

# LIFE SAFETY CODE DOCUMENTATION REVIEW CHECKLIST

## Hospitals and Nursing Homes

New Mexico - LSC 101, 2012 Edition

Date of Survey: \_\_\_\_\_ Surveyor ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Type of Facility:     Hospital             Nursing Home

Type of Survey:

Recertification     Validation     Complaint

1. Ask for a copy of the current Census List/Report
2. Ask for a copy of the Life Safety Floor Plan of the building(s)
3. **Fire Alarm System:** (NFPA 72) Visual inspections, table 14.3.1. Test Frequency, table 14.4.5. Test Methods, table 14.4.2.2  
\*Records shall be retained until the next test and for 1 year thereafter.
  - a. Professional Company: \_\_\_\_\_
  - b. Annual/Quarterly Test Date: \_\_\_\_\_
  - c. Smoke Detector Sensitivity Test (Req. every 2 years. Self-testing FACU's, not required): Date \_\_\_\_\_
  - d. Policy in Place: When system is down for 4-hours in 24-hour period:    Yes    No
  - e. Comments: \_\_\_\_\_  
\_\_\_\_\_

4. **Automatic Fire Sprinkler System:** (NFPA 13, NFPA 25,) Also, refer to table 5.1.1.2, NFPA 25
  - a. Professional Company: \_\_\_\_\_
  - b. Wet System    Dry System    Wet and Dry    Unsprinklered
  - c. Water Supply: City or Well (water storage tank in accordance with NFPA 25, Table 9.1.1.2?)
  - d. Annual Inspection Report: \_\_\_\_\_
  - e. Quarterly Inspection Reports: \_\_\_\_\_
  - f. Valve Inspection (sealed, locked or supervised, monthly inspections permitted NFPA 25, 13.3.2, refer to Table 13.1.1.2 for criteria)    Yes    No
  - g. Monthly Gauge Inspection (Wet Pipe - to ensure that they are in good condition and that normal water supply pressure is being maintained)    Yes    No
  - h. Obstruction Investigation: (Only req. when conditions exist per NFPA 25 14.3.1)    Date: \_\_\_\_\_
  - i. Internal Piping Investigation (Required every 5 years, metallic pipe only)    Date: \_\_\_\_\_
  - j. Comments: \_\_\_\_\_  
\_\_\_\_\_

- k. **Anti-freeze Loop:** Specific Gravity tested at least annually. (NFPA 25, also refer to TIA's)
- a. Date specific gravity was tested and the degrees: \_\_\_\_\_
  - b. Anti-freeze solution is in accordance with tables 5.3.4.1(a) and 5.3.4.1(b) Yes No

- l. **Standpipe System:** (NFPA 25, Table 6.1.1.2)
- a. Is a standpipe installed in facility: Yes No
  - b. Type of System: \_\_\_\_\_
  - c. Annual Inspection date: \_\_\_\_\_
  - d. Flow Test Every 5-years and Recalibration Gauges: \_\_\_\_\_
  - e. If dry standpipe system: Date of 5-year Hydrostatic Test: \_\_\_\_\_

- m. **Fire Pump:** (NFPA 25, Table 8.1.1.2 and 8.1.2)
- a. Does facility have a fire pump: Yes No
  - 1. If yes:
  - 2. Annual Testing Date: (flow req.) \_\_\_\_\_
    - i. Pump Assembly Weekly Visual Inspections: Yes No
    - ii. Diesel Driven Pump Testing (no flow) weekly for 30 min: Yes No
    - iii. Electric Motor Driven Pump Testing (no flow) monthly for 10 min: Yes No
    - iv. PM program per Manufacture's Instruction in place: Yes No
    - If no, is PM program in accordance with 8.1.2 (alternative criteria) Yes No
    - v. Comments: \_\_\_\_\_

- n. **Backflow Preventer(s) for Fire Protection System:** (NFPA 25, 13.6.2 and 13.4.2)
- a. Are backflows installed in facility: Yes No Check Valve
  - b. If system has a backflow preventer(s): Annual Test Date: \_\_\_\_\_
  - c. Did backflow preventer(s) pass testing? Yes No
  - d. If check valves are installed, date of 5-year interior maintenance: \_\_\_\_\_
  - e. Comments: \_\_\_\_\_

- o. **Preplanned and Emergency Impairment Program:** Is available and meets the requirements of NFPA 25 15.5: Yes No
- a. Comments: \_\_\_\_\_
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5. **Clean Agent Systems:** ( NFPA 2001)

- a. Professional Company: \_\_\_\_\_
- b. Semi-Annual Inspection Dates: \_\_\_\_\_
- c. Annual Test Date: \_\_\_\_\_
- d. Comments: \_\_\_\_\_

6. **Halon Fire Extinguishing Systems:** (NFPA 12A, 6.1.1)

- a. Professional Company: \_\_\_\_\_
- b. Semi-annually Test and Inspection Dates: \_\_\_\_\_
- c. Comments: \_\_\_\_\_

7. **Carbon Dioxide (CO2) Extinguishing System:** (NFPA 12)

- a. Professional Company: \_\_\_\_\_
- b. Semi-Annual Inspection Dates: \_\_\_\_\_
- c. Semi-Annual Tank Weight & date of last Hydro Test: \_\_\_\_\_
- d. Annual Test Date: \_\_\_\_\_

8. **Fire/Smoke Dampers:** (NFPA 80, 19.4, NFPA 105, 6.5.2) Refer to NFPA 90A for Installation Requirements.

- a. Does the facility have fire/smoke dampers? Yes No
- b. If yes:
  - 1. Nursing Home: (4-year Cycle) Date: \_\_\_\_\_
  - 2. Inside Hospital: (6-year Cycle) Date: \_\_\_\_\_
  - 3. Outside Hospital (4-year Cycle) Date: \_\_\_\_\_
  - 4. Comments: \_\_\_\_\_

9. **Range Hood Fire Extinguishing System:** (NFPA 96 and NFPA 17A)

- a. Professional Company: \_\_\_\_\_
- b. Semi Annual Test Dates: \_\_\_\_\_
- c. Fusible Links Changed Annually (unless metal alloy type, semi-annual req.) Yes No
- d. Hood Cleaning Date(s): (semi-annually grease buildup inspection, cleaning determined by grease buildup inspection) \_\_\_\_\_
- e. System meets the UL-300 Standard: Yes No
- f. Owners Monthly Inspections: Yes No
- g. Hydrostatic Pressure Testing Every 12-years: Date: \_\_\_\_\_
- h. Staff trained on manual operation of fire extinguishing system: Yes No
- i. Annual Inspection and Servicing of Cooking Equipment: \_\_\_\_\_
- j. Comments: \_\_\_\_\_

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10. **Portable Fire Extinguishers:** (NFPA 10)
- a. Professional Company: \_\_\_\_\_
  - b. Annual Maintenance Date: \_\_\_\_\_
  - c. Fire Extinguisher Inspections (30-day intervals, 12 times a year, once per month): Yes No
  - d. Fire extinguishers are internally examined at intervals not exceeding those specified in Table 7.3.1.1.2. Yes No
  - e. 5 & 12-year hydrostatic Test Dates: (Refer to Table 8.3.1) \_\_\_\_\_
  - f. Comments: \_\_\_\_\_

11. **Boilers** (inspected every two years, internal and external):
- a. Professional Company: \_\_\_\_\_
  - b. Date of last inspection(s): \_\_\_\_\_
  - c. Comments: \_\_\_\_\_

12. **Elevators:** (ASME/ANSI A17.1-1993 & Addenda) We don't have this reference yet
- a. Professional Company: \_\_\_\_\_
  - b. Annual Inspection Dates: \_\_\_\_\_
  - c. Elevator Monthly Operation (only elevators with fire fighter's emergency operations) Yes No
  - d. Comments: \_\_\_\_\_

13. Note: Building System Categories: Building systems (Gas and Vacuum, Electrical Systems, HVAC, Electrical Equipment and Gas Equipment) in both new and existing healthcare facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in NFPA 99.

Risk Assessment (New and Existing Healthcare Facilities): Categories shall be determined by following and documenting a defined risk assessment procedure.  
(Refer to NFPA 99, 4.2)

Application. The Category definitions in Chapter 4 shall apply to Chapters 5 through 11.  
(Refer to NFPA 4.3)

Note: NFPA 99, Chapters 7, 8, 12 and 13 do not apply in hospitals or Long Term Care Facilities.

14. **Medical Gas and Vacuum Systems:** (NFPA 99 and Refer to TIA's)
- Note: Categories shall be determined by following and documenting a defined risk assessment procedure (New and Existing facilities)
- a. Level of Systems:  Cat 1  Cat 2  Cat 3  Cat 4  NA
  - b. Professional Company: \_\_\_\_\_
  - c. Annual Inspection Date(s): \_\_\_\_\_
  - d. Comments: \_\_\_\_\_

15. **Emergency Power Generators:** (NFPA 99, NFPA 110)
- a. Life Support Equipment used: Yes No
  - b. Level of Generator:  Level I  Level II
  - c. Type of EES:  Type I (Cat 1-Crit Care Rooms)  Type I or II (Cat 2- Gen Care Rooms)  Type 3 (skip to item i) Note: Type 1 and Type 2 essential electrical system power sources shall be classified as Type 10, Class X, Level 1 generator by NFPA 110.
  - d. Professional Company: \_\_\_\_\_
  - e. Date of last Preventative Maintenance: \_\_\_\_\_
  - f. EPSS Weekly/Monthly Maintenance in accordance with NFPA 110: See tables 8.3.1(a) and 8.3.1 (b) Yes No (Code does not recommend running the generator during weekly's if diesel)
  - g. Signed contract to supply fuel during power outage: Yes No N/A
  - h. Testing and Maintenance:
    1. Monthly Load Test: (30 min UL, 12 times a year, not less than 20 days nor more than 40 days): Yes No
    2. Diesel Gen Sets: (30 min UL, 30% of name plate or min exhaust temps per manufacturer): Yes No
    3. If 30% cannot be achieved (diesel only), date of annual load bank: \_\_\_\_\_  
(30 min = 50% Load & 1 hour = 75% Load for 1.5 continuous hours. ALB needs to be at least 75% of plated load)
    4. Spark Ignited Gen Sets: (i.e. natural gas, propane: UL with available EPSS load for 30 min or until water temp and oil pressure have stabilized)
    5. Level I EPSS tested once every 36 months for 4 hours: Yes No (NFPA 110, 8.4.9)
    6. All transfer switches (Level I and II) are exercised at least monthly: Yes No
    7. All EPSS Circuit Breakers exercised at least annually (Level 1 only): Yes No
    8. Circuit breakers rated in excess of 600 volts for Level 1 system usage shall be exercised every 6 months and shall be tested under simulated overload conditions every 2 years. Yes No
    9. Emergency loads picked up within 10 seconds: Yes No
    10. Battery specific gravity tested and recorded monthly: (lead acid batteries) Yes No  
(It is recommended that lead acid batteries be replaced every 24-30 months)
    11. Battery electrolyte levels inspected weekly: Yes No (A battery load test is req quarterly)
    12. A fuel (diesel) quality test is performed at least annually using tests approved by ASTM standards: Date of Test: \_\_\_\_\_
    13. Comments: \_\_\_\_\_
  - i. Type 3 EES (Generator, Battery System or Self Contained battery integral with equipment) (NFPA 99 and NFPA 111)
    1. Generator conforms to NFPA 99, 6.4.1.1 & 6.4.1.1.6.2? Yes No
    2. Battery systems meet all reqs of Article 700 of NFPA 70, NEC? Yes No
    3. Comments: \_\_\_\_\_

16. **Emergency lighting fixtures** (battery powered): (NFPA 101, 2012, 7.9)
- a. Are at least 1 ½ hour duration and are functionally tested monthly, with a min of 3 wks and a max of 5 wks between tests for not less for not less 30 seconds: Yes No
  - b. Are tested for 1 ½ hours annually: Yes No Date of Annual Test: \_\_\_\_\_



c. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. **Gas Equipment – Qualifications and Training of Personnel:** (NFPA 99 11.5.2.1)

- a. Personnel who handle medical gases and cylinders for medical gases are trained on the risks associated with their handling and use:   Yes    No
- b. If bulk cryogenic system is present, the supplier is providing annual training on its operation:   Yes    No

23. Emergency Preparedness is surveyed by LSC for nursing homes. The health team will survey EP for non long term care facilities. Use EP Tool and Appendix Z for guidance.

Additional Information:

Refer to CMS form 2786R for additional guidance for documentation review for Laboratories, Operating Rooms, Electrical equipment.

Review local fire authority report