

Reviewed 06/17/08

Revised 06/19/08

Health Care Facilities

Typical findings of noncompliance during initial construction visits.

1) Common wall with a nonconforming building:

- a) Air ducts through a two-hour wall were not equipped with a fire damper.
- b) Air duct, electrical, and pipe penetrations were not sealed with fire rated material.
- c) Doors were not equipped with the correct latching hardware.

2) Building Construction:

- a) Gypsum board fasteners were not protected with two coats of joint compound.
- b) Gypsum board seams were not sealed with tape and/or two coats of joint compound.
- c) Penetrations in load-bearing walls were not sealed with fire rated material.
- d) Steel beams and columns were not protected with fire-proofing or gypsum board.
- e) Roof/ceiling assembly and floor/ceiling assembly penetrations (pipes, electrical conduits, air ducts, and low voltage wiring) were not sealed with fire rated assemblies.

3) Interior finishes for corridors and exitways:

- a) No fire rating documentation for suspended ceiling systems.

4) Interior finishes for rooms and spaces:

- a) No fire rating documentation for suspended ceiling systems.

5) Corridor openings:

- a) Doors did not latch into the frame.
- b) Door hardware was missing.
- c) Doors were missing.
- d) Door glazing was missing (indoor windows were not installed).

6) Marking of exit access:

- a) Exit signage was not provided.
- b) Adequate exit signage was not provided in the exit system and at cross-corridor doors.

7) Stair enclosure:

- a) Doors did not have the required fire rating.
- b) Doors were not equipped with self-closing devices.
- c) Doors were not equipped with fire rated smoke gaskets.
- d) Doors were not equipped with intumescent gaskets.
- e) Doors were not equipped with latching hardware.
- f) Doors did not automatically latch into the frame.
- g) Door glazing was not fire rated.

8) Fire-resistance rating of exits:

- a) Walls did not extend to the floor/ceiling deck.
- b) Walls did not extend to the roof deck.
- c) Gypsum board fasteners were not protected with two coats of joint compound.
- d) Gypsum board seams were not sealed with tape and/or two coats of joint compound.
- e) Head-of-wall was not sealed with a UL fire rated assembly.
- f) Edges of walls were not sealed with a UL fire rated assembly.

9) One-hour fire resistance rating of smoke barriers:

- a) Walls did not extend to the floor/ceiling deck.
- b) Walls did not extend to the roof deck.
- c) Gypsum board fasteners were not protected with two coats of joint compound.
- d) Gypsum board seams were not sealed with tape and/or two coats of joint compound.
- e) Head-of-wall was not sealed with a UL fire rated assembly.
- f) Head-of-wall assembly did not provide adequate deflection capabilities for movement of the floor/ceiling or roof deck.
- g) Edges of walls were not sealed with a UL fire rated assembly.
- h) Through-wall penetrations (pipes, electrical conduits, air ducts, low voltage wiring, etc.) were not sealed with fire rated assemblies.

10) Openings in smoke barriers:

- a) Doors did not self-close.
- b) Door glazing was not fire rated.

11) Hazardous areas of one-hour fire resistance rated construction with ¾-hour fire rated doors:

- a) Doors were not ¾-hour fire resistance rated assembly.
- b) Doors were not equipped with self-closing devices.
- c) Doors were not equipped with fire rated smoke gaskets.
- d) Doors were not equipped with intumescent gaskets.
- e) Doors were not equipped with correct latching hardware.
- f) Walls did not extend to the floor/ceiling deck.
- g) Walls did not extend to the roof deck.
- h) Gypsum board fasteners were not protected with two coats of joint compound.
- i) Gypsum board seams were not sealed with tape and/or two coats of joint compound.
- j) Head-of-wall was not sealed with a UL fire rated assembly.
- k) Head-of-wall assembly did not provide adequate deflection capabilities for movement of the floor/ceiling or roof deck.
- l) Edges of walls were not sealed with a UL fire rated assembly.
- m) Through-wall penetrations (pipes, electrical conduits, air ducts, low voltage wiring, etc.) were not sealed with fire rated assemblies.

12) Exit access arranged so that exits are readily accessible at all times:

- a) Multiple latching/locking devices must open with a single operation.
- b) Delayed locking devices must release in fifteen seconds, during loss of power, and during activation of the fire alarm.
- c) Delayed locking devices on doors must be properly signed.

- 13) Illumination of means of egress, including exit discharge, arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness:**
- Exterior exit lighting was single light fixture with single bulb.
 - Long life (1500 hr) single bulb fixture is accepted only if the fixture is equipped with a quick strike feature.
- 14) Exit and directional signs continuously illuminated and served by the emergency lighting system.**
- Emergency exit illumination was not provided throughout the exit system.
 - Emergency exit illumination of one foot-candle was not provided at floor level throughout the exit system.
 - Emergency exit illumination was controlled by light switches.
- 15) The fire alarm system installed according to NFPA 72, National Fire Alarm Code:**
- No fire alarm test results.
 - Fire alarm test results were not complete (missing some of the initiating or signaling devices).
- 16) All required smoke detectors, including those activating door hold-open devices, in accordance with the manufacturer's specifications.**
- Smoke detector dust covers were not removed.
 - No smoke detector above the fire alarm panel.
 - No smoke detector above the fire alarm dialer.
 - Some of the smoke detectors were installed at the wrong elevation and/or the wrong spacing.
 - Smoke detection was not installed near doors where magnetic hold-open devices were being utilized.
- 17) Health care facilities protected throughout by an approved, supervised automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.**
- The sprinkler system must be equipped with water flow and tamper switches that are electrically interconnected to the building fire alarm.
 - Sprinkler coverage is not complete because rooms, closets, and/or combustible overhangs were not sprinklered.
 - Sprinkler coverage was obstructed by light fixtures, air ducts, pipes, and structural members.
 - Sprinklers were the wrong temperature rating for the areas they were installed.
 - Sprinklers were not installed beneath air ducts over four feet in width.
 - No covers on the fire department connection.
 - The inspector test discharge was not equipped with a smooth bore orifice.
 - The flow switches and tamper switches were not connected to the fire alarm.
 - No underground pipe test documentation was available.
 - No aboveground pipe test documentation was available.
 - No initial fire sprinkler test documentation was available.
 - The sprinkler riser specification plate was not installed.
 - Inadequate number of spare sprinklers (representative number of each design).
 - No spare sprinkler cabinet.
 - No sprinkler wrench.

- 18) Portable fire extinguishers provided in accordance with NFPA 10, Standard for Portable Fire Extinguishers:**
- a) Excessive travel distance to the fire extinguisher.
 - b) No pin seals.
 - c) Empty extinguisher cabinets.
 - d) No K-extinguisher or extinguisher usage signage in the kitchen.
 - e) Extinguisher sitting on the floor rather than properly mounted on the wall.
- 19) Heating, ventilating, and air conditioning installed in accordance with the manufacturer's specifications and NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems:**
- a) No air balancing results were available.
- 20) Cooking facilities protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations:**
- a) No design installation test results.
 - b) Fire suppression system was not supervised by the fire alarm.
 - c) The gas and electrical equipment located under the fire protection equipment was not equipped with automatic shut-offs.
 - d) No initial hood system test result.
- 21) Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations must be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films:**
- a) No flame resistance documentation for curtains and window treatments.
 - b) No flame resistance documentation for cubicle curtains.
- 22) Medical gas storage and administration areas protected in accordance with NFPA 99, Standard for Health Care Facilities:**
- a) Rooms were not properly signed as oxygen storage areas.
- 23) Piped-in medical gas systems comply with NFPA 99, Standard for Health Care Facilities:**
- a) Medical gas piping certification was not available.
 - b) Medical gas pipe shut-offs were not labeled.
 - c) The medical gas manifold room was not separated from the rest of the building:
 - Doors were not a ¾-hour fire resistance rated assembly.
 - Doors were not equipped with self-closing devices.
 - Doors were not equipped with fire rated smoke gaskets.
 - Doors were not equipped with intumescent gaskets.
 - Doors were not equipped with correct latching hardware.
 - Walls did not extend to the floor/ceiling deck.
 - Walls did not extend to the roof deck.
 - Gypsum board fasteners were not protected with two coats of joint compound.
 - Gypsum board seams were not sealed with tape and/or two coats of joint compound.

- Head-of-wall was not sealed with a UL fire rated assembly.
- Head-of-wall assembly did not provide adequate deflection capabilities for movement of the floor/ceiling deck or the roof deck.
- Edges of walls were not sealed with a UL fire rated assembly.
- Through wall penetrations (pipes, electrical conduits, air ducts, low-voltage wiring, etc.) were not sealed with fire rated assemblies.

24) An alternate source of power separated and independent from the normal source that will be effective for minimum 1½-hour after loss of the normal source. NFPA 99, Standard for Health Care Facilities:

- a) Emergency generator performance test certification was not available.
- b) Generator did not operate during test.
- c) Transfer switch did not operate during test.
- d) Nurses' station lighting was not on the emergency circuit.
- e) Medication rooms were not on the emergency circuit.
- f) Exterior lighting was not on the emergency circuit.
- g) Battery-powered lighting was not provided in the generator room.
- h) Battery-powered lighting was not provided where the emergency generator transfer switch was located. **(As of 05/16/08, battery-powered lighting is no longer required at the emergency generator transfer switch).**