

# The Life Safety Connection



## Project Submittal Process and Fees

Affects: All facilities

The Division of Life Safety and Construction has implemented a new process for submitting projects for review, which includes a new form titled “Submission for Project Review.” The addition of this new form will provide the division with information critical to start project review.

When submitting a project for review, please go to [www.ndhealth.gov/LifeSafety](http://www.ndhealth.gov/LifeSafety) and click on ‘Project Review and Construction Inspection’ in the column on the left. The Submission for Project Review form can be found under the Project Review header. Please follow the instructions on the form.

An updated fee schedule for plan review and construction visits can also be found there.

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## Generator Batteries

Affects: All facilities required to have a generator for emergency back up power

The 2000 edition of NFPA 101, *Life Safety Code*, referenced the 1999 edition of NFPA 110, *Standard for Emergency and Standby Power Systems*. The 1999 edition of NFPA 110 required weekly specific gravity testing of the lead-acid batteries for the generator.

Since the adoption of the 2012 edition of NFPA 101, there have been some changes. NFPA 101 now references the 2010 edition of NFPA 110. In the 2010 edition of NFPA 110 it states:

*8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.*

*8.3.7.2 Defective batteries shall be replaced immediately upon discovery of defects.*

Battery conductance testing may replace specific gravity testing on maintenance free batteries.

# Annual Fire Door Inspections

Affects: Health Care Occupancies

Annual inspection and testing in accordance with the 2010 edition of NFPA 80 is required for all fire door assemblies. Non-rated doors, including corridor doors to resident rooms and smoke barrier doors, are not subject to the annual inspection and testing requirements. But, non-rated doors should be routinely inspected as part of the facility maintenance program as all required life safety features and systems must be maintained in proper working order. Life Safety Code deficiencies associated with the annual inspection and testing of fire doors will be cited under *K211 – Means of Egress - General*.

CMS regulatory adoption of the 2012 Life Safety Code was July 5, 2016, therefore the required annual door inspections and testing should have been accomplished by July 6, 2017. However, considering the level of reported misunderstanding of this requirement, CMS has extended the compliance date for this requirement by six months. Full compliance with the annual fire door assembly inspection and testing in accordance with 2010 NFPA 80 was required by January 1, 2018.

Refer to CMS S&C 17-38-LSC and NFPA 80 for further information.

## Inspection Checklist:

- No open holes or breaks exist in surfaces of either the door or frame.
- Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.
- The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.
- No parts are missing or broken.
- Door clearances do not exceed 3/4" under the bottom of the door and 1/8" between the top and vertical edges of the door and frame.
- The self-closing device is operational; that is, the door completely closes when operated from the full open position.
- If a coordinator is installed, the inactive leaf closes before the active leaf.
- Latching hardware operates and secures the door when it is in the closed position.
- Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.
- No field modifications to the door assembly have been performed that void the label.
- Gasketing and edge seals, where required, are inspected to verify their presence and integrity.

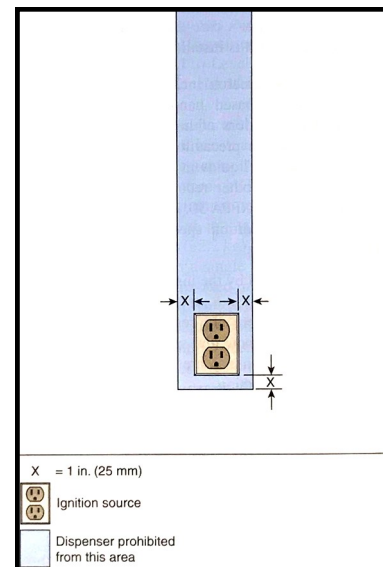
## ABHR/Ignition Source Clearance

Affects: Health Care and Ambulatory Health Care Occupancies

NFPA 101, 2012 edition, prohibits alcohol-based hand-rub dispensers from being installed in the following locations:

1. Above an ignition source within a 1 in. horizontal distance from each side of the ignition source
2. To the side of an ignition source within a 1 in. horizontal distance from the ignition source
3. Beneath an ignition source within a 1 in. vertical distance from the ignition source.

Refer to NFPA 101, 18/19/20/21.3.2.6 for further information on alcohol-based hand-rub dispensers.



## Fire Alarm Test Records

Affects: All facilities with a required fire alarm system

### *K345 – Fire Alarm System – Testing and Maintenance*

*A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.*

A component of the fire alarm system testing includes testing of all alarm initiating devices, supervisory alarm initiating devices, and alarm notification devices. NFPA 72 requires the test record to contain an itemized listing of each of these devices, to include the device type, address, location, and test results.

Test records must contain this itemized listing of test results. Coordinate with your fire alarm service company to ensure they provide you with the necessary information to comply with this requirement.

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## Division Achievements

Life Safety and Construction plan reviewers Karla Aldinger, David Nelson, and Jill Yri, along with construction inspector Steve Ressler, have recently completed the training required to become Qualified Life Safety Code Surveyors.

CMS partners with state agencies to assess facilities for compliance with the Life Safety Code requirements. Facilities participating in Medicare and Medicaid programs are required to comply with the 2012 edition of the NFPA 101, *Life Safety Code*, and NFPA 99, *Health Care Facilities Code*.

North Dakota facilities subject to survey are hospitals (including critical access hospitals), skilled nursing facilities, basic care facilities, intermediate care facilities for individuals with intellectual disabilities, ambulatory surgery centers, and limited end-stage renal dialysis facilities.

## Commonly Cited Deficiencies

In health care facilities during the last 12 months

### ***K351—Sprinkler System Installation***

*Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.*

*Note: In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 ft<sup>2</sup> and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.*

- Sprinklers installed within 7 feet of unit heaters shall be high-temperature rated.
- Sprinklers in walk-in freezers and coolers equipped with an automatic defrosting feature shall be intermediate-temperature rated.
- When multiple ceiling tiles are removed, the plenum shall be protected by sprinklers if the sprinklers installed at ceiling grid height are greater than 12 inches from the deck.

### ***K353—Sprinkler System Testing and Maintenance***

*Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.*

- Inspection of the gauges and control valves are required monthly.
- Sprinkler system gauges are required to be calibrated or replaced every 5 years.
- A hydraulic nameplate must be attached to the automatic sprinkler system.
- An annual test of the back flow preventer is required.

*(continued on next page)*

## Deficiencies (cont'd)

### **K712—Fire Drills**

*Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.*

- Fire drills shall be conducted under varied conditions, including what time they occur.
- Fire drills are required to be held at least quarterly for each shift.

### **K345—Fire Alarm System Testing and Maintenance**

*A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.*

- The fire alarm system testing is required to be conducted annually.
- Fire alarm system test records shall provide an itemized list. See page 3 for more information.
- Load voltage tests of sealed lead acid batteries shall be conducted semiannually.

### **K347—Smoke Detection**

*Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1.*

- Smoke detectors shall be spaced no further than 30 feet apart.
- Sensitivity testing of smoke detectors shall occur during the first year of service.
- Smoke detectors may not be located within 36 inches of an air supply diffuser, exhaust grille, or return air opening.

## Portable Fire Places

Affects: Health Care Occupancies and Ambulatory Health Care Occupancies

Per the Life Safety Code, 18/19/20/21.7.8, portable space-heating devices are prohibited in all health care and ambulatory health care occupancies, unless both of the following criteria are met:

- 1) Such devices are permitted to be used only in nonsleeping staff and employee areas.
- 2) The heating elements of such devices do not exceed 212°F (100°C).

Fire places, such as the one shown below, will be considered portable unless they are hard-wired and attached to the wall or floor.



## Exterior Door Signage

Affects: Health Care Occupancies and Ambulatory Health Care Occupancies

Life Safety Code 7.10.8.3.1 states that any door or passage that is neither an exit nor a way of exit access and is likely to be mistaken as an exit shall be identified by a sign that says 'NO EXIT'.

7.10.8.3.2 provides the requirements for these signs. The word NO shall be 2 inches high, with a stroke width of 3/8". The word EXIT shall be 1 inch high and located below the word NO.

## Newsletter Ideas

If there is a topic you would like to see addressed in future editions of this newsletter, please email us at [lsc@nd.gov](mailto:lsc@nd.gov) and we will consider your submission for future publication.