. CITY OF NEWPORT BEACH

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION

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CLINICS – OSHPD-3
MECHANICAL / ELECTRICAL / PLUMBING
PLAN REVIEW COMMENTS

Project Description:		
Project Address:		
Plan Check No.:	Date Filed:	No. Stories:
Use:	Occupancy:	Const. Type:
Architect/Engineer:		Phone:
Owner:	Phone:	Submitted Valuation:
Checked by: Ray Baltera	Phone: (949) 644-3261	Permit Valuation:

[X] 1st Check [ ] 2nd Check [ ] 3rd Check
[ ] 4th Check*

***NOTE: Do not resubmit after the 3rd plan check. Call plan check engineer for an in-person recheck appointment.**

WARNING: ***PLAN CHECK EXPIRES 180 DAYS AFTER SUBMITTAL.***
THIS PLAN CHECK EXPIRES ON:

The project plans were reviewed for compliance with the following codes and standards:
2010 CBC; 2010 CPC; 2010 CEC; 2010 CMC; 2008 Building Energy Efficiency Standards (BEES); 2010 California Green Building Standards Code (CALGreen); & Chapter 15 of the Newport Beach Municipal Code (NBMC).

Approval of plans and specifications does not permit violation of any section of the Building Code or other City ordinances or State law.

- Make all corrections listed below
- Resubmit originally checked plans and indicate the location of response on this sheet. **DO NOT** resubmit after the third check. Call plan check engineer and schedule in-person recheck.
- Return this sheet with corrected plans
- For checking status of plans: call (949) 644-3288 during business hours, or may be verified 24 hours 7 days a week via the Internet at: ***www.newportbeachca.gov*** or interactive voice response at (949) 644-3255
- For clarifications on corrections, you may call the Plan Check Engineer or schedule a*n* appointment.
- Codes used: 2010CFC, 2010CBC, 2010CEC; 2010CMC; 2010CPC; Title 24-2008 California Energy Efficiency Standards for electrical and mechanical systems
- When new information is provided after plan check due to corrections or otherwise, additional reviewing time may be necessary upon resubmittal. Review of new information may result in additional corrections.

OSHPD-3 - MECHANICAL

Scope:

These provisions shall apply to primary-care clinics, specialty clinics and psychology clinics. Primary-care clinics include free clinics, community clinics, employee clinics, and **optometric clinics.** Specialty clinics include surgical clinics, chronic end-stage renal dialysis clinics, and rehabilitation clinics.

Application:

All new buildings and additions, alterations or repairs to existing buildings subject to licensure shall comply with applicable provisions of the 2010 California Electrical Code, 2010California Mechanical Code, and 2010 California Plumbing Code (parts 3, 4 and 5 of Title 24).

2010 Mechanical Code – Clinics:

The following items are CMC requirements for the State Licensed Medical Clinics (OSHPD-3). Please read all provisions of the California Mechanical Code which apply to OSHPD-3 clinics prior to your plan submittal. To facilitate the review, following each item describe in writing where compliance is shown on the plans. OSHPD-3 requirements are in addition to all other CMC provisions. The following items 1 through 13 do not contain all OSHPD–3 requirements. It is the responsibility of your architect, engineer, or consultant to provide all the relative OSHPD-3 requirements which pertain to your project.

1. Area designation describing room function shall be indicated on the mechanical drawings. Please submit calculation for each area designation to show compliance with Table 4-A for pressure relationship and ventilation requirements. (407.1.1) (407.2.1) (407.3.1)
2. Fans serving exhaust systems shall be located at the discharge end of the system. (407.1.2)
3. Corridors shall not be used to supply air to or exhaust air from any room except to ventilate small rooms (30 square feet maximum) which are mechanically exhausted, such as bathrooms, toilet rooms and janitor's closets. (407.4.1.3, 602.1)
4. Air distribution system:
    a. Sensitive areas' (including operating rooms, delivery rooms, and nurseries) supply air outlets shall be located at or near the ceiling. At least two exhaust or recirculation air inlets shall be located between 3 to 8 inches above the finished floor. (407.4.1)
    b. Negative pressure isolation rooms' supply air outlets shall be located at or near the ceiling and at the end of the room which is opposite the head of the bed. Exhaust registers shall be located on the wall behind the patient's head between 3 to 24 inches above the finished floor. (414.2)
    c. Positive pressure isolation rooms' supply air shall be delivered at or near the ceiling and near the patient's bed. All exhaust or return registers shall be located near the entrance to the room between 3 to 8 inches above the finished floor. (415.1)
5. Variable Air Volume (VAV) systems are not permitted for negative or positive pressure isolation rooms or other sensitive areas listed in Table 315 of the CMC. (407.5.1)
6. Variable Air Volume (VAV) systems through the full range of operation for non sensitive areas shall comply with the following criteria (407.5.1.1):
    a. The central return fan shall be interlocked with the central supply fan. (407.5.1.2)
    b. VAV for return air shall be accomplished by utilizing an automatic modulating damper in the return-air duct for each room. The damper will modulate from full open to minimum position in conjunction with the VAV terminal box. (407.5.1.3)
7. No space above a ceiling may be utilized as an outside-air, supply-air, exhaust-air, or return-air plenum. (407.4.1.4)
8. Ducts which penetrate construction, intended for x-ray or other radiation protection, shall not impair the effectiveness of the protection. Submit manufacturer's data sheet for penetration requirements and show detail on the plans. (409.1)
9. The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with at least 80% average efficiency. (411.1)
10. A dedicated exhaust system shall be provided for negative pressure isolation rooms. Please show compliance with Section 414 of the CMC in detail. (414.1.)

11. A dedicated exhaust system shall be provided for Ethylene Oxide sterilizer equipment room. Please show compliance with Section 418 of the CMC in detail. (418.2.1)

12. Direct evaporative cooling systems shall be limited in health facilities to non patient areas such as laundry rooms, food preparation areas, and boiler or machinery rooms. (405.4)

13. Please indicate the following notes on the drawings and all other OSHPD–3 notes which apply to your project:

a. All filters shall be certified by the manufacture and installed in compliance with Sections 408 of the CMC. (408.1)

b. Outdoor air intakes shall be located at least 25 feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, cooling towers and areas that may collect vehicular exhaust or other noxious fumes. The bottom of outdoor air intakes shall be located not less than 10 feet above ground level or 18 inches above roof level. (407.2.1)

c. Exhaust outlets shall be located at a minimum of 10 feet above adjoining grade and 10 feet from doors, occupied areas and operable windows. (407.2.2)

d. Cold air ducts shall be insulated to prevent condensation problems. (409.3, 605)

e. Laboratory fume hood systems shall comply with Section 410 of the CMC. (410)

f. The exhaust ducts serving negative pressure isolation rooms shall be installed, labeled, and tested in compliance with Section 414 and 417 of the CMC. (414, 417)

g. An alarm system shall be installed in compliance with Section 416 of the CMC for negative and positive pressure isolation rooms. (416)

h. Flexible ducts of not more than 10 feet in length may be used to connect supply, return or exhaust air terminal devices to rigid duct systems. (602.3.1)

i. Thermal or acoustical lining materials shall not be installed within ducts, terminal boxes, sound traps and other in-duct systems serving areas such as operation, delivery and recovery rooms, nurseries, intensive care units and negative pressure isolation rooms unless terminal filters with 90 percent efficiency are installed downstream of the duct lining. (4098.2, 605.1, 409.2)

j. All medical gas piping shall be cleaned in accordance with NFPA 99, 2005edition requirements. (Chapter 13, 2010California Plumbing Code)

k. Rooms in areas where excessive heat or moisture is generated, where objectionable odors or dust are present, or where flammable or toxic gases may accumulate, shall be provided with exhaust ventilation to change the air at a minimum of ten times per hour.(413)

OSHPD-3 – ELECTRICAL

Scope:

These provisions shall apply to primary-care clinics, specialty clinics and psychology clinics. Primary care clinics include free clinics, community clinics, employee clinics and optometric clinics. Specialty clinics include surgical clinics, chronic end-stage renal dialysis clinics and rehabilitation clinics.

Application:

All new buildings and additions, alterations or repairs to existing buildings subject to licensure shall comply with applicable provisions of the 2010 California Electrical Code, 2010California Mechanical Code, and 2010 California Plumbing Code. (Parts 3, 4 and 5 of Title 24)

2010 Electrical Code – Clinics

The following items are CEC requirements for the State Licensed Medical Clinics (OSHPD-3). Please read all provisions of the California Electrical Code which apply to OSHPD-3 requirements for clinics prior to your plan submittal. To facilitate the review, following each item describe in writing where compliance is shown on the plans. OSHPD-3 requirements are in addition to other CEC provisions (see 517.10.1). The following items 14 through 31 do not contain all OSHPD–3 requirements. It is the responsibility of your architect, engineer or consultant to provide all the relative OSHPD–3 requirements which pertain to your project. **Provide all OSHPD–3 notes on the drawings which apply to your project.**

14. Nonmetallic multi-outlet assemblies shall not be used in clinics. (380.2 [7])

15. In clinic patient care areas, the grounding terminals of all receptacles and all non current carrying conductive surfaces of fixed electric equipment subject to personal contact, operating over 100 volts, shall be grounded by an insulated copper conductor. The grounding conductor shall be sized per Table 250-122 and installed with the branch circuit conductors in metal raceways per Section 517-13(b). Branch circuits on the plans shall identify this insulated grounding conductor.

16. The wiring method in clinic patient care areas shall be in metal raceways or cable assemblies per Section 517-13(b). Metallic raceways and cable sheath assemblies shall be approved as a ground path as defined in Section 250-118. Note on the plans the type of wiring method. **The following wiring methods are not allowed in clinic patient care areas:**

    a. Nonmetallic cable trays. Section 392.4

    b. Electrical nonmetallic tubing. Section 362.12 [10]

    c. Nonmetallic extensions. Section 382.12 [5]

    d. Rigid nonmetallic conduit. Section 352.12 [g]

    e. Surface nonmetallic raceways. Section 388.122 [8]

17. Panel boards serving normal and essential branch circuits in clinics shall have their equipment grounding terminal busses bonded together with a minimum #10 insulated copper conductor. Identify equipment-grounding conductor on the plans. (517.14)

18. Provide a note on the plans stating that any receptacles with insulated grounding terminals in clinic patient care areas shall have identifiable means visible after installation. (517.16)

19. Provide ground fault protection for feeder disconnecting means supplying power to clinics if there is ground fault protection for the service disconnecting means as required in Sections 230-95 or 215-10. The ground fault protection for such feeders shall be selectively coordinated as required by Section 517.17[c].

20. All receptacle outlets and fixed equipment within wet location in clinics shall have GFCI protection. (517.20[a])

21. Fixed equipment installed in wet locations where an isolated power system is utilized shall be listed for the purpose and installed in accordance with the provisions of Section 517-160 for isolated power systems. (517.20[b])

22. Lighting fixtures in each room and passageway shall be equipped with a protective lens or diffuser. (517.22[c])

23. Switches controlling lighting fixtures and receptacle outlets powered by an emergency source shall be identified conspicuously and permanently in a manner such as red colored cover plates and/or red colored devices. (517.45[e])

24. Feeders for mobile medical facilities shall be sized in accordance with Article 220. (517.24[a])

25. Provide a disconnecting means listed and rated for its use for mobile medical facilities. Disconnect shall be located adjacent to and within sight of the service receptacle, and shall be capable of simultaneously disconnecting the ungrounded conductors which supply the service receptacle. (517-24[c])

26. Provide a generator with on-site fuel with a minimum capacity of 4 hours in locations with ambulatory surgical clinics. Note on the plans that power shall be restored by the generator within 10 seconds after loss of normal power. (517.31), (517.45 [d][1]), (700.12 [b][2])

27. Illumination of means of egress, exit lights, alarms and alerting systems, nurses' call system and central suction system in ambulatory surgical clinic locations shall be supplied by an emergency generator. (517.30 – 517.35)

28. Task illumination and selected receptacle outlets in operating rooms, recovery rooms, nurses' stations, electrical and mechanical rooms, and telephone equipment rooms in ambulatory surgical clinic locations shall be supplied by an emergency generator. (517.30 – 517.35)

29. Essential electrical systems shall have a minimum of two independent sources of power, a normal source and an alternate source. A battery system on premises is not an approved alternate source of power. (517.35[b] [4])

30. Illumination for means of egress and exit lights in hemodialysis clinics shall be provided using battery-operated equipment with a minimum 1½-hour capacity after loss of normal source. (517.45 [g])

31. Provide signal systems with provisions for visual and audible communications between patients and nursing personnel and between health care facility staff. (517.123)

OSHPD-3 - PLUMBING

Scope:

These provisions shall apply to primary care clinics, specialty clinics and psychology clinics. Primary care clinics include free clinics, community clinics, employee clinics, and optometric clinics. Specialty clinics include surgical clinics, chronic end-stage renal dialysis clinics, and rehabilitation clinics.

Application:

All new buildings and additions, alterations or repairs to existing buildings subject to licensure shall comply with applicable provisions of the 2010 California Electrical Code, 2010California Mechanical Code, and 2010 California Plumbing Code. (Parts 3, 4 and 5 of Title 24)

2010 Plumbing Code – Clinics

The following items are CPC requirements for the State Licensed Medical Clinics (OSHPD-3). Please read all provisions of the California Plumbing Code which apply to OSHPD-3 requirements for clinics prior to your plan submittal. To facilitate the review, following each item describe in writing where compliance is shown on the plans. OSHPD-3 requirements are in addition to other CPC provisions. The following items 32 through 38 do not contain all OSHPD–3 requirements. It is the responsibility of your architect, engineer or consultant to provide all the relative OSHPD–3 requirements which pertain to your project.

32. Area designation describing room function shall be indicated on the plumbing drawings. Please show compliance with Tables 4-1 and 4-2 for minimum number of required fixtures. As the result of new information, additional corrections may follow. (412, Table 4-1, Table 4-2)

33. Floor drains shall not be installed in operating and delivery rooms. (311.10)

34. Each department shall be served by a service sink. Compatible listed departments may share service sinks. (Table 4-2 Footnote 1)

35. At least two pieces of hot water heating equipment shall be provided to supply hot water for dishwashing (180ºF) and maximum patient services such as hand washing and bathing at 120ºF. (612.2)

36. Temperature control valves shall be provided to automatically regulate the temperature of hot water delivered to plumbing fixtures used by patients to a range of 105-120ºF. (612.5)

37. Grease traps, hydro–mechanical interceptors and grease interceptors shall not be installed in food preparation areas of kitchens. (1015.6 / 1015.7)

38. Please indicate the following notes on the drawings and any other OSHPD–3 notes which apply to your project.

   a. Drainage piping over operating and delivery room, nurseries, food preparation, serving, and storage areas shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage. (311.9)

   b. Separate toilet facilities shall be provided for the use of patients, staff personnel and visitors. (412.3.1)

   c. Drinking fountains shall have a jet of water extending at least two inches from the water orifice. The orifice shall not be accessible to the mouth of the drinker nor subject to immersion. (406.5.1)

   d. High temperature alarms set at 125ºF shall be provided downstream of temperature control valves, where hot water is originally generated at temperatures exceeding 125ºF. (612.5)

   e. Scrub sinks: Fixtures shall not be equipped with aerators. The water discharge point shall be five inches above fixture rim. Fixtures shall be equipped with hot and cold water supplies. (Table 4-2, Footnote 15)

f. Water storage tanks shall be fabricated of corrosion-resistant materials or lined with corrosion resistant materials. (612.4)

g. At fixtures where water exceeding 125ºF is accessible to patients or personnel, warning signs in letters at least two inches high shall be posted above fixtures. (612.7)

h. Domestic hot water systems shall comply with the requirements of Section 612.0, Table 6-9.

i. Hot water distribution systems serving patient care areas shall be under constant mechanical recirculation to provide continuous hot water at each outlet. (612.6)

j. All medical gas piping shall be installed according to NFPA 99, 2005 edition requirements. (Chapter 13 2010 CPC)