

2007 ARCHITECTURAL PLAN REVIEW REMINDER LIST BY PROJECT TYPE

- | <u>CHK</u> | <u>N/A</u> | <u>I. REMODEL PROJECTS (CHANGE OF FUNCTION)</u> | |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. With change of function the whole remodel area is subject to current code | (CAN 2-34) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If essential spaces are demolished, then relocate. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Check spaces & function requirements per proposed use. | (1224 or 1225) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If required airborne infection isolation room is not provided check overall existing status. If ratio complies O.K. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If not, provide in remodel area | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If certain space & function requirements per proposed use are not provided determine if Program Flex is appropriate. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Check finishes per new use | Ch 8. (1224.4.11) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Check new door, window, glazing requirements. | Ch. 24(1224.4.8/1224.4.9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. If imaging or radiology project, check radiation shielding. | (1224.18.12) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. If new equipment is located on plan check code required clearances around it. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If project involves an increase in licensed beds check the following: | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. General Storage | (1224.23) |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Ratio of Airborne Infection Isolation Rooms. | (1224.14.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If project involves an increase in postpartum beds check the number of delivery rooms. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Check number & required types of toilets (public, staff, patients) | (413 CPC. Table 4-1, Ca Amendments Table 4-2, Table 4-3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Check handwashing fixtures. | (1224.1225) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Check if Primary Entrance, path of travel to the specific area of alteration, sanitary facilities, signage, drinking fountains and public telephones (one w/TTY for hosp.) serving the area are accessible. | (1134B.2 & 1134B.2.1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Identify the Primary Entrance. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. For further clarifications, regarding accessibility upgrades to facilities on path of travel to area of specific alteration and facilities serving area of alterations, refer to Access-CAN | (11B – Access) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Check no. of required accessible patient rooms per new use in remodel area. | (1109B.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. If provided in remodel area O.K. | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If not provided in remodel area, need information on overall status of accessible rooms. | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. If overall complies not required in remodel area. | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. When an increase in overall ratio of accessible rooms are required due to remodel, check if number of accessible rooms provided in remodel area complies per the new use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. If remodel portion complies O.K, even though it may still be deficient in the overall count. (e.g. Med/Surg Unit conversion added 20 patient rooms. Existing hospital has 30 Med/Surg patient rooms with no accessible rooms. Overall required accessible rooms due to remodel is 5. If remodel area provides 2 accessible rooms it is O.K. Required ratio in remodel area complies, although overall ratio of 5 is not met.) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Check requirements for accessible patient bed rooms. | (1109B.4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Check requirements for accessible bathing & toilet facilities. | (Ch. 11B, Div.1, Sect.1115B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Check requirements for accessible D.F, telephones. | (1117B & Sect. 1115B.4.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Check reach ranges & floor levels. | (1118B , 1120B.,1124B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Check counter heights, employee work areas & storage. | (1122B, 1123B & 1125B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Check doors & maneuvering clearances. | (1133B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. If there is increase in number of licensed beds check number of accessible parking spaces based on total parking spaces required by Local Jurisdiction. | |
| | | II. REMODEL PROJECTS (SAME FUNCTION/PARTIAL REMODEL) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. If function/use of the remodel area is the same only rooms that are remodeled are subject to current code. | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If required spaces are demolished need to be relocated. | |

- 3. Check spaces & function requirements of remodel rooms per proposed use. (1224 or 1225)
- 4. If space & function requirements of remodel rooms per proposed use are not provided determine if Program Flex is appropriate.
- 5. Check finishes. Apply to remodel rooms only. (Chapter 8. 1224.4.11)
- 6. Check door, window, glazing requirements. Remodel rooms only. (Chapter 24, 1224.8&1224.4.9)
- 7. On imaging or radiology projects, check radiation shielding. (1224.18.1.2)
- 8. Equipment must be located on plan. Checkcode required clearances around it.
- 9. Check number of required toilets. Remodel rooms only.
(413 CPC. Table 4-1, CA Amendments, Table 4-2, Table 4-3)
- 10. Check handwashing fixtures. (Table 4-cpc)(1224-1225)
- 11. Check if Primary Entrance, path of travel to the specific area of alteration, sanitary facilities, signage, drinking fountains and public telephones (one w/TTY) serving the area are accessible. (1134B.2 & 1134B.2.1)
- 12. Identify the Primary Entrance.
- 13. For further clarifications, regarding accessibility upgrades to facilities on path of travel to area of specific alteration and facilities serving area of alteration refer to Access –CAN (11B – Access)
- 14. If patient rooms are remodeled check if current ratio of H.C patient rooms in remodel area complies.
- 15. Check requirements for accessible patient bed rooms (1109B.4)
- 16. Check requirements for accessible bathing & toilet facilities. (Ch. 11B, Div.1, 1115B)
- 17. Check requirements for accessible D.F, telephones (1117B & 1115B.4.6)
- 18. Check reach ranges & floor levels. (1118B, 1120B & 1124B)
- 19. Check counter heights, employee work areas & storage. (1122B, 1123B, & 1125B)
- 20. Check doors, maneuvering clearances. (1133B)

III. ADDITIONS (NEW BUILDINGS ADDED TO EXISTING HOSPITALS)

- 1. Submit geotechnical report.
- 2. Submit project to Local Agencies for use permits, local zoning, site drainage, landscaping, parking, paving and environmental impact approvals. If this is the only outstanding comment left at the end of plan review project may be approved with comment provided evidence of Local Agency approval can be shown prior to start of construction.
- 3. If project involves kitchens check if plans have been submitted to Local Health Department. Project may be approved with comment contingent upon Local Health Department approval.
- 4. If any existing buildings are to be demolished to prepare the site for additions, any essential services in the building must be relocated.
- 5. Is occupancy done in phases? Will department be in spaces that are present at all phases.
- 6. If some services are missing at some phases, provide temporary locations. Certain spaces may require Program Flex from Department of Health Services, Licensing.
- 7. Check origination & path of utilities, services, systems serving addition. (1224.4.1, 1224.4.1.1 & 1224.4.1.2)
- 8. Check spaces & functional requirements per proposed use. (1224 or 1225)
- 9. If certain space & functional requirements per proposed use are not provided determine if Program Flex is appropriate.
- 10. If the required Airborne Infection Isolation rooms are not provided in addition, check existing status. If overall % complies O.K. If not then must comply in the addition.
- 11. Provide information about existing, new & total number of Airborne Infection Isolation rooms on drawings for project record.
- 12. If elevators are provided, check required type (Patient, staff, public)& number of elevators. (1103B.1) (1224.4.13)
- 13. Check finishes (Ch. 8. 1224.4.11)
- 14. Check Corridor requirements. (1224.4.7 & 1007.5)(Table 1224.1)
- 15. Check door, window, glazing requirements. (1224.4.8 & 1224.4.9) (Ch. 24)

- 16. If imaging or radiology project, check radiation shielding. (1224.18.1.2)
- 17. Check if equipment is located on plan. Checkcode required clearances around it.
- 18. Check Garbage Storage (1224.4.14)
- 19. Check chutes. (1224.4.16)
- 20. If project involves increase in licensed beds check the following:
 - a. General Storage (1224.23)
 - b. Ratio of Airborne Infection Isolation Rooms. (1224.14.3)
- 21. If project involves increase in postpartum beds check number of delivery rooms. (1224.14.32.3.2.1)
- 22. Check number & required types of toilets (public, staff, patients)
- 23. Check handwashing fixtures. (1224-1225)
- 24. If there is site work check site accessibility. Min. (1) accessible route required within boundary of the site. (1114B.1.2)
- 25. Check ramp, maximum slope, curb ramps on exterior route of travel. (1133B.5, 1127B)
- 26. If there is increase in number of licensed beds check number of H.C parking spaces (Table 11B-6) based on total parking spaces required by Local Jurisdiction
- 27. If the scope of review of project requires additional parking check requirement for H.C Parking spaces. (1129B)
- 28. If Local Authority requirements for H.C Parking spaces are more stringent, that the more stringent code shall be used.
- 29. Identify the Primary Entrance to the facility.
- 30. If entrance to addition is through the existing Primary Entrance apply 1134B.2.1 to the existir Primary Entrance.
- 31. If addition has its own entrance & does not have to go through existing Primary Entrance do not apply 1134B.2.1 to existing Primary Entrance.
- 32. If primary entrance is provided at new addition. Check canopy, drop-off (1109B.2 & 1131B) and all common use areas (public toilets, D.F., tel. (one w/TTY, for hospitals) shall be accessible). (1109B.2, 1109B.3, & 1131B)
- 33. Check signage requirements to Primary Entrance. (1127B.3)
- 34. If canopy is not provided at addition, identify (E) canopy drop-off. Only 1 required. Preferable at Primary Entrance.
- 35. Check required accessible patient rooms based on total no. of licensed bed rooms (Exclude Intensive Care bed rooms) in addition. (1109B.3)
- 36. If number of accessible rooms complies per (1109B.3) in addition O.K.
- 37. If required number of accessible rooms not provided in addition, check existing status. If overall percentage complies per 1109B. (Medical Surgical Unit 10%. Skilled Nursing Unit 50%. Rehabilitation Unit 100%.) O.K. If not comply as required for new addition.
- 38. Provide info about existing, new & total number of accessible rooms on drawing as record for project.
- 39. Check accessibility requirements for elevators. (1116B)
- 40. Check accessibility requirements for stairs. (1133B.4)
- 41. Check requirements for accessible bathing & toilet facilities. (Chapter 11B, Div.1, Sect.1115B)
- 42. Check requirements for accessible D.F, telephones. (1117B & 1115B.4.6)
- 43. Check reach ranges & floor levels. (1118B & 1120B)
- 44. Check counter heights, employee work areas & storage. (1122B, 1123B & 1125B)
- 45. Check doors & maneuvering clearances. (1133B)
- 46. Check dressing room requirements. (1117B.8)

IV. SEISMIC UPGRADE PROJECTS

- 1. Before submittal of project where applicable verify the following:
 - a. If design criteria has been submitted to SB 1953 group.
 - b. If geotechnical report has been submitted to Geological Survey.
 - c. Whether material testing program has been submitted to SB1953 group, if retrofit occurs in buildings built before 1973.
- 2. Check origination & path of services/systems and utilities. (1224.4.1)
- 3. If during seismic upgrade project certain portions of the hospital are remodeled that

- portion is subject to current code per the proposed use (Ch. 4)(1224.4.1)
- 4. Apply remodel scope per 1 Remodel Project: I Change ofFunction. II Remodel Project Same Function /Partial Remodel as applicable.
 - 5. A temporary relocated unit is not subject to all space & function requirements of the unit per AB2194. A Program Flex is required.
 - 6. If the structural upgrade encroaches into the space and reduces the required room or corridor size it shall be reconfigured to comply with the current code. In some cases may be a Program Flex. DHS/Licensing's approval required. (Ch. 4.)(1224)
 - 7. Areas that are affected by the structural upgrade shall be subject to full accessibility upgrade.
 - 8. Apply accessibility requirements for remodel areas per Remodel I (Change of Function) or Remodel Project IISame Function/Partial Remodel) as applicable.
 - 9. Check Primary Entrance, path of travel to area of alteration, structural repair and facilities serving the area shall be accessible. If not, upgrade. (1134B.2.1)
 - a. In cases where path of travel to area of alteration is ambiguous (e.g When structural upgrade occurs on all exterior walls or at all critical beam-column connections) a request for equivalent facilitation may be submitted to Access Compliance Committee.
 - b. Prioritize upgrade elements in the following sequence public, patient and staff.
 - c. Request information of existing accessible facilities. Ask client to give outline of which elements the hospital wants to upgrade as part of this project. Require that this info be provided on document.
- V. NEW FACILITIES (HOSPITALS / SKILLED NURSING / INTERMEDIATE CARE)**
- 1. Check if geotechnical report has been submitted.
 - 2. Check if project has been submitted to Local Agencies for use permits, local zoning, site drainage, site grading, landscaping, parking, paving and environmental impact approval.(Sect.129680 (c) Health & Safety Code.)
 - 3. For kitchens submit to Local Health Department. Project may be approved with comment contingent upon Local Health Department approval.
 - 4. If occupancy done in phases then all required spaces shall be present at each phase.
 - 5. If some services missing at some phase, need temporary location. For certain spaces may require Program Flex.
 - 6. Check origination & path of utilities, services, systems serving new facility. (1224.4.1, 1224.4.1.1 & 1224.4.1.2)
 - 7. Check if essential services for licensure are provided. Basic & Support Services. (1224.3 & 1225)
 - 8. Check spaces & function requirements per departments/services. (1224 or 1225)
 - 9. If certain space & function requirements per services are not provided determine if Program Flex is appropriate.
 - 10. Check ratio of Airborne Infection Isolation rooms to licensed bed capacity, to put info. on drawing for record. (1224.14.B)
 - 12. If SNF, Airborne Infection Isolation Room not required.
 - 13 Check general storage per licensed bed capacity (1224.23.1)
 - 14. If SNF, combine general & specialized storage per licensed bed capacity + to put info. on drawing for record. (1225.1)
 - 15. If elevators are provided, check required type (patient, staff, public) & number of elevators. (1224.4.13) (1103B.1)
 - 16. Check finishes. (1224.4.11.1& Table 1224.1-Ch. 8)
 - 17. Check Corridor requirements (1224.4.7, & 1007.5)
 - 18. Check door, window, glazing requirements. (1224.4.8,1224.4.9,1007.5 & Ch. 24)
 - 19. For imaging/ radiology dept., check radiation shielding. (1224.18.1.2)
 - 20. Check if equipment is located on plan. Checkcode required clearances around it.
 - 21. Check Garbage Storage (1224.4.14)
 - 22. Check chutes. (1224.4.16)
 - 23. Check number & required types of toilets (public, staff, patients.) (413 cpc. Table 4-1, CA Amendments, Table 4-2, Table 4-3)
 - 24. Check handwashing fixtures. (1224-1225, Table 4-2)
 - 25. Check site accessibility. Min.(1) route of travel within boundary of the site required. (1114B.1.2)

- 26. Check ramp, maximum slope, curb ramps on exterior route of travel. (1133B.5,1127B)
- 27. Check signage to accessible entrance. (1127B.3)
- 28. Check number of accessible parking spaces (Table 11B-6) based on total required by City established on licensed bed capacity.
- 29. Check requirement for disable parking spaces. (1129B)
- 30. If Local Authority requirements for are more stringent, make designer aware that the more stringent code shall be used.
- 31. Check canopy, drop-off (1109B.2 & 1131B)
- 32. Check all ground level entrances for accessibility. All common use areas, public toilet D.F., tel. (one w/TTY for Hosp.) shall be accessible (1133B.1.1.1.1 & 1109B.3)
- 33. Check ratio of accessible rooms to licensed bed rooms. Exclude Intensive Care Bed Rooms. (1109B.3)
- 34. Ask designer to put info. on drawing for record.
- 35. Check accessibility requirements for elevators. (1116B)
- 36. Check accessibility requirements for stairs. (1133B.4)
- 37. Check requirements for accessible bathing & toilet facilities. (Ch.11B, Div.1, 1115B)
- 38. Check requirements for accessible D.F, telephones. (1117B & 1115B.2.1.5)
- 39. Check reach ranges & floor levels. (1118B & 1120B)
- 40. Check counter heights, employee work areas & storage. (1122B, 1123B & 1125B)
- 41. Check doors & maneuvering clearances. (1133B)
- 42. Check dressing room requirements. (1117B.8)

VI. NEW FACILITIES (CENTRAL PLANTS)

- 1. Submit geotechnical report.
- 2. Check for Local Agency approvals. (129680(C) Health & Safety Code)
- 3. Check path of utilities, services, systems serving facility. (1224.4.1, 1224.4.1.1 & 1224.4.1.2)
- 4. Check with structural reviewer if cooling tower system requires review.
- 5. Check accessibility requirements. (1107B.1)
- 6. Check accessibility requirements for bath & toilet facilities where (1115B.6 & 1115B.7 where applicable.

NOTE:

The purpose of this list is to reduce oversights and to achieve minimum levels of uniformity and completeness. The use of this reminder list does not constitute a complete plan review. Compliance with all items on this list does not necessarily assure compliance with all provisions of the applicable codes and standards. This reminder list should be used only by persons with a comprehensive knowledge of the applicable codes and standards.