

**FINAL STATEMENT OF REASONS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT

REGARDING THE CALIFORNIA MECHANICAL CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 4**

The Administrative Procedure Act requires that every agency shall maintain a file of each rulemaking that shall be deemed to be the record for that rulemaking proceeding. The rulemaking file shall include a final statement of reasons. The Final Statement of Reasons shall be available to the public upon request when rulemaking action is being undertaken. The following are the reasons for proposing this particular rulemaking action:

STATEMENT OF SPECIFIC PURPOSE, PROBLEM, RATIONALE and BENEFITS

The Office of Statewide Health Planning and Development (OSHPD) is adopting the most recent edition of model code, as amended by the Office, pursuant to Health and Safety Code Section 18928. This proposed rulemaking represents OSHPD's proposal to adopt the 2015 Uniform Mechanical Code published by the International Association of Plumbing and Mechanical Officials and carrying forward existing California amendments into the 2016 California Mechanical Code. Editorial and minor technical modifications to the existing requirements are also being proposed for clarification and consistency within the code as identified below.

Specific amendments are as follows:

Section 102.1 Conflicts Between Codes - This existing amendment is being carried forward from Section 101.3 of the 2013 California Mechanical Code and located in Section 102.1 of the 2016 California Mechanical Code. This is an editorial adjustment that is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 221.0 – S – Definitions - The definition of "State Building Code" is being repealed because it is outdated and unnecessary.

Section 303.2 Closet or Alcove Installations - This existing amendment is being carried forward from Section 303.3 of the 2013 California Mechanical Code and located in Section 303.2 of the 2016 California Mechanical Code. This is an editorial adjustment that is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 318.0 Scope - This editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 319.0 Steam and Hot-Water Systems - This editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 320.0 Air Conditioning and Heating Systems – This editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 320.1 Requirements for Hospitals and Optional Services Provided in Correctional Treatment Centers - The 2015 Uniform Mechanical Code renumbered various code sections. This change is to reflect and align with the renumbered sections of the Uniform Mechanical Code. In addition, the amendment regarding humidifiers has been added to clarify the interpretation and requirements of the code. *ASHRAE 170* and the *Guidelines for Design and Construction of Health*

Facilities (FGI Guidelines), 2014 Edition require a humidifier. This amendment is consistent with the requirements of these national standards.

Section 320.1.2 - The published versions of *ASHRAE Climatic Data for Region X* and the supplement have changed. To avoid future updates due to changes in the published dates, the reference to the date was removed and the “most recent version” was added.

Section 320.1.3 - The published versions of *ASHRAE Climatic Data for Region X* and the supplement have changed. To avoid future updates due to changes in the published dates, the reference to the date was removed and the “most recent version” was added.

Section 320.2 Requirements for Skilled Nursing, Intermediate Care Facilities and Basic Services Provided in Correctional Treatment Centers - This editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 320.3 Requirements for Outpatient Facilities and Licensed Clinics - This editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Table 320.0 Heating, Cooling, and Relative Humidity Requirements for Sensitive Areas or Rooms -

The temperatures and humidity's were changed to be consistent with those published in the national standards of *ASHRAE 170* and the *FGI Guidelines*. Also, the editorial renumbering is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 321.0 Essential Mechanical Provisions - This editorial renumbering of the section is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 407.4.1.1 Air Circulation - The words “of equal capacity” were added to clarify the intent of having the two required return air inlets be equal in size to allow the air flow to be uniform across the room.

Section 407.4.1.4 Exception – The new exception is consistent with requirements and scope of the national standards of the *FGI Guidelines* and *ASHRAE 170*.

Section 408.1.5 – This amendment is consistent with the national standards of the *FGI Guidelines* and *ASHRAE HVAC Systems and Equipment Handbook*.

Section 408.2.2 - The removal of the published year from *ASHRAE 52.2* will allow the year to be shown in the *Referenced Standards* of the California Building Code.

Section 408.2.4 – The removal of the published year from *ASHRAE 52.2* will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Section 408.3.3 - The removal of the published year from *ASHRAE 52.2* will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Section 411.1 - The removal of the published year from *ASHRAE 52.2* will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Section 414.1.2 - The removal of the published year from *ASHRAE 52.2* will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Section 416.1 – This is an editorial amendment to indicate the correct measurement.

Tables 4A & 4B - The addition, removal, or changing of room names to Table 4A and Table 4B align with the standards in the *FGI Guidelines* and *ASHRAE 170* and provide consistency in the code. Also, the removal of the published year from *ASHRAE 52.2* in the Table 4B footnotes will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Table 4C – The removal of the published year from *ASHRAE 52.2* in the table footnotes will allow the year to be shown in the *Referenced Standards* of the California Mechanical Code.

Section 504.1.1 Backdraft Protection - This amendment is being carried forward from the 2013 California Mechanical Code Section 504.1 and located in Section 504.1.1 for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 508.5 Supports – This amendment is being carried forward from the 2013 California Mechanical Code from Section 508.1.1 and located in Section 508.5 for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 602.1 General - This change is consistent with the national standards and scope of the *FGI Guidelines* and *ASHRAE 170*.

Section 602.6.1 Flexible Ducts - This existing amendment is being carried forward and renumbered for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 603.4.1 Length Limitation - The five-foot length limitation for the use of flexible air ducts is in conflict with existing code requirements for health facilities under OSHPD jurisdiction.

Section 604.1, 604.2 and 604.3 – These are existing amendments that are being carried forward from the 2013 to the 2016 California Mechanical Code and located within Section 604 – Insulation of Ducts as shown in the express terms. This is an editorial adjustment that is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Section 911.1 Prohibited Installations – The OSHPD amendment is being carried forward from 2013 to the 2016 California Mechanical Code and located as shown in the express terms. This is an editorial adjustment that is necessary for alignment with the renumbered sections of the 2015 Uniform Mechanical Code.

Table 1104.1 – Permissible Refrigeration Systems - This existing amendment is being carried forward from 2013 California Mechanical Code Table 1105.1 Permissible Refrigeration Systems to Table 1104.1 Permissible Refrigeration Systems of the 2016 California Mechanical Code. This is an editorial adjustment that is necessary for alignment with the renumbered tables of the 2015 Uniform Mechanical Code.

UPDATES TO THE INITIAL STATEMENT OF REASONS

OSHPD finds that no revisions have been made which would warrant a change to the initial statement of reasons for the proposed actions.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

OSHPD has determined that the proposed regulatory action would not impose a mandate on local agencies or school districts.

OBJECTIONS OR RECOMMENDATIONS MADE REGARDING THE PROPOSED REGULATION(S)

(Government Code Section 11346.9(a)(3)) requires a summary of EACH objection or recommendation regarding the specific adoption, amendment, or repeal proposed, and explanation of how the proposed action was changed to accommodate each objection or recommendation, or the reasons for making no change. This requirement applies only to objections or recommendations specifically directed at the agency's proposed action or to the procedures followed by the agency in proposing or adopting the action, or reasons for making no change. Irrelevant or repetitive comments may be aggregated and summarized as a group.

45-DAY PUBLIC COMMENT PERIOD FROM OCTOBER 9, 2015, THROUGH NOVEMBER 23, 2015

During this 45-day comment period, OSHPD received the following comments regarding the proposed code changes of OSHPD 06/15:

Comment # 1: David L. Bennett, National Energy Management Institute Committee (NEMIC)

Mr. Bennett opposes the proposed changes to the California Mechanical Code allowing plenum return air in the OSHPD 3 Clinics and comments that the use of a plenum return air system within any healthcare facility, clinic, or treatment center provides a greater risk for airborne and waterborne disease infection to building occupants. The comment posits a number of plenum problems "*If not properly designed*" and references American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and Centers for Disease Control (CDC) for compliance recommendations.

OSHPD's Response to Comment # 1:

Both ASHRAE and CDC compliance recommendations reference AIA/FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities which incorporates ASHRAE 170. ASHRAE 170 allows the use of return air plenums in areas of clinic facilities that do not require a pressure relationship to adjacent areas. Additionally, areas that require a pressure relationship such as surgery, critical care areas are required to be fully ducted. The 2015 Uniform Mechanical Code proposes to adopt ASHRAE 170 as the standard for ventilation in healthcare. This amendment to the 2016 CMC brings OSHPD into further concurrence with the 2015 UMC and the national standards.

Comment # 2: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering

Mr. Travis comments that the Table 4A minimum air change requirements for "semi-restricted corridors" do not meet Points 7, 3, and 4 of the 9-Point Criteria. The commenter states that OSHPD's initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for "semi-restricted corridors."
- Point 3 – The airflows or pressures proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public's interest.
- Point 4 – The airflows required for the "semi-restricted corridors" exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren't any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for "semi-restricted corridors" and recommends that the item be "approved as amended."

OSHPD's Response to Comment # 2: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD's amendments to Table 4A add, remove or change specific room names for alignment with the national standards. There are no new amendments for "semi-

restricted corridors” proposed in this rulemaking; therefore the comments are outside of this rulemaking.

Comment # 3: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering

Mr. Travis comments that the Table 4A minimum air change requirements for “intensive care spaces” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “intensive care spaces”.
- Point 3 – The pressure requirements proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The pressure required for the “intensive care spaces” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to positive pressure to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “intensive care spaces” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 3: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “intensive care spaces” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 4: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering

Mr. Travis comments that the Table 4A minimum air change requirements for “trauma rooms” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “trauma rooms”.
- Point 3 – The airflows proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “trauma rooms” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “trauma rooms” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 4: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “trauma rooms” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 5: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering

Mr. Travis comments that the Table 4A minimum air change requirements for “patient rooms” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses and he addresses concerns with the following:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “patient rooms”.
- Point 3 – The airflows proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “patient rooms” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “patient rooms” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 5: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “patient rooms” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 6: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering Mr. Travis comments that the Table 4A minimum air change requirements for “patient area corridors” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “patient area corridors”.
- Point 3 – The airflows proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “patient area corridors” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “patient area corridors” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 6: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “patient area corridors” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 7: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering Mr. Travis comments that the Table 4A minimum air change requirements for “administrative areas” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “administrative areas”. ASHRAE 170 does not require specialty ventilation.
- Point 3 – The airflows proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “administrative areas” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “administrative areas” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 7: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “administrative areas” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 8: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering
Mr. Travis comments that the Table 4A minimum air change requirements for “primary clinic waiting areas” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “primary clinic waiting areas”.
- Point 3 – The airflows or pressures proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “primary clinic waiting areas” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “primary clinic waiting areas” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 8: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “primary clinic waiting areas” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 9: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering
Mr. Travis comments that the Table 4A minimum air change requirements for “orthopedic/cast rooms” do not meet Points 7, 3 and 4 of the 9-Point Criteria. The commenter states that OSHPD’s initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation are not incorporated in Table 4A for “orthopedic/cast rooms”.
- Point 3 – The airflows or pressures proposed exceed those in ASHRAE 170 and increase baseline HVAC energy use in California hospitals which does not seem to be in the public’s interest.
- Point 4 – The airflows required for the “orthopedic/cast rooms” exceed those in ASHRAE 170 and are unique to California which seems to be arbitrary. There aren’t any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to the Table 4A ventilation requirement for “orthopedic/cast rooms” and recommends that the item be “approved as amended.”

OSHPD’s Response to Comment # 9: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD’s amendments to Table 4A add, remove or change specific room names for alignment with the national standards of FGI Guidelines and ASHRAE 170. There are no new amendments for “orthopedic/cast rooms” proposed in this rulemaking; therefore the comments are outside of this rulemaking process.

Comment # 10: Travis R. English, Kaiser Permanente, Facilities Planning & Design, Engineering
Mr. Travis comments that *407.5.1 Variable Air Volume Systems* do not meet Points 7, 5 and 4 of the 9-Point Criteria. The commenter states that OSHPD's initial statement of reasons indicates that Table 4A has been amended to incorporate ASHRAE 170 standards and he addresses the following concerns:

- Point 7 - The ASHRAE 170 national standards for health facility ventilation does not require return-air variable-air-volume (VAV) devices.
- Point 5 – The need for return-air variable-air-volume (VAV) devices exceed requirements in ASHRAE 170. This decreases the affordability of VAV systems, which are a key energy conservation measure for hospitals which does not seem to be in the public's interest.
- Point 4 – The requirement for return-air VAV devices are unique to California which seems to be arbitrary. There aren't any apparent benefits to higher airflows to offset the increase costs and energy use for hospitals.

The commenter proposes amendments to *407.5.1 Variable Air Volume Systems* and recommends that the item be "approved as amended."

OSHPD's Response to Comment # 10: OSHPD does not adopt ASHRAE 170 ventilation standards for health facilities in its entirety. OSHPD is carrying forward from the 2013 CMC and proposing no amendments to section *407.5.1 Variable Air Volume Systems*; therefore the comments are outside of this rulemaking process.

Comment # 11: Shlomo Rosenfeld, Shlomo I. Rosenfeld & Associates

Mr. Rosenfeld comments that text should be added to the proposed change of 320.1.1 which will clarify the requirements of the standard-of-care criteria for the owner, design engineer, contractor, commissioning team, and enforcing agency.

OSHPD's Response to Comment # 11:

The current code establishes prescriptive code design criteria that the HVAC system must meet. The intent of the code change is to provide performance based criteria to enable the design team to more appropriately design to local climactic conditions. Sections 320.1.2 and 320.1.3 provide a required heating temperature of 70°F to 75°F and a maximum cooling temperature of 75°F for all spaces not listed in Table 320.0.

Comment # 12: Shlomo Rosenfeld, Shlomo I. Rosenfeld & Associates

Mr. Rosenfeld comments the proposed text is ambiguous or vague and should include text to explain what climatic conditions the HVAC system should be designed to.

OSHPD's Response to Comment # 12:

The proposed text of section 320.1.2 states the heating system shall be designed to maintain a room temperature of 70°F to 75°F based on the Climatic Design Data of the most recent edition of the ASHRAE Fundamentals Handbook.

Comment # 13: Shlomo Rosenfeld, Shlomo I. Rosenfeld & Associates

Mr. Rosenfeld comments the proposed text of 320.1.3 is ambiguous or vague and should include text to show the cooling, evaporation, dehumidification, and enthalpy design conditions of the ASHRAE Handbook.

OSHPD's Response to Comment # 13:

The proposed text of section 320.1.3 states the cooling system shall be designed to provide 75°F based on the .4 percent climatic design data of the most current version of the ASHRAE Fundamentals Handbook. The proposed text provides a performance approach that the HVAC system must be designed to.

Comment # 14: Shlomo Rosenfeld, Shlomo I. Rosenfeld & Associates

Mr. Rosenfeld comments the use of a plenum return air system within clinics which, if done with further study and proper evaluation, may result in unintended consequences. Mr. Rosenfeld then lists several aspects of return air plenums that he has experience in that will allow for independent study.

OSHPD's Response to Comment # 14:

ASHRAE 170 allows the use of return air plenums in areas of healthcare facilities that do not require a pressure relationship to adjacent areas. Additionally, areas that do not require a pressure relationship such as surgery, critical care areas are required to be fully ducted. The 2015 Uniform Mechanical Code proposes to adopt ASHRAE 170 as the standard for ventilation in healthcare. This amendment to the 2016 CMC brings OSHPD into further concurrence with the 2015 UMC.

Comment #15: Cheri Hummel, California Hospital Association

Ms. Hummel supports the proposed amendment to the CMC which will allow the use of return air plenums in areas of OSHPD 3 facilities that do not require a pressure relationship to adjacent areas.

OSHPD's Response to Comment #15

OSHPD would like to express appreciation for the letter of support.

Comment # 16: 1. Randy Young, Sheet Metal Worker's Local 104
2. Dion Abril, Western States Council of Sheet Metal Workers

The commenters recommend disapproval on inclusion of the banner at 603.4.1 *[Not Permitted for OSHPD 1, 2, 3, & 4]* based on the 9 point criteria #1 and #7.

OSHPD's Response to Comment # 16:

Existing OSHPD amendment 602.3.1 602.6.1 being brought ahead from the 2013 CMC supersedes this model code provision for OSHPD applications.

Comment # 17: Thomas A. Enslow, Adams Broadwell Joseph & Cardozo

Mr. Enslow comments

the Joint Committee on Energy and Environmental Policy ("JCEEP") and the Coalition for Safe Building Materials ("Coalition") oppose the proposed code changes based on grounds that OSHPD's Proposed Amendments fail to meet at least two of the nine-point criteria;

- The requirement that the adoption of standards be in the public interest (Criteria 3) "*Approval of the OSHPD Plenum Amendments without First Preparing an EIR Is Not In the Public Interest.*"
- The requirement that the adoption of standards would not be unreasonable, arbitrary or unfair (Criteria 4). "*Approval of the OSHPD Plenum Amendments without First Preparing an EIR Is Unreasonable, Arbitrary and Unfair.*"

The allowance of medical clinics to use of concealed spaces or independent construction within buildings as ducts or plenums and to allow plenum duct returns increase health and safety risks to patients and other building occupants and the allowance may also result in increased energy consumption and reduced patient privacy. Mr. Enslow further comments in addition to bad policy, the proposed changes must be rejected because they have been proposed without fully complying with the requirements of the California Environmental Quality Act.

OSHPD's Response to Comment # 17:

These comments are focused on the OSHPD Initial Study/Negative Declaration prepared in support of this code proposal. OSHPD retained Placeworks to assist in the preparation of required documentation in accordance with the CEQA. The Initial Study/Negative Declaration comments appended to the comment letter and all other comments received, while not required by CEQA, were responded to in the Negative Declaration document. The Negative Declaration for the proposed CMC change allowing plenum return air in certain areas of OSHPD 3 clinics is available and fully supports the justification of the proposed amendments to the CMC. The 2015 Uniform Mechanical Code proposes to adopt ASHRAE 170 as the standard for ventilation in healthcare. The proposed amendments to the 2016 CMC were prepared in accordance with the California Environmental Quality Act and are intended to be in concurrence with the 2015 UMC. In particular, Criteria Point 3 is complied with by modeling the use of plenums in clinics after the proposed 2015 UMC and its proposed adoption of ASHRAE 170 as the nationally recognized standard for ventilation in healthcare. Additionally, Criteria Point 4 is met by wholly meeting the intent of the 2015 UMC which represents a reasonable, fair, and nonarbitrary amendment to the CMC.

DETERMINATION OF ALTERNATIVES CONSIDERED AND EFFECT ON PRIVATE PERSONS

OSHPD has determined that no alternative would be more effective in carrying out the purpose for which the regulation is proposed or would be as effective and less burdensome to affected private persons than the adopted regulation. The proposed regulations will not have a cost impact to private persons.

REJECTED PROPOSED ALTERNATIVE THAT WOULD LESSEN THE ADVERSE ECONOMIC IMPACT ON SMALL BUSINESSES

OSHPD has determined that the proposed regulations will not have an adverse economic impact on small businesses. The rulemaking proposes the adoption of the 2015 Uniform Mechanical Code and carrying forward of existing California amendments into the 2016 California Mechanical Code. In addition, editorial and minor technical modifications to the existing requirements will provide clarification and consistency within the code.