

HITF INTERPRETATION

JUNE 2008 NO. 1

Document to be interpreted: NFPA 10 (2002) 6.2.1
NFPA 10 (2007)

Edition: 2002 and 2007

Background Information (optional): **INSPECTION OF PORTABLE FIRE EXTINGUISHERS**

If taken literally, the text in section 7.2.1.2 of the 2007 edition requires that inspections must be performed at an interval not less than 30 days apart. This would allow the inspections to be performed at an interval greater than “approximately 30-day intervals” as was previously required in the 2002 edition. NFPA Committees were instructed to remove unenforceable language, such as the word “approximately.” We believe that the removal of the word “approximately” was for that reason because there was no technical justification identified for the change and the proposal did not explicitly show the word to be struck out.(see NFPA 10 ROP, 10-54A, Log #CP-4).

Some AHJs are now requiring that inspection tags include the day of the month so that the 30-day interval can be measured. However, sections 7.2.4.3 and 7.2.4.5 in the 2007 edition seem to indicate that the committee intended for 12 inspections to be conducted, one per month, without requiring a 30-day interval.

Question:

Is it permissible to document fire extinguisher inspections by indicating the month and year (without the day of the month)?

Answer:

The dates may not necessarily be absolute. The HITF is aware that some NFPA technical committees are starting to look into their time based criteria. In addition, the Joint Commission previously developed their own guidance/tolerances on these sorts of time criteria in the February 2006 issue of EC News.

HITF INTERPRETATION JUNE 2008 NO. 2

Document to be interpreted: NFPA 72 (1999) 1-2.3

Edition: 1999

Background Information (optional): **EXISTING FIRE ALARM SYSTEMS**

Issue: Facilities are being cited for deficiencies because their existing fire alarm systems do not comply with the maximum time delay of 10 seconds required after January 1, 2000. It is our position that previously approved fire alarm systems installed prior to the adoption of the 2000 Life Safety Code and 1999 NFPA 72 are not required to comply with the 10 second delay requirement after January 1, 2002. Our opinion is based the language in Section 1-2.3 of 1999 NFPA 72, Section 2-1 of 2000 NFPA 101 and good common sense.

Question:

Are existing fire alarm systems approved and installed prior to the adoption of the 2000 Life Safety Code (NFPA 101) and 1999 National Fire Alarm Code (NFPA 72) required to comply with the 10 second delay requirement effective January 1, 2002?

Answer:

NO. The effective date in NFPA 72 is for new installations installed after the effective date – January 1, 2002. The AHJ has the ability to invoke certain criteria from NFPA 72 on a retroactive basis (See NFPA 72: 1-2.3, 1999 Edition – Exception) if they have determined that a distinct hazard to life or property exists.

HITF INTERPRETATION JUNE 2008 NO. 3

Document to be interpreted: NFPA 101 (2000) 18/19.3.6

Edition: 2000

Background Information (optional): **STORAGE ROOMS 50 FT² OR LESS**

The 2000 Life Safety Code does not classify storage rooms 50 ft² (4.6 m²) or less in area storing combustible material as a hazardous area in new health care facilities. The language for existing health care facilities is different in that for existing health care facilities, rooms or spaces 50 ft² (4.6 m²) or less in area, including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. The difference between new and existing health care facilities is that the 50 sq. ft. rule applies to both repair shops and storage rooms in existing buildings. The 2000 Life Safety Code allows all spaces to open to the corridor, if properly protected, except for patient treatment rooms, patient sleeping rooms and hazardous areas (see Sections 18/19.3.6).

Questions:

Question 1:

Could a room or space 50 square feet or less and that is storing combustible material, be considered a hazardous area?

Answer 1:

Yes. The presence of stored combustible materials in a room or space 50 square feet or less does not necessarily result in the room or space being classified as a hazardous area. In some circumstances, the amount and type of combustibles may result in the room or space being classified as a hazardous area by the AHJ.

Question 2:

Can these rooms or spaces that are not deemed to be hazardous be open to the corridor if properly protected in accordance with the requirements of NFPA 101: Sections 18.3.6.1/19.3.6.1?

Answer 2:

Yes.

HITF INTERPRETATION

JUNE 2008 NO. 4

Document to be interpreted: NFPA 101 (2000) 7.2.1.5.4, 18/19.2.2.2.2,
18/19.2.2.2.4, 18/19.2.2.2.5
NFPA 101 (2006) 7.2.1.5.9.2, 18/19.2.2.2.2,
18/19.2.2.2.4, 18/19.2.2.2.5, 18/19.2.2.2.5.2

Edition: 2000 and 2006

Background Information (optional): OPERATION OF DOORS

Chapter 7 requires that where locks or latches are provided, the releasing mechanism shall open the door with not more than one releasing operation. However, Chapters 18 and 19 allow doors in the means of egress to be locked where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. Note that the use of a key carried by staff frequently will require two operations to open the door (one operation to unlock the door using the key and one operation to unlatch the door using the door handle, see Figure 1 below).

Often times, equipment such as wander alert systems, which require multiple operations to open a door, are used based on the clinical needs of the patients. Such systems are widely accepted for use in dementia units for the safety of the patients.

Questions:

Question 1:

Where the provisions in Chapters 18 and 19 of the Life Safety Code permit locking of doors in the direction of egress travel based on the clinical needs of the patients, is it permitted to have more than one operation to open the door?

Answer 1:

Yes. Specifically, one of the operations is to release the lock and the second operation is to release the latch to allow the door to be pulled or pushed open.



Figure 1. Door Requiring Two Operations

Question 2:

Special Hardware: Where the clinical needs of the patients require special hardware (releasing mechanism) to unlatch the door, is it permitted to have more than one operation to open the door?

Answer 2:

Yes. It is generally understood that the restriction concerning the releasing operation does not include the opening of the door once the lock is released and the latch is released.