

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
CALIFORNIA BUILDING STANDARDS COMMISSION
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Office Use Item No. _____

PARTICIPATION COMMENTS FOR THE NOTICE DATED FEBRUARY 20, 2013.
Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: APRIL 5, 2013

Date: 4/3/13

From:

Josh Rosa
Name (Print or type)

JR
(Signature)

California Association of Sheet Metal and Air Conditioning Contractors' National Association
Agency, jurisdiction, chapter, company, association, individual, etc.

621 Capitol Mall, 25th Floor, Sacramento CA 95814
Street City State Zip

I/We (do) (do not) agree with:

[] The Agency proposed modifications As Submitted on Section No. 407.4.1.4, 602.1, 602.3.1,
and Table 4-B

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [] Approved as Amended

Suggested Revisions to the Text of the Regulations:

n/a

Reason: [The reason should be concise if the request is for "Disapproval," "Further Study," or "Approve As Amended" and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Given the risks to health and safety that are presented by the proposed changes and explained in the attached Comment Letter, together with the lack of adequate cost savings, also explained in the attached letter, we request disapproval on the basis that the proposed changes violate HSC 18930(a)(3).



CAL SMACNA

April 3, 2013

California
Association
Sheet Metal
and
Air Conditioning
Contractors
National
Association

Jim McGowan, Executive Director
California Building Standards Commission
2525 Natomas Park Drive, Suite 130
Sacramento, CA 95833

Re: 45-Day Comment: Proposed Changes to Building Standards of the Office of Statewide Health Planning and Development (OSHPD) Regarding the California Mechanical Code and California Plumbing Code, Title 24, Parts 4 and 5 (OSHPD 01/13)

Cyndi Marshall
Executive Vice President

2012-2013 Officers

David Lawson
President

Joe Isom
President-Elect

Brad Young
Treasurer

Scott Baker
Secretary

Randy Attaway
Immediate Past President

Dear Director McGowan:

On behalf of the members of the California Association of Sheet Metal and Air Conditioning Contractors' National Association (CAL SMACNA), I write to submit comments regarding the California Building Standards Commission's proposed changes to the California Mechanical Code and California Plumbing Code contained in the California Code of Regulations, Title 24, Parts 4 and 5, respectively. The proposed changes would create a subcategory of OSHPD 3 clinics, called OSHPD 3SE, that may be granted special exemptions from existing mechanical and plumbing code requirements.

CAL SMACNA is a non-profit trade association representing over 600 union sheet metal and air conditioning contractors who employ more than 25,000 men and women throughout the state of California. These contractors perform commercial and residential heating, ventilating, and air conditioning, manufacturing, and testing and balancing.



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CAL SMACNA appreciates this opportunity to comment on the proposed changes. The overriding premise that we apply to our evaluation of the proposed changes is that, if the OSHPD 3SE facilities are expected to function for additional critical health services during a regional high-casualty emergency, then they also need to withstand the same stress levels that our hospitals are expected to withstand. CAL SMACNA believes this premise should be the overriding criterion for this evaluation, if 3SE clinics are to be relied upon to remain operational to serve the overflow of humanity during such a crisis.

The following summarizes our concerns with each of the significant proposed changes:

Allowing Plenum Air Returns

The proposed change would allow OSHPD 3SE clinics to utilize air plenums (Sections 407.4.1.4 and 602.1).

CAL SMACNA is concerned that allowing for plenum air returns will increase risks of smoke-related safety hazards.

OSHPD's Initial Statement of Reasons for this amendment cite that the use of air plenums will result in reduced construction costs. We agree this amendment would reduce the use of duct and create cost savings on a first-cost basis. However, if the plenum became contaminated with anything, it would be virtually impossible to clean. This scenario would require the clinic to either replace the plenum (thus undoing whatever cost savings had been achieved) or continue operating with a contaminated one. Ultimately, this amendment will result in an infection management process that is less clean and more difficult.

Allowing Longer Flex Duct

The proposed change would exempt OSHPD 3SE facilities from the requirement that flexible duct have a maximum allowable length of 10 feet (Section 602.3.1).

CAL SMACNA believes the maximum distance for flex duct should not exceed 10 feet, for the following reasons: 1) The longer flex duct gets, the more inefficient it is, because it creates higher static loss resulting in higher life energy, 2) Flex duct incurs damage at a faster rate than hard duct, 3) Flex duct is only as good as its installer and, although CAL SMACNA contractors adhere to the highest quality standards, many contractors do not properly install and support continuous flexible duct systems, and 4) Hard ductwork provides better control of CFM flow rates for both positive and negative pressure differentials related to test and balance of adjacent sensitive areas.

OSHPD's Initial Statement of Reasons for this proposed change state that allowing 3SE facilities to use flexible ductwork per the model code will result in reduced construction costs. However, we do not necessarily agree, for two reasons: 1) Flex duct incurs damage at a faster rate than hard duct and is a throwaway product, and 2) It is difficult to assess whatever cost savings may result from this amendment, given it is not clear where flex duct up to 10 feet would be used. If long flex duct is used as primary branch runs and/or main duct feeds, this only exacerbates our concerns with its high vulnerability. If, on the other hand, the product is limited to use in offices and non-patient/non-surgical/non-research environments, then that limitation necessarily limits whatever cost savings might be achieved from this product.

Reducing Air Filtration Requirement

The proposed change would reduce the air filtration requirement for 3SE clinics to one Minimum Efficiency Reporting Value (MERV) 8 filter (Table 4-B: Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Acute Care Hospitals, Outpatient Facilities, and Licensed Clinics).

CAL SMACNA is concerned that this proposed change increases the risk of airborne infectious disease spread, particularly if OSHPD 3SE clinics are located within larger buildings that share the

same air handling equipment. Furthermore, this proposal does not appear to be based on any empirical studies demonstrating that OSHPD 3SE clinics have a substantially reduced risk of airborne infectious disease spread than regular OSHPD 3 clinics. At a minimum, such a change should be limited to OSHPD 3SE clinics that provide isolation or high contamination rooms that are on separate air handling equipment.

If you should have any questions or need additional information, please do not hesitate to contact me at (916) 363-7460 or our regulatory affairs consultants Chris Walker and Josh Rosa at (916) 442-8888.

Sincerely,



Cyndi Marshall
Executive Vice President