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STANDARD – EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
LS.01.01.01					**Buildings serving patients comply with NFPA 101 (2012 edition)**		
EP 1					The hospital assigns an individual(s) to assess compliance with the Life Safety Code® and manage the Statement of Conditions (SOC) when addressing survey-related deficiencies. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital complies with the 2012 Life Safety Code®.		
EP 2					In time frames defined by the hospital, the hospital performs a building assessment to determine compliance with the "Life Safety" (LS) chapter.		
EP 3					The hospital maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following: • Areas of the building that are fully sprinklered (if the building is partially sprinklered) • Locations of all hazardous storage areas • Locations of all fire-rated barriers • Locations of all smoke-rated barriers • Sleeping and non-sleeping suite boundaries, including size of identified suites • Locations of designated smoke compartments • Locations of chutes and shafts • Any approved equivalencies or waivers		
EP 4					When the hospital plans to resolve a deficiency through a Survey-Related Plan for Improvement (SPFI), the hospital meets the 60-day time frame. Note 1: If the corrective action will exceed the 60-day time frame, the hospital must request a time-limited waiver within 30 days from the end of survey. Note 2: If there are alternative systems, methods, or devices considered equivalent, the hospital may submit an equivalency request using its Statement of Conditions (SOC). Note 3: For further information on waiver and equivalency requests, see https://www.jointcommission.org/life_safety_code_information_resources/ and NFPA 101-2012: 1.4.		
EP 5					For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.		
EP 6					The hospital does not remove or minimize an existing life safety feature when such feature is a requirement for new construction. Existing life safety features, if not required by the Life Safety Code, can be either maintained or removed. (For full text, refer to NFPA 101-2012: 4.6.12.2; 4.6.12.3; 18/19.7.9)		

STANDARD – EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					**Interim Life Safety Measures (ILSM)**				
EP 1					The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of				

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	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					**Interim Life Safety Measures (ILSM)**				
					construction. The policy includes criteria for evaluating when and to what extent the hospital implements LS.01.02.01, EPs 2–15 to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented.				
EP 2					When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)				
EP 3					Posts signage identifying the location of alternative exits to everyone affected.	X			
EP 4					Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 5					Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 6					Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 7					Uses temporary construction partitions that are smoke-tight, or made of noncombustible or limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 8					Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 9					Enforces storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 10					Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 11					Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy. (See also EC.02.03.03, EP 1)	X			
EP 12					Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 13					The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy.	X			
EP 14					The hospital trains those who work in the hospital to compensate for impaired structural or	X			

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	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					**Interim Life Safety Measures (ILSM)**				
					compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy. Note: Compartmentalization is the concept of using various building components (for example, fire-rated walls and doors, smoke barriers, fire-rated floor slabs) to prevent the spread of fire and the products of combustion so as to provide a safe means of egress to an approved exit. The presence of these features varies, depending on the building occupancy classification.				
EP 15					The hospital's policy allows the use of other ILSMs not addressed in EPs 2–14. Note 1: The hospital's ILSM policy addresses Life Safety Code Requirements for Improvement (RFI) that are not immediately corrected during survey. Note 2: The "other" ILSMs used are documented by selecting "other" and annotating the associated text box in the hospital's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).	X			

STANDARD – EPs	See Legend				Document / Requirement		
	C	NC	NA	IOU			
EC.01.01.01					**Management Plans**	**Yes**	**No**
EP 1					Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. Note: Deficiencies include injuries, problems, or use errors.		
EP 3					The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. Note: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.		
EP 4					The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.		
EP 5					The hospital has a written plan for managing the following: The security of everyone who enters the hospital's facilities.		
EP 6					The hospital has a written plan for managing the following: Hazardous materials and waste.		
EP 7					The hospital has a written plan for managing the following: Fire safety.		
EP 8					The hospital has a written plan for managing the following: Medical equipment.		
EP 9					The hospital has a written plan for managing the following: Utility systems.		

STANDARD – EPs	See Legend				Document / Requirement	Yes	No
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EC.02.03.01					**Hospital Manages Fire Risk – Fire Response Plan**		
EP 9					The written fire response plan describes the specific roles of staff and licensed independent practitioners (LIPs) at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, and how to evacuate to areas of refuge. Staff and LIPs are periodically instructed on, and kept informed of, their duties under the plan. A copy of the plan is readily available with the telephone operator or security. Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.		

STANDARD – EPs	See Legend				Document / Requirement	Frequency	Q 1/ Annual	Q 2	Q 3	Q 4
	C	NC	NA	IOU						
EC.02.03.03					**Fire Drills**					
EP 1					The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)(If available, please provide five quarters of fire drill data) Note 1: Evacuation of patients during drills is not required. Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms. Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.	Quarterly				
EP 2					The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated. Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.	Annually				
EP 3					When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms. Note 2: For full text, refer to NFPA 101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3.	Quarterly				
EP 4					Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.	**YES** X	**NO**			
EP 5					The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented.	**YES** X	**NO**			

STANDARD – EPs	See Legend	Document / Requirement	Frequency	Q 1	Q 2	Q 3	Q 4

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EC.02.03.05					**Fire Safety Equipment and Fire Safety Building Features (Siemens)** **Fire Protection (Nova) and Suppression (Nardini) Testing and Inspection**					
EP 1					At least quarterly, the hospital tests supervisory signal devices on the inventory (except valve tamper switches). The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Supervisory signals include the following: control valves; pressure supervisory; pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure; water level supervisory signal initiating device; water temperature supervisory; and room temperature supervisory.	Quarterly				
EP 2					Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented.	Semiannually				
					Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)	Quarterly				
EP 3					Every 12 months, the hospital tests duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. The results and completion dates are documented.	Annually				
EP 4					Every 12 months, the hospital tests visual and audible fire alarms, including speakers and door-releasing devices on the inventory. The results and completion dates are documented.	Annually				
EP 5					Every 12 months, the hospital tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented.	Annually				
EP 6					Electric motor-driven fire pumps tested under no-flow conditions 10 min/mo The results and completion dates are documented.	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions 30 min/wkly The results and completion dates are documented.	Weekly				
EP 7					Every 6 months, the hospital tests water storage tank high- and low-water level alarms. The results and completion dates are documented.	Semiannually				
EP 8					Every month during cold weather, the hospital tests water storage tank temperature alarms. The results and completion dates are documented.	Monthly				
EP 9					Every 12 months, the hospital tests main drains at system low point or at all system risers. The results and completion dates are documented. • When the sole water supply to the sprinkler system is through a backflow preventer one main drain test is required quarterly down-stream of the backflow preventer. • Sprinkler systems pressure gauges must be inspected monthly. • Sprinkler piping systems must have an internal inspection every 5-	Annually				

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	C	NC	NA	IOU						
EC.02.03.05					**Fire Safety Equipment and Fire Safety Building Features (Siemens) Fire Protection (Nova) and Suppression (Nardini) Testing and Inspection**					
					years					
EP 10					Every quarter, the hospital inspects all fire department water supply connections. (Fire hose connections N/A) The results and completion dates are documented. • Fire hose valves must now be inspected quarterly. • Fire hose valves sized 2½ inches must be tested annually by opening and closing the valves. Full flow of water is not required. • Fire hose valves sized 1½ inches must be tested every 3-years by opening and closing the valves. Full flow of water is not required	Quarterly Annually 3 yrs				
EP 11					Every 12 months, the hospital tests fire pumps under flow. The results and completion dates are documented.	Annually				
EP 12					Every 5 years, the hospital conducts hydrostatic and water-flow tests for standpipe systems. The results and completion dates are documented.	5 years				
EP 13					Every 6 months, the hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.	Semiannually				
EP 14					Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For full text, refer to NFPA 13-2011: 4.8.3 and NFPA 12A-2009: Chapter 6.	Annually				
EP 15					At least monthly, the hospital inspects portable fire extinguishers. The results and completion dates are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.	Monthly				
EP 16					Every 12 months, the hospital performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented. Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.	Annually				

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	C	NC	NA	IOU						
EC.02.03.05					**Fire Safety Equipment and Fire Safety Building Features (Siemens) Fire Protection (Nova) and Suppression (Nardini) Testing and Inspection**					
					Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.					
EP 17					The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The results and completion dates are documented. Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.	5 yrs/3 yrs				
EP 18					The hospital operates fire and smoke dampers one year after installation and then at least every six years to verify that they fully close (fusible links removed when applicable) The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.	1 yr after install At least every 6 yrs thereafter				
EP 19					Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 90A-2012: 6.4.1.	Annually				
EP 20					Every 12 months, the hospital tests all horizontal and vertical sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. The results and completion dates are documented. Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.	Annually				
EP 25					The hospital has written documentation of annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening. Note 1: Non-rated doors, including corridor doors to patient care rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements of either NFPA 80 or NFPA 105. However, non-rated doors should be routinely inspected and maintained in proper working order. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: Non-rated doors should be routinely inspected and maintained in accordance with the facility maintenance program. Note 3: For additional guidance on testing of door assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.	Annually				
EP 27					Elevators with firefighters' emergency operations are tested monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)					

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EC.02.03.05					**Fire Safety Equipment and Fire Safety Building Features (Siemens) Fire Protection (Nova) and Suppression (Nardini) Testing and Inspection**					
EP 28					Documentation of maintenance testing and inspection activities for Standard EC.02.03.05, EPs 1-20 and 25 (including fire alarm and fire protection systems) includes the following: • Name of the activity • Date of the activity • Inventory of devices, equipment, or other items • Required frequency of the activity • Name and contact information, including affiliation, of the person who performed the activity • NFPA standard(s) referenced for the activity • Results of the activity Note: For additional guidance on documenting activites, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4					

STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.04.03					**The hospital inspects, tests, and maintains medical equipment**			
EP 10					All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.			

STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.01					**Air Pressure, Temperature and Humidity**			
EP 5					The hospital identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. Note 1: The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice.* Note 2: For guidance on maintenance and testing activities for Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4. Footnote*: An example of guidelines for physical plant equipment maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.			
EP 14					The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems. Legionella Program CMS			

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STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.01					**Air Pressure, Temperature and Humidity**			
					Ref: S&C 17-30-ALL Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD) CMS S&C-17-30 Requirement to Reduce Legionella in HC water systems For hospitals that use Joint Commission accreditation for deemed status purposes, the following policies, procedures and reports will be reviewed: • Facility risk assessment to identify where *Legionella* and other opportunistic waterborne pathogens (e.g. *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system. • Water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens. • Testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.			
EP 15					In critical care areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity. Note: For more information about areas designed for control of airborne contaminants, the basis for design compliance is the Guidelines for Design and Construction of Health Care Facilities, based on the edition used at the time of design (if available).			
EP 20					Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. • Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. • A written record of the risk assessment is maintained and available for inspection. (For full text refer to NFPA 99-2012: 6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2)			
EP 23					Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non–patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5)			

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STANDARD – EPs	See Legend				Document / Requirement	YES	NO / Missing Date
	C	NC	NA	IOU			
EC.02.05.03					**The Hospital Has a Reliable Emergency Electrical Power Source**		
EP 1					For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch. For additional guidance, see NFPA 99-2012: 6.4.2.2.		

STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.05					**The Hospital Inspects, Tests, And Maintains Utility Systems**			
EP 1					When performing repairs or maintenance activities, the hospital has a process to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors.			
EP 4					The hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment. Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate. Note 3: Scheduled maintenance activities for high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.			
EP 5					The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented. Note 1: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate. Note 2: Scheduled maintenance activities for infection control utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.			

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	C	NC	NA	IOU				
EC.02.05.05					**The Hospital Inspects, Tests, And Maintains Utility Systems**			
EP 6					The hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented. Note: Scheduled maintenance activities for non-high-risk utility systems components in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the hospital AEM program.			

STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					**Emergency Power Systems are Maintained and Tested**			
EP 1					At least monthly, the hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented. (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	Monthly		
EP 2					Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 90 minutes. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented. (See also LS.02.01.20, EP 39) (For full text, refer to NFPA 101-2012: 7.9.3; 7.10.9; NFPA 99-2012: 6.3.2.2.11.5); or replace all batteries every 12 months and during replacement, perform random test of 10% of all batteries for 1 ½ hours.	Annually		
EP 3					The hospital performs a functional test of Level 1 stored emergency power supply systems (SEPSS) on a monthly basis and performs a test of Level 2 SEPSS on a quarterly basis. Test duration is for five minutes or as specified for its class (whichever is less). The hospital performs an annual test at full load for 60% of the full duration of its class. The test results and completion dates are documented.			
					Note 1: Non–SEPSS battery backup emergency power systems that the hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic medical records) should be properly tested and maintained in accordance with manufacturers' recommendations.			
					Note 2: Level 1 SEPSS are intended to automatically supply illumination or power to critical areas and equipment essential for safety to human life. Included are systems that supply emergency power for such functions as illumination for safe exiting, ventilation where it is essential to maintain life, fire			

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STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					**Emergency Power Systems are Maintained and Tested**			
					detection and alarm systems, public safety communications systems, and processes where the current interruption would produce serious life safety or health hazards to patients, the public, or staff.			
					Note 3: Class defines the minimum time for which the SEPSS is designed to operate at its rated load without being recharged. For additional guidance, see NFPA 111-2010: 8.4.			
EP 4					At least weekly, the hospital inspects the emergency power supply system (EPSS), including all associated components: batteries, fuel system, lubrication system, cooling system, exhaust system, battery system, electrical system and prime mover. The results and completion dates of weekly inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.4.1)	Weekly		
EP 5					At least monthly, the hospital tests each emergency generator, beginning with a cold start, under load for at least 30 continuous minutes. The cool-down period is not part of the 30 continuous minutes. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)	Monthly		
EP 6					The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 5, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1) Note: Tests for non-diesel-powered generators need only be conducted with available load.	Annually		
EP 7					At least monthly, the hospital tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)	Monthly		
EP 8					At least annually, the hospital tests the fuel quality to ASTM standards. The test results and completion dates are documented. Note: For additional guidance, see NFPA 110-2010: 8.3.8.	Annually		
EP 9					At least once every 36 months, hospitals with a generator providing emergency power test each emergency generator for a minimum of 4 continuous hours. The test results and completion dates are documented.	36 Months		

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STANDARD – EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
EC.02.05.07					**Emergency Power Systems are Maintained and Tested**			
					Note: For additional guidance, see NFPA 110-2010, Chapter 8.			
EP 10					The 36-month diesel-powered emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. Note 1: Tests for non-diesel-powered generators need only be conducted with available load. Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.	36 Months		

STANDARD – EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD		
	C	NC	NA	IOU			YES	NO
EC.02.05.09					**Medical Gas and Vacuum Systems are Inspected and Tested**			
EP 1					Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems in which failure is likely to cause major injury or death are designated as follows: • Category 1: Systems in which failure is likely to cause minor injury to patients • Category 2: Systems in which failure is not likely to cause injury, but can cause discomfort to patients • Category 3: Deep sedation and general anesthesia are not administered when using Category 3 medical gas system (For full text, refer to NFPA 99-2012: 5.1.1.1; 5.2.1; 5.3.1.1; 5.3.1.5; 5.1.14.2) **Test, inspect and** maintain critical components of piped medical gas and vacuum systems: Source, distribution, master panels, area alarms, automatic pressure switches, shut-off valves, flexible connectors and outlets No prescribed frequency; recommend risk assessment if < annual	Per policy		
EP 2					All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements. (For full text, refer to NFPA 99-2012: 5.1.9; 5.2.9; 5.3.6.2.2)	On Bldg. Tour		
EP 3					Containers, cylinders, and tanks are designed, fabricated, tested, and marked in accordance with NFPA 99-2012: 5.1.3.1.1–5.1.3.1.7.	On Bldg. Tour		
EP 4					Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening."	As applicable		
EP 5					A precautionary sign readable from 5 feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN. NO SMOKING." Storage is planned so cylinders are used in the order they are received from the supplier.	On Bldg. Tour		

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STANDARD – EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD		
	C	NC	NA	IOU			YES	NO
EC.02.05.09					**Medical Gas and Vacuum Systems are Inspected and Tested**			
					Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders.			
EP 6					When the hospital uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows: - When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating. - When less than 301 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in NFPA 99-2012: 11.6.2. (For full text, refer to NFPA 99-2012: 5.1.3.1; 5.1.3.2.3; 5.2.3.1; 5.3.10; 11.3; 11.6.5.2.1)	Per policy		
EP 7					In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas and vacuum systems, waste anesthetic gas disposal (WAGD), and support gas systems on the inventory. This inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases, and inlets and outlets. Activities, dates, and results are documented. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040. (For full text, refer to NFPA 99-2012: 5.1.14.2; 5.1.15; 5.2.14; 5.3.13)	Per policy		
EP 8					When the hospital has bulk oxygen systems above ground, they are in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES." Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.12.	On Bldg. Tour		
EP 9					The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect to it. Note: For additional guidance, refer to NFPA 99-2012: 5.1.3.5.13.	On Bldg. Tour		
EP 10					The hospital tests piped medical gas and vacuum systems for purity, correct	As applicable		

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STANDARD – EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD		
	C	NC	NA	IOU			YES	NO
EC.02.05.09					**Medical Gas and Vacuum Systems are Inspected and Tested**			
					gas, and proper pressure when these systems are installed, modified, or repaired. (For full text, refer to NFPA 99-2012: 5.1.2; 5.1.4; 5.1.14.4.1; 5.1.14.4.6; 5.2.13)			
EP 11					The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard. Labels are at intervals of 20 feet or less and are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. (For full text, refer to NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11)	On Bldg. Tour		
EP 12					The hospital implements a policy on all cylinders within the hospital that includes the following: • Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2 • Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder • Adaptors or conversion fittings are prohibited • Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease • Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F • Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F • Valve protection caps (if supplied) are secured in place when cylinder is not in use • Labeling empty cylinders • Prohibiting transfilling in any compartment with patient care (For full text, refer to NFPA 99-2012: 11.6.1; 11.6.2; 11.6.5; 11.7.3)	Per policy		

STANDARD – EPs	See Legend				Document / Requirement	Frequency	Q 1/ Annual	Q 2	Q 3	Q 4
	C	NC	NA	IOU						
EC.04.01.01					**Monitoring**					
EP 15					Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope,	Annually				

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STANDARD – EPs	See Legend				Document / Requirement	Frequency	Q 1/ Annual	Q 2	Q 3	Q 4
	C	NC	NA	IOU						
EC.04.01.01					Monitoring					
					performance, and effectiveness.					