

**INITIAL STATEMENT OF REASONS**  
**FOR**  
**PROPOSED BUILDING STANDARDS**  
**OF THE**  
**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**  
  
**REGARDING THE**  
**2007 CALIFORNIA MECHANICAL CODE**  
**CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 4**  
  
**HEALTH FACILITIES CONSTRUCTION**

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 AND RATIONALE:**

**CHAPTER 2 – DEFINITIONS**

**Section 204.0**

The definition for “Building Official” is amended to correct and clarify the reference to California Chapter 1.

**Section 217.0**

The definition for “Occupancy Classification” is amended for clarity. The amendment for the definition “Group I Occupancies, Division 1.1” is repealed because the amendment is an error.

**CHAPTER 3 – GENERAL REQUIREMENTS**

**Section 304.2**

The existing model code language does not specify if the volume of boilers in the room includes boilers used as backup or standby. The proposed amendment provides clarity by indicating the total volume of the boilers shall be based on the number of boilers that can operate at the same time.

**Section 304.2, Exception 2**

The amendment is editorial and clarifies existing language.

**Section 314.1.3**

The amendment is editorial and clarifies existing language.

**Section 315.1**

This section is modified to clarify the heating, cooling, and humidification requirements for hospitals and to describe the conditions under which a humidifier is not required.

**Section 315.2.1**

The amendment is editorial to coordinate with the proposed amendments to Section 315.1

**Table 315**

Editorial change to correct spelling.

**Section 316.6**

This amendment is necessary for coordinating the requirements in the 2007 California Electrical Code.

**CHAPTER 4 – VENTILATION AIR SUPPLY****Section 403.0**

The amendment is editorial to resolve an error in publication.

**Part 1**

The title “Part 1 – Ventilation for Health Care Facilities” is repealed. The Part 1 designation is unnecessary.

**Section 407.2.1**

The amendment coordinates with an existing requirement in the California Plumbing Code.

**Section 407.3.1**

The amendment is editorial to correct spelling. Also, an additional nationally recognized air balancing standard is being added.

**Section 407.4.1.1**

The proposed amendment clarifies the exhaust and recirculation inlet locations for designated sensitive rooms and clarifies the number of exhaust and recirculation inlets for cardiac catheterization labs and cystoscopy rooms. The amendments are necessary for consistency with the requirements of the 2003 ASHRAE Handbook – HVAC Applications.

**Section 407.4.1.4**

Current language prohibits the space above a ceiling from being utilized for an outside air, supply air, exhaust air, or return air plenum. The proposed amendment prohibits the space above a ceiling to be utilized as a “relief-air” plenum. Relief air plenums produce dust and debris and introduce contaminants into the room, creating risk of infection.

**Section 408.2.4**

The amendment is editorial.

**Table 4A**

The letter “E” currently represents “equal”. This abbreviation is changed to a “NR”, which means that there is no requirement for continuous directional control for the specified rooms. This amendment provides consistency with the 2003 ASHRAE HVAC Handbook – HVAC Applications.

The following rooms are added to the table: IV prep, blood/draw/phlebotomy, infusion, blood bank/tissue storage, and administrative. This amendment will provide consistency in enforcement of ventilation requirements for these types of rooms.

The “nuclear medicine” room requirements are being relocated from the “Laboratory” category of the Table 4A to the more appropriate category of “Radiology/Imaging”.

**Table 4B**

“Public cafeteria” is added to Table 4B. The function of public cafeterias is similar to the existing group of

rooms identified in the “area designation” column of the table; and therefore, the filtration requirement for public cafeterias will be the same as these rooms.

## **CHAPTER 11 – REFRIGERATION**

### **Table 11-1**

Surgical clinics have essentially the same function as hospital operating rooms; and therefore, the same refrigerant requirements are being proposed for these facilities.

## **CHAPTER 12 – HYDRONICS**

### **Part 1 – Steam and Water Piping**

#### **Section 1201.2.6**

Existing language states that steam and hot piping shall be supported, anchored, and provided with swing joints, expansion loops or joints, or other means to avoid excessive strain on piping, equipment, or the building structure to the satisfaction of the Authority Having Jurisdiction. The proposed amendment clarifies the terminology “to the satisfaction of the Authority Having Jurisdiction” by specifying the specific means required by OSHPD.

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

There are no technical, theoretical and empirical studies, reports or other documents to be identified regarding the development of these proposed regulations.

### **CONSIDERATION OF REASONABLE ALTERNATIVES**

There were no alternatives considered by the Office. The proposed code changes are editorial and technical modifications that provide clarification.

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

The proposed regulations will not adversely impact small businesses.

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

The scope of the proposed code changes is to make editorial and technical modifications for clarity. These regulations will have no significant adverse impact of businesses.

### **DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS**

The proposed code changes do not duplicate or conflict with federal regulations.