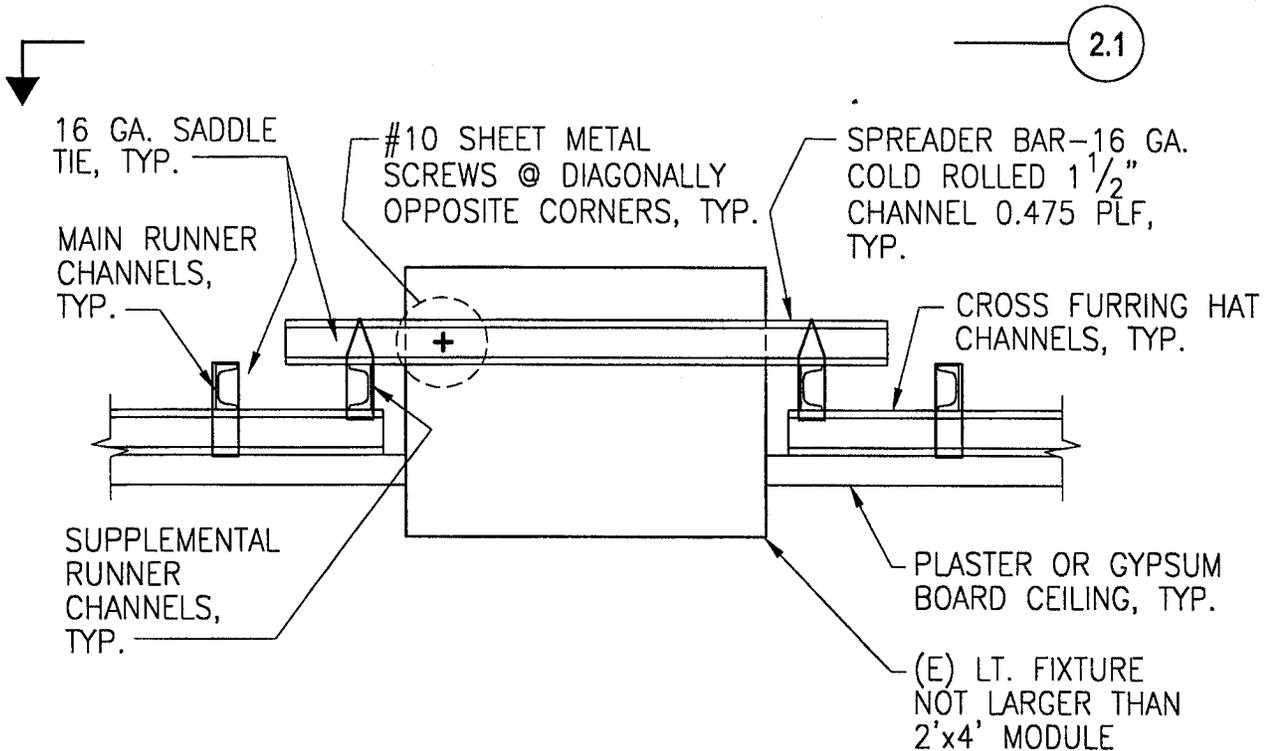
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2.1

**RECESSED LIGHT FIXTURES NOT LARGER
THAN 2'x4' MODULE AT PLASTER OR
GYPSUM BOARD CEILING**



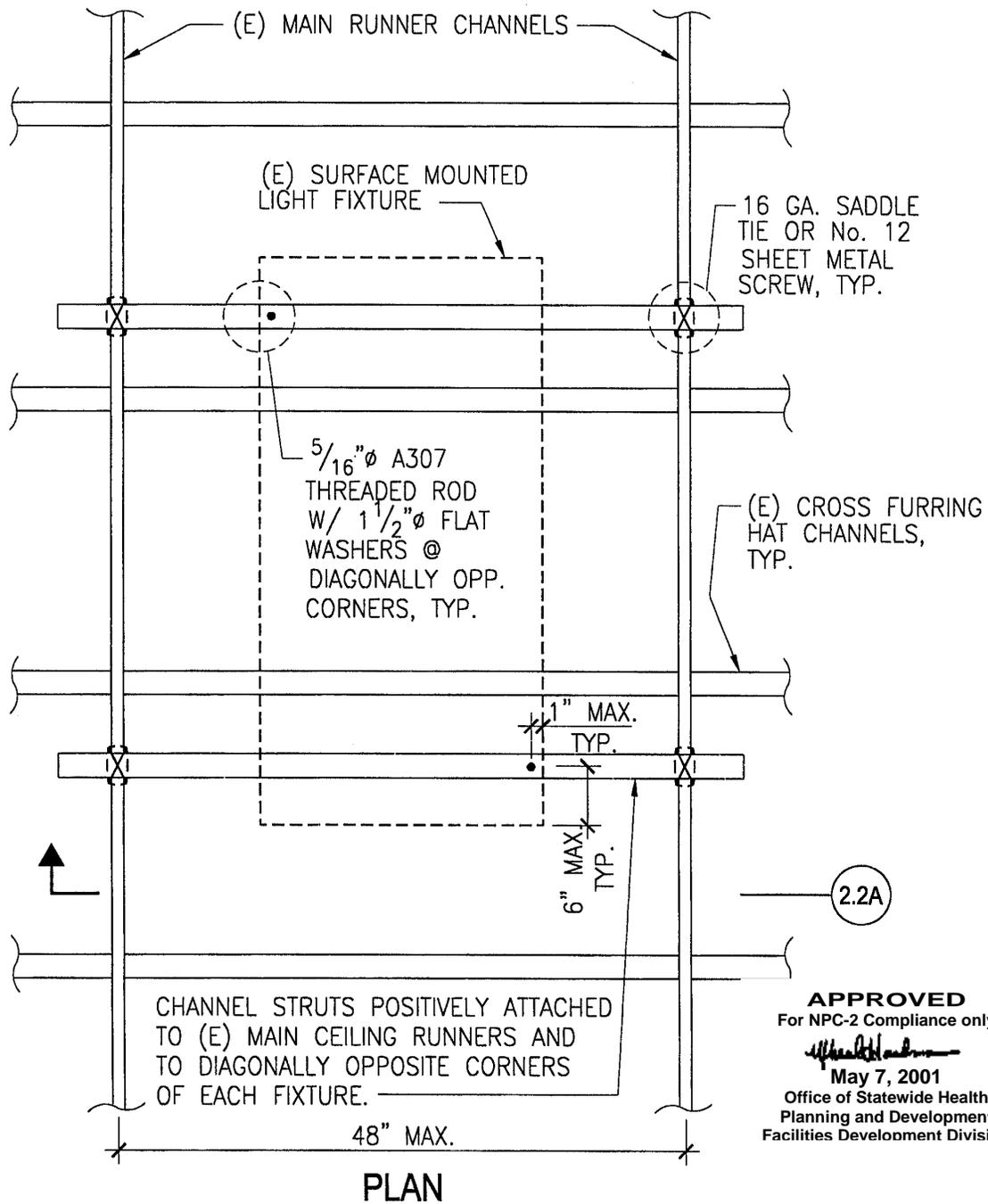
NOTES:

1. VERT. HANGER WIRES NOT SHOWN.
2. SLACK SUSPENSION WIRES NOT REQUIRED.
3. MIN. LT. FIXTURE = 20 GA.

2.1A SECTION - RECESSED LIGHT FIXTURES NOT LARGER THAN 2'x4' MODULE AT PLASTER OR GYPSUM BOARD CEILING

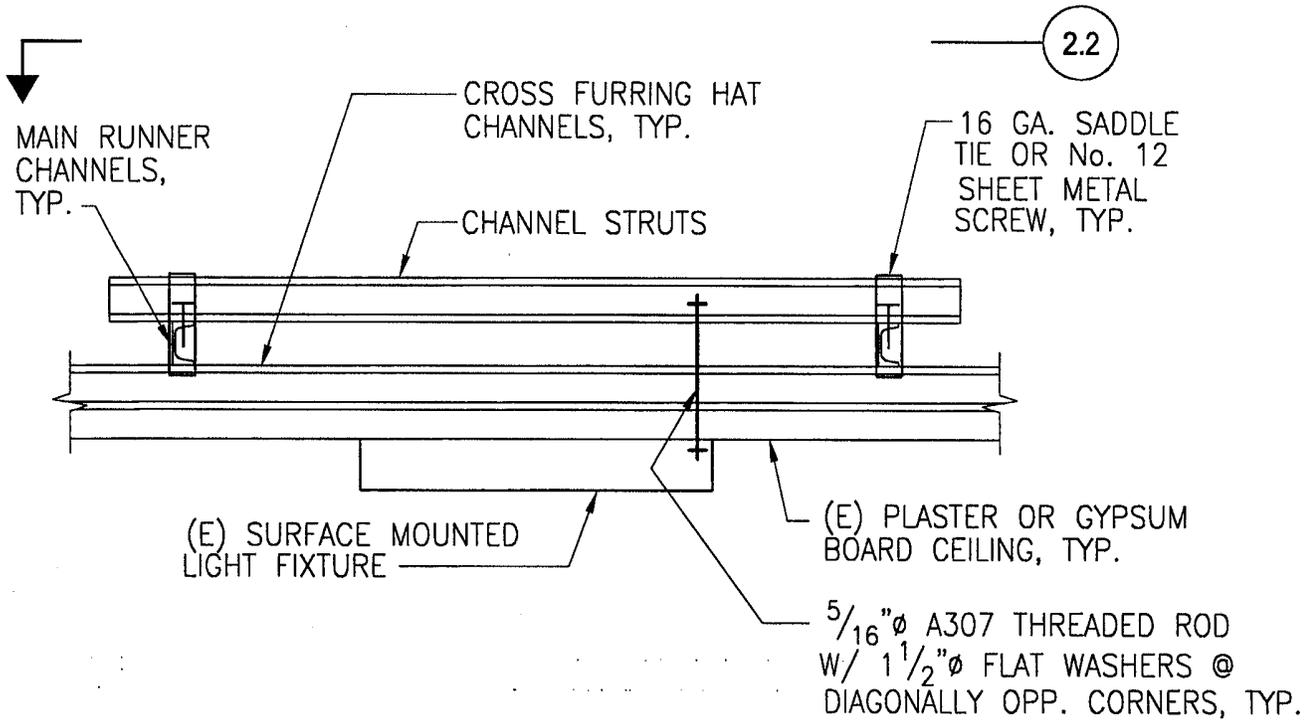
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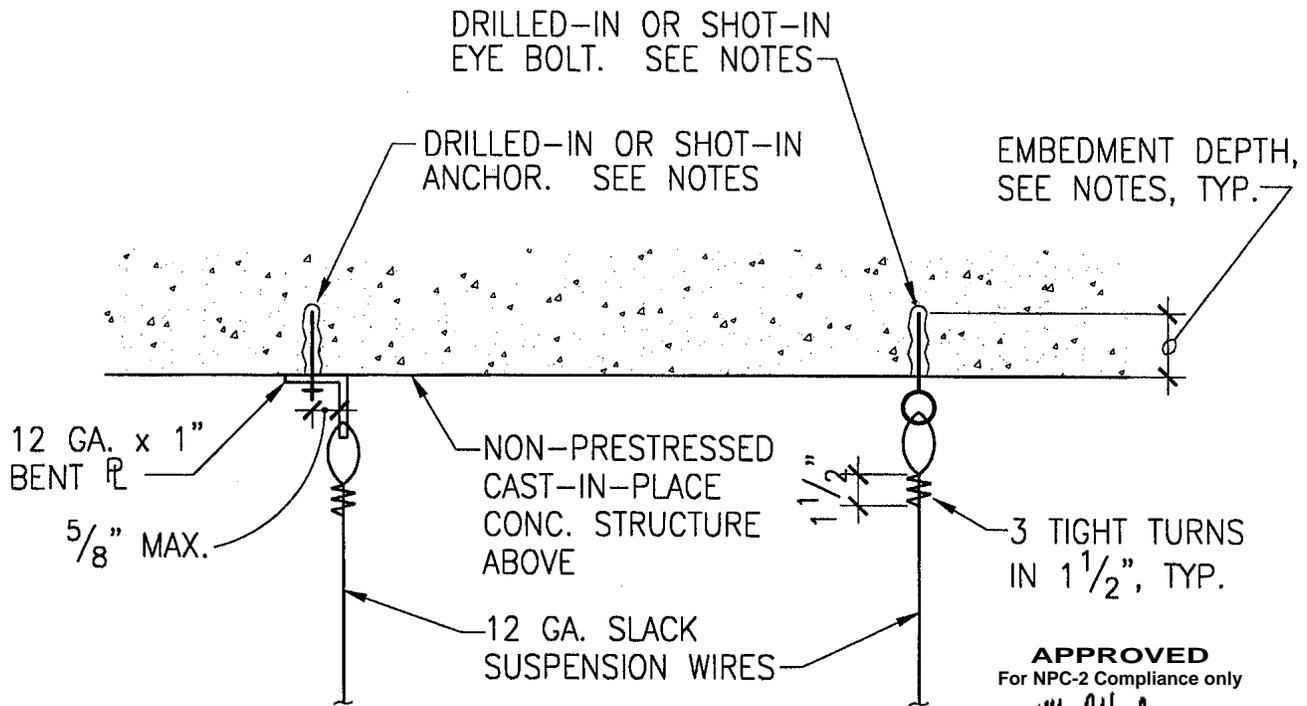
- NOTES:
1. VERT. HANGER WIRES NOT SHOWN.
 2. DETAIL (1.3) MAY BE USED AS AN ALTERNATE
 3. FOR PROPERTIES OF "CHANNEL STRUTS", SEE DETAIL (5.5)

2.2 SURFACE MOUNTED FIXTURE NOT LARGER THAN 2'x4' MODULE AT PLASTER OR GYPSUM BOARD CEILING



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2.2A SECTION - SURFACE MOUNTED FIXTURE
NOT LARGER THAN 2'x4' MODULE AT
PLASTER OR GYPSUM BOARD CEILING



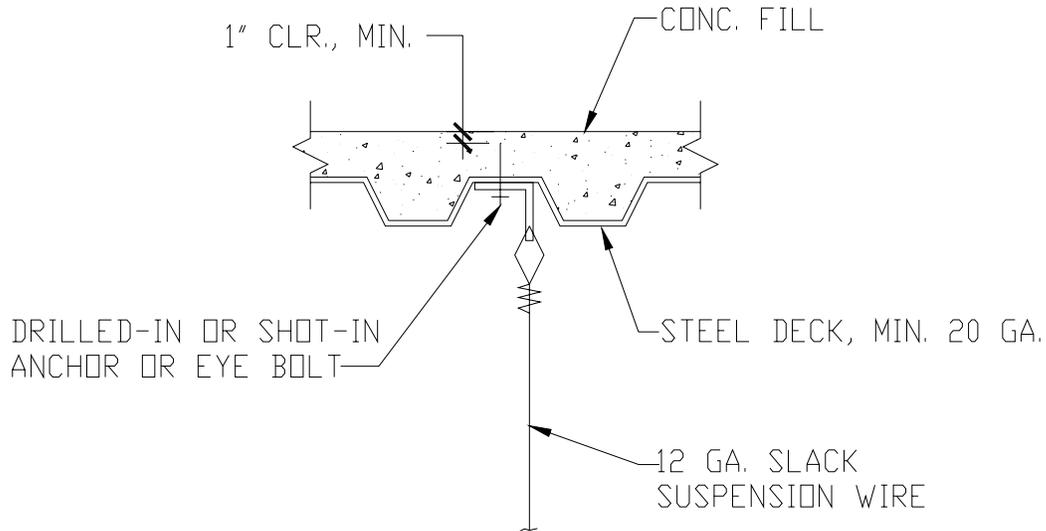
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NOTES:

1. SLACK SUSPENSION WIRES MUST BE INSTALLED NOT MORE THAN 1 IN 6 OUT OF PLUMB. FOR EXCEPTIONS, SEE NOTES FOR "SLACK SUSPENSION WIRES".
2. DRILLED-IN ANCHORS SHALL BE MIN. 1/4"Ø WITH MIN. 2" EMBEDMENT INTO CONCRETE.
3. SHOT-IN ANCHORS SHALL BE MIN. 0.177"Ø WITH MIN. 1" EMBEDMENT INTO CONCRETE.
4. TEST 1 OUT OF 10 DRILLED-IN OR SHOT-IN ANCHORS OR EYE BOLTS FOR 200 POUNDS IN VERTICAL TENSION. IF ANY ANCHOR FAILS, SEE NOTES FOR "SLACK SUSPENSION WIRES".

3.1 ATTACHMENT OF SLACK SUSPENSION WIRES TO NON-PRESTRESSED CAST-IN-PLACE CONCRETE

4'x4') FASTEN DIRECTLY TO CEILING JOISTS @ PLASTER OR GYPSUM BOARD CEILING

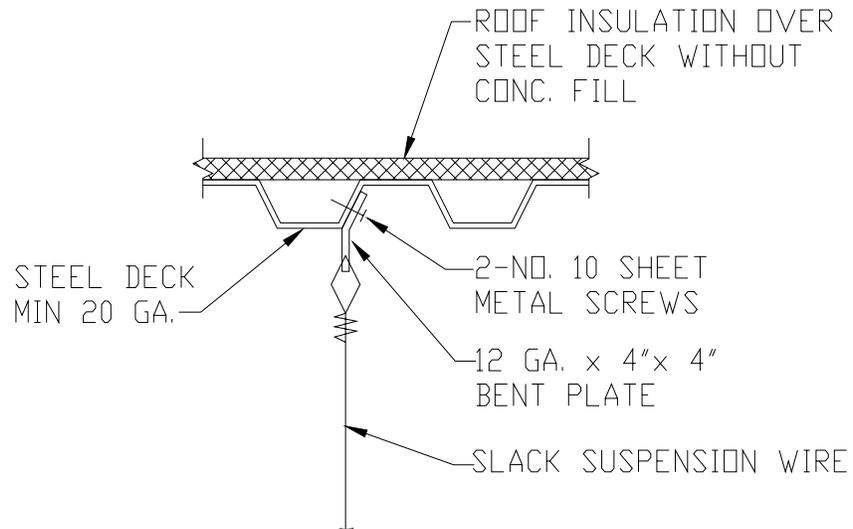


NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, OR FOR ALTERNATE "EYE BOLT" ANCHOR, SEE DETAIL 3.1

3.2

ATTACHMENT OF SLACK SUSPENSION WIRE TO STEEL DECK WITH CONCRETE FILL

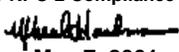
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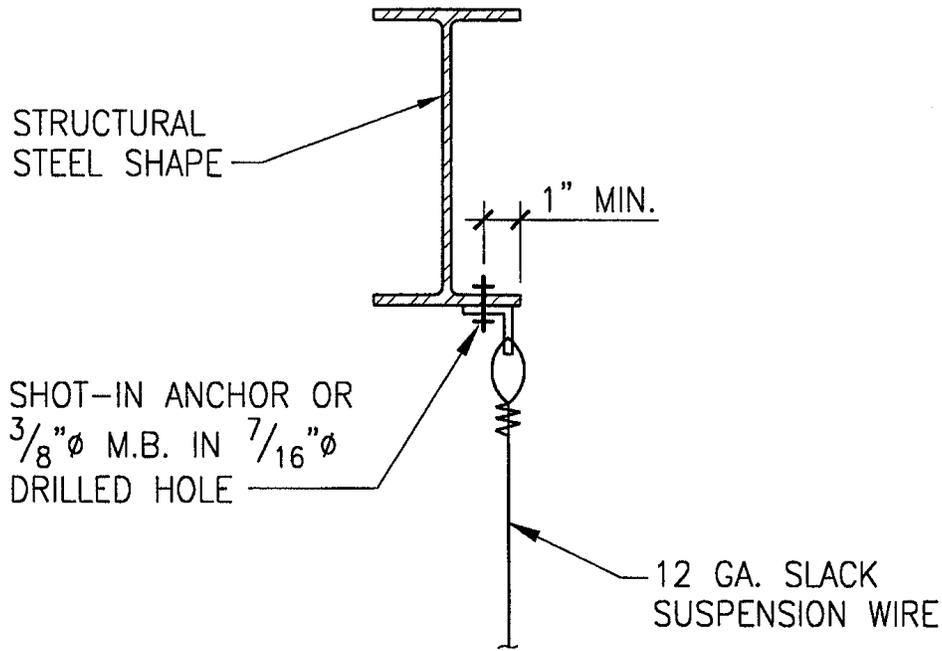


NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL 3.1

3.3

ATTACHMENT OF SLACK SUSPENSION WIRE TO STEEL DECK WITHOUT CONCRETE FILL

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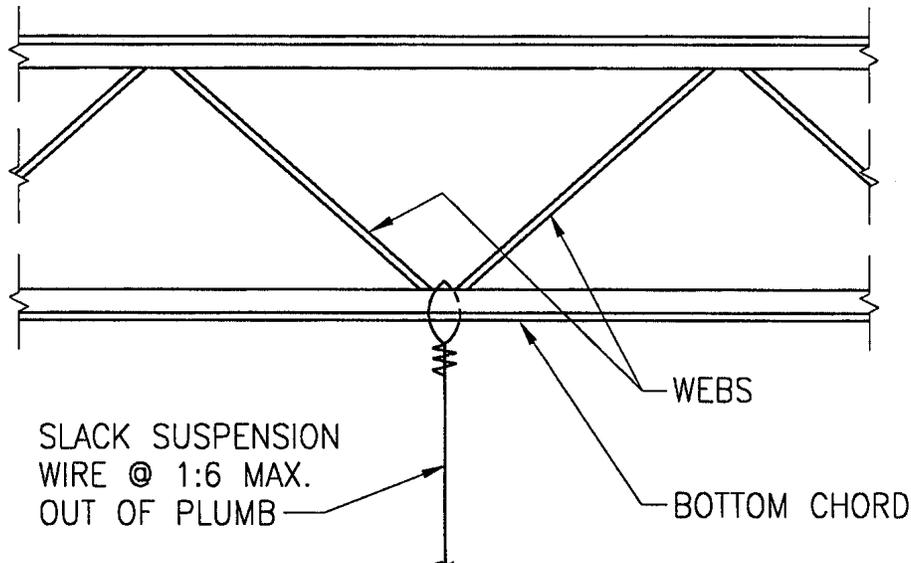


NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL **3.1**

3.4

ATTACHMENT OF SLACK SUSPENSION WIRE TO STRUCTURAL STEEL SHAPES

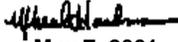
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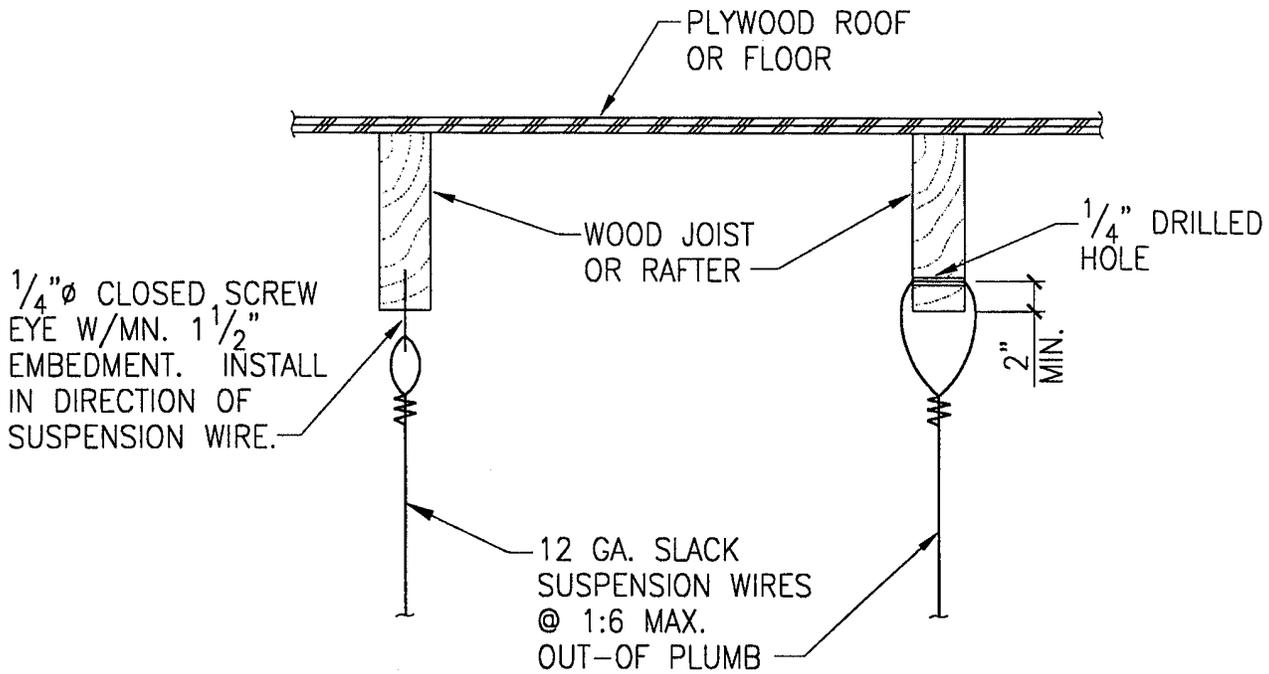


NOTES:

1. SLACK SUSPENSION WIRES MUST BE LOCATED AT INTERSECTION OF DIAGONAL WEBS AND BOTTOM CHORD AND MAY NOT BE MORE THAN 1 IN 6 OUT OF PLUMB.
2. FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL 3.1

3.5 **ATTACHMENT TO WOOD OR STEEL TRUSSES OR OPEN WEB JOISTS**

APPROVED
 For NPC-2 Compliance only

 May 7, 2001
 Office of Statewide Health
 Planning and Development
 Facilities Development Division

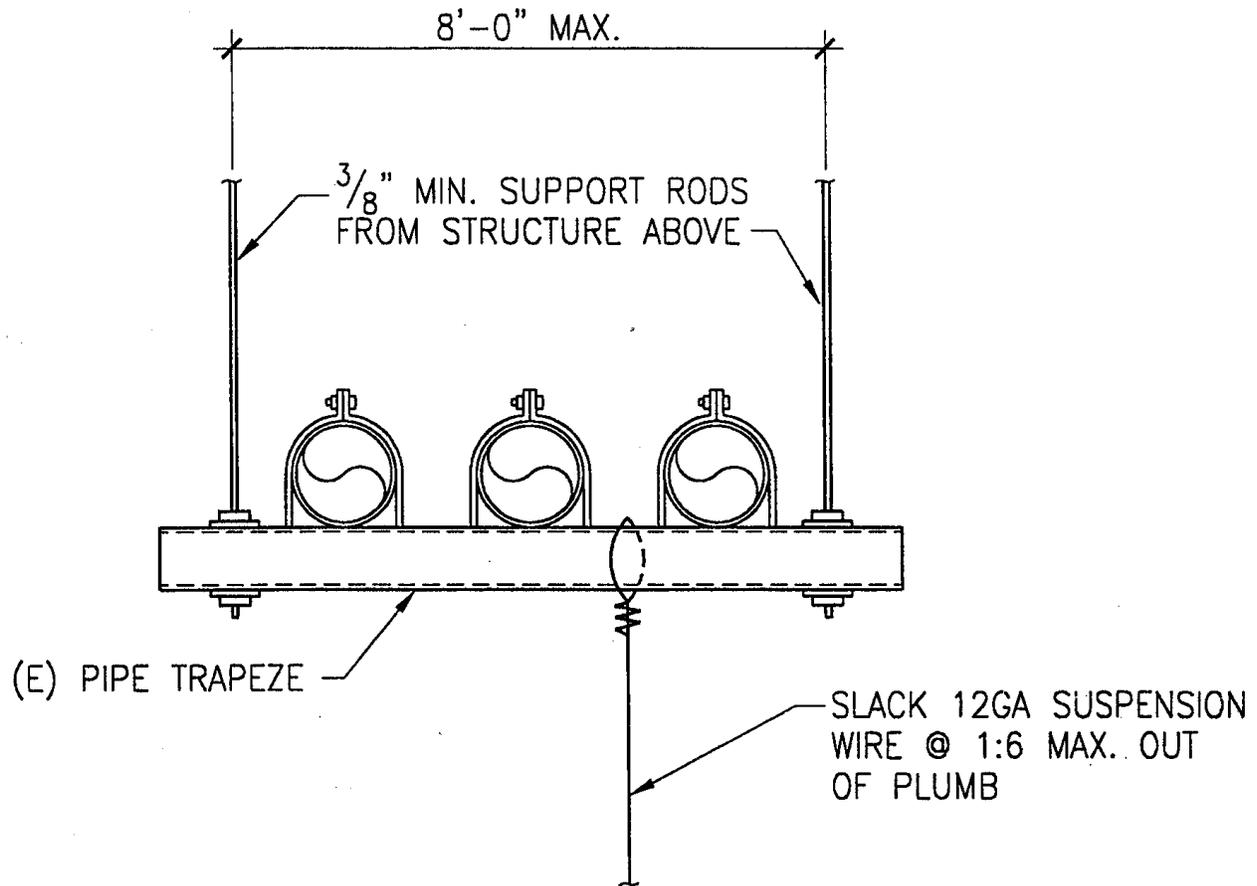


NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL **3.1**

3.6

ATTACHMENT OF SLACK SUSPENSION WIRES TO WOOD JOISTS OR RAFTERS

For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division



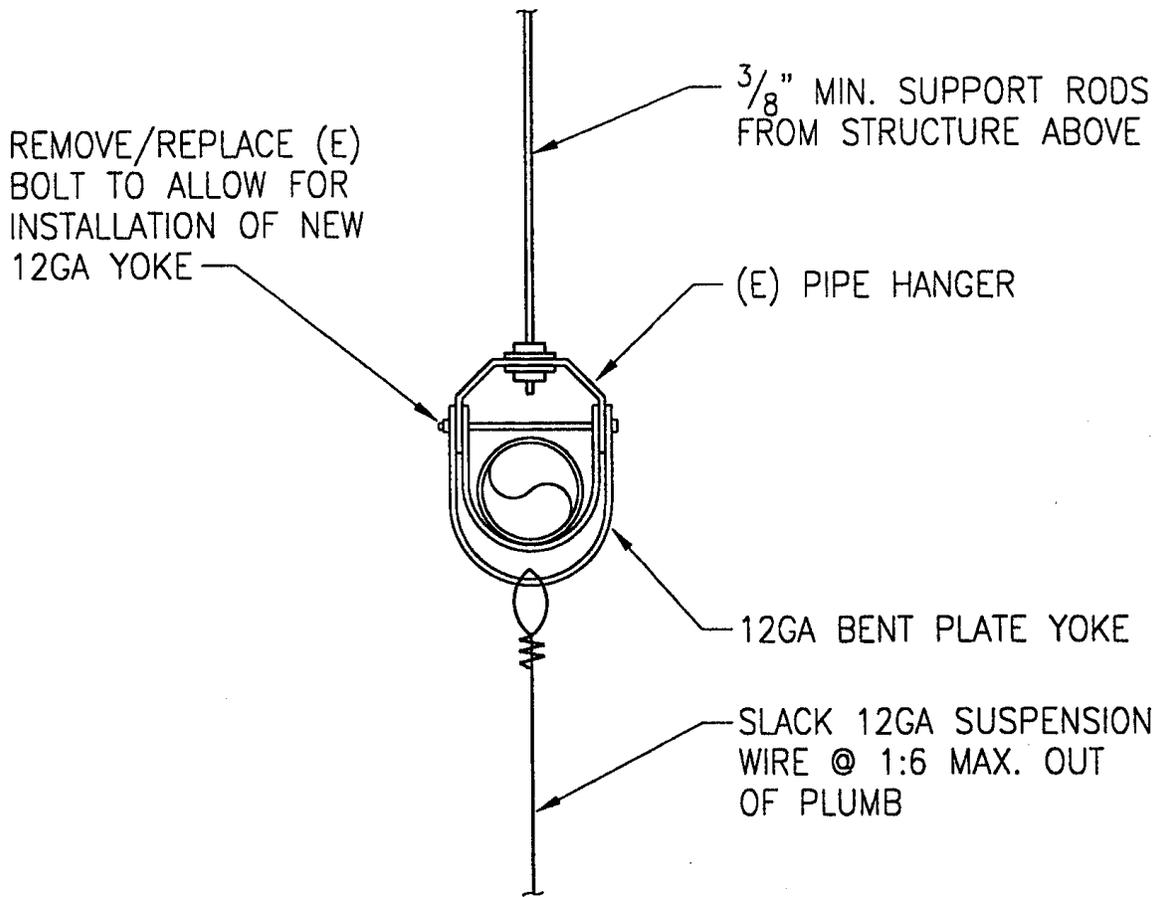
NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL (3.1)

SLACK SUSPENSION WIRES SHALL NOT BE HUNG FROM FIRE SPRINKLER PIPE HANGERS OR TRAPEZE SUPPORTS

3.7

ATTACHMENT OF SLACK SUSPENSION WIRES TO EXISTING PIPE TRAPEZE

APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division



NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL **3.1**

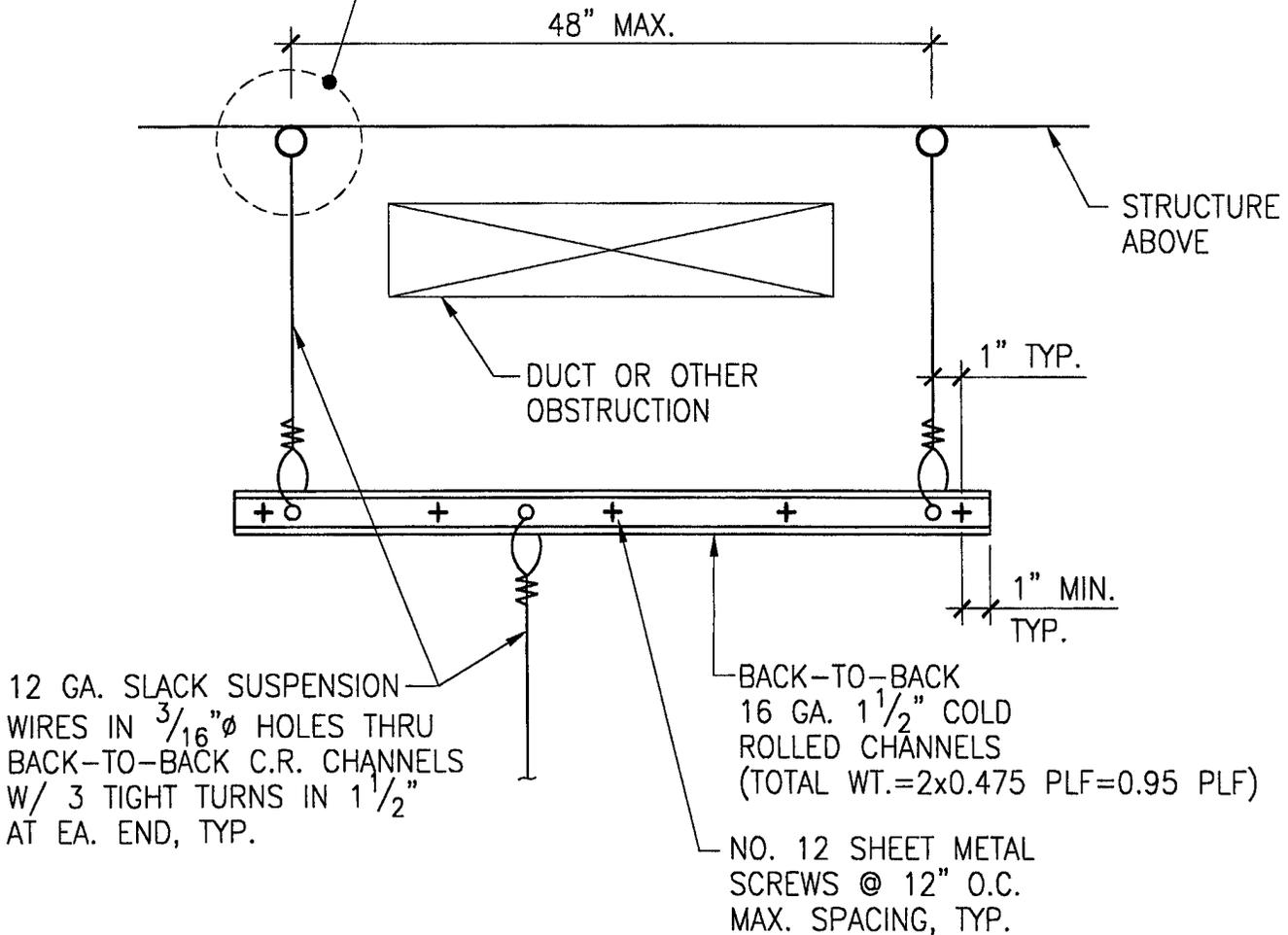
SLACK SUSPENSION WIRES SHALL NOT BE HUNG FROM FIRE SPRINKLER PIPE HANGERS OR TRAPEZE SUPPORTS

3.8

ATTACHMENT OF SLACK SUSPENSION WIRES TO SINGLE PIPE HANGER

APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division

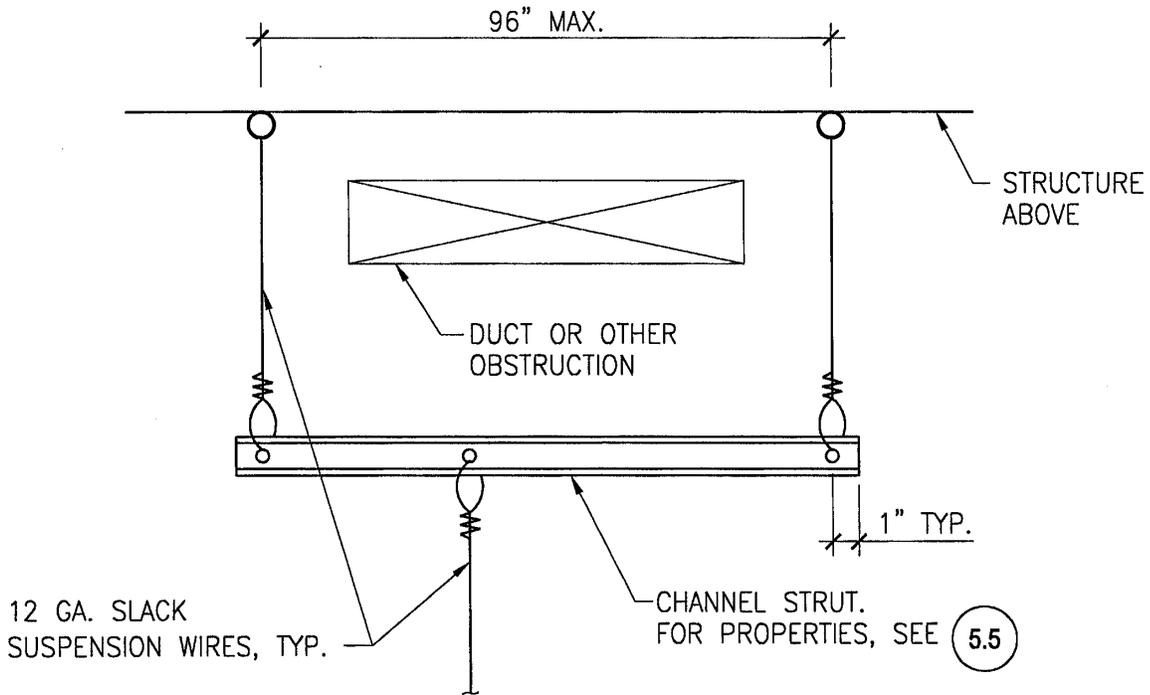
FOR ATTACHMENT OF SLACK SUSPENSION WIRES TO STRUCTURE ABOVE, SEE SERIES "3.X" DETAILS. E.G. DETAIL **3.1**, **3.2**, **3.3**, ETC. AS APPLICABLE



4.1

ELEVATION - SPREADER BAR ASSEMBLY UP TO 4'-0" MAXIMUM SPAN

APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division



NOTE: FOR TYPICAL DETAILS NOT NOTED OR SHOWN, SEE DETAIL (4.1)

4.2

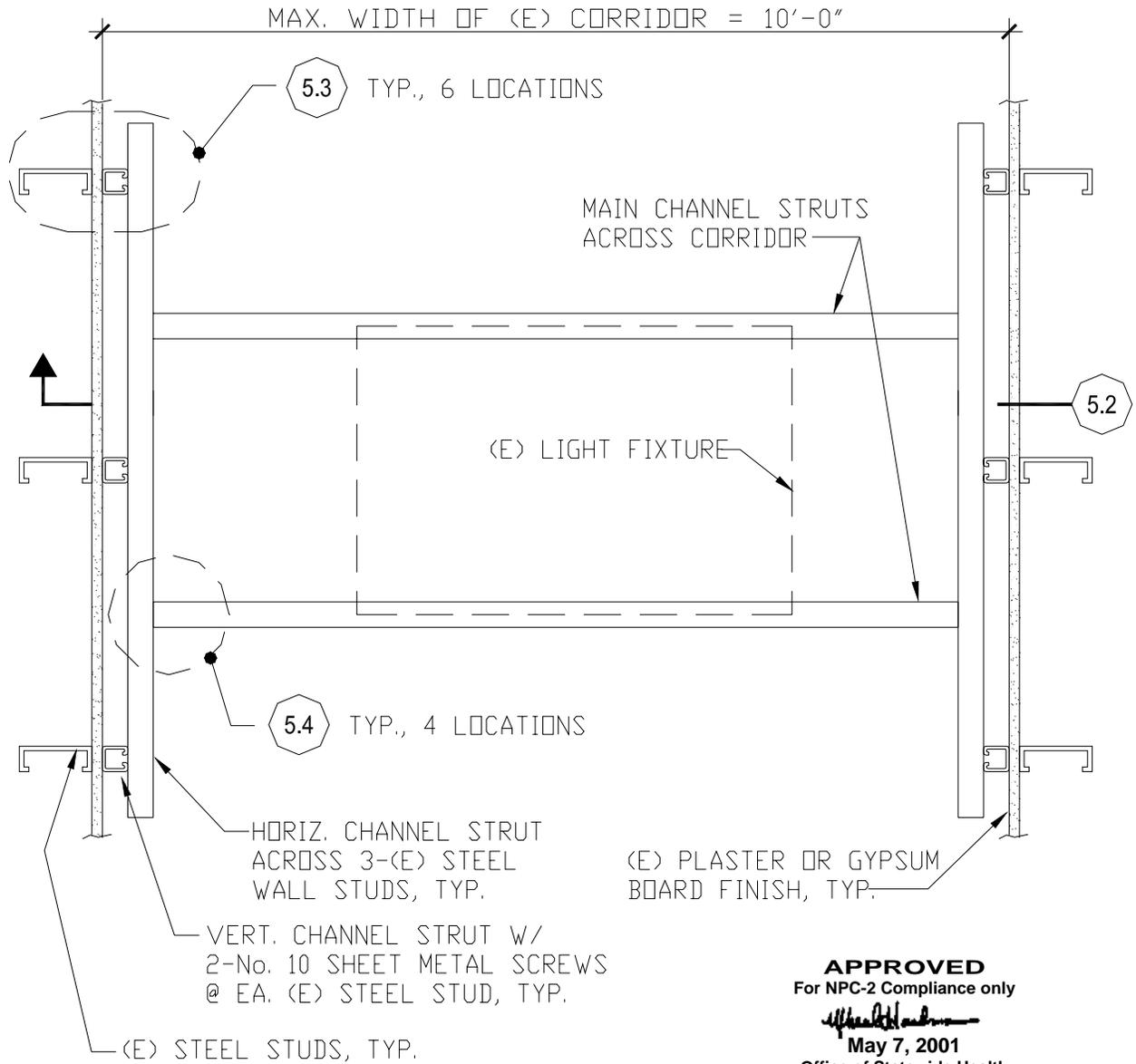
ELEVATION - CHANNEL STRUT SPREADER BAR UP TO 8'-0" MAXIMUM SPAN

APPROVED

For NPC-2 Compliance only

May 7, 2001

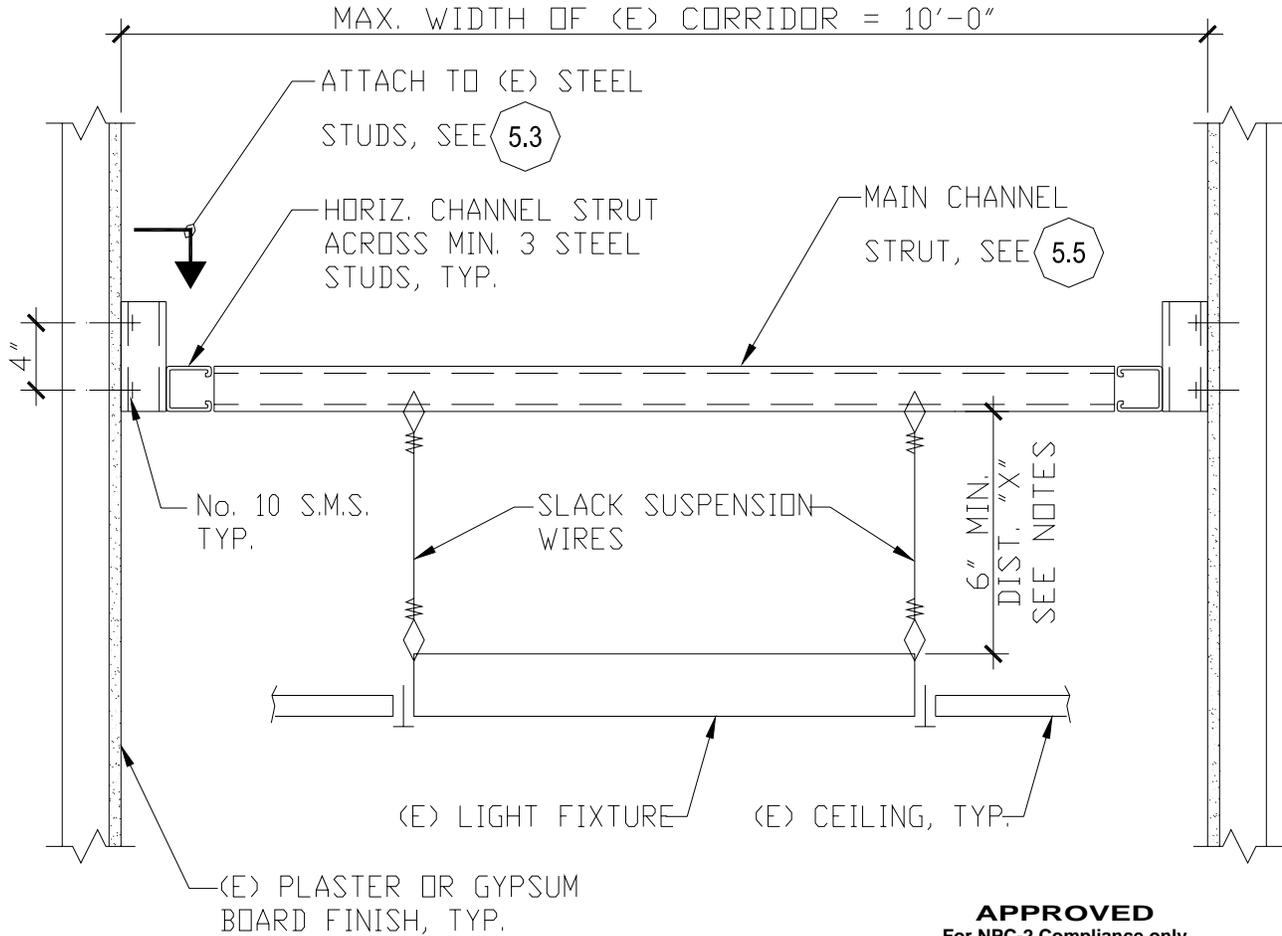
Office of Statewide Health
Planning and Development
Facilities Development Division



APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
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Facilities Development Division

NOTE: FOR PROPERTIES OF CHANNEL STRUTS, SEE 5.5

5.1 PLAN - CHANNEL STRUT BETWEEN (E) STEEL STUD CORRIDOR WALLS



APPROVED
For NPC-2 Compliance only

[Signature]

May 7, 2001

Office of Statewide Health
Planning and Development
Facilities Development Division

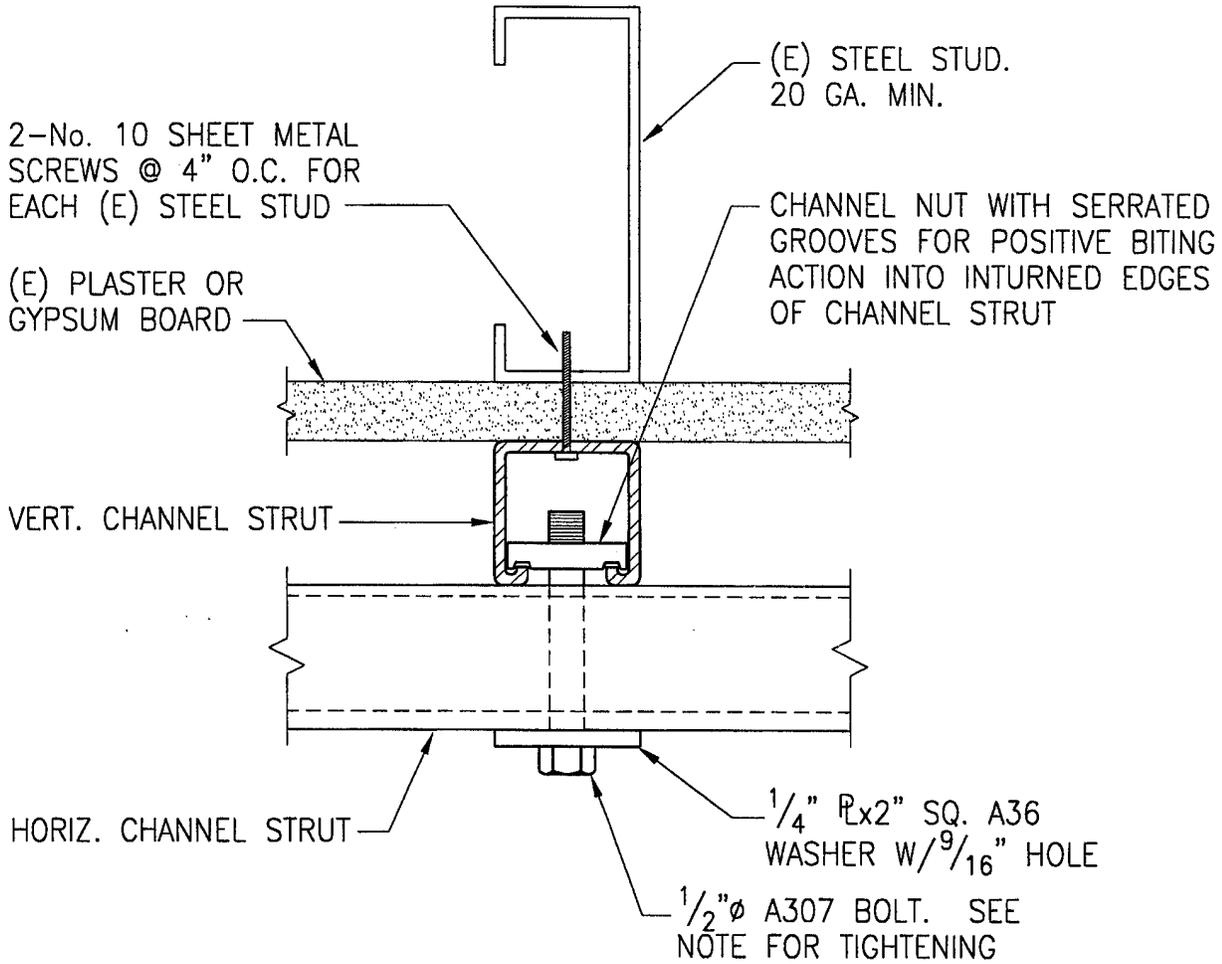
ELEVATION

NOTES:

1. DISTANCE "X" MAY BE ZERO WHEN MAIN CHANNEL STRUT IS DIRECTLY MOUNTED TO (E) LIGHT FIXTURE WITH No. 10 SHEET METAL SCREWS AND WASHERS. WHEN CHANNEL STRUT IS DIRECTLY MOUNTED TO (E) LIGHT FIXTURE, SLACK SUSPENSION WIRES ARE NOT REQUIRED.
2. FOR 2'x4' OR SMALLER LIGHT FIXTURES, USE 2-SLACK SUSPENSION WIRES @ DIAGONALLY OPPOSITE CORNERS. FOR 4'x4' FIXTURES, USE 1-SLACK SUSPENSION WIRE @ EACH CORNER (TOTAL 4).

5.2

CHANNEL STRUT BETWEEN (E) STEEL STUD CORRIDOR WALLS

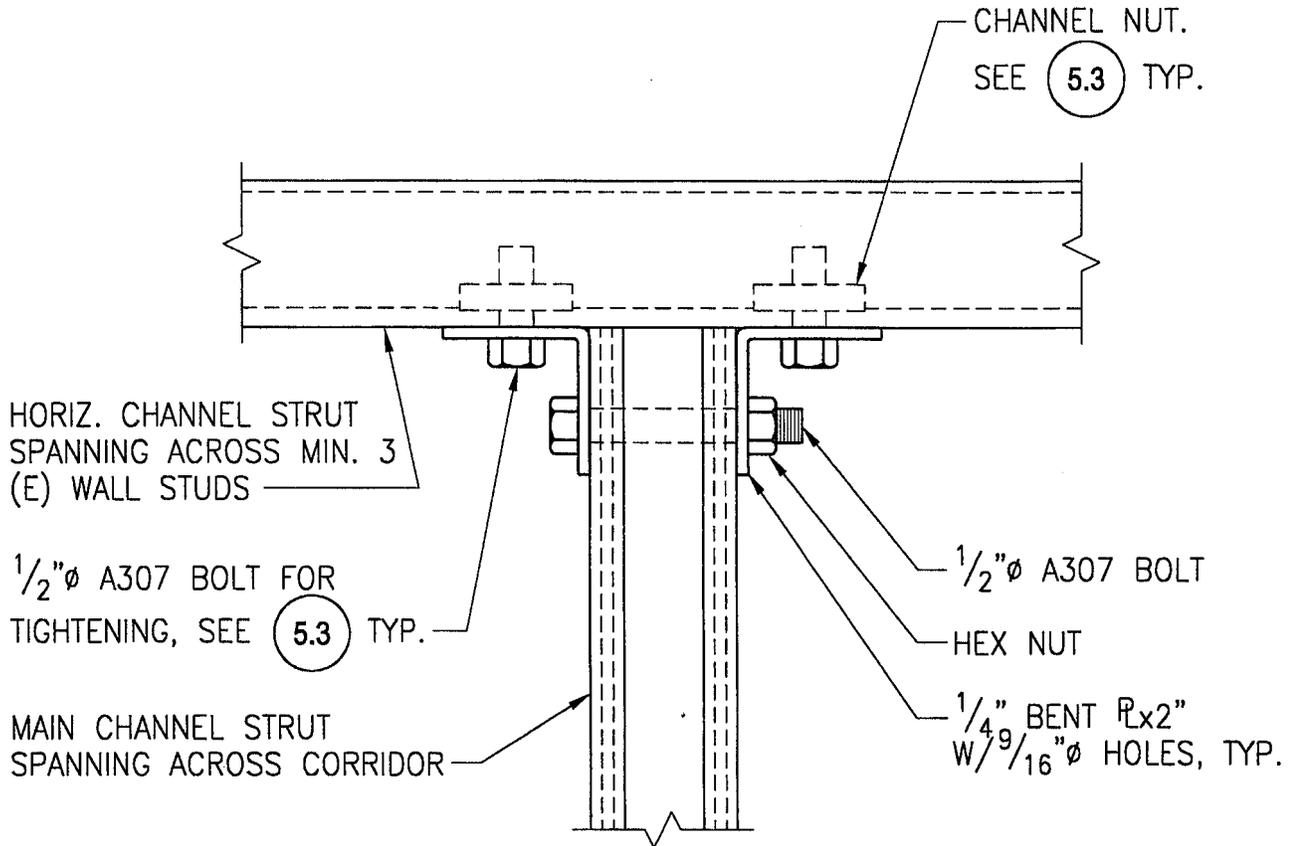


NOTE: TIGHTEN $\frac{1}{2}$ " ϕ BOLT TO MIN. 50 FT-LBS TORQUE.

5.3

PLAN DETAIL - CONNECTION TO (E) STEEL STUDS

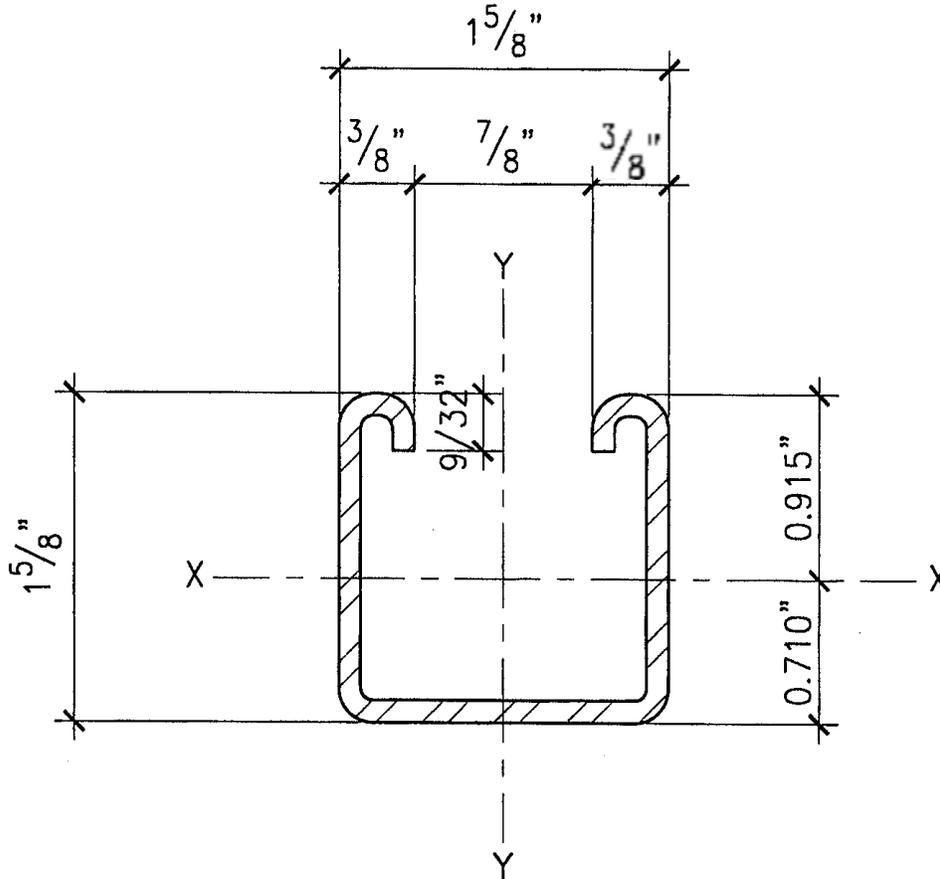
APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division



5.4

PLAN DETAIL - 90° CONNECTION BETWEEN CHANNEL STRUTS

APPROVED
For NPC-2 Compliance only
[Signature]
May 7, 2001
Office of Statewide Health
Planning and Development
Facilities Development Division



MATERIAL: 12 GA. COLD ROLLED STEEL PER ASTM A653 GR33

$$A = 0.556 \text{ IN}^2$$

$$I_x = 0.185 \text{ IN}^4 \quad I_y = 0.236 \text{ IN}^4$$

$$S_x = 0.202 \text{ IN}^3 \quad S_y = 0.290 \text{ IN}^3$$

PRE-GALVANIZED PER ASTM A653 G90

5.5

TYPICAL CHANNEL STRUTS

APPROVED
 For NPC-2 Compliance only

 May 7, 2001
 Office of Statewide Health
 Planning and Development
 Facilities Development Division

POLICY INTENT NOTICE

FILE NO.: 34
DATE FIRST ISSUED: 3/8/02
REVISION DATE: 06/19/08

Subject: Mobile Units Used for
Outpatient Hospital Services

Construction projects in hospital buildings are subject to the provisions of the California Building Standards Code, which, by adoption, includes the California Building Code (CBC). However, the definition of a building in Section 202 of the 2007/ 2001 CBC excludes mobile units. Specifically, a “special purpose coach” as defined by Health and Safety Code (HSC) Section 1802.15, and any “commercial modular” as defined by HSC 18001.8 are excluded from the definition of a building. Therefore, OSHPD has no authority to regulate these mobile units or their contents.

For construction projects that relate to the use of Mobile Units, OSHPD jurisdiction is limited. OSHPD has the responsibility and authority to protect the hospital building from adjacent hazards and exposures, and will therefore need to review drawings for the mobile unit installation and any utility hookups that originate in or pass through any hospital buildings.

In the past, mobile units used for the delivery of outpatient services have been located some distance from hospital buildings, and except for utility hookups which originate in a hospital building, the mobile units have not been reviewed by OSHPD. Recently, OSHPD has received proposals to locate mobile units very close to the hospital building, and provide access to the mobile unit directly from the hospital buildings. These mobile units present potential exposure hazards to the hospital building and its occupants, and potentially obstruct the means of egress from the hospital building and emergency responder access to the building.

For the purposes of this Policy Intent Notice, mobile units shall include special purpose “commercial coaches” as defined in Health and Safety Code (H&S) Section 18012.5 and “commercial modular” as defined in H&S Section 18001.8, that provide medical, diagnostic or treatment services, and are approved as a service of a licensed health facility as defined in H&S Section 1250.

“Mobile unit” does not include a modular, relocatable, or transportable unit that is designed to be placed on a foundation when it reaches its destination. These units, when used to provide medical, diagnostic or treatment services, are required to comply with the code requirements for buildings.

POLICY:

1. These guidelines apply to mobile units that provide outpatient or duplicate services allowed by H&S, Part 7, Chapter 1, Article 1, Section 129730, when used on a temporary basis, as defined in Section 202 of the 2007/ 2001 CBC.
2. When located adjacent to hospital buildings, the fire resistance and opening protection requirements for the exterior walls of the hospital building shall be

POLICY INTENT NOTICE**Subject:** Healthcare
Decontamination Facilities**FILE NO.:** 35
DATE FIRST ISSUED: 7/21/03
REVISION DATE: 06/19/08

Many health facilities are contemplating the construction or installation of mass decontamination facilities, to be used in response to nuclear, biological, chemical or other hazardous exposure requiring the emergency decontamination of large numbers of people. At a minimum these facilities normally consist of showers to wash off chemical contaminants. They may include separate facilities for men and women, and may also include facilities for non-ambulatory persons and the disabled. They are similar in concept to decontamination rooms that are sometimes seen in emergency rooms, but are intended to serve many persons in a short period of time.

Decontamination facilities can take many forms, including:

- **Permanent**, where the components are constructed as a fixed part of the hospital building, or as a freestanding and separate structure.
- **Semi-permanent**, where fixed utilities are provided for the decontamination facility, but the facility itself is set up only when needed.
- **Temporary**, which are collapsible and/or portable facilities, freestanding from the building and may or may not require utilities provided from the hospital building.

The decontamination facility may be permanently attached to the hospital building, sheltered under an overhang, or detached. Utilities may originate from the hospital building, or may be separate.

Water and electricity are normally required for the operation of these facilities. Water runoff should be contained when practicable and disposed of safely, and should be managed in accordance with community planning policies. Communications and data systems may also be utilized, which may include a PA system for broadcasting messages and instructions throughout the decontamination facility. Adequate lighting is also required.

Depending on the location and configuration of the decontamination facility, it may or may not be subject to OSHPD review. If OSHPD review is required, the scope of the review may be limited, and will be determined on a case-by-case basis.

POLICY:

1. When decontamination facilities are located in, or attached to hospital buildings, they shall be reviewed by the Office of Statewide Health Planning and Development (OSHPD). The requirements for hospital buildings found in 2007/ 2001 California Building Standards Code shall apply.

2. When facilities are not located in or attached to the hospital building, it is the responsibility of the local jurisdiction, which may include the local building department and local fire authority, to review the project with respect to the location of the decontamination facility and drainage of contaminated water.
3. For all decontamination facility projects, the local jurisdiction shall be responsible for ensuring compliance with local fire, health, zoning, environmental and other requirements.
4. Permanent or semi-permanent decontamination facilities shall be constructed and separated from the hospital building as required in 2007/ 2001 California Building Standards Code.
5. When utilities for a decontamination facility are obtained from the hospital building, OSHPD shall review the utility connections to ensure that the hospital utilities will not incur any potential adverse impact.
6. When decontamination facilities are provided in mobile units, they shall be reviewed in accordance with OSHPD Policy Intent Notice 34, "Mobile Units Used for Hospital Outpatient Services."

<u>Original Signed</u>	<u>06/19/08</u>
John D. Gillengerten	Date

POLICY INTENT NOTICE**Subject:** Projects of \$50,000 or Less
From Plan Review Process**FILE NO.:** 36
DATE FIRST ISSUED: 1/5/07
REVISION DATE: 03/21/08

Senate Bill 1838 (Chapter 693, Statute of 2006), which is effective January 1, 2007, authorizes the Office of Statewide Health Planning and Development (OSHPD) to exempt from its plan review process construction or alteration projects for hospitals, skilled nursing facilities and intermediate care facilities with estimated construction costs of \$50,000 or less, if specified criteria are met. This legislation added Section 129880 (a) and (b) to the Health and Safety Code which states:

(a) The office may exempt from its plan review process construction or alteration projects for hospital buildings and buildings described in paragraphs (2) and (3) of subdivision (b) of Section 129725 with estimated construction costs of fifty thousand dollars (\$50,000) or less. The criteria for exemption shall include, but not be limited to, plans that have been stamped and signed by the design professionals of record.

(b) Projects that have been split into a series of smaller projects in order to avoid the qualifying dollar limits shall not be approved. The office shall maintain its construction observation mandate to ensure public safety and California Building Standards Code compliance for approved projects.

POLICY: This policy intent notice is effective January 1, 2007. It clarifies the exemption criteria for projects of \$50,000 or less and outlines the procedure for obtaining a building permit for these projects. Facilities have the option of submitting projects as outlined in this policy intent notice or may use the usual OSHPD plan review process.

Exemption Criteria

Construction or alteration projects for hospitals, skilled nursing facilities and intermediate care facilities may be exempt from the OSHPD plan review process if the project has an estimated construction cost of fifty thousand dollars (\$50,000) or less. Projects shall not be subdivided into small projects for the purpose of evading the cost limitation requirements.

In addition to meeting the cost limitations, project plans and specifications must be stamped and signed by a licensed design professional in accordance with Section 7-115 (a) and (b), 2007 California Administrative Code (CAC). For the purpose of this policy intent notice, a specialty licensed contractor is not considered a licensed design professional. Project plans and specifications prepared and signed solely by a licensed specialty contractor, pursuant to Section 7-115 (c), 2007 CAC, shall not be exempt from the plan review process.

Projects Excluded from Exemption

Projects containing the scope of construction or alteration described in the list below shall not be exempt from OSHPD plan review. If a project consists of any of the following, the project must be reviewed by OSHPD:

1. Building additions, as defined in Section 7-111, 2007 CAC, or projects involving a change in occupancy.
2. Projects involving an Alternate Method of Compliance.
3. Modifications to the seismic force (load) resisting system, the primary gravity load carrying members, and their load paths.
4. Addition or alteration of medical gas or vacuum systems.
5. Addition or alteration of fuel storage tanks.
6. Addition or alteration of fire alarm systems exceeding 5 devices or fire sprinkler systems exceeding 10 sprinklers.
7. Addition or replacement of an emergency generator or new electrical panel added to the essential electrical system.
8. Addition or replacement of large capacity fan in excess of 2,000 cubic feet per minute (cfm).
9. Projects where examination of the plans and specifications reveal a component that has a clear and significant risk to the health and safety of the staff or general public.

Submittal Procedure for Exempt Projects

If a facility wishes to exempt a project from the plan review process, project documents must be submitted to the office (not to the field) for issuance of a building permit prior to commencement of construction. This submittal shall include plans and specifications and applicable documents, as required by Section 7-125, 2007 CAC. An Application for SB 1838 Project Building Permit OSH-FD-721 and an Application for Inspector of Record OSH-FD-124 must be submitted with all project documents. Additionally, the applicable Testing, Inspection, and Observation form must be submitted and must be signed by the architect or engineer of record in general responsible charge of the work.

Construction Cost

For the purpose of determining eligibility for exemption from the plan review process as described in this notice, the construction cost, estimated or contract amount as indicated on Line 1, Section B of form OSH-FD-721, **excludes** imaging equipment

POLICY INTENT NOTICE

FILE NO.: 37
DATE FIRST ISSUED: 3/29/07
REVISION DATE: 06/19/08

Subject: Presubmittal Meeting - Projects
with Estimated Constructed
Cost of \$20,000,000 or More

Senate Bill 1838 (Chapter 693, Statute 2006), which is effective January 1, 2007, requires a meeting between the Office of Statewide Planning and Development (OSHPD) and the facility's design professionals be held prior to the submittal of hospital, skilled nursing facility, or intermediate care facility construction or alteration projects costing an estimated \$20 million or more. This legislation added Section 129880 (c) to the Health and Safety Code, which states:

(c) A presubmittal meeting between the office and the design professionals shall be required for construction or alteration projects for hospital buildings and buildings described in paragraphs (2) and (3) of subdivision (b) of Section 129725 with estimated construction costs of twenty million dollars (\$20,000,000) or more.

The intent of OSHPD's involvement during the design phase of these large projects is to provide the opportunity to resolve potential design and code issues related to the project prior to final submittal for plan review.

POLICY:

This policy intent notice clarifies the procedure for presubmittal meetings for projects with an estimated construction cost of \$20 million or more.

A presubmittal meeting should be conducted at the end of the design development phase, prior to submitting plans and specifications to OSHPD for plan review.

If the facility intends to submit preliminary plans and outline specifications to OSHPD, in accordance with the 2007 California Administrative Code (CAC), Section 7-121, the presubmittal meeting should be held prior to the submittal of the preliminary plans and outline specifications.

Prior to scheduling a presubmittal meeting, the following information should be submitted to the appropriate OSHPD Regional Supervisor or Senior Architect / Project Manager:

- 1) A meeting agenda listing major points of discussion.
- 2) New and if applicable, existing floor plans.
- 3) Description and scope of the project.
- 4) Description of structural systems – vertical, lateral, foundation, enclosure, etc.
- 5) Alternate Method of Compliance and Program Flexibility issues.
- 6) Type of construction.
- 7) Occupancy - existing and proposed with justification.
- 8) Accessibility considerations, including path of travel.

- 9) Architectural, structural, mechanical, plumbing, electrical, and fire and life safety issues.
- 10) Preliminary means of egress plan.

After OSHPD has reviewed the submitted information, OSHPD will contact the design professional of record to schedule the presubmittal meeting. The design professional of record is responsible for coordinating the attendance of the facility representative, project consultants, and when applicable, the Department of Health Services Licensing and Certification. The OSHPD Regional Supervisor or Senior Architect / Project Manager will coordinate the attendance of OSHPD plan review and field staff.

During the meeting, OSHPD staff will respond to the issues and concerns of the project team. If substantive issues are resolved during the meeting, the project design team should record the resolutions in a letter-of-understanding. The letter-of-understanding is not intended as meeting minutes but is intended to record a common understanding and resolution of the substantive issues. The letter must be signed by the facility owner or representative, design professional of record, OSHPD Regional Supervisor, and OSHPD Regional Compliance Officer. The letter-of-understanding will be based on the assumptions presented at the presubmittal meeting. Subsequent changes in design, program requirements, project delivery, or other unforeseen issues may necessitate modifications to the letter-of-understanding.

If the presubmittal meeting does not resolve all substantive issues or creates additional issues regarding the project, the project design team should reassess the scope in response to the issues and, if necessary, reconvene another meeting with OSHPD.

Original Signed	06/19/08
John D. Gillengerten	Date

POLICY INTENT NOTICE**Subject:** Electrical Load Capacity
Verification Guideline**FILE NO.:** 38
DATE FIRST ISSUED: 10/6/93
REVISION DATE: 06/19/08
(Previously PIN 3-220)

In the course of design and review of projects involving additions to existing facilities, or remodels, the question of load capacity of existing electrical service always arises. It is the responsibility of the electrical engineer of record to provide verification that adequate load capacity exists at points in the existing electrical distribution system where additional loads are to be connected.

POLICY:

The intent of this guideline is to produce uniform load calculations in accordance with the requirements of the 2007/ 2004 California Electrical Code (CEC). The word "panel" as used herein is defined as any panelboard, switchboard, motor control center, distribution panelboard, etc. Transfer switches and transformers are not defined as panels. Refer to Articles 100 and 408 of the 2007 CEC (Articles 100 and 384 of the 2004 CEC).

For new panels, a schedule with a tabulation of connected loads shall be submitted for review. For existing panels where load is to be added, a load summary shall be provided that details the existing load, loads removed, loads added, net load addition/reduction, and the new load. For new panels and existing panels with a net load increase, a partial single line diagram shall be provided that shows the ratings of the panel, its feeder, and feeder overcurrent protective device. Whenever the connected load exceeds 80% of the rating of the panel feeder overcurrent protective device, a backup load calculation in accordance with Article 220, 2007/ 2004 CEC shall be provided to demonstrate that an overloading condition does not exist. Alternatively, the consultant must demonstrate that the apparatus is 100% rated.

OSHPD will require two levels of load capacity verification. Level one is the panel to which load is being added, its feeder, and its feeder overcurrent protective device. Level two is the next panel which is electrically upstream towards the source from the panel where load is to be added, the next panel's feeder and feeder overcurrent protective device. Note: When load is being added to an essential electrical system panel electrically downstream from the transfer switch, and if the level two panel is electrically upstream from a transfer switch, level two load capacity verification must be provided for both the normal panel and the essential electrical system panel feeding the transfer switch.

For level one panels, the following are acceptable means of determining demand load:

- A. A minimum three-day (72 hour) recording ammeter shall be connected to all phases of the service/feeder. The maximum value recorded over this period shall be multiplied by 125% to establish the maximum demand. It is the electrical engineer's responsibility to ensure that this reading reflects the true maximum demand of the service/feeder.

This option shall not be used for verifying load capacity of equipment having loads consisting primarily of x-ray equipment (such as x-ray distribution boards) or motors (such as motor control centers). Load capacity verification for these systems shall be performed in strict accordance with Articles 517 and 220, 2007/ 2004 CEC. If demand data for a one-year period does not exist, one is afforded the option of performing a 30-day ammeter reading for a basis to determine maximum demand per CEC Article 220.87 of the 2007/ 2004 CEC.

- B. A load calculation in accordance with Article 220 of the 2007/ 2004 CEC.

For level two panels, the following are acceptable means of verifying load capacity:

- A. Any of the means afforded for level one panels, described above.
- B. A letter or note on the drawings signed by the electrical engineer of record stating that the level two panel, its feeder and feeder overcurrent protective device have been checked and that sufficient load capacity exists at this point in the electrical distribution system.

It is not the intent of this Policy Intent Notice to relieve the electrical engineer of the responsibility to perform load capacity verification on all panels, their feeders, and their feeder overcurrent protection devices, upstream from the affected panels, back to the main service entrance, and to the terminals of all separately derived systems, as required by Article 220 of the 2007/ 2004 CEC.

Original Signed	06/19/08
John D. Gillengerten	Date

POLICY INTENT NOTICE**Subject:** Definition of "Freestanding and Separate"**FILE NO.:** 39**DATE FIRST ISSUED:** 11/18/91**REVISION DATE:** 06/19/08(Previously PIN HSC-129725)

POLICY:

From time to time the term "Freestanding and Separate" must be interpreted when applied to licensed hospital structures and other nonlicensed structures (e.g. parking structures, medical office buildings, etc.) located on hospital sites. An adjacent nonlicensed structure is considered to be adequately "separated" and thus "freestanding" if the following criteria can be accommodated:

1. A minimum structure separation must be provided which complies with ASCE 7-05 Section 12.12.3 for 2007 CBC projects (Section 1633A.2.11 for 2001 CBC projects).
2. Required fire separations comply with applicable provisions of the 2007/ 2001 California Building Code (CBC).
3. Separate structures shall comply with the requirements of Section 503.1.2. of the 2007/ 2001 CBC

Note: A "freestanding and separate" structure differs from an "addition" which is defined in ASCE 7-05 Section 11.2, as:

"ADDITION: An increase in building area, aggregate floor area, height or number of stories of a structure."

Questions regarding the application of these statements with respect to unique situations will be reviewed on a case by case basis.

Structures that are determined to be "separate" or "freestanding" and are not licensed hospital buildings or required for continuous operation or access of a hospital building, are not subject to review by OSHPD except for effect upon licensed structures. They are subject to review by the local building jurisdiction.

Original Signed 06/19/08
John D. Gillengerten Date

POLICY INTENT NOTICE

Subject: Dietary and Food Services
Within Health Facilities

FILE NO.: 40
DATE FIRST ISSUED: 3/31/93
REVISION DATE: 06/19/08
(Previously PIN HSC-113915)

BACKGROUND:

Existing law known as the California Uniform Retail Food Facilities Law (CURFFL) commencing with Section 113700 of the Health and Safety Code requires that there be uniform statewide health and sanitation standards for retail food establishments to assure the people of this state that food will be pure, safe, and unadulterated. Primary responsibility for enforcement of the provisions of this law is with local health agencies.

As defined in the CURFFL, *food establishment* means: "Any room, building, or place, or portion, thereof, maintained, used, or operated for the purpose of storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food at the retail level." This definition includes food establishments that are located in health facilities regulated by OSHPD.

The CURFFL requires that any project that proposes to either construct a new food establishment or to remodel a food establishment must first submit to the local health agency complete plans and specifications for review and approval. The plans shall be approved or rejected within 20 working days after receipt by the local health agency and the applicant shall be notified of the decision. Unless the plans are approved or rejected within 20 working days, they shall be deemed approved. The building department (OSHPD) shall not issue a building permit for a food facility until after it has received plan approval by the local health agency.

POLICY:

For all projects that propose construction of a new food establishment or the remodeling of an existing food establishment, specifically including all dietary and food service projects at health facilities, OSHPD staff shall advise the applicants of the California Uniform Retail Food Facility Law and of the requirements to submit construction documents to the local health agency for review. Staff shall request that the applicant provide evidence of approval from the local health agency prior to plan approval as required by Section 114830 of the Health and Safety Code.

Under no circumstances shall a local building department or health agency issue building permits for construction work at health facilities in California. OSHPD preempts all local jurisdictions in this regard as noted in Section 129680 (b) of the Health and Safety Code.

Original Signed 06/19/08
John D. Gillengerten Date

POLICY INTENT NOTICE**Subject:** Special Seismic Certification
Deferred Submittal**FILE NO.:** 41
DATE FIRST ISSUED: 7/1/08

Section 1708A.5 of the 2007 California Building Code and Section 13.2.2 of ASCE/SEI 7-05 requires Special Seismic Certification for certain equipment and certain nonstructural components that are part of the designated seismic system.

Section 7-125 of the 2007 California Administrative Code and Section 106.3.4.2 in Appendix Chapter 1 of the 2007 California Building Code allow the use of deferred submittals, which are defined as those portions of the design that are not submitted at the time of the application for plan review.

POLICY:

Until further notice, OSHPD will permit a deferred submittal of the Special Seismic Certification requirement for equipment and nonstructural components specified on construction documents, under the following conditions:

1. Construction documents submitted to the appropriate region shall include a Special Seismic Certification Deferred Submittal table indicating the name of the equipment or nonstructural component requiring Special Seismic Certification, the projected date the Special Seismic Certification will be submitted to OSHPD, and the projected construction start date for the project.
2. The equipment or nonstructural component shall not be installed until the Special Seismic Certification has been submitted to OSHPD and approved.
3. OSHPD shall have sole discretion as to the Special Seismic Certifications that may be deferred.

Original Signed 7/1/08
John D. Gillengerten Date

POLICY INTENT NOTICE

Subject: Special Seismic Certification
Exemption for Nonconforming
OSHDP 1 Buildings

File No.: 42
Date First Issued: 9/2/08

BACKGROUND

Section 1708A.5 of the 2007 California Building Code (CBC) and Section 13.2.2 of ASCE/SEI 7-05 requires Special Seismic Certification for certain equipment and certain nonstructural components that are part of the designated seismic system. The Special Seismic Certification requirements clearly apply to all conforming OSHDP 1 buildings (buildings complying with the 1973 or later edition of the CBC) and general acute care hospitals designated as SPC 3, SPC 4, and SPC 5. The application of the Special Seismic Certification requirements to nonconforming OSHDP 1 buildings (pre-1973 CBC edition buildings) is not warranted due to the probable performance of these buildings when subject to an earthquake.

PURPOSE

This Policy Intent Notice (PIN) establishes an exemption to the Special Seismic Certification requirements for nonconforming OSHDP 1 buildings.

POLICY

Special Seismic Certification is not required for equipment and nonstructural components installed in nonconforming OSHDP 1 buildings.

Exception: If Special Seismic Certification is required by Section 1708A.5 of the 2007 CBC and Section 13.2.2 of ASCE/SEI 7-05 and the equipment or nonstructural component provides a service/system or utility (as defined by Section 1224.4.1 of the 2007 CBC) to conforming OSHDP 1 buildings or buildings designated as SPC 3 or higher, then Special Seismic Certification is required.

Original Signed _____ 9/2/08
John D. Gillengerten Date

POLICY INTENT NOTICE

Subject: Special Seismic Certification for
Equipment Emergency Replacement

File No.: 43
Date First Issued: 9/2/08

BACKGROUND

The 2007 California Administrative Code and the 2007 California Building Code allow the replacement of equipment to be performed in an emergency situation with the application for plan review, construction documents, and building permit submitted to OSHPD immediately after the work is performed.

Section 1708A.5 of the 2007 California Building Code and Section 13.2.2 of ASCE/SEI 7-05 requires Special Seismic Certification for certain equipment and certain nonstructural components that are part of the designated seismic system.

Enforcing the Special Seismic Certification requirements in an emergency situation may not be feasible.

PURPOSE

This Policy Intent Notice (PIN) establishes when an exemption to the Special Seismic Certification requirements may be granted for equipment and nonstructural component emergency replacements.

POLICY

Where a nonstructural component or equipment must be replaced in an emergency due to sudden failure or natural disaster, the applicability of the Special Seismic Certification requirement shall be determined by OSHPD on a case-by-case basis.

OSHPD will consider all circumstances regarding the emergency replacement of the equipment or nonstructural component such as efforts by the facility to locate equipment or a nonstructural component with a Special Seismic Certification and efforts by the equipment or nonstructural component manufacturer to obtain a Special Seismic Certification. Justification substantiating the need for the emergency replacement shall be submitted to OSHPD field staff. OSHPD field staff shall perform an on-site inspection to verify the extent of the emergency conditions.

Original Signed
John D. Gillengerten

9/2/08
Date