Baptist Health

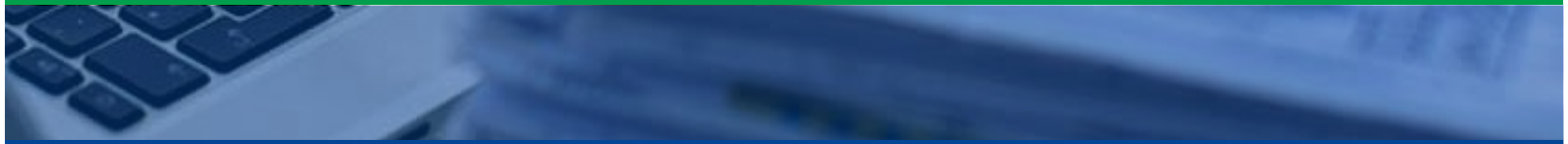
KeepOnAmazing

The Lifecycle of Compliance

Jordan Plyler | Special Projects Manager, Baptist Health

Learning Objective 1:
Review key concepts regarding compliance documentation

Learning Objective 2:
Compliance forms and real-life scenarios



Learning Objective 3:
Compare methods of filing and organizing virtual documents

Learning Objective 1:
Review key concepts regarding compliance documentation

Definitions

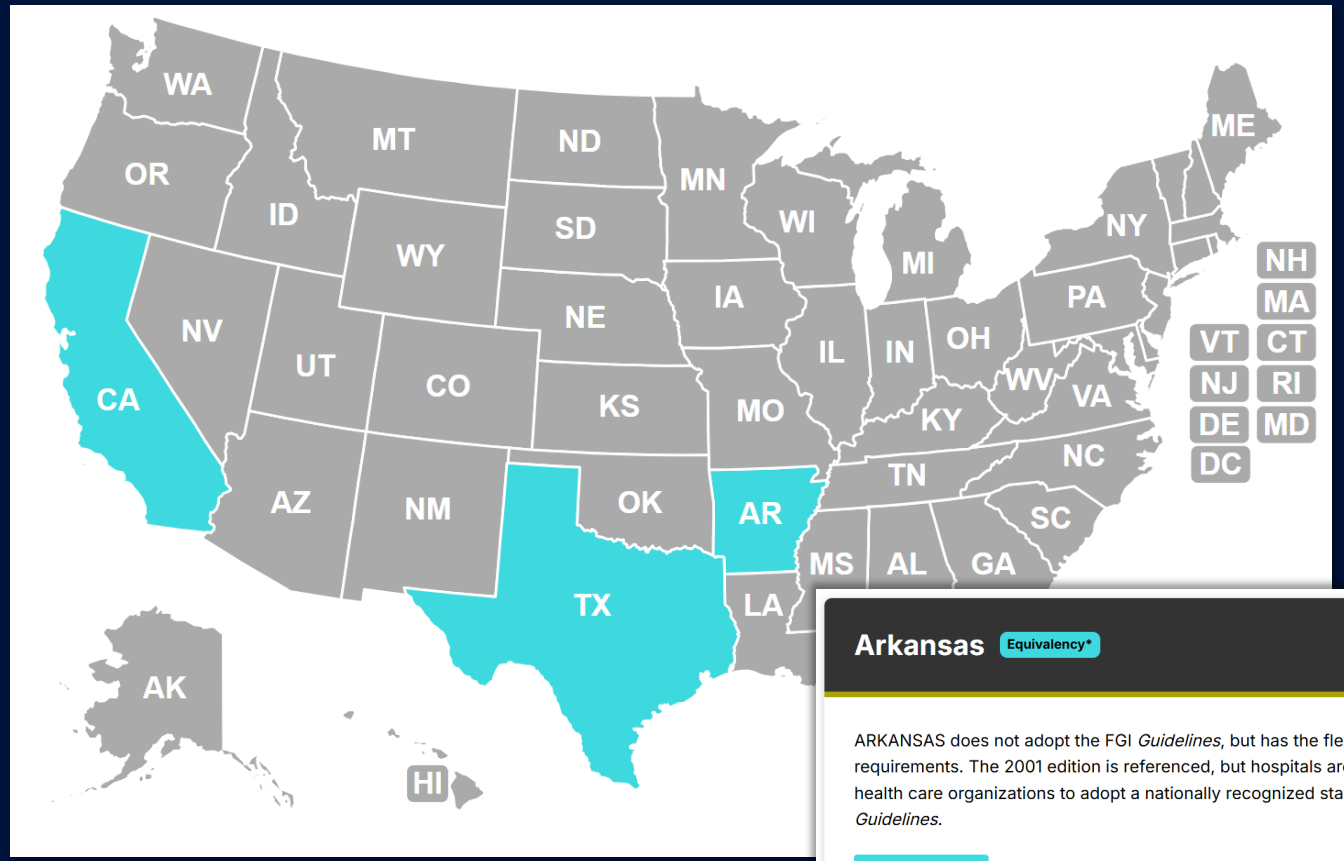
What's the difference?

Codes
are the minimum requirements
instruct what must be done

Standards
describe how to achieve code requirements

Guidelines
are similar to standards but
not all are adopted

FGI Guidelines



https://fgiguidelines.org/codes/adoption-map/

Arkansas Equivalency*

ARKANSAS does not adopt the FGI *Guidelines*, but has the flexibility to use its requirements as an equivalency for similar state requirements. The 2001 edition is referenced, but hospitals are free to use the latest edition. The state is considering requiring health care organizations to adopt a nationally recognized standard of design for their facilities; this could then include the *Guidelines*.

Equivalency*

DOCUMENT	FACILITY TYPES	DATE CONFIRMED	EFFECTIVE DATE
			4/20/2023

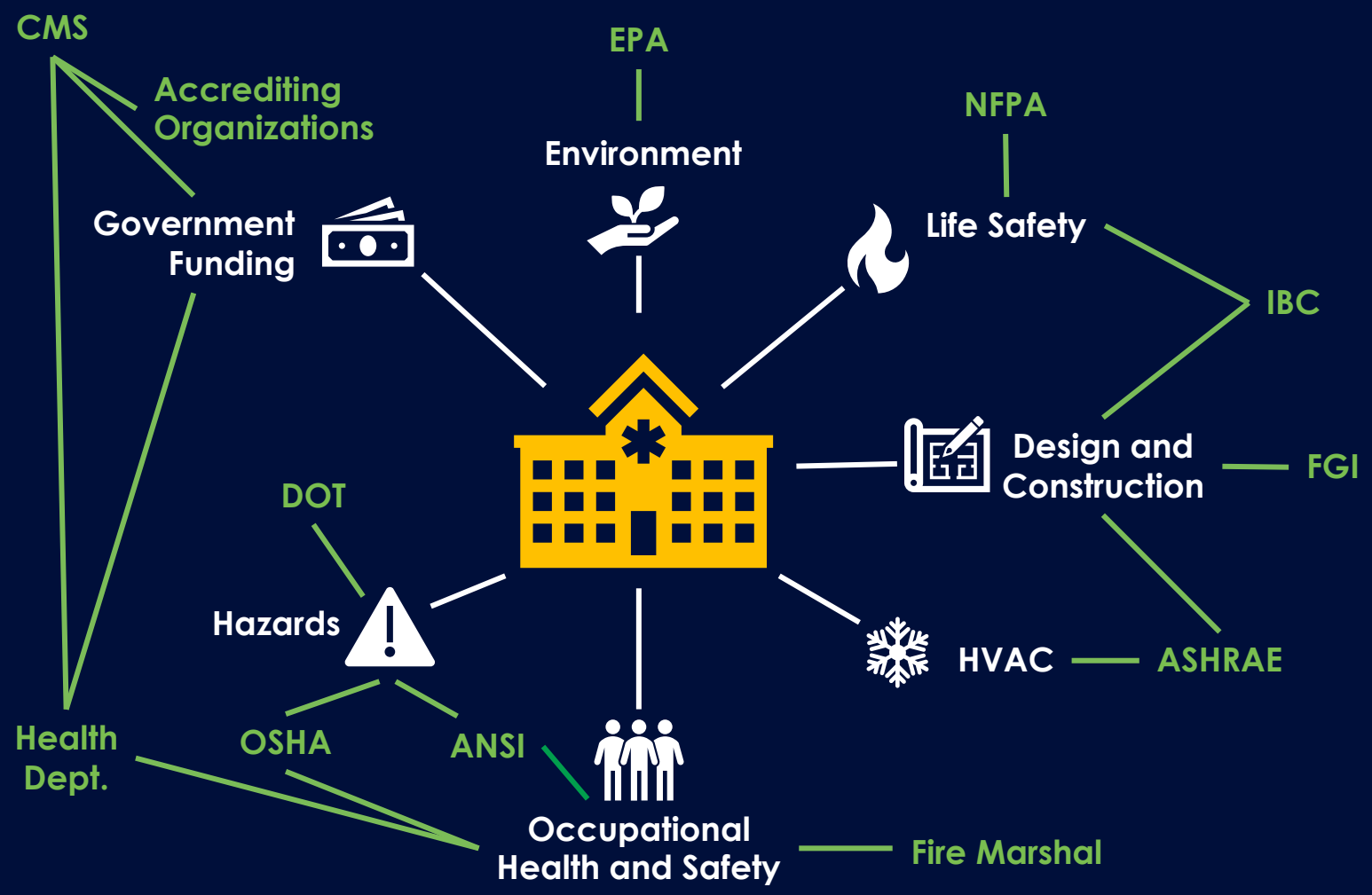
Arkansas Information

- https://healthy.arkansas.gov/programs-services/licensing-military-member-licensure-permits-plan-reviews/health-facility-services/
- https://healthy.arkansas.gov/programs-services/licensing-military-member-licensure-permits-plan-reviews/


THEY'RE MORE WHAT YOU'D CALL
GUIDELINES

Regulatory Agencies

Numerous regulatory agencies govern building design, construction, and operation



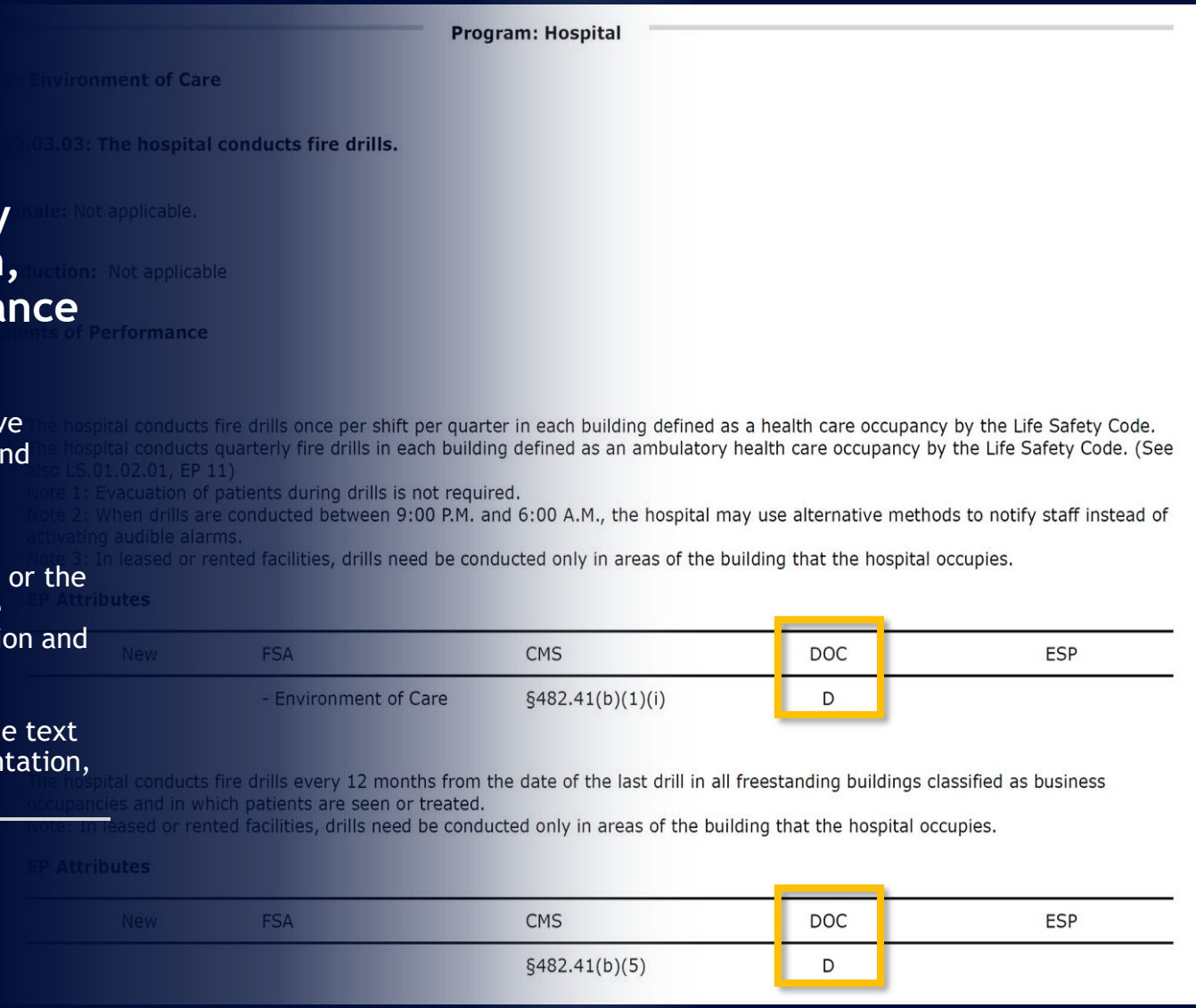
Documentation Requirements

Multiple codes specify equipment inspection, testing, and maintenance (ITM) requirements.

Documentation is required to prove equipment is inspected, tested, and maintained according to code specifications.

Look for the **documentation icon** or the letter "D" located throughout the standards to identify data collection and documentation requirements

The word "**written**" appears in the text if an EP requires written documentation, paper or electronic format.



Program: Hospital

Environment of Care

.03.03: The hospital conducts fire drills.

nale: Not applicable.

duction: Not applicable

ents of Performance

The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code.
The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code. (See also LS.01.02.01, EP 11)
Note 1: Evacuation of patients during drills is not required.
Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the hospital may use alternative methods to notify staff instead of activating audible alarms.
Note 3: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

EP Attributes

New	FSA	CMS	DOC	ESP
	- Environment of Care	§482.41(b)(1)(i)	D	

The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.
Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

EP Attributes

New	FSA	CMS	DOC	ESP
		§482.41(b)(5)	D	

ITM Requirements

Joint Commission's Time Required Definitions

Daily (Every Day): once per calendar day

Weekly (Every Week): once per calendar week

Monthly (30-Day Intervals, Every Month): 12 times per year, once per calendar month

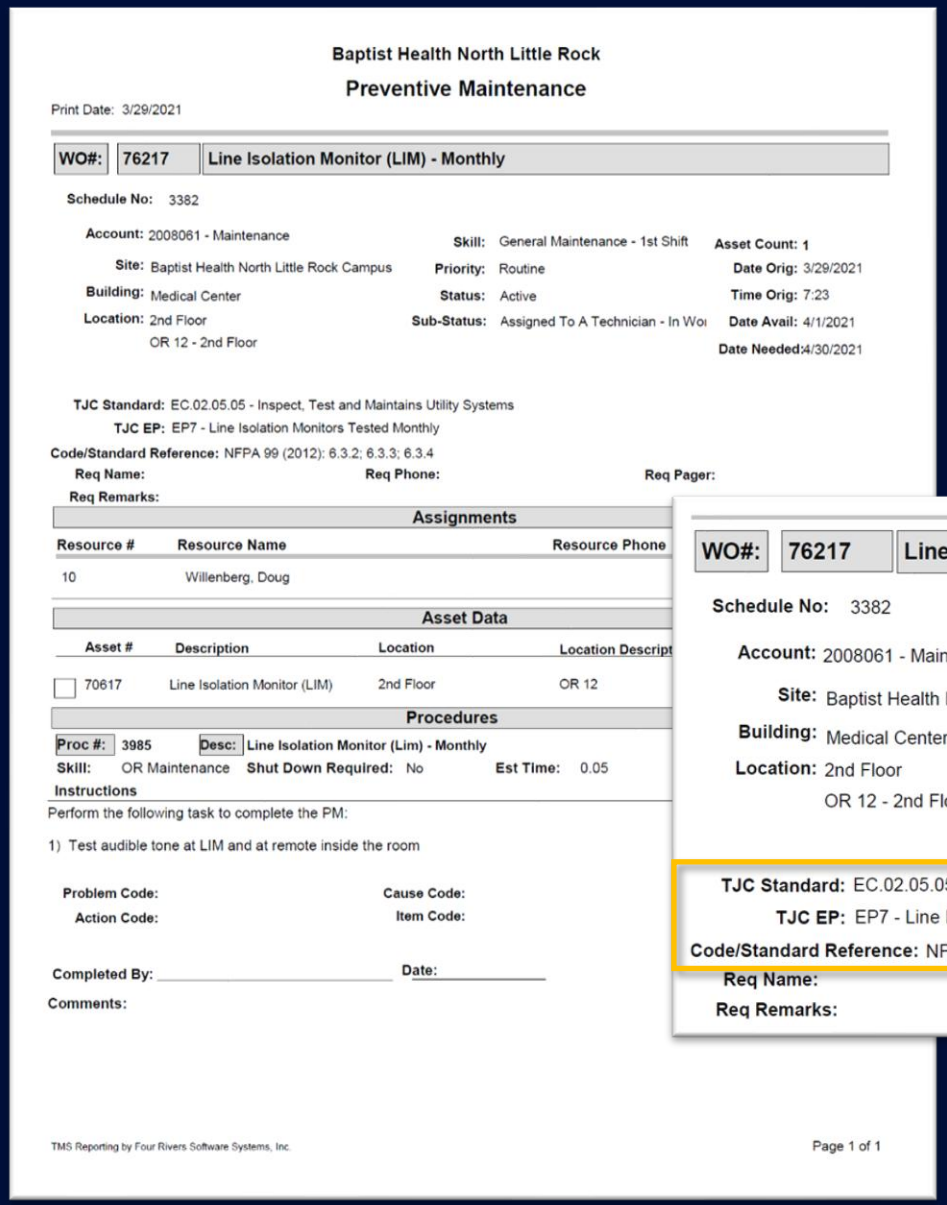
Quarterly (Every Quarter): every 3 months + up to 10 days

Semi-Annually (Every 6 Months): 6 months from the last event + up to 20 days

Annually (Every 12 Months, Once a Year, Every Year): 1 year from last event + up to 30 days

Every 3 Years (Every 36 Months): 36 months from last event + up to 45 days

Frequency Requirements



Baptist Health North Little Rock

Preventive Maintenance

Print Date: 3/29/2021

WO#: 76217 Line Isolation Monitor (LIM) - Monthly

Schedule No: 3382

Account: 2008061 - Maintenance
Site: Baptist Health North Little Rock Campus
Building: Medical Center
Location: 2nd Floor
OR 12 - 2nd Floor

Skill: General Maintenance - 1st Shift
Priority: Routine
Status: Active
Sub-Status: Assigned To A Technician - In Wo

Asset Count: 1
Date Orig: 3/29/2021
Time Orig: 7:23
Date Avail: 4/1/2021
Date Needed:4/30/2021

TJC Standard: EC.02.05.05 - Inspect, Test and Maintains Utility Systems
TJC EP: EP7 - Line Isolation Monitors Tested Monthly
Code/Standard Reference: NFPA 99 (2012): 6.3.2; 6.3.3; 6.3.4
Req Name: Req Phone: Req Pager:
Req Remarks:

Assignments

Resource #	Resource Name	Resource Phone
10	Willenberg, Doug	

Asset Data

Asset #	Description	Location	Location Descript
70617	Line Isolation Monitor (LIM)	2nd Floor	OR 12

Procedures

Proc #: 3985 Desc: Line Isolation Monitor (Lim) - Monthly
Skill: OR Maintenance Shut Down Required: No Est Time: 0.05
Instructions
Perform the following task to complete the PM:

1) Test audible tone at LIM and at remote inside the room

Problem Code: Cause Code:
Action Code: Item Code:

Completed By: _____ Date: _____
Comments:

TMS Reporting by Four Rivers Software Systems, Inc. Page 1 of 1

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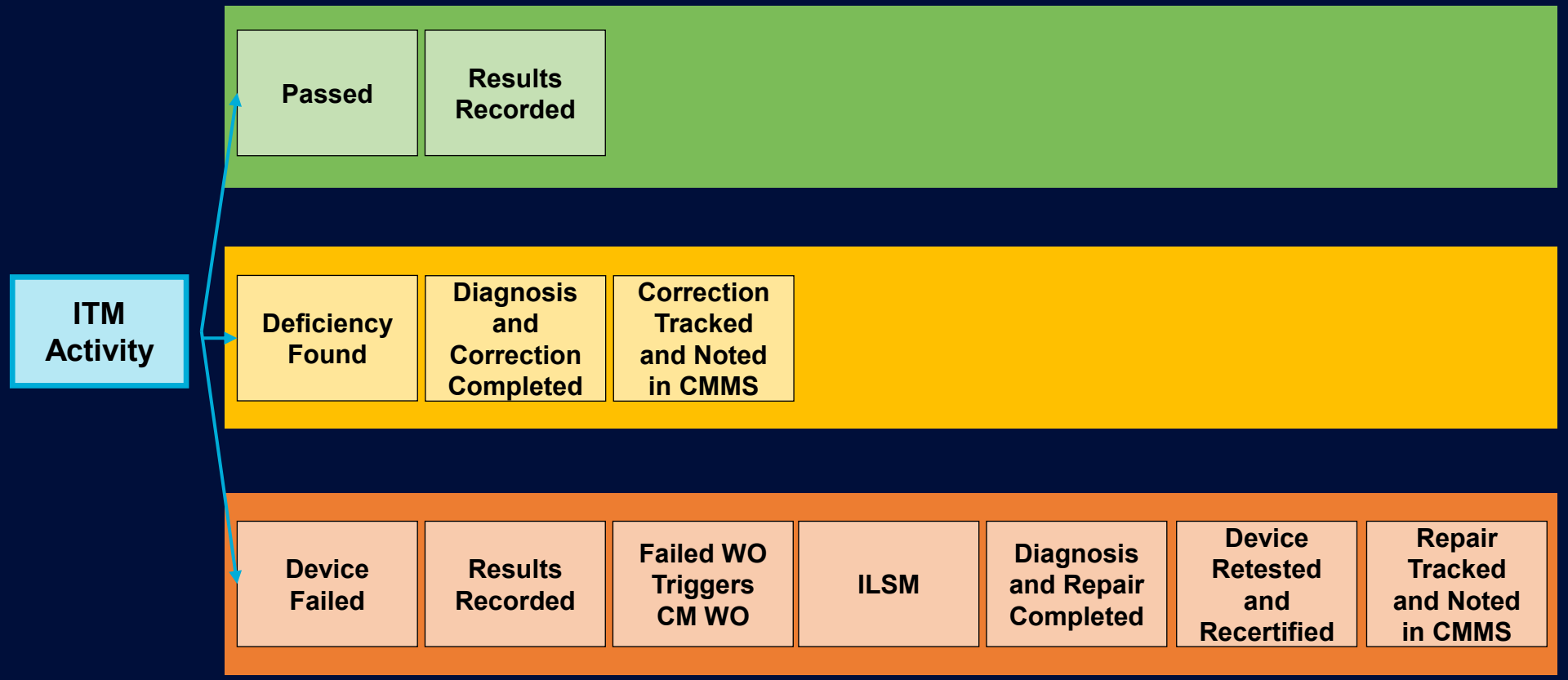
Req Name: Req Phone: Req Pager:
Req Remarks:

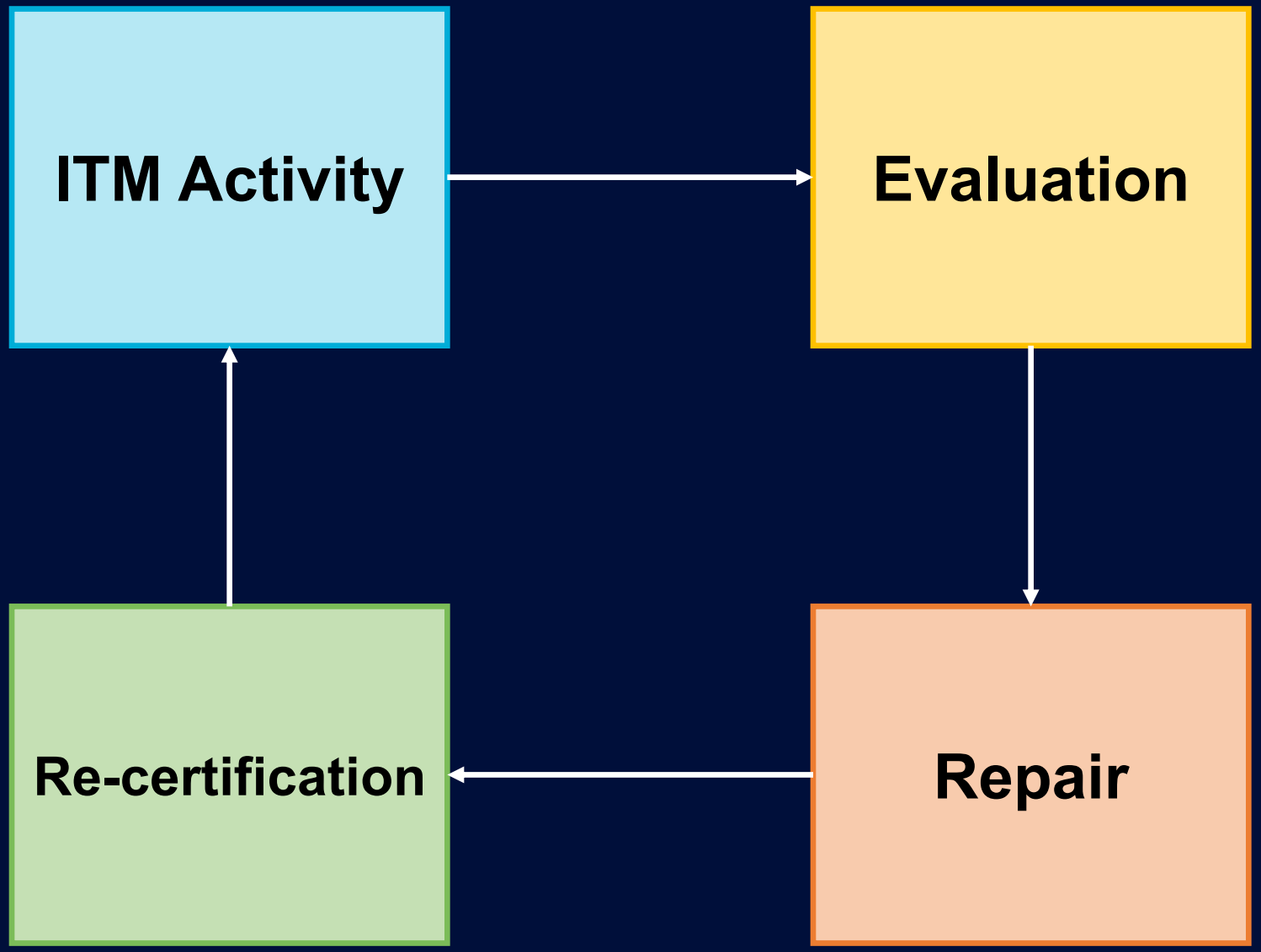
In TMS, all the dates for monthly PMs and greater will start on the **1st of the month**.

Baptist Health specifies a required completion date based on the "**plus**" number per The Joint Commission's time required definitions.

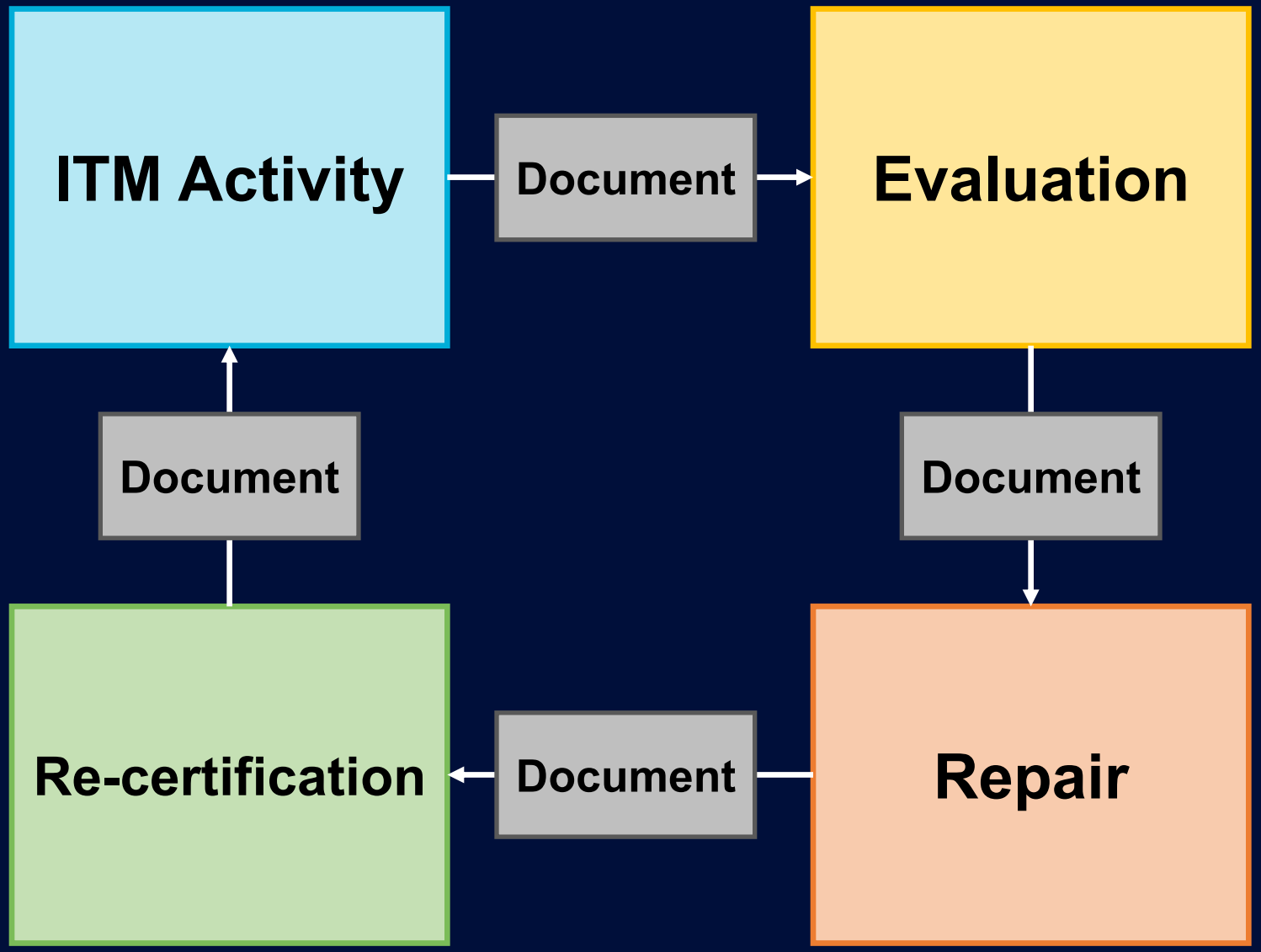
ITM Activities – Process Flow Diagram



ITM Activities – Process Flow Diagram



ITM Activities – Process Flow Diagram



Learning Objective 2:
Compliance forms and real-life scenarios

Interim Life Safety

Interim Life Safety Measures (ILSM)

Interim Life Safety Measures are **health and safety measures** that are put in place when maintenance and construction activities impact the facility's life safety systems.

Implementation involves an administrative process that is used to **document and reconcile** a recognized Code deficiency and/or life safety impairment.

Interim life safety measures offset or compensate for **impaired** life safety features.

Definition

Interim Life Safety

Applicable Life Safety System Components

- fire suppression system
- fire alarm system
- fire and smoke barriers, doors, and dampers
- egress pathway, emergency exits, and related signage

Application

Interim Life Safety Measures (ILSM)

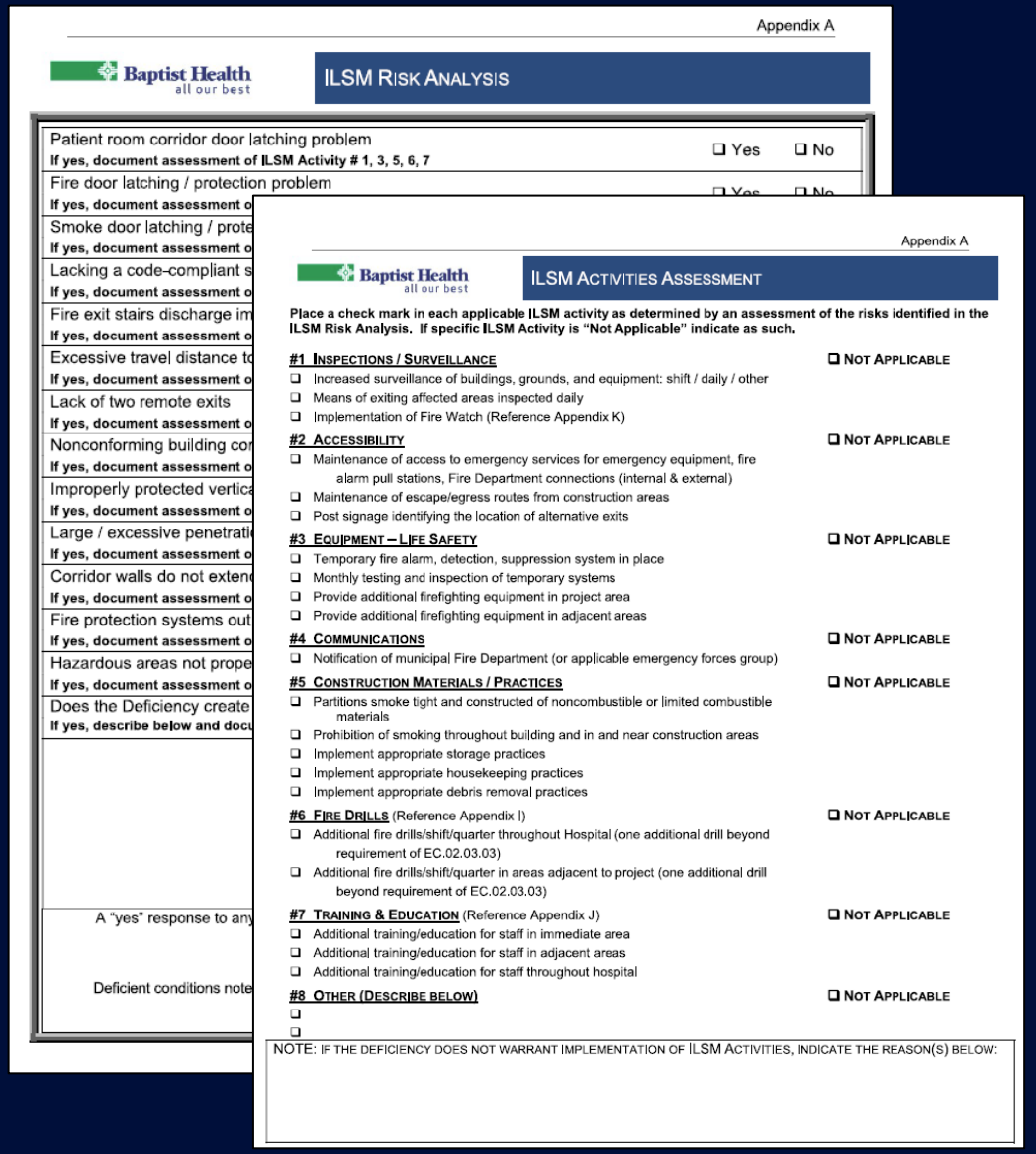
ILSM Risk Analysis and Assessment Forms

First, the **ILSM Risk Analysis** (Appendix A) is used to determine if a deficiency or condition requires interim life safety measures.

Then, the **ILSM Activities Assessment** is used to identify the required actions for the deficiency.

The assessment and documentation are typically completed by a supervisor or manager.

Documentation



Appendix A

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ILSM Risk Analysis

Patient room corridor door latching problem **If yes, document assessment of ILSM Activity # 1, 3, 5, 6, 7**	☐ Yes ☐ No
Fire door latching / protection problem **If yes, document assessment o**	☐ Yes ☐ No
Smoke door latching / prote **If yes, document assessment o**	
Lacking a code-compliant s **If yes, document assessment o**	
Fire exit stairs discharge im **If yes, document assessment o**	
Excessive travel distance to **If yes, document assessment o**	
Lack of two remote exits **If yes, document assessment o**	
Nonconforming building cor **If yes, document assessment o**	
Improperly protected vertica **If yes, document assessment o**	
Large / excessive penetrati **If yes, document assessment o**	
Corridor walls do not exten **If yes, document assessment o**	
Fire protection systems out **If yes, document assessment o**	
Hazardous areas not prope **If yes, document assessment o**	
Does the Deficiency create **If yes, describe below and docu**	
A "yes" response to any	
Deficient conditions note	

Appendix A

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ILSM Activities Assessment

Place a check mark in each applicable ILSM activity as determined by an assessment of the risks identified in the ILSM Risk Analysis. If specific ILSM Activity is "Not Applicable" indicate as such.

#1 Inspections / Surveillance ☐ Not Applicable
- ☐ Increased surveillance of buildings, grounds, and equipment: shift / daily / other
- ☐ Means of exiting affected areas inspected daily
- ☐ Implementation of Fire Watch (Reference Appendix K)

#2 Accessibility ☐ Not Applicable
- ☐ Maintenance of access to emergency services for emergency equipment, fire alarm pull stations, Fire Department connections (internal & external)
- ☐ Maintenance of escape/egress routes from construction areas
- ☐ Post signage identifying the location of alternative exits

#3 Equipment – Life Safety ☐ Not Applicable
- ☐ Temporary fire alarm, detection, suppression system in place
- ☐ Monthly testing and inspection of temporary systems
- ☐ Provide additional firefighting equipment in project area
- ☐ Provide additional firefighting equipment in adjacent areas

#4 Communications ☐ Not Applicable
- ☐ Notification of municipal Fire Department (or applicable emergency forces group)

#5 Construction Materials / Practices ☐ Not Applicable
- ☐ Partitions smoke tight and constructed of noncombustible or limited combustible materials
- ☐ Prohibition of smoking throughout building and in and near construction areas
- ☐ Implement appropriate storage practices
- ☐ Implement appropriate housekeeping practices
- ☐ Implement appropriate debris removal practices

#6 Fire Drills (Reference Appendix I) ☐ Not Applicable
- ☐ Additional fire drills/shift/quarter throughout Hospital (one additional drill beyond requirement of EC.02.03.03)
- ☐ Additional fire drills/shift/quarter in areas adjacent to project (one additional drill beyond requirement of EC.02.03.03)

#7 Training & Education (Reference Appendix J) ☐ Not Applicable
- ☐ Additional training/education for staff in immediate area
- ☐ Additional training/education for staff in adjacent areas
- ☐ Additional training/education for staff throughout hospital

#8 Other (Describe Below) ☐ Not Applicable
- ☐
- ☐

NOTE: IF THE DEFICIENCY DOES NOT WARRANT IMPLEMENTATION OF ILSM ACTIVITIES, INDICATE THE REASON(S) BELOW:

Interim Life Safety Measures (ILSM)

Does the Deficiency create a fire safety deficiency? ❑ YES ❑ NO

If Yes, continue ILSM Assessment. If No, the ILSM Assessment is complete.

Can the Deficiency be corrected immediately? ❑ YES ❑ NO

If Yes, the ILSM Assessment is complete. If No, continue the ILSM Assessment and Create Work Order to remedy the deficiency.

Does the Deficiency create an imminent danger to patients, visitors or staff? ❑ YES ❑ NO

If Yes, use ILSM Risk Analysis to mitigate the hazards. If No, ILSM Assessment is complete.

4

Fire Alarm Out for 4+ Hours

within a 24-hour period

Out of Service: Fire alarm pull stations, smoke or heat detectors, or other fire alarm elements are rendered inaccessible, damaged, or broken.

10

Fire Suppression Out for 10+ Hours

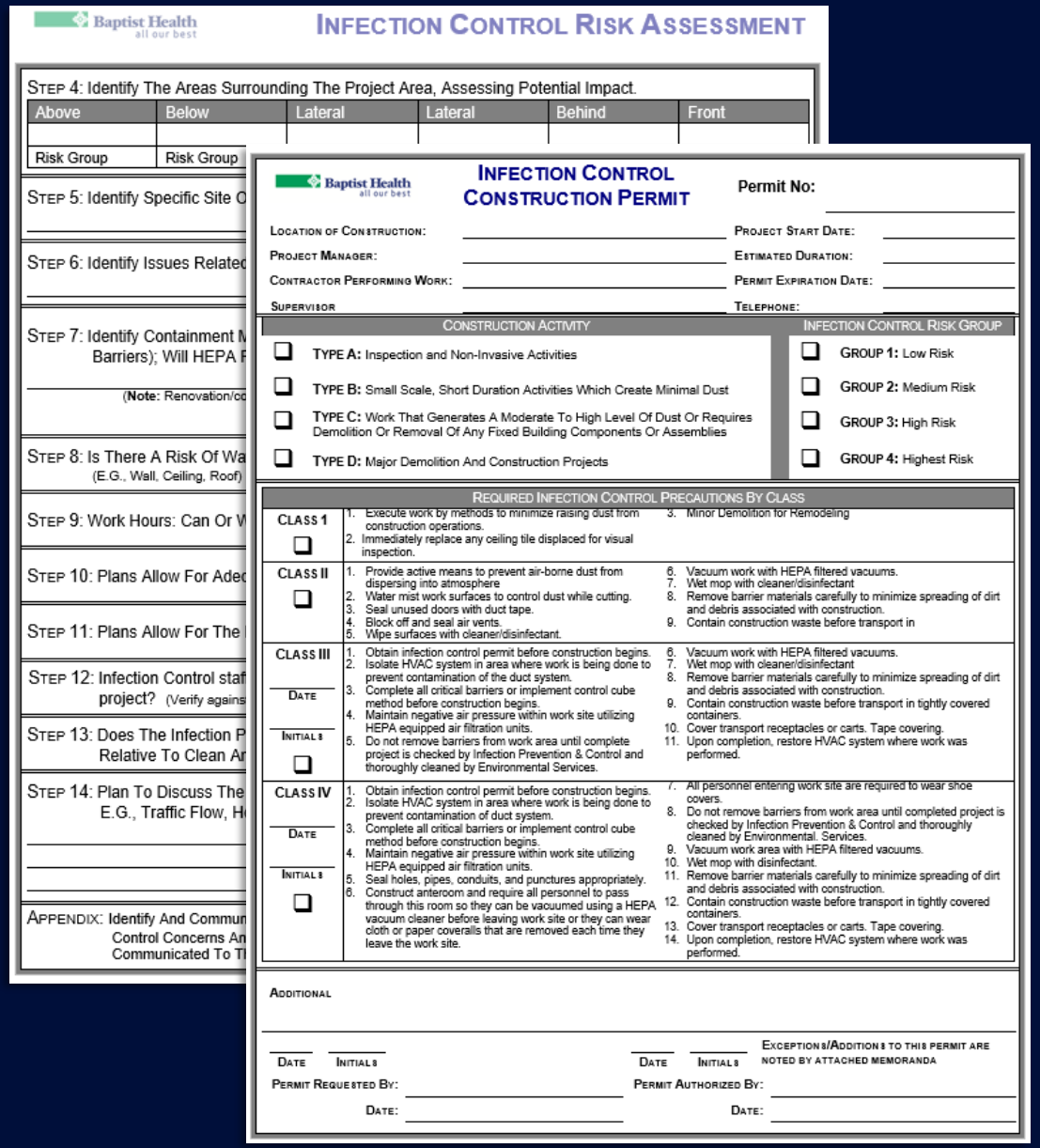
within a 24-hour period

Out of Service: Fire suppression systems are damaged or rendered unavailable for immediate use.

Immediate Threat to Life

an impairment that may potentially have serious adverse effects on the health of the patient, resident, or individual served

Infection Control Risk Assessment (ICRA)



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INFECTION CONTROL RISK ASSESSMENT

STEP 4: Identify The Areas Surrounding The Project Area, Assessing Potential Impact.

Above	Below	Lateral	Lateral	Behind	Front
Risk Group	Risk Group				

STEP 5: Identify Specific Site O

STEP 6: Identify Issues Related

STEP 7: Identify Containment M
Barriers); Will HEPA F
(Note: Renovation/co

STEP 8: Is There A Risk Of Wa
(E.G., Wall, Ceiling, Roof)

STEP 9: Work Hours: Can Or W

STEP 10: Plans Allow For Adeq

STEP 11: Plans Allow For The

STEP 12: Infection Control staf
project? (Verify agains

STEP 13: Does The Infection P
Relative To Clean Ar

STEP 14: Plan To Discuss The
E.G., Traffic Flow, H

APPENDIX: Identify And Commun
Control Concerns An
Communicated To T

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INFECTION CONTROL CONSTRUCTION PERMIT

Permit No: _____

LOCATION OF CONSTRUCTION: _____ PROJECT START DATE: _____

PROJECT MANAGER: _____ ESTIMATED DURATION: _____

CONTRACTOR PERFORMING WORK: _____ PERMIT EXPIRATION DATE: _____

SUPERVISOR _____ TELEPHONE: _____

CONSTRUCTION ACTIVITY	INFECTION CONTROL RISK GROUP
❑ TYPE A: Inspection and Non-Invasive Activities	❑ GROUP 1: Low Risk
❑ TYPE B: Small Scale, Short Duration Activities Which Create Minimal Dust	❑ GROUP 2: Medium Risk
❑ TYPE C: Work That Generates A Moderate To High Level Of Dust Or Requires Demolition Or Removal Of Any Fixed Building Components Or Assemblies	❑ GROUP 3: High Risk
❑ TYPE D: Major Demolition And Construction Projects	❑ GROUP 4: Highest Risk

REQUIRED INFECTION CONTROL PRECAUTIONS BY CLASS

CLASS I ❑	1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.	3. Minor Demolition for Remodeling
CLASS II ❑	1. Provide active means to prevent air-borne dust from dispersing into atmosphere 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Wipe surfaces with cleaner/disinfectant.	6. Vacuum work with HEPA filtered vacuums. 7. Wet mop with cleaner/disinfectant 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in
CLASS III DATE _____ INITIALS _____ ❑	1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Do not remove barriers from work area until complete project is checked by Infection Prevention & Control and thoroughly cleaned by Environmental Services.	6. Vacuum work with HEPA filtered vacuums. 7. Wet mop with cleaner/disinfectant 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in tightly covered containers. 10. Cover transport receptacles or carts. Tape covering. 11. Upon completion, restore HVAC system where work was performed.
CLASS IV DATE _____ INITIALS _____ ❑	1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.	7. All personnel entering work site are required to wear shoe covers. 8. Do not remove barriers from work area until completed project is checked by Infection Prevention & Control and thoroughly cleaned by Environmental. Services. 9. Vacuum work area with HEPA filtered vacuums. 10. Wet mop with disinfectant. 11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste before transport in tightly covered containers. 13. Cover transport receptacles or carts. Tape covering. 14. Upon completion, restore HVAC system where work was performed.

ADDITIONAL

DATE _____ INITIALS _____ DATE _____ INITIALS _____ EXCEPTIONS/ADDITIONS TO THIS PERMIT ARE NOTED BY ATTACHED MEMORANDA

PERMIT REQUESTED BY: _____ PERMIT AUTHORIZED BY: _____

DATE: _____ DATE: _____

ICRA Steps:

- Select the Project Construction Type (A, B, C, or D).
- Select the Infection Control/Patient Risk Groups (Low, Medium, High, and Highest).
- Identify the Precaution Class (I, II, III, or IV)
- Identify the areas surrounding the project area, assessing potential impact.
- Identify specific site of activity such as patient rooms, medication room, etc.
- Identify issues related to ventilation and utilities.
- Identify containment measures using prior assessment.

Infection Control Risk Assessment (ICRA)

ICRA 1.0

	Construction Project Type			
Patient Risk Group	Type A	Type B	Type C	Type D
Low Risk Group	I	II	II	III/IV
Medium Risk Group	I	II	III	IV
High Risk Group	I	II	III/IV	IV
Highest Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that Class III or Class IV control procedures are necessary.

ICRA 2.0

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

Infection control permit and approval will be required when Class of Precautions III (Type C) and all Class of Precautions IV or V are necessary.

ASHE

Infection Control Risk Assessment 2.0
Matrix of Precautions for Construction, Renovation and Operations

Step One:
Using Table 1, identify the Construction Project Activity Type (A-D).

Table 1 - Construction Project Activity Type: _____

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Nonexisting cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

Real Life Examples of Deficiencies

Fire Alarm

Fire Alarm System

Assess for interim life safety measures if fire alarm pull stations, smoke detectors, heat detectors, or other fire alarm system elements are **inaccessible**, **damaged**, or **broken**.

Deficiencies

Fire Alarm


KIDDE
Baptist Health Medical Center
90857


SMOKE ALARM
TEST WEEKLY / HUSH

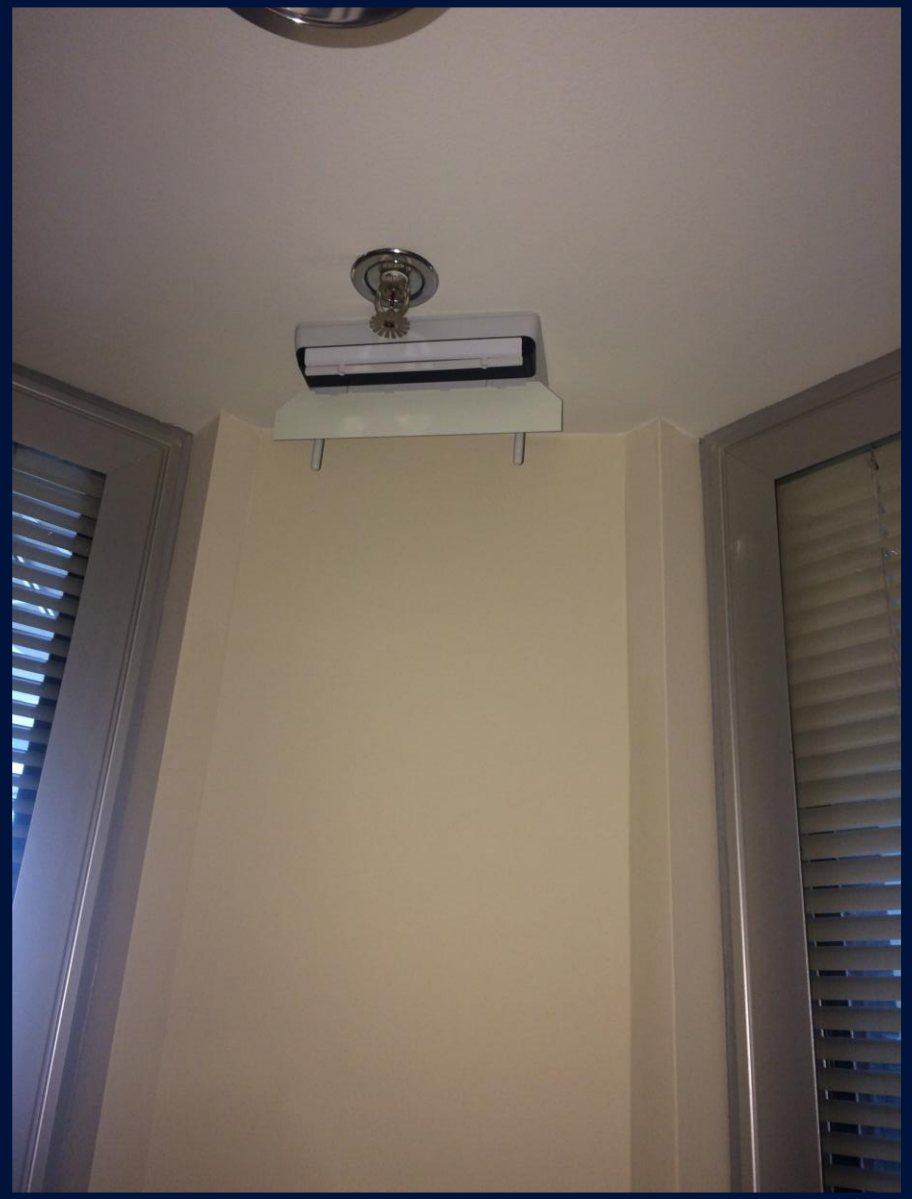
Fire Suppression

Fire Suppression System

Assess for interim life safety measures if fire suppression systems are **damaged** or **rendered unavailable for immediate use.**

Deficiencies

Fire Suppression



Fire Suppression

Fire Suppression

Egress

Egress Pathway and Exit Doors

Assess for interim life safety measures if activities, materials, or equipment storage **obstruct accessibility** to and through corridors, exit pathways, stairs, etc.

Deficiencies

Egress

Signage

Sometimes, a normally used exit is not available or can only be used during an emergency.

If this is the case, then:

- Install or post alternate exit signage to re-direct staff, visitors, patients, and others to the closest and safest way out of the building.
- Please alternate exit signage in and near the affected area.
- Educate staff of the necessary changes for exiting the building.

Alternate Exit

Signage

Signage


CLOSED
FOR
CONSTRUCTION
Nurse's Station
FIRE
EXIT


FIRE
EXIT


CLOSED
FOR
CONSTRUCTION
Nurse's Station
FIRE
EXIT
FIRE
EXIT

Signage


EXIT
STOP
No visitors in the Behavioral Health Unit
STOP
No visitors in the Behavioral Health Unit


DO NOT HOLD DOOR OPEN!
ALARM WILL SOUND
DOOR WILL ALARM IF OPENED
PLEASE USE ELEVATORS
TO ENTER
Thank You
2ND FLOOR
EXIT ON MEZZANINE
STAIR 1
ROOF ACCESS
2
EXIT ON FLOOR M
M THROUGH 15

Signage

Doors

Fire and Smoke Doors

Perform an ILSM assessment if a fire or smoke door is **damaged**, **broken**, or **does not fully close or latch** appropriately.

Deficiencies

Doors

Fire and Smoke Door Labels

Perform an ILSM assessment if a fire or smoke door label is **damaged**, **covered**, **missing**, or inaccurately labeled a door.

Deficiencies

Non-Compliant: The fire door number, fire rating, and other information is scratched off or covered up.

Figure 1 Fire Door Label, Temp. Rise with Latch Throw

Compliant: All rating and door type information is clearly marked and labeled.

Barriers

Some examples of fire dampers with wires running through them! This is never acceptable, no matter how old and dusty the damper looks!

Examples of fire damper inspection hatches that are blocked and can no longer be opened.

Examples of improper fire wall penetrations. In addition, some of the pictured penetrations appear to have been properly installed with fire caulk originally that was later removed!

Fire Separations

Perform an ILSM assessment if a fire separation has **holes, penetrations, unprotected openings,** or **non-functioning** fire and/or smoke damper

Deficiencies

Photos depict actual life safety deficiencies discovered in healthcare facilities:

- *fire dampers with wires running through them*
- *blocked fire damper inspection hatches*
- *improper fire wall penetrations*

Learning Objective 3:
Compare methods of filing and organizing virtual documents

Document Organization

Presentation is first impression.

Consider buying a house.
Upon first sight, if it has a well-maintained yard with a groomed lawn, then you can reasonably assume the inside of the house is in a similar, good condition.

However, if the house needs paint and the yard is overgrown and littered with broken bikes, then you can reasonably assume the inside of the house in a similar state of disarray.

Since documentation review occurs during the first morning of a Joint Commission survey, it can really set the tone for the rest of the survey.

Paper Filing

Digital Filing

Standard

- Binder Templates
- EC.01.01.01 - Written Plans
- EC.02.01.01 - Idenitfy Safety Risks
- EC.02.01.03 - Smoking Policy
- EC.02.03.01 - Fire Response Plan
- EC.02.03.03 - Conducts Fire Drills
- EC.02.03.05 - Fire Safety Equipment
- EC.02.05.02 - Water Management Plan
- EC.02.05.05 - Utility Systems
- EC.02.05.07 - Emergency Power Systems
- EC.04.01.05 - EOC Rounds
- EC LS Deliverables BHMC-NLR Master 2022

Element of Performance

- EC.02.03.05 EP 1 - Quarterly Supervisories
- EC.02.03.05 EP 6 - Fire Pump Monthly
- EC.02.03.05 EP 15 - Portable Fire Extinguisher Monthly
- EC.02.03.05 EP 27 - Elevators
- EC.02.03.05 - EP 7
- EC.02.03.05 - EP 8
- EC.02.03.05 - EP 14
- EC.02.03.05 - EP 17
- EC.02.03.05 EP 2 - 2021
- EC.02.03.05 EP 3 - 2021
- EC.02.03.05 EP 4 - 2021
- EC.02.03.05 EP 5 - 2021
- EC.02.03.05 EP 9 - 2021
- EC.02.03.05 EP 13 - 2021 SA2
- EC.02.03.05 EP 16 - 2021
- EC.02.03.05 EP 19 - 2021
- EP2 - Tamper and Waterflow Locations

Accessing Compliance Forms

EC.02.03.05 - EP3

WO #	WO Description	Type	Asset #	Asset Description	Status	Sub Status	Date Created	Date Complete	Building	Floor	Location on Floor	Assigned To	Completion Comments	ILSM
474628	Smoke Detector - Annual	PM	52394	Smoke Detector	Completed	PM/PE Passed	02/01/25	02/12/25	Eye Center	5F	Freight Elevator Lobby	Vendor Name	(2/12/2025 10:11 AM PM Completed Vendor Name	
474626	Smoke Detector - Annual	PM	52390	Smoke Detector	Completed	PM/PE Passed	02/01/25	02/12/25	Eye Center	5F	Visitor Elevator Lobby	Vendor Name	(2/12/2025 10:00 AM PM Completed Vendor Name	
474625	Smoke Detector - Annual	PM	52389	Smoke Detector	Completed	Failed PM/PE	02/01/25	02/12/25	Eye Center	5F	Waiting Room 1	Vendor Name	(2/12/2025 10:06 AM PM Completed Vendor Name Failed Operation	1345
474624	Smoke Detector - Annual	PM	52388	Smoke Detector	Completed	PM/PE Passed	02/01/25	02/12/25	Eye Center	5F	Waiting Room 1	Vendor Name	(2/12/2025 10:02 AM PM Completed Vendor Name	

EC.02.03.05 - EP3

WO #	WO Description	Type	Asset #	Asset Description	Status	Sub Status	Date Created	Date Complete	Building	Floor	Location on Floor	Assigned To	Completion Comments	ILSM
476665	Created by Failed PM WO # 474625 : Smoke Detector - Annual	CM	52389	Smoke Detector	Completed	PM/PE Passed	02/12/25	03/28/25	Eye Center	5F	Waiting Room 1	Vendor Name	(3/28/2025 9:59 AM Vendor Name Panel was repaired by ; device working properly.	1345

Vendor Reports

Failed Devices

- ILSM (if applicable)
- Communication
- Repair the Failure
- Document the Repair
- Retest (if applicable)

Company Name
Baptist Hospital HOC
Tester: Name | Test Date: August 28, 2025
Date Generated: September 17, 2025

Company Logo

Source Equipment Overview

Equipment Type	Total	Passed	Failed
Medical Air Compressor	1	1	0
Instrument Air Compressor	0	0	0
Medical Vacuum	1	1	0
Bulk Supply	1	1	0
Manifold	2	2	0

Master Alarm Overview

Panel #	Total	Passed	Failed
Master Alarm 1	1	1	0
Master Alarm 2	1	1	0

Zone Overview

Equipment Type	Total	Passed	Failed	Unavailable
Zone Valve Box	104	104	0	0
Zone Valves	193	193	0	0
Area Alarm	49	49	0	0
Nitrogen Control Panels	0	0	0	0

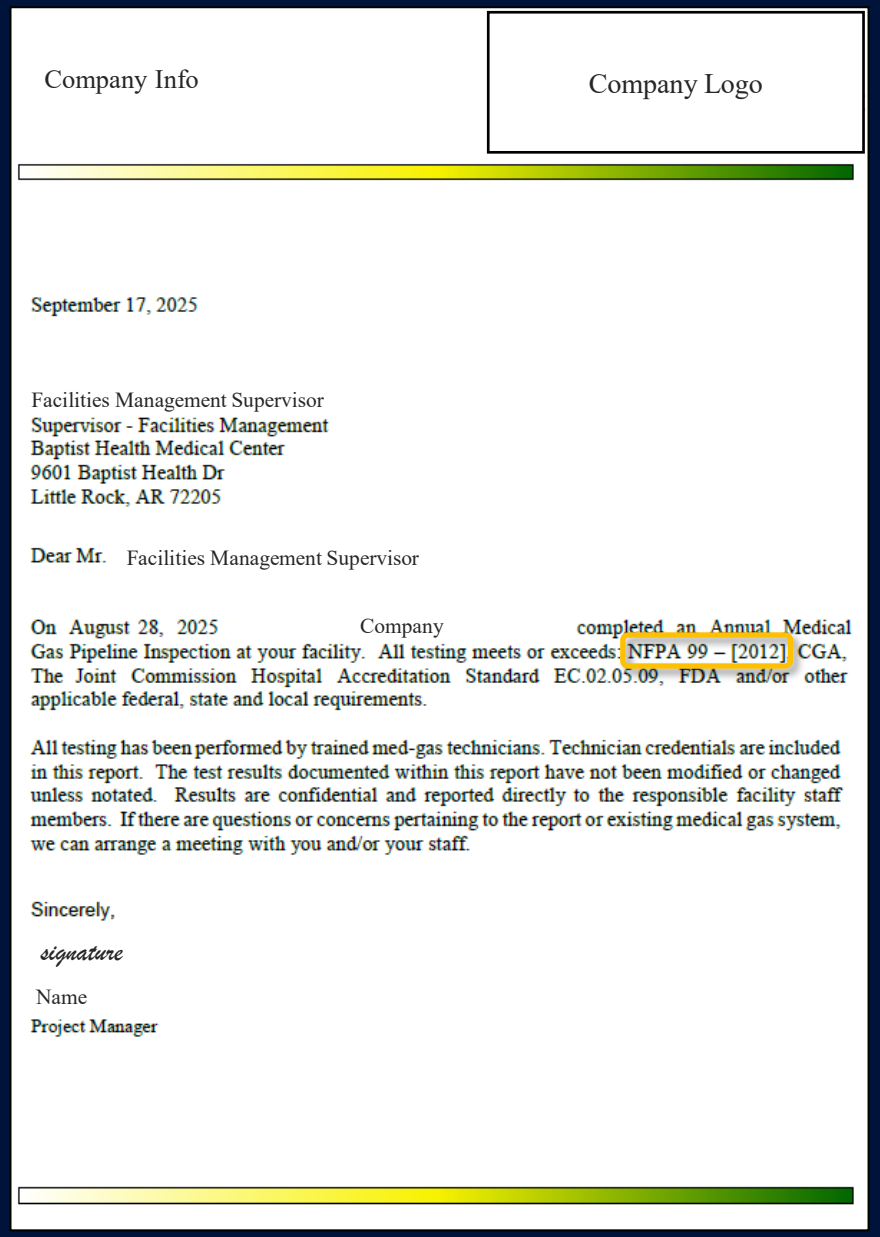
Outlet/Inlet Overview

Terminal	Total	Passed	Failed	Unavailable
Oxygen	1039	1012	10	17
Medical Air	712	687	11	14
Vac	1201	1163	15	23
Nitrous Oxide	56	56	0	0
Nitrogen	18	18	0	0
Carbon Dioxide	7	7	0	0
WAGD	25	25	0	0
Instrument Air	0	0	0	0
Other	0	0	0	0
Total	3058	2968	36	54

Vendor Reports

Testing Reference

- Code name
- Edition



Company Info

Company Logo

September 17, 2025

Facilities Management Supervisor
Supervisor - Facilities Management
Baptist Health Medical Center
9601 Baptist Health Dr
Little Rock, AR 72205

Dear Mr. Facilities Management Supervisor

On August 28, 2025 Company completed an Annual Medical Gas Pipeline Inspection at your facility. All testing meets or exceeds: NFPA 99 – [2012] CGA, The Joint Commission Hospital Accreditation Standard EC.02.05.09, FDA and/or other applicable federal, state and local requirements.

All testing has been performed by trained med-gas technicians. Technician credentials are included in this report. The test results documented within this report have not been modified or changed unless notated. Results are confidential and reported directly to the responsible facility staff members. If there are questions or concerns pertaining to the report or existing medical gas system, we can arrange a meeting with you and/or your staff.

Sincerely,

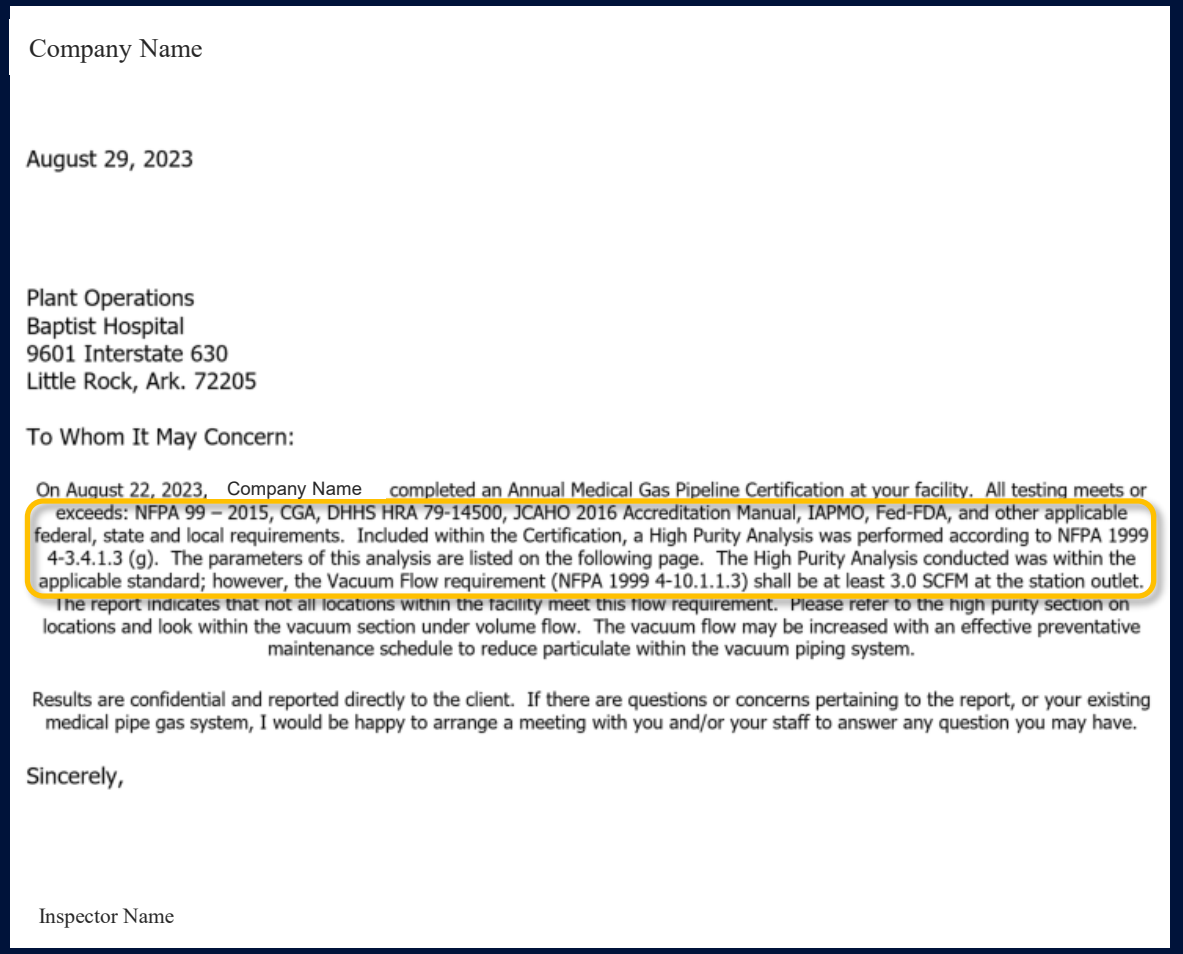
signature

Name
Project Manager

Vendor Reports

Testing Reference

- Code name
- Edition



Company Name

August 29, 2023

Plant Operations
Baptist Hospital
9601 Interstate 630
Little Rock, Ark. 72205

To Whom It May Concern:

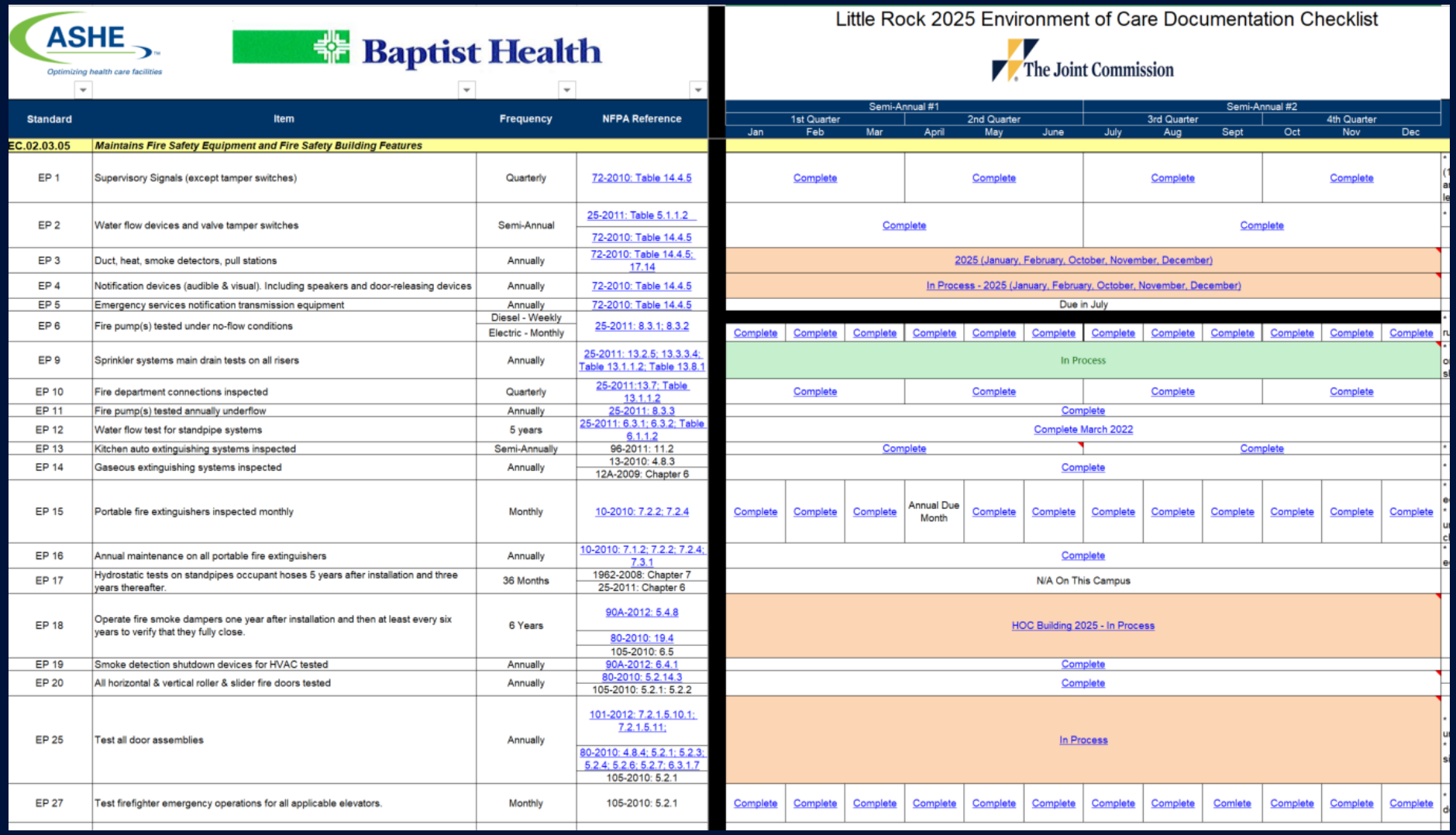
On August 22, 2023, Company Name completed an Annual Medical Gas Pipeline Certification at your facility. All testing meets or exceeds: NFPA 99 – 2015, CGA, DHHS HRA 79-14500, JCAHO 2016 Accreditation Manual, IAPMO, Fed-FDA, and other applicable federal, state and local requirements. Included within the Certification, a High Purity Analysis was performed according to NFPA 1999 4-3.4.1.3 (g). The parameters of this analysis are listed on the following page. The High Purity Analysis conducted was within the applicable standard; however, the Vacuum Flow requirement (NFPA 1999 4-10.1.1.3) shall be at least 3.0 SCFM at the station outlet. The report indicates that not all locations within the facility meet this flow requirement. Please refer to the high purity section on locations and look within the vacuum section under volume flow. The vacuum flow may be increased with an effective preventative maintenance schedule to reduce particulate within the vacuum piping system.

Results are confidential and reported directly to the client. If there are questions or concerns pertaining to the report, or your existing medical pipe gas system, I would be happy to arrange a meeting with you and/or your staff to answer any question you may have.

Sincerely,

Inspector Name

Master Checklist



ASHE — Optimizing health care facilities

Baptist Health

Little Rock 2025 Environment of Care Documentation Checklist

The Joint Commission

Standard	Item	Frequency	NFPA Reference	Semi-Annual #1						Semi-Annual #2					
				1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
				Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
EC.02.03.05	*Maintains Fire Safety Equipment and Fire Safety Building Features*														
EP 1	Supervisory Signals (except tamper switches)	Quarterly	72-2010: Table 14.4.5	Complete			Complete			Complete			Complete		
EP 2	Water flow devices and valve tamper switches	Semi-Annual	25-2011: Table 5.1.1.2 72-2010: Table 14.4.5	Complete						Complete					
EP 3	Duct, heat, smoke detectors, pull stations	Annually	72-2010: Table 14.4.5: 17.14	2025 (January, February, October, November, December)											
EP 4	Notification devices (audible & visual). Including speakers and door-releasing devices	Annually	72-2010: Table 14.4.5	In Process - 2025 (January, February, October, November, December)											
EP 5	Emergency services notification transmission equipment	Annually	72-2010: Table 14.4.5	Due in July											
EP 6	Fire pump(s) tested under no-flow conditions	Diesel - Weekly Electric - Monthly	25-2011: 8.3.1; 8.3.2	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
EP 9	Sprinkler systems main drain tests on all risers	Annually	25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1	In Process											
EP 10	Fire department connections inspected	Quarterly	25-2011:13.7; Table 13.1.1.2	Complete			Complete			Complete			Complete		
EP 11	Fire pump(s) tested annually underflow	Annually	25-2011: 8.3.3	Complete											
EP 12	Water flow test for standpipe systems	5 years	25-2011: 6.3.1; 6.3.2; Table 6.1.1.2	Complete March 2022											
EP 13	Kitchen auto extinguishing systems inspected	Semi-Annually	96-2011: 11.2	Complete						Complete					
EP 14	Gaseous extinguishing systems inspected	Annually	13-2010: 4.8.3 12A-2009: Chapter 6	Complete											
EP 15	Portable fire extinguishers inspected monthly	Monthly	10-2010: 7.2.2; 7.2.4	Complete	Complete	Complete	Annual Due Month	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
EP 16	Annual maintenance on all portable fire extinguishers	Annually	10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1	Complete											
EP 17	Hydrostatic tests on standpipes occupant hoses 5 years after installation and three years thereafter.	36 Months	1962-2008: Chapter 7 25-2011: Chapter 6	N/A On This Campus											
EP 18	Operate fire smoke dampers one year after installation and then at least every six years to verify that they fully close.	6 Years	90A-2012: 5.4.8 80-2010: 19.4 105-2010: 6.5	HOC Building 2025 - In Process											
EP 19	Smoke detection shutdown devices for HVAC tested	Annually	90A-2012: 6.4.1	Complete											
EP 20	All horizontal & vertical roller & slider fire doors tested	Annually	80-2010: 5.2.14.3 105-2010: 5.2.1: 5.2.2	Complete											
EP 25	Test all door assemblies	Annually	101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7 105-2010: 5.2.1	In Process											
EP 27	Test firefighter emergency operations for all applicable elevators.	Monthly	105-2010: 5.2.1	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Comlete	Complete	Complete	Complete

Master Checklist

	Item	Frequency	NFPA Reference	Semi-Annual #1						Semi-Annual #2					
				1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
				Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	Hospital Written Plans														
	Written Environmental Safety Plan	N/A													
	Written Security Plan	N/A													
	Written Medical Equipment Plan	N/A													
	Written Utility System Plan	N/A													
	Hospital Safety and Security Risks														
	Process to identify safety and security risks ass	N/A													
	Written procedures following a security event, in	N/A													
	Hospital Prohibits Smoking														
	Written Policy prohibiting smoking in all buildings	N/A													
PE.02.01.01	***Hospital Manages Hazardous Material and Waste Risk***														
	Written Hazardous Material and Waste Plan	N/A													
	Written, current inventory of hazardous materials	N/A													
	Written procedures, including precautions and PF	N/A													
	The hospital minimizes risks associated with sele	N/A													
	Document permits, licenses, manifests, and SDS	N/A													
PE.04.01.01	***Hospital Manages Fire Risk***														
	Written Fire Safety Plan	N/A													
	Written Fire Response Plan describes the specif	As defined by the hospital	101-2012: 18/19.7.1; 7.2												
	Documentation of maintenance, testing and inspections (and any follow-up activity required) for fire alarm and water based fire-protection systems includes:		25-2011: 4.3; 4.4 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4												
	Fire Drills														
	Conducts fire drills once per shift per quarter in b	Quarterly	101-2012: 18/19: 7.1.7; 7.1; 7.2; 7.3												
	Conducts fire drills every 12 months from the dat	Annually													
	Fire drills are critiqued to evaluate fire safety equ	EP1 and EP2													
	The hospital conducts annual fire exit drills for op	Annually	99-2012: 15.13.3.10.3												
	Fire/Smoke Barriers														
	Operate fire smoke dampers one year after insta	6 Years	90A-2012: 5.4.8 80-2010: 19.4 105-2010: 6.5												
	All horizontal & vertical roller & slider fire doors te	Annually	80-2010: 5.2.14.3 105-2010: 5.2.1; 5.2.2												
	Test all door assemblies	Annually	101-2012: 7.2.1.5.10.1; 7.2.1.5.11 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6; 5.2.7; 6.3.1.7; 105-2010: 5.2.1												
	Test firefighter emergency operations for all appli	Monthly	101-2012: 9.4.3; 9.4.6												
	Fire Alarm														
	Supervisory Signals (except tamper switches)	Quarterly	72-2010: Table 14.4.5												
	Water flow devices and valve tamper switches	Semi-Annual	25-2011: Table 5.1.1.2 72-2010: Table 14.4.5												
	Duct, heat, smoke detectors, fire alarm boxes (pu	Annually	72-2010: Table 14.4.5; 17.14												
	Notification devices (audible & visual). Including	Annually	72-2010: Table 14.4.5												
	Emergency services notification transmission eq	Annually	72-2010: Table 14.4.5												

Questions?


SEATTLE
SEAHAWKS


Patriots