1. The meeting was called to order at 1:05 PM

2. Introduction of members and guests present were completed:

Attendance included:

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>REPRESENTING</th>
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<tr>
<td><strong>Principals</strong></td>
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<tr>
<td>Robert Solomon</td>
<td>NFPA (Chair)</td>
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<tr>
<td>Joe Bermes</td>
<td>IHS</td>
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<tr>
<td>Ken Bush</td>
<td>IFMA</td>
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<td>Gene Cable</td>
<td>VA</td>
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<td>Philip Hoge</td>
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<td>David Klein</td>
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<td>Tom Jaeger</td>
<td>AHCA</td>
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<td>George Mills</td>
<td>JCAHO</td>
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<td>Dale Woodin</td>
<td>ASHE</td>
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<tr>
<td>Mayer Zimmerman</td>
<td>CMS</td>
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| **Alternates**     |                |
| Doug Erickson      | ASHE           |
| John Fishbeck      | JCAHO          |
| Greg Harrington    | NFPA           |
| Jim Merrill        | CMS            |
| Suresh Shah        | IHS            |
| Dick Strub         | AHCA           |
3. The Minutes of the 7 June 2005 meeting were approved as submitted.

4. The agenda was approved as submitted. See Enclosure 1.

5. A number of issues were submitted in advance and several new items were brought up for discussion. A review of the items included the following:

A. **Blocking In Wall Cavities.** This item was submitted by JCAHO. The issue involves the acceptability of having an open wall cavity at the top of an assembly that is designed as part of smoke partition or wall designed to “resist the passage of smoke”. A series of questions addressing requirements in both new and existing healthcare occupancies were reviewed and issued. See HITF Interpretation JUNE 2006 NO. 1.

B. **Fire Doors in Chute Terminus Rooms.** This item was submitted by JCAHO. The issue involves the need to provide rated door openings at: the chute; the room enclosure; or both locations. A series of questions relating to the philosophy and intent of how the room and chute is to be protected with rated enclosures and doors were reviewed and issued. See HITF Interpretation JUNE 2006 NO. 2.
C. **Allowable Gaps Around Corridor Doors.** This item was submitted by AHCA. The issue includes allowable gaps or clearances at corridor doors other than smoke barrier doors. Clearance for certain doors is necessary to make sure the door fully opens, properly closes and remains latched. After discussing the details associated with these various clearance issues, a Task Group was appointed to study the issue and report back at the next meeting. Task Group Members are:

David Klein – VA – Chair

Tom Jaeger – AHCA

Jim Merrill – CMS

George Mills – JCAHO

D. **Incidental Air Movement/Make Up Air.** This item was submitted by AHCA. The issue involves the intent behind a Formal Interpretation issued on NFPA 90A (FI No. 90A -02-3) for the 2002 edition. The HITF agreed not to take any formal action on this request. The committee chair and staff liaison for NFPA 90A will be contacted to insure that the 50 CFM value referenced in the FI is not considered an absolute, maximum volume rate.

E. **Application of NFPA 101A to Certain Exterior Spaces.** This item was submitted by AHCA. The issue involves how the FSES should be scored with regard to automatic sprinkler protection when certain exterior areas such as combustible overhangs, canopies or porches are not protected with automatic sprinklers. The application of the FSES when all other areas of the building are protected with automatic sprinklers needs to be clarified. The HITF agreed not to take any formal action on this request. The committee chair and staff liaison for NFPA 101A will be contacted to see if or how the scoring issue can be clarified.

F. **Sprinkler Protection in Closets and Cabinets.** This item was submitted by the VA. The issue involves circumstances in which sprinkler protection can be exempted from closets, wardrobes and cabinets. There are no exceptions in NFPA 13 or NFPA 101 that allow omission of sprinklers in closets in a healthcare occupancy. As noted in the background information, a distinction between built-in closets and wardrobes (or similar furnishings) has normally been the demarcation point. In the request by the VA, one question posed concerned a
closet lined with a non-combustible lining. Another question involved things like fire extinguisher cabinets and hose cabinets. The HITF took no formal action on the questions. Instead, the submitter was advised to consider submitting proposals to the TC on Automatic Sprinklers for the next edition of NFPA 13. Current closet exceptions in NFPA 13 and NFPA 101 exclusively involve residential occupancies. Addressing areas like hose or fire extinguisher cabinets may result in creation of a laundry list of building items that may or may not require sprinklers.

G. Maintaining Previously Required Features in an Existing Building. This item was submitted by the VA. Discussion and action on this item was deferred until the next meeting.

H. Conduct of Fire Drills at Multiple Building Sites/Campus Configuration. This item was submitted by the VA. The issue involves the extent and application of emergency drills in: Structures divided to meet criteria for separate buildings in accordance with the building code; or multiple, stand-alone buildings located in different locations or within a campus style environment. The HITF agreed that the emergency drills are intended to test knowledge of all employees in all buildings. A question relating to this comment was reviewed and issued: See HITF Interpretation JUNE 2006 NO. 3.

6. An Interim Report from the Door Locking Task Group (See Enclosure 2) was distributed. It will be discussed at the next meeting.

7. New Business:

ASHE is looking into the issue of aerosol propellant alcohol hand cleaner. Information previously distributed to the NFPA TC on Healthcare Occupancies that resulted in issuance of the TIA’s and new text in NFPA 101 and NFPA 5000 was based on gel type materials. Aerosol based product is being more widely used and this form of the material needs to be reviewed to determine if other changes to NFPA 101 or NFPA 5000 are needed.
8. Old Business. The agenda item surrounding NFPA 90A was covered by Minute Item 5.D. The HITF was told that the proposal closing date for NFPA 90A was November 22, 2006.

9. Next Meeting. The HITF decided to have one more meeting before the end of 2006. The preference is to meet at/near CMS Headquarters in Baltimore, MD. Editors Note: Next meeting confirmed for December 8, 2006 at CMS Headquarters. The next meeting after that will be held in June 2007 in Boston during the 2007 NFPA WSCE.

10. The meeting adjourned at 4:10 pm.

Minutes prepared and submitted by Robert E. Solomon, PE, NFPA
HITF INTERPRETATION JUNE 2006 NO. 1
SUBJECT/BACKGROUND: Top of the wall blocking to protect the cavity in corridor walls.

Regarding barrier construction, some healthcare facilities would like to create corridor walls with open tops (drywall on two sides, no blocking to close the cavity of the smoke partition. In sprinklered buildings some healthcare facilities would like to create corridor walls that limit the transfer of smoke with drywall on two sides below the lay in ceiling, and either a) run one side to the deck above or b) stop both sides just above the ceiling, thus creating an opening on the occupied side, with no blocking to close the cavity of the corridor wall. Both of these design features could allow the products of combustion to enter the barrier cavity, compromising the integrity of the construction.

QUESTIONS:

1. In a fully sprinklered new healthcare occupancy (18.3.6.2) with non-rated corridor walls is it acceptable to:
   
   a. Have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above? **Both arrangements are permissible.**
   
   b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly? **No. This is not a required element.**

2. In a fully sprinklered existing healthcare occupancy (19.3.6.2.1, Exceptions 1, 2 & 3) with non-rated corridor walls, is it acceptable to:

   a. Have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above? **Both arrangements are permissible.**

   b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly? **No. This is not a required element.**

3. Are penetrations such as waste lines, electrical back boxes, recessed equipment such as charting stations that enter the corridor side of the wall, required to be wrapped or blocked to prevent smoke from entering the corridor wall cavity? **No. There is no requirement to wrap or block such components but they must be trimmed to limit the transfer of smoke.**
Specific example # 3: Given a situation where a medical center is divided into several distinctly separated buildings, such as a mental health campus facility consisting of nine buildings connected by tunnels. The fire plan is specific to the building in alarm with the plan stating that available personnel from the neighboring two buildings respond to assist. The fire alarm system gives an automatic voice Code Red announcement throughout all nine buildings. Would 12 drills per year be sufficient for each group of three buildings? I believe YES. Campus wide would 36 drills per year meet the Code intent, 12 drills for each group of three? I believe YES.

QUESTION:

Is it the intent of the Code that twelve drills, once per quarter per shift, be conducted according to the extent of participation called for in the fire plan regardless of the configuration of the building? Yes. The intent of conducting the drills is to expose staff in each building to the protocol. Drills should be initiated and rotated in different locations of each building to ensure broad participation in the drill, knowledge of the protocols to be followed and to verify that the staff members are adequately trained.
HITF INTERPRETATION JUNE 2006 NO. 2
SUBJECT/BACKGROUND: A typical design in health care is for linen and waste chutes to terminate in a collection room. NFPA 82-1999 3-2.4 addresses chute loading doors (those doors on the upper floors where staff loads the chute). NFPA 82-1999 3-2.6 requires the chute to terminate in a rated room equivalent to the rating of the chute. The terminus room is to have automatic or self closing 1 ½ hour fire doors. The drawings in the code (Figure 3-2.5.1 Gravity Chute) indicate the need for a bottom terminal door that is self-closing and fire rated, although this is not stated in the body of the text.

QUESTIONS:

1. Are both the chute terminal door at the bottom of the chute and the collection room access door required to be automatic or self closing 1 ½ hour fire doors? Yes.

2. If the collection room access door is an automatic or self closing 1 ½ hour fire door, will this suffice for protecting not only the chute but the collection room? If not, what is the philosophy and code reference for requiring both of these doors? No. Protection of the chute terminus room (collection room) requires that protection be provided between the room itself and the shaft (hence the requirement for the rated chute door) and between the chute terminus room and surrounding or adjacent spaces (hence the requirement for the rated door at the opening). See NFPA 82, 1992 Edition, Sections 3-2.2.9 and 3-2.4.3 (NFPA 82, 2004 Edition, Sections 5.2.3.2 and 5.2.5.3.2).
HITF INTERPRETATION JUNE 2006 NO. 3
HITF INTERPRETATION JUNE 2006 NO. 3

NFPA DOCUMENT NO: NFPA 101 2000 and 2006 Editions

SUBJECT/BACKGROUND: HITF addressed a very similar question in May 15, 2001 Disneyland Hotel from NFPA staff, "NFPA Request - Frequency of fire drills at SNF". It apparently concerned a State agency and drill requirements at a SNF attached to a hospital. The HITF did not make a formal interpretation and the minutes went on to say, "Unless the state regulatory agency made some determination with respect to licensing that the SNF and healthcare facility were one in the same, the drills must be completed independent of each other."

A new situation is emerging where fire alarm systems, with their amazing micro processing capabilities, are designed to limit where the alarm is sounded. These options are taken in coordination with the fire plan.

For example, a large 7-story healthcare facility is separated by 2-hour fire barriers into three buildings, Russell, Hamblet, and Stevens. Where buildings are attached and the option is taken to sound an alarm signal only in the Hamblet building, what effect would that have on the fire drill requirement? For the facility, did we just go from 12 drills per year to 36? The telephone operator still makes the Code Red announcement heard in all three buildings and selected staff respond from all three buildings according to the fire plan, to the fire area.

NFPA 101 A.19.7.1.4 states, "the purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan." . . . "Fire drills should be scheduled on a random basis to ensure the personnel in health care facilities are drilled not less than once in a 3-month period."

JCAHO EC.5.30 (2006) states, "The organization conducts fire drills regularly." EP 1. "Fire drills are conducted quarterly on all shifts in each building defined by the LSC as the following: Ambulatory Health care occupancy, Health care occupancy, Residential occupancy." EP # 5 "Staff in all areas of every building where individuals are housed or treated participate in drills to the extent called for in the facility's fire plan." EP # 7 "The effectiveness of fire response training according to the fire plan is evaluated at least annually."

Specific example # 1: A health care facility consists of two buildings that abut each other but are separated by a 2-hour fire barrier. The fire plan calls for selected staff in building A to respond to the fire zone in building B. The fire alarm system activates only in Building B and a "Code Red" announcement is transmitted to both buildings according to the fire plan. Are a total of 12 drills per year sufficient, randomly conducted among the two buildings? I believe YES.

Specific example # 2: Given the same situation as example # 1 except the fire plan does not call for staff in "Building A" to take action for an alarm in Building B, the fire plan does NOT call for staff response from one "building" to another. The phone operator "Code Red" announcement is still transmitted to both buildings. Does the drill in building B count as a fire drill only for building B? I believe YES. Now 24 drills are required for the facility? I believe YES.
ENCLOSURE 1
HEALTHCARE INTERPRETATIONS TASK FORCE
AGENDA
6 June 2006
Orange County Convention Center
S210 D
Orlando, FL
1:00 P.M. – 4:00 P.M.

1. Call to order 1:00 PM.

2. Introduction of Members / Guests.

3. Review / Approval of June 2005 Minutes

4. Review of Questions (See Enclosure A)
   A. JCAHO: Blocking at Top of Corridor Walls
   B. JCAHO: Use of Rated Chute Doors
   C. Other

5. Discussion Items
   A. Clinical Needs and Lockout Doors
      • Task Group Update (T. Jaeger)
   B. Other

6. New Business
   • ASHE Research on Aerosol ABHR Dispensers

7. Old Business
   • Corridor as Air Plenum Issue:
      • Discuss Proposal to NFPA 90A
      • NFPA 90A PCD is 17 November 2006

8. Date / Location for Next Meeting

Enclosure A – JCAHO Issues/Discussion
Two issues for discussion at HITF
Submitted by George Mills, Sr. Engineer, JCAHO

Issue 1: Top of the wall blocking to protect the cavity in corridor walls.

Regarding barrier construction, some healthcare facilities would like to create corridor walls with open tops (drywall on two sides, no blocking to close the cavity of the smoke partition. In sprinklered buildings some healthcare facilities would like to create corridor walls that limit the transfer of smoke with drywall on two sides below the lay in ceiling, and either a) run one side to the deck above or b) stop both sides just above the ceiling, thus creating an opening on the occupied side, with no blocking to close the cavity of the corridor wall. Both of these design features could allow the products of combustion to enter the barrier cavity, compromising the integrity of the construction.

Questions:
1. In a fully sprinklered new healthcare occupancy (18.3.6.2) with non-rated corridor walls is it acceptable to:
   a. have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above?
   b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly?
2. In a fully sprinklered existing healthcare occupancy (19.3.6.2.1, Exceptions 1, 2 & 3) with non-rated corridor walls, is it acceptable to:
   a. have the wall constructed of noncombustible material that limits the transfer of smoke on both sides up to the lay-in ceiling or extend only one side to the deck above?
   b. Does a corridor wall constructed as mentioned in a) above need to be blocked at the top of the cavity to prevent products of combustion from entering the assembly?
3. Are penetrations such as waste lines, electrical back boxes, recessed equipment such as charting stations that enter one side of the wall, required to be wrapped or blocked to prevent smoke from entering the corridor wall cavity?

Issue 2: Fire doors for the terminus of chutes and for collection rooms.

A typical design in health care is for linen and waste chutes to terminate in a collection room. NFPA 82-1999 3-2.4 addresses chute loading doors (those doors on the upper floors where staff loads the chute). NFPA 82-1999 3-2.6 requires the chute to terminate in a rated room equivalent to the rating of the chute. The terminus room is to have automatic or self-closing 1 ½ hour fire doors. The drawings in the code (Figure 3-2.5.1 Gravity Chute) indicate the need for a bottom terminal door that is self-closing and fire rated, although this is not stated in the body of the text.

Questions:
1. Are both the chute terminal door at the bottom of the chute and the collection room access door required to be automatic or self-closing 1 1/2 hour fire doors?

2. If the collection room access door is automatic or self-closing 1 1/2 hour fire door, will this suffice for protecting not only the chute but the collection room? If not, what is the philosophy and code reference for requiring both of these doors?
Supplemental Agenda Items – #1 – American Health Care Association (AHCA)
To: Robert Solomon  
From: Tom Jaeger  
Ref: Request for HITF Interpretations  
Date: May 23, 2006  

Robert, I apologize for the delay in getting this request for interpretations to you and I appreciate your willingness to amend the HITF Meeting Agenda.

**Interpretation Request #1. 2000 Life Safety Code**

**Issue:** Health care facilities on a national basis are being cited for deficient corridor doors by AHJ’s if the gap between the sides or top of the door exceeds 1/8 inch. We are referring to corridor doors that are not part of a smoke barrier. Section 19-3.6.3.2 states that for corridor doors “Compliance with NFPA 80, Standard for Fire Doors and Fire Windows shall not be required.” Section A19-3.6.3.1 states “Gasketing of doors should not be necessary to achieve resistance to the passage of smoke if the doors are relatively tight fitting.”

The majority of existing health care facilities have solid core wood doors in the corridors, particularly to patient sleeping rooms, and these doors are usually 40” to 44” wide. Wide wood doors like those used in existing health care facilities will expand and contract due to changes in temperature and humidity and over time warp to some degree. It is not practical, particularly on the latch side of the door, to maintain a minimum of a 1/8 inch gap. If a 40” to 44” wood door was installed during a dry period with a 1/8 inch gap it may not close and latch when the humidity was high. An 1/8 inch gap is not sufficient clearance for proper operation of these doors.

We recognize that the Code does limit doors in smoke barriers to a maximum gap of 1/8 inch and requires doors in smoke barriers to maintain a higher level of smoke resistance than corridor doors. Section A8.3.1 states that smoke barriers and doors are required to “resist the passage of smoke”, a higher level of protection than “relatively tight fitting.”

No where in the Code does it state that the minimum gap for corridor doors is 1/8 inch and the Code specifically states that compliance with NFPA 80 is not required. We believe the AHJ’s are incorrectly applying the 1/8 inch gap restriction for doors in smoke barriers to corridor doors that are not part of a smoke barrier.
Question: Does the 2000 *Life Safety Code* limit the gap between the sides or top of corridor doors and the door frame to 1/8 inch?

**Interpretation Request #2. 1999 NFPA 90A**

**Issue:** The Health Care Interpretation Task Force meet with representatives of the NFPA 90A Technical Committee in June 2005 to discuss the issue of corridor plenums and what constituted incidental air movement. It was agreed that make up air for typical bathroom exhaust fans would constitute incidental air movement and when the make up air for the bathroom exhaust system is supplied from the corridor, the corridor would not be classified as a plenum. The representatives from the NFPA 90A Technical Committee where very clear that although the Committee had discussed the issue of what constitutes incidental air movement, the Committee did not want to specify a CFM number in the standard. The representatives stated that what constitutes incidental air movement can vary from building to building depending on several factors such as the volume of the corridor.

The NFPA 90A Technical Committee recently issued a Formal Interpretation (FI-02-3) of the 2002 NFPA 90A, see attached, that basically stated that 50 CFM make up air from the corridor for a bathroom exhaust fan for a residents room complied with NFPA 90A and did not require that the corridor be considered a plenum. We agree with the interpretation, but want to insure that the 50 CFM number not be considered a maximum number for incidental air movement, but instead be considered to fall within the range of what is incidental air movement. We believe this is consistent with the discussions with the NFPA 90A representatives and no where in the FI does it state or infer that the 50CFM number is a maximum.

Question: Does the 50 CFM number in FI 90A-02-3 constitute a maximum number for incidental air movement in Section 2-3.11.1 of the 1999 edition of NFPA 90A?

**Interpretation Request #3: 2001 NFPA 101A**

**Issue:** Recently the American Health Care Association (AHCA) submitted a request for a Formal Interpretation for the 2001 NFPA 101A relative to Chapter 4 Fire Safety Evaluation System for Health Care Occupancies. Specifically, the FI request addressed whether outside pathways from the exit discharge to a public way was covered in Safety Parameter 10, Emergency Movement Routes. AHCA asked for the formal interpretation because nursing homes were being told that the FSES did not apply to these pathways, in part because they were outside the building. The Formal Interpretation issued by NFPA, see attached, clearly states that the FSES does apply to the pathways.

Nursing homes are now being told that the FSES does not apply and can not be used for the lack of sprinkler protection for outside overhangs greater than 4 feet in width, outside canopies, porches, etc. in an otherwise sprinklered building. That is, in a building where all corridors and habitable spaces are protected by sprinklers. In part, AHCA is being told that these unsprinklered spaces are outside the building and therefore the FSES does not apply.
AHCA disagrees that the FSES does not apply. It is AHCA's position that the above situation is clearly addressed and applies in Safety Parameter 13, Automatic Sprinklers. It is the position of AHCA that the lack of sprinkler protection in these outside areas would result in the facility receiving 8 points in Parameter 13 instead of 10 points...

AHCA believes the FSES is very clear on this issue.

**Question:** Is it the intent to permit NFPA 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies, Section 4.6.13.4.2 to be used to evaluate the level of safety for a health care occupancy that does not conform with the provisions of the 2000 NFPA 101, Section 19.3.5, such as that related to the lack of sprinkler protection of outside combustible overhangs, canopies, porches, etc?
Comments Sought  
Proposed Tentative Interim Amendments

The following Tentative Interim Amendments (TIAs) have been proposed to the NFPA. They are being published for public review and comment. Comments should be filed with the Secretary, Standards Council, by the dates indicated below.

These proposed TIAs have also been forwarded to the responsible technical committees for processing. The technical committees will consider comments received by the date indicated below before final action is taken on the proposed TIAs. (Please identify the number of the TIA to which the comment is addressed.)

The Standards Council will then review the technical committees’ ballot results, the public comments, and any other information that has been submitted to determine whether to issue the TIAs at its meeting on March 21–22, 2006. Anyone wishing to address the Council should contact Codes and Standards Administration.

A TIA is tentative because it has not been processed through the entire codes- and standards-making procedures. It is interim because it is effective only between editions of the document. A TIA automatically becomes a proposal of the proponent for the next edition of the document. As such, it then is subject to all of the procedures of the codes- and standards-making process.

1. Revise 3.3.5.1 to read:

3.3.5.1 Double Containment Container. A single containment container surrounded by a wall (secondary container) and within 20 ft (6 m) of an opening to the atmosphere wall (secondary container) and that is designed to contain the entire volume of LNG released in the event of a spill from the primary or inner container where the space between the inner container and the wall is open to the atmosphere.

2. Revise 3.3.5.3 to read:

3.3.5.3 Full Containment Container. A container in which the consisting of an inner (primary) container that is surrounded by a secondary (outer) container with a concrete or steel roof designed to contain LNG liquid in the event of a spill from the inner container and where the secondary container is enclosed by a steel or concrete roof designed such that excess vapor caused by a spill of LNG from the primary container will discharge through the pressure relief valves system.

3. Revise 5.2.4 to read:

5.2.4 Container Spacing of Single Containment LNG Containers and Flammable Refrigerant Containers.

5.2.4.1 The minimum separation distance between single containment LNG containers or tanks containing flammable refrigerants and exposures shall be in accordance with Table 5.2.4.1 or with the approval of the authority having jurisdiction at a shorter distance from buildings or walls constructed of concrete or masonry but at least 10 ft (3.0 m) from any building openings.

5.2.5 Spacing of Double and Full Containment LNG Containers.

5.2.4.2 Double and full containment containers with concrete secondary containers shall have a separation distance to limit the incident thermal radiation flux from a full tank liquid fire within the primary or secondary container of an adjacent tank as follows:

1. Steel wall and roofs: 47,000 Btu/ft²/hr (15,000 W/m²)
2. Concrete walls: 95,000 Btu/ft²/hr (30,000 W/m²)
   (A) Unchanged
   (B) Where a water spray or deluge system shall be permitted...
be used to limit the thermal radiation flux onto the structure an adjacent container, the separation distance between containers shall be such that the radiation flux does not exceed the limits in 5.2.5, but in no event shall the separation distance be less than 1/2 the diameter of the largest tank be less than the distance specified in Table 5.2.4.1.

5.2.6 Other Container Spacing Requirements

5.2.6.1 A clear space of at least 3 ft (0.9 m) shall be provided for access to all isolation valves serving multiple containers.

5.2.6.2 LNG containers of greater than 125 gal (0.5 m3) capacity shall not be located in buildings.

4. Renumber following paragraphs accordingly.

Submitters Reason: The definition of Double Containment Container is revised to clarify that the space between the inner and outer container is open to the atmosphere. The definition of Full Containment Container is revised editorially and to clarify that pressure relief systems other than pressure relief valves can be used on full containment containers.

Paragraph 5.2.4.2 is revised to separate it into paragraphs covering spacing of double containment LNG containers, full containment LNG containers, and other related subjects. Paragraph 5.2.4.2 contained a significant error in that required excessive inter-container separation distances. The values in 5.2.5 (1) and (2) are revised to correct an error in conversion from the metric units which were provided in the proposal.

Emergency Nature: This TIA corrects an error made in the revision of Chapter 5 for the 2006 edition. As written, the Code requires excessively large inter-container spacing distances, which have significant impact on the siting of these very large LNG containers (typically larger than 1,000,000 gallons), requiring more land, or potentially limiting the number of containers that can be located on a site. Both of these have significant economic impact on projects, and the economics of LNG imports, which are needed.

LNG containers of greater than 125 gal (0.5 m3) capacity shall not be located in buildings.

As there are 31 LNG plants under consideration (FERC Data) in the U.S. and others in other countries, this TIA is needed and can not wait for the next revision cycle of NFPA 59A.

NFPA 90A–2002
Standard for the Installation of Air-Conditioning and Ventilating Systems
TIA Log No. 839
Reference: 5.4.7
Comment Closing Date: March 3, 2006
Submitter: Dale Woodin, American Society for Healthcare Engineering

1. Revise 5.4.7 to read as follows:

5.4.7 Maintenance. At least every four years the following maintenance shall be performed:

(1) Fusible links (where applicable) shall be removed.

(2) All dampers shall be operated to verify that they close fully.

(3) The latch, if provided, shall be checked.

(4) Moving parts shall be lubricated as necessary.

5.4.7 Testing and Maintenance.

5.4.7.1 All newly installed or repaired dampers or where work on the duct system is performed within 6 ft of a damper, the damper shall be tested in accordance with Chapter 7 and 5.4.7.2(1) through (6) prior to being placed into service.

5.4.7.2 At least every four years, the following maintenance shall be performed:

(1) Fusible links (where applicable) shall be removed.

(2) All dampers shall be operated to verify that they close fully.

(3) The latch, if provided, shall be checked for proper operation.

(4) Moving parts shall be lubricated as necessary.

(5) Fusible links (where applicable) shall be cleaned of any foreign matter, and reinstalled, or replaced with a new listed link of the same rating.

5.4.7.3 Dampers in health care occupancies as defined by NFPA 101 shall be tested at least every six years in accordance with 5.4.7.2(1) through (6).

5.4.7.4 When the damper manufacturer’s literature indicates a more frequent maintenance and testing schedule, that schedule shall be followed.

5.4.7.5 Records shall be maintained on test results.

5.4.7.5.1 Records shall be available for inspection.

Submitter’s Reason: The unfortunate part of the “return the entire report” decision of the Standards Council is that some extremely good work was lost in the process. The health care community was challenged by the proposal to modify the existing four-year damper-testing provision to annual testing. The American Society for Healthcare Engineering (ASHE) responded to this challenge by presenting evidence, obtained from hundreds of hospitals across the nation, disputing the need for annual testing. This evidence proved that annual testing was excessive and that routine testing could be extended beyond a four-year cycle without reducing the reliability of the dampers. The technical committee agreed and modified their own proposal to allow testing on a six-year cycle for health care occupancies. The unintended consequence of returning the entire report is the loss of this evidence-based improvement to 90A that will have a monumental positive impact on our health care system. By reverting to the previous edition, we have not gained the two additional years between testing our fire and smoke dampers. The effect of not publishing this final action will mean:

- Continued frequent disruption of patient occupied space(s) as we are a 24/7 occupancy and don’t have the luxury of doing testing on off hours
- Potential increase in patient infections due to disturbing the particulate in the ductwork by closing the dampers
- Potential increase in patient infections by having to access concealed spaces and ceiling cavities
- Modification of essential pressure differentials by exercising dampers in critical spaces such as airborne infection isolation rooms, operating suites, laboratories, protective environments, etc.
- Wear and tear on the dampers being tested with the inevitable need to replace them if damaged during testing and the extended disruption of the space and the ventilation system, and
- A lost opportunity to reduce the regulatory burden on hospitals nationwide by over $500 million through extending the testing cycle from once every four years to once every six years
With an estimated 5,000 patients in health care facilities dying on an annual basis due to the disruption of the physical environment, of which getting access above dropped ceilings and into access panels is a major contributor, the addition of two years to the existing four-year frequency would be a monumental advancement in preventing environmental-related infection in patients. Couple this with an estimated savings of a half-billion dollars that can be applied toward desperately needed staffing, new technology, and care of the indigent patient population, and you have a very compelling reason for adopting this TIA. Keep in mind, NFPA 90A TC members readily acknowledge previous comprehensive testing data did not exist and therefore the existing test frequency was nothing more than a “best guess” by the technical committee.

At the Standards Council appeal on NFPA 90A, each party addressing the Council made a statement about wanting to find a way to retain the modification to the paragraph; this is that opportunity.

Standards Council News

Now Available: Report of the Motions Committee on Certified Amending Motions for Fall 2005 Revision Cycle Documents

Under new rules that are now in effect, starting with the Fall 2005 Revision Cycle, only NFPA documents with Certified Amending Motions will be addressed at the next available NFPA Association Technical Meeting. The Notices of Intent to Make a Motion (NITMAM) were due November 10, 2005.

The Motions Committee Report on the Fall 2005 Revision Cycle Documents is now available by logging on to the NFPA website at http://www.nfpa.org/assets/files/PDF/Standards%20Council/F05NITMAMReport.pdf. These documents are scheduled for presentation at the 2006 Association Technical Meeting to be held on June 7-8, 2006 in Orlando, Florida.

Annual 2006 Revision Cycle Documents with Certified Amending Motions (NITMAMs due April 7, 2006) will be indicated in the “Report of the Motions Committee on Certified Amending Motions for Annual 2006 Revision Cycle Documents”, which is scheduled to be available no later than May 5, 2006 on the NFPA website. Documents with Certified Amending Motions from both the Fall 2005 and Annual 2006 Revision Cycles will be considered at the 2006 Association Technical Meeting on June 7-8, 206 in Orlando, Florida.

For information on the Report of the Motions Committee, as well as the applicable rules (see Regulations Governing Committee Projects and the Technical Meeting Convention Rules) log on to www.nfpa.org/codes/codesandstandards.asp.

2006 Annual Revision Cycle Report on Comments Available Soon

The 2006 Annual Revision Cycle Report on Comments will be available on February 24, 2006. It will contain a compilation of NFPA Technical Committee Reports on Comments.

To obtain a copy of the Report on Comments being presented for action, download the file from NFPA's Web site at http://www.nfpa.org/itemDetail.asp?categoryID=817&itemID=20929&URL or complete and return the coupon below.

Under the new Regulations, the proposed NFPA Documents addressed in this Report on Comments (ROC) and in the Report on Proposals (ROP) will be presented for action at the June 2006 Annual Association Technical Meeting only when proper Amending Motions have been submitted.

Anyone wishing to make Amending Motions on the Technical Committee Reports (ROP and ROC) must signal their intention by submitting a Notice of Intent to Make a Motion by the deadline of April 7, 2006. Certified motions will be posted by May 5, 2006. Documents that receive notice of proper Amending Motions (Certified Amending Motions) will be presented for action at the Annual 2006 Association Technical Meeting. Documents that receive no motions will be forwarded directly to the Standards Council for action on issuance.

For more information on the new rules, see the inside front cover and for up-to-date information on schedules and deadlines for processing NFPA Documents, check the NFPA Web site at www.nfpa.org or contact NFPA Standards Administration.

Listed below are documents that may have received comments and would, therefore, have reports appearing in the 2006 Annual Revision Cycle Report on Comments (ROC).

- NFPA 13–2002 Standard for the Installation of Sprinkler Systems
- NFPA 13D–2002 Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes
- NFPA 13R–2002 Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height
- NFPA 24–2002 Standard for the Installation of Private Fire Service Mains and Their Appurtenances
- NFPA 30B–2002 Code for the Manufacture and Storage of Aerosol Products
- NFPA 32–2004 Standard for Drycleaning Plants
- NFPA 33–2003 Standard for Spray Application Using Flammable or Combustible Materials
- NFPA 34–2003 Standard for Dipping and Coating Processes Using Flammable or Combustible Liquids
- NFPA 40–2001 Standard for the Storage and Handling of Cellulose Nitrate Film
Please send me:

___2006 Annual Revision Cycle Report on Comments (ROC-2006AC)
   (CD-ROM Version)

___2006 Annual Revision Cycle Report on Comments (ROC-2006AC)
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Return the coupon to NFPA, Fulfillment Center, 11 Tracy Drive, Avon, MA 02322,
or fax it to the Fulfillment Center at 617-770-0700.
Formal Interpretations Issued

The following Formal Interpretations have been issued. Copies of all FIIs (if not published here) are available from Standards Administration, NFPA, 1 Batterymarch Park, Quincy, MA 02169-7471, or by calling 617-984-7248.

NFPA 90A–2002
Standard for the Installation of Air-Conditioning and Ventilating Systems
Reference: 4.3.11.1, 3.3.5 and 3.3.21
FI No. 90A-02-3

Question No. 1: When the resident’s room windows are closed, can the 50 cfm of air exhausted from the bathroom and drawn from the room in general be in whole or in part made up by infiltration through the NFPA 80 complying clearances around and under the corridor door due to the resultant pressure differences?

Answer: Yes.

Question No. 2: Does the corridor described constitute a plenum or air duct as these terms were intended to apply under 90A?

Answer: No.

NFPA 90A–2002
Standard for the Installation of Air-Conditioning and Ventilating Systems
Reference: 5.3.4.5
FI No. 90A-02-02

Question: Is it the intent of NFPA 90A: 5.3.4.5 to prohibit the installation of a Type B vent, which is connected to and exhausts a natural gas fire boiler within an environmental air shaft?

Answer: Yes.

Call for Members

The Committee on Aircraft Maintenance Operations is seeking members in all interest categories. This Committee is responsible for NFPA 410, Standard on Aircraft Maintenance.

The Committee on Animal Housing Facilities is seeking members in all interest categories. This Committee is responsible for NFPA 150, Standard on Fire Safety in Racetrack Stables.

The Committee on Automatic Sprinklers – Foam-Water Sprinklers is seeking members in the following interest categories: labor, enforcer, manufacturer, installer/maintainer, and consumer. This Committee is responsible for NFPA 16, Standard for the Installation of Foam-Water Sprinkler and Foam-Water Spray Systems.

The Committee on Boiler Combustion System Hazards – Stoker Operations is seeking members in all interest categories except manufacturers and users. This Committee is responsible for stoker material in NFPA 85, Boiler and Combustion Systems Hazards Code.

The Committee on Compressed Natural Gas (CNG) Vehicular Fuel Systems Code is seeking members in the interest category of enforcer. This Committee is responsible for NFPA 52, Vehicular Fuel Systems Code.

The Committee on Carbon Monoxide Detection is seeking members in all interest categories except manufacturers and users. This Committee is responsible for NFPA 720, Standard for the Installation of Carbon Monoxide (CO) Warning Equipment in Dwelling Units.

The Committee on Chimneys, Fireplaces, and Venting Systems for Heat-Producing Appliances is seeking members in the interest categories of installer/maintainer, enforcing authority, and consumer. This Committee is responsible for NFPA 211, Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances.

The Committee on Electrical Equipment of Industrial Machinery is seeking members in all interest categories except users or manufacturers. This Committee is responsible for NFPA 79, Electrical Standard for Industrial Machinery.

The Committee on Electrical Systems Maintenance is seeking members in all interest categories except special experts. This Committee is responsible for NFPA 73, Electrical Inspection Code for Existing Dwellings.

The Committee on Electronic Safety Equipment for Fire and Emergency Services is seeking members in all interest categories. This Committee is responsible for NFPA 1982, Standard on Personal Alert Safety Systems (PASS).

The Committee on Emergency Vehicle Mechanic Technicians Professional Qualifications is seeking members in all interest categories. This Committee is responsible for NFPA 1071, Standard for Emergency Vehicle Technician Professional Qualifications.

The Committee on Exposure Fire Protection is seeking members in all interest categories except manufacturers. This Committee is responsible for NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures.

The Committee on Fine Aerosol Extinguishing Technology is seeking members in all interest categories except special experts.

The Committee on Fire Department Ground Ladders is seeking members in all interest categories except manufacturers. This Committee is responsible for NFPA 1931, Standard for Manufacturer’s Design of Fire Department Ground Ladders; and NFPA 1932, Standard on Use, Maintenance, and Service Testing of In-Service Fire Department Ground Ladders.

The Committee on Fire Marshal Professional Qualifications is seeking members in all interest categories except users (fire marshals).

The Committee on Fire Service Instructor Professional Qualifications is seeking members in all interest categories except enforcers, special experts, and users. This Committee is responsible for NFPA 1041, Standard for Fire Service Instructor Professional Qualifications.
The Flammable Liquids Code Fundamentals Committee is seeking members in all interest categories except manufacturers, special experts, and insurance. This Committee is responsible for chapters in NFPA 30, Flammable and Combustible Liquids Code.

The Committee on Fluidized Bed Boilers is seeking members in all interest categories except manufacturer. This Committee is responsible for chapters in NFPA 85, Boiler and Combustion Systems Hazards Code.

The Committee on Fundamentals of Combustion Systems Hazards is seeking members in all interest categories except manufacturer. This Committee is responsible for chapters in NFPA 85, Boiler and Combustion Systems Hazards Code.

The Committee on Garages and Parking Structures is seeking members in all interest categories except manufacturer, special experts, and users. This Committee is responsible for NFPA 88A, Standard for Parking Structures.

The Committee on Handling and Conveying of Dusts,>Vapors, and Gases is seeking members in all interest categories except special experts. This Committee is responsible for NFPA 91, Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids; NFPA 654, Standard for the Prevention of Fire and Dust Explosions from the Manufacturing, Processing, and Handling of Combustible Particulate Solids; and NFPA 655, Standard for Prevention of Sulfur Fires and Explosions.

The Committee on Hazard and Risk of Contents and Furnishings is seeking members in the interest categories of consumer, insurance, fire service, education, and special interest in vehicular furnishings. This Committee is responsible for NFPA 555, Guide on Methods for Evaluating Potential for Room Flashover; and proposed NFPA 556, Guide for the Identification and Development of Mitigation Strategies for Fire Hazard to Occupants of Passenger Road Vehicles.

The Committee on Health Care Facilities – Administration is seeking members in all interest categories except special experts. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Electrical Equipment is seeking members in all interest categories except users. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Electrical Systems is seeking members in all interest categories except special experts and users. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Gas Delivery Equipment is seeking members in all interest categories except users. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Health Care Emergency Management is seeking members in all interest categories except users, enforcers, and special experts. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Hyperbaric and Hypobaric Facilities is seeking members in all interest categories except users and manufacturers. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Health Care Facilities – Laboratories is seeking members in all interest categories except users. This Committee is responsible for chapters in NFPA 99, Standard for Health Care Facilities.

The Committee on Incident Management Professional Qualifications is seeking members in all interest categories.

The Committee on Incinerators and Waste Handling Systems is seeking members in all interest categories except manufacturer. This Committee is responsible for NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment.

The Committee on Industrial and Medical Gases is seeking members in the enforcer category only. This Committee is responsible for NFPA 51, Standard for the Design and Installation of Oxygen–Fuel Gas Systems for Welding, Cutting, and Allied Processes; NFPA 51A, Standard for Acetylene Cylinder Charging Plants; NFPA 55, Standard for the Storage, Use, and Handling of Compressed Gases and Cryogenic Fluids in Portable and Stationary Containers, Cylinders, and Tanks; and NFPA 560, Standard for the Storage, Handling, and Use of Ethylene Oxide for Sterilization and Fumigation.

The Committee on Internal Combustion Engines is seeking members in the following interest categories: enforcer and user. This Committee is responsible for NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines.

The Committee on Liquid Fuel Burning Equipment is seeking members in the interest categories of insurance and user. This Committee is responsible for NFPA 31, Standard for the Installation of Oil-Burning Equipment.

The Committee on LP-Gases at Utility Gas Plants is seeking members in all interest categories except special experts. This Committee is responsible for NFPA 59, Utility LP-Gas Plant Code.

The Technical Correlating Committee on Manufactured Homes is seeking members in the interest categories of consumer, users, installation/maintenance, and insurance. This Committee has jurisdiction over NFPA 501, Standard for Manufactured Housing; NFPA 501A, Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities; and NFPA 225, Model Manufactured Home Installation Standard.

The Committee on Electrical Systems for Manufactured Housing is seeking members in all interest categories except manufacturer and enforcer. This Committee is responsible for chapters in the following documents: NFPA 501, Standard on Manufactured Housing; NFPA 501A, Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities; and NFPA 225, Model Manufactured Home Installation Standard.

The Committee on Fire Safety Systems for Manufactured Housing is seeking members in the interest categories of insurance, consumer, and research and testing. This Committee is

The Committee on Mechanical Systems for Manufactured Housing is seeking members in all interest categories except manufacturers. This Committee is responsible for chapters in the following documents: NFPA 501, Standard on Manufactured Housing; NFPA 501A, Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities; and NFPA 225, Model Manufactured Home Installation Standard.

The Committee on Plumbing Systems for Manufactured Housing is seeking members in all interest categories except enforcement officials. This Committee is responsible for chapters in the following documents: NFPA 501, Standard on Manufactured Housing; NFPA 501A, Standard for Fire Safety Criteria for Manufactured Home Installations, Sites, and Communities; and NFPA 225, Model Manufactured Home Installation Standard.

The Committee on Public Safety Telecommunicator Professional Qualifications is seeking members in all interest categories. The Committee is responsible for NFPA 1061, Standard for Professional Qualifications for Public Safety Telecommunicator.

The Committee on Manufacture of Organic Coatings is seeking members in the interest categories of enforcement and insurance. This Committee is responsible for NFPA 35, Standard for the Manufacture of Organic Coatings.

The Committee on Marine Fire-Fighting Vessels is seeking new members in all interest categories except enforcing authorities. This Committee is particularly interested in acquiring members with expertise in naval architecture and marine engine manufacture and installation. This Committee is responsible for NFPA 1925, Standard on Marine Fire-Fighting Vessels.

The Committee on Marine Terminals is seeking new members in all interest categories except special interest. This Committee is responsible for NFPA 307, Standard for the Construction and Fire Protection of Marine Terminals, Piers, and Wharves.

The Committee on Mining Facilities is seeking new members in the user category, specifically the metal mining industry. This Committee is responsible for NFPA 120, Standard for Fire Prevention and Control in Coal Mines; and NFPA 122, Standard for Fire Prevention and Control in Metal/Nonmetal Mining and Metal Mineral Processing Facilities.

The Committee on Public Emergency Service Communication is seeking members for the installer/maintainer category. This Committee is responsible for NFPA 1221, Standard for the Installation, Maintenance, and Use of Emergency Service Communications Systems.

The Committee on Public Fire Educator Professional Qualifications is seeking members in all interest categories except labor and user. This Committee is responsible for NFPA 1035, Standard for Professional Qualifications for Public Fire and Life Safety Educator.

The Committee on Public Fire Reporting Systems is seeking members in all categories except manufacturers. This Committee is responsible for chapters in NFPA 72®, National Fire Alarm Code®.

The Committee on Pulverized Fuel Systems is seeking members in all interest categories except manufacturer and users. This Committee is responsible for chapters in NFPA 85, Boiler and Combustion Systems Hazards Code.

The Committee on Single Burner Boilers is seeking members in all interest categories except manufacturer. This Committee is responsible for chapters in NFPA 85, Boiler and Combustion Systems Hazards Code.

The Committee on Solvent Extraction Plants is seeking members in the interest categories of equipment manufacturer, user, and enforcers. This Committee is responsible for NFPA 36, Standard for Solvent Extraction Plants.

The Committee on Static Electricity is seeking members in the following categories: enforcer, insurance, and research/testing. This Committee is responsible for NFPA 77, Recommended Practice on Static Electricity.

The Committee on Tank Leakage and Repair Safeguards is seeking members in the following interest categories: equipment manufacturers, installer/maintainer, and insurance. This Committee is responsible for NFPA 326, Standard for the Safeguarding of Tanks and Containers for Entry, Cleaning, or Repair; and NFPA 329, Recommended Practice for Handling Releases of Flammable and Combustible Liquids and Gases.

The Committee on Transportation of Flammable Liquids is seeking members in all interest categories. This Committee is responsible forNFPA 385, Standard for Tank Vehicles for Flammable and Combustible Liquids.

The Committee on Wastewater Treatment Plants is seeking members in all interest categories except manufacturer and special experts. This Committee is responsible for NFPA 820, Standard for Fire Protection in Wastewater Treatment and Collection Facilities.

The Committee on Water Additives for Fire Control and Vapor Mitigation is seeking members in the categories of user and enforcer. This Committee is responsible for NFPA 18, Standard on Wetting Agents.

The Committee on Water-Cooling Towers is seeking members in all interest categories except insurance. This Committee is responsible for NFPA 214, Standard on Water-Cooling Towers.

The Committee on Water Spray Fixed Systems is seeking members in the enforcing authority interest category. This Committee is responsible for NFPA 15, Standard for Water Spray Fixed Systems for Fire Protection.

The Committee on Wildland Fire Suppression Professional Qualifications is seeking members in all categories. This Committee is responsible for NFPA 1051, Standard for Wildland Fire Fighter Professional Qualifications.
Anyone interested in serving on one of these committees or on any NFPA technical committee can download a form from NFPA's Web site at http://www.nfpa.org/assets/files/PDF/TCApp.pdf or request a technical committee application form from Codes and Standards Administration, NFPA, 1 Batterymarch Park, Quincy, MA 02169-7471.

Minutes Available

The NFPA Standards Council met October 27, 2005. The minutes are posted on NFPA's Web site at http://www.nfpa.org/categoryList.asp?categoryID=835&URL. A copy of the minutes of this meeting can also be obtained by writing to Codes and Standards Administration, NFPA, 1 Batterymarch Park, Quincy, MA 02169-7471.

Coming Events

Committee Calendar

February

7–8 Hazard and Risk of Contents and Furnishings, San Antonio, TX
7–9 Explosion Protection Systems, Las Vegas, NV
7–10 Fire Investigations, Mesa, AZ
8–10 Lightning Protection, Orlando, FL
8–10 Road Tunnel and Highway Fire Protection, Miami, FL
9–10 Agricultural Dusts, Scottsdale, AZ
9–11 Fire Service Occupational Safety and Health, Los Angeles, CA
12–14 Pyrotechnics, Pittsburgh, PA
14–15 Airport Facilities, Miami, FL
16–17 Incident Management Professional Qualifications, San Antonio, TX
16–18 Forest and Rural Fire Protection, Nashville, TN
21–23 Hazardous Chemicals, Baltimore, MD
22–24 Aircraft Rescue and Fire Fighting, N. Redington Beach, FL
28–29 Mining Facilities, St. Louis, MO

March

1 Emergency Medical Services Protective Clothing and Equipment, Raleigh, NC

April

3–5 Telecommunications, Boulder, CO
5–7 Electronic Computer Systems, Boulder, CO
11–12 Safety at Motorsports Venues, Phoenix, AZ
24–28 NEC TCC Meeting, Singer Island, FL
30–31

May

1 Fire Service Training, Indianapolis, IN

May

22–23 Cultural Resources, Ljubljana, Slovenia

June

4–8 NFPA World Safety Conference and Exposition, Orlando, FL
14–15 TCC Boiler Combustion System Hazards, FM Global, Norwood, MA
## Committees Soliciting Proposals

Governing Committee Projects, committees are now accepting proposals for recommendations on content for the documents listed below. Proposals received by 5:00 p.m. ET on the closing date indicated will be acted on by the committee, and that action will be published in the committee’s report. Proposals must be submitted to Codes and Standards Administration on proposal forms available in the back of all NFPA documents or from NFPA headquarters. (NOTE: For information on specific committee meeting dates, contact Codes and Standards Administration, NFPA.) Copies of new document drafts are available from Codes and Standards Administration, NFPA, One Batterymarch Park, Quincy, MA 02169-7471, or they may be downloaded from NFPA’s Web site at [http://www.nfpa.org/itemDetail.asp?categoryID=163&itemID=19006](http://www.nfpa.org/itemDetail.asp?categoryID=163&itemID=19006). If you need a current edition of a document, please contact NFPA, Fulfillment Center, 11 Tracy Drive, Avon, MA 02322, or call 800-344-3555.

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**P**  Proposed New NFPA Document

† Change in proposal closing date or cycle
2-3.11 Corridor Air Systems.

2-3.11.1* Egress Corridors.

Egress corridors in health care, detention and correctional, and residential occupancies shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. An air transfer opening(s) shall not be permitted in walls or in doors separating egress corridors from adjoining areas.

Exception No. 1: Toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces opening directly onto the egress corridor.

Exception No. 2: Where door clearances do not exceed those specified for fire doors in NFPA 80, Standard for Fire Doors and Fire Windows, air transfer caused by pressure differentials shall be permitted.

Exception No. 3: Use of egress corridors as part of an engineered smoke-control system.

Exception No. 4: In detention and correctional occupancies with corridor separations of open construction (e.g., grating doors or grating partitions).

A-2-3.11.1

This requirement is not intended to prohibit the use of mechanical ventilation for corridors or prohibit the use of a corridor as a source of makeup air through normal leakage around doors due to pressure differentials created by exhaust fans in kitchens and bathrooms. This requirement is not intended to prohibit incidental air movement between rooms and corridors because of pressure differentials in special institutional occupancies. In such cases, the direction of airflow is not the important issue. For the purpose of fire protection, the important criterion is that the air transfer be incidental.
BACKGROUND: I am representing the American Health Care Association (AHCA) which is a trade association representing over 12,000 nursing homes. The 2000 Life Safety Code has been adopted by the Federal Government and applies to all existing nursing homes in the U.S. The 2001 NFPA 101A is the applicable edition for the 2000 LSC and is widely used by existing nursing homes as an alternative to determine equivalent compliance with the prescriptive requirements of the Code. CMS has recently issued a memorandum stating that the use of FSES is inappropriate relative to pathways, particularly hard surface pathways as part of the “discharge from exits” as covered in Section 7.7 of the Code. The American Health Care Association disagrees with CMS’s position and had participated in many discussions with CMS on this very issue prior to CMS’s memorandum. (shown below)

“It is AHCA’s position that the use of the FSES is appropriate for all the requirements for “Discharge of Exits” contained in Section 7.7 to include pathways to public ways. Section 4.6.10.3.2 of NFPA 101A states: “exit routes also shall be considered deficient if they fail to meet the requirements of 18.2.1 through 18.2.7 or 19.2.1 through 19.2.7 (NFPA 101), for the egress routes involved.” Sections 18.2.7 and 19.2.7 refer back to Section 7.7, Discharge of Exits, which contains the requirements for the pathways to a public way.”

QUESTION: Is it the intent to permit NFPA 101A, Chapter 4 – Fire Safety Evaluation System for Health Care Occupancies, to be used to evaluate the level of safety provided for a health care occupancy that does not conform with the provisions of NFPA 101, Section 7.7 – Discharge from Exits, such as that related to the exit discharge path to a public way?

ANSWER: Yes.
Supplemental Agenda Items - #2 – Veterans Administration (VA)
Healthcare Interpretations Task Force
Request Form
(For June 2006)

Name: Gene Cable, Veterans Affairs

Address: PO box 8980, VA Albany NY 12208

Phone: (518) 626-5551

Document to be interpreted: NFPA 101 (2000) section 18/19.3.5, 9.7.1.1,
NFPA 101 (2003 and 2006) same sections


Background Information (optional): The following is quoted from the May 2000 Minutes, the HITF ruled as quoted here,

"Sprinkler/Wardrobe Issue: This item had been discussed at previous meetings, yet no formal action had ever been requested. (highlight added) NFPA received three letters that asked if the HITF could take a look at these items and, if appropriate, provide an interpretation. A written response from HCFA was passed out. In all three cases, since it appeared that the basis for these questions centered on HCFA enforcement of the rule, a detailed and thoughtful response from HCFA was prepared. Two primary issues were raised, the first one being that individuals should contact the regional HCFA inspectors if they are unclear on the HCFA policy on this issue. Number 2, HCFA does have a detailed policy and fix for the need, or lack of need, for sprinklers in select wardrobe units. This policy has been widely distributed to HCFA inspectors and has been used on countless occasions to remedy the sprinkler/wardrobe problem. The HITF believe that the current HCFA policy addresses this issue. If individuals believe that NFPA 13, Standard for the Installation of Sprinkler Systems should be changed or modified to further address this issue, then it is appropriate for proposals to be submitted for the next revision cycle of NFPA 13. In addition, it is noted that the 2000 edition of NFPA 101: 3.3.33 now defines contents and furnishings. This should help to separate furniture objects from building objects in terms of automatic sprinkler coverage. NFPA will send a response to this effect to the individuals who have raised this issue and refer them to HCFA Interpretative Guide of 30 August 1993."

Closets – Sprinkler??
The picture illustrates existing conditions and even new construction situations where reasonable local AHJs have NOT required sprinkler protection within the small closets. This presents a continuing problem. Obviously the HCFA 1993 interpretive guide is not well known or, more likely, is itself interpreted differently (note the small vent louver in the door, did this meet the HCFA requirements for "open louvers" allowing sprinkler water to enter the closet?) Worse, VA has experienced a surveyor asking that the hose closets (8 inches deep by 2 feet 8 inches wide containing only fire hose and a fire extinguisher) be sprinkler protected. Technically, by letter of Code the surveyor is correct. However, reasonable application of Code would dictate a different conclusion.

We are asking for HITF formal action.

The Life Safety Code Objective is to protect the life of occupants not intimate with initial fire growth. For health care occupancies of non-combustible or limited combustible construction there is very little likelihood for a concealed fire spreading from the closet to structural members. That leaves the closet fire as a potential life safety threat by products of combustion venting into the room. Even with total combustion of typical materials within a small closet there would be little or no threat to life. Reasonable persons point out the "portable" wardrobe scenario or the end table full of combustibles, as examples of other concealed space within the same room where sprinkler protection is not feasible or called for. Room sprinkler protection meets the objective of confining and controlling the fire. Additionally in most other fire protection discussions we credit staff as able to enhance life safety protection, the same in this case. Even if a confined fire continues within the closet staff would most likely have ample time to remove persons from the room.

NFPA 13 allows closets up to 24 sq ft to be non protected in dwelling units and hotels. NFPA 101 goes beyond that allowing closets up to 24 sq ft to be non protected in Board and Care Slow and Prompt and closets up to 12 sq ft to be non-protected in apartments. The closet pictured above is approximately 1.3 ft wide and 2 feet deep or 2.7 sq ft.

**Question #1:** For sprinkler protected health care and ambulatory health care occupancies of Type I or Type II construction as defined in NFPA 220 can fire extinguisher/occupant hose closets, measuring approximately 3 feet wide and 12 inches deep, be exempted from sprinkler installation?

**Question #2:** For sprinkler protected health care and ambulatory health care occupancies of Type I or Type II construction as defined in NFPA 220 where the closet is lined with non combustible or limited combustible materials can small built in closets, not exceeding 6 square feet in area, be exempted from sprinkler installation?

Signature: CABLE ______________________ Date: May 26, 2006
Name: Gene Cable, Dept of Veterans Affairs

Address: PO box 8980, VA Albany NY 12208

Phone: (518) 626-5551; cell (518) 641-8549

Document to be interpreted: NFPA 101 (2000 and 2003) Section 1.4.1, A1.4.1

NFPA 101 (2006) Section 1.3.1, 4.6.4, 4.6.7.4, 4.6.7.5, A.4.6.7.4


Background Information (optional): Based on A1.4.1 (2000) some AHJs required that features installed to comply with NEW when the building was built must be maintained for the life of the building even though newer Code editions no longer required that feature. To fix that, the 2006 Code was revised to eliminate A1.4.1, but now we may have created a new, much more serious fundamental problem.

Health care occupancies (and all other occupancies for that matter) are built, renovated, or reconstructed with missing features and flaws, either by design error, construction error, or worse, purposeful short-cuts. When completed the building did not comply with Code in one area or another, and this problem might not be discovered for months or years after occupancy. Bottom line it was built wrong.

EXAMPLES:

Specific example # 1: A hospital built in 1999 is fully sprinkler protected and it was designed and built according to AHJ application of the 1997 Life Safety Code. All exceptions were taken for full sprinkler protection including non-rated patient room corridor walls. The smoke compartments containing patient sleeping rooms are equipped with standard response sprinklers, not compliant for new construction in the Code edition to which the facility was designed to. (1997 Section 12-3.5.2 requires QR for new construction) (2000 Section 19.3.5.2 as referenced by 19.3.6.2.1 exception 1 does not require QR for existing). Do these sprinklers have to be changed out to quick response?

Specific example # 2: A hospital built in 1999 was designed and built according to AHJ application of the 1997 Life Safety Code. A relatively small patient floor, containing less than 30 patients, has no smoke barrier. (1997 Section 12-3.7.1(a) requires a smoke barrier) (2000 Section 19.3.7.1 does not require a smoke barrier for less than 30 patients).
Must a smoke barrier be installed?

Specific example # 3: A nursing home built in 1999 was designed and built according to AHJ application of the 1997 Life Safety Code. Several large storage rooms, all much greater that 100 sq ft containing combustibles, were found with non-rated self-closing doors in non-rated frames and the separation walls non-rated but smoke tight slab to slab. (1997 Section 12-3.2 requires a 1-hour fire barrier separation slab to slab with ¾-hour FR self-closing doors) (2000 and 2000 Section 19.3.2 does not require the fire barrier or ¾ hour fire door due to the sprinkler exception, it requires only the smoke tight partition and a non-rated self-closing door.) Must these walls be reconstructed to 1-hour fire barrier and the doors and frames replaced with ¾-hour fire rated?

It appears the 2006 Code does not have a Code section by which an AHJ can require that these missing features or flaws be installed or fixed - when that missing feature or flaw is not required for existing facilities.

Question:

This question is predicated on the fact that for existing buildings the AHJ always has the authority to modify requirements "if their application would be impractical in the judgment of the authority having jurisdiction." (2000, 2003 and 2006, section 4.6.4)

If a building is discovered to contain a condition that is not in compliance with the requirements for New for an old edition of the Life Safety Code for which the building was designed, but the condition is in compliance with the requirements for Existing for the current edition of the Life Safety Code, is it the intent of the Code that the building be modified so that it will be brought into compliance with the requirements for New for the edition of the Life Safety Code for which the building was designed?

Signature: CABLE Date: May 30, 2006
Healthcare Interpretations Task Force
Request Form
(For June 2006 meeting)

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Document to be interpreted: NFPA 101 (2000) section 19.7.1.2
NFPA 101 (2006) section 19.7.1.4, 19.7.1.6, A19.7.1.4


Background Information (optional): HITF addressed a very similar question in May 15, 2001 Disneyland Hotel from NFPA staff, "NFPA Request - Frequency of fire drills at SNF". It apparently concerned a State agency and drill requirements at a SNF attached to a hospital. The HITF did not make a formal interpretation and the minutes went on to say, "Unless the state regulatory agency made some determination with respect to licensing that the SNF and healthcare facility were one in the same, the drills must be completed independent of each other."

A new situation is emerging where fire alarm systems, with their amazing micro processing capabilities, are designed to limit where the alarm is sounded. These options are taken in coordination with the fire plan.

For example, a large 7-story healthcare facility is separated by 2-hour fire barriers into three buildings, Russell, Hamblet, and Stevens. Where buildings are attached and the option is taken to sound an alarm signal only in the Hamblet building, what effect would that have on the fire drill requirement? For the facility, did we just go from 12 drills per year to 36? The telephone operator still makes the Code Red announcement heard in all three buildings and selected staff respond from all three buildings according to the fire plan, to the fire area.

NFPA 101 A.19.7.1.4 states, "the purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan." . . . "Fire drills should be scheduled on a random basis to ensure the personnel in health care facilities are drilled not less than once in a 3-month period."

JCAHO EC.5.30 (2006) states, "The organization conducts fire drills regularly." EP 1. "Fire drills are conducted quarterly on all shifts in each building defined by the LSC as the following: Ambulatory Health care occupancy, Health care occupancy, Residential occupancy." EP # 5 "Staff in all areas of every building where individuals are housed or
treated participate in drills to the extent called for in the facility's fire plan."

EP # 7 "The
effectiveness of fire response training according to the fire plan is evaluated at least annually."

**Specific example # 1:** A health care facility consists of two buildings that abut each other but are separated by a 2-hour fire barrier. The fire plan calls for selected staff in building A to respond to the fire zone in building B. The fire alarm system activates only in Building B and a "Code Red" announcement is transmitted to both buildings according to the fire plan. Are a total of 12 drills per year sufficient, randomly conducted among the two buildings? I believe YES.

**Specific example # 2:** Given the same situation as example # 1 except the fire plan does not call for staff in "Building A" to take action for an alarm in Building B, the fire plan does NOT call for staff response from one "building" to another. The phone operator "Code Red" announcement is still transmitted to both buildings. Does the drill in building B count as a fire drill only for building B? I believe YES. Now 24 drills are required for the facility? I believe YES.

**Specific example # 3:** Given a situation where a medical center is divided into several distinctly separated buildings, such as a mental health campus facility consisting of nine buildings connected by tunnels. The fire plan is specific to the building in alarm with the plan stating that available personnel from the neighboring two buildings respond to assist. The fire alarm system gives an automatic voice Code Red announcement throughout all nine buildings. Would 12 drills per year be sufficient for each group of three buildings? I believe YES. Campus wide would 36 drills per year meet the Code intent, 12 drills for each group of three? I believe YES.

**QUESTION:**

Is it the intent of the Code that twelve drills, once per quarter per shift, be conducted according to the extent of participation called for in the fire plan rather than according to building designation?

**Signature:** CABLE  
**Date:** May 31, 2006
Minutes of HITF Task Force on Door Locking
Teleconference Meeting
Minutes of HITF Task Force on Door Locking
Teleconference Meeting

I. The Task Force met via teleconference on May 30, 2006. Present were Dale Woodin, Joe Bermes and Tom Jaeger.

II. The Task Force identified the various reasons why doors in the means of egress might be required to be locked. These being:

- **Clinical needs of the patient** - Clinical needs was identified as medical or psychiatric needs of the patient as determined by clinical staff of the health care facility.
- **Detention of the patient** – Patients who are considered a danger to society or to themselves as determined by the courts or the clinical staff of the health care facility.
- **Security needs of the patient** – Safety and security of patients from others as determined by the management of the health care facility.
- **Lockdown needs** – The need to protect the occupants of the building, the public outside the building, the building itself or the contents of the building due to such events as national disasters, civil unrest or release of weapons of mass destruction as determined by the management of the facility or civil authorities.

III. The Task Force felt that the clinical needs of the patient and detention of the patient were adequately addressed in Sections 18 & 19.1.1.3, 18 & 19.1.1.5 and 18 & 19.2.2.2 thru 2.2.5 of the 2006 *Life Safety Code*.

IV. The Task Force does not feel that the Security needs of the patient and lockdown needs are adequately addressed in the Code. The following is recommended:
• The HITF develop language for the security needs of the patient and submit a public proposal for the next edition of the Life Safety Code or request that the Health Care Occupancy Technical Committee address the issue.

• The issue of Lockdown needs is very new and controversial. The Task Force is of the opinion that this issue needs to be addressed by a group much broader in membership than this Task Force. We suggest that either the entire HITF Committee address this issue or as a minimum add representatives to this Task Force from CMS, JCAHO and IFMA to address Lockdown.

V The Task Force did agree that regardless of the reason, whenever doors in the means of egress are locked, that adequate staff and/or systems be present to unlock the doors in a timely manner, when required.
ENCLOSURE 2
Minutes of HITF Task Force on Door Locking
Teleconference Meeting
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