

**INITIAL 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**

**ADOPTION OF THE 2012 UNIFORM MECHANICAL CODE**

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

**STATEMENT OF SPECIFIC PURPOSE, PROBLEM, RATIONALE and BENEFITS:**

The Office of Statewide Health Planning and Development (OSHPD) is mandated to adopt 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 2012 Uniform Mechanical Code (UMC) published by International Association of Plumbing and Mechanical Officials (IAMPO) and carry forward existing California amendments into the 2013 California Mechanical Code (CMC). It was also necessary to propose a few editorial and minor technical modifications to the existing requirements for clarification and consistency within the code as identified below:

**Section 217.0 –O- Definitions**

This creates the classification of OSHPD 3SE to specify OSHPD 3 clinics that can be granted special exemptions from existing code requirements. This brings the requirements for OSHPD3SE clinics closer to those of less-restrictive model code in order to reduce costs to clinics while ensuring occupant safety.

**Section 315.1.1**

“and relative humidity” – Editorial amendment.

**Section 407.2.1**

“If installed ~~through~~ above the roof,” - This modification is necessary to clarify the intent of the code and ensure proper clearance between air intakes and roof surface. In this amendment the reference to plumbing vent location in relation to air intakes is removed because that information already exists in the California Plumbing Code. A reference to the California Plumbing Code is included in this amendment.

**Section 407.4.1.1**

This requires HVAC supply air for morgues and autopsy rooms to be delivered at the ceiling and either removed low or via autopsy table. This matches industry practice and enhances the safety of room occupants by more effectively removing airborne pathogens.

**Section 407.4.1.4**

This amendment allows OSHPD 3SE clinics to utilize air plenums. Use of air plenums will result in reduced construction costs.

**Section 408.3**

Editorial amendment.

**Section 409.3**

This amendment refines the verbiage of the requirement to ensure that condensation on ductwork is not allowed by code. Moisture is deleterious to ductwork.

**Table 4-A Pressure Relationship and Ventilation Requirements for General Acute Care Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities, Correctional Treatment Centers, Outpatient Facilities, and Licensed Clinics**

The amendments to this table are consistent with the California Building Code in listing spaces that the Code requires and specifying HVAC parameters for those spaces.

**Table 4-B Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Acute Care Hospitals, Outpatient Facilities, and Licensed Clinics**

The purpose of this modification is to include the new OSHPD 3SE category and specify the required filtration for it.

**Section 602.1 General**

This amendment allows OSHPD 3SE clinics to utilize air plenums. Use of air plenums will result in reduced construction costs.

**Section 602.3.1 Flexible Ducts**

This amendment exempts OSHPD 3SE facilities from the requirement that flexible duct have a maximum allowable length of 10 feet. Allowing OSHPD 3SE facilities to use flexible ductwork per the model code will result in reduced construction costs.

**Section 605.0 Insulation of Ducts**

This amendment refines the verbiage of the requirement to ensure that condensation on ductwork is not allowed by code. Any moisture is deleterious to ductwork.

**TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS:**

Clarification of various requirements is based on the nationally recognized standards “Guidelines for Design and Construction of Health Care Facilities, 2010 Edition” by the Facility Guidelines Institute with assistance from the U.S. Department of Health and Human Services. Various requirements reflect developments in the nationally recognized standard “ANSI/AHSRAE/AHSE Standard 170-2008, Ventilation of Health Care Facilities”.

**STATEMENT OF JUSTIFICATION FOR PRESCRIPTIVE STANDARDS:**

The regulations do not mandate the use of technologies, equipment or prescriptive standard.

**CONSIDERATION OF REASONABLE ALTERNATIVES**

There are no alternatives for consideration.

**REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS**

No adverse impact on small business.

**FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE IMPACT ON BUSINESS**

No adverse impact on business.

**DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS**

Not applicable.