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HEALTH FACILITY CHECKLIST VACCINE FREEZERS

The following checklist is intended to be used for the expedited review and installation of Ultra Low Temperature Freezers used for the storage of COVID vaccines in California healthcare facilities. The checklist summarizes and references the applicable requirements from the Office of Statewide Health Planning and Development (OSHPD) as adopted and amended to the California Building Standards Code.

Applicants should verify compliance of the plans submitted for building permit with all referenced requirements from OSHPD when completing this checklist. The checklist should be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist. This checklist only references OSHPD requirements associated with the installation of these freezers. Upon receipt of the project with this checklist, the project will be expedited. If all items with an * comply, no permit or anchorage is required. Coordinate with Compliance Officer.

The following regulations of the California Building Standards Code apply:

Before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office, and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given (CAC, Section 7-113 (a)).

Construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting, and/or observation by the Office when review, permitting and/or observation is required, and without the exemption by the Office provided for in Section 7-127, shall be subject to examination by the Office to assess relevant code compliance. Failure to obtain the necessary reviews and approvals prior to commencing construction will result in examination fees, in addition to application fees (CAC, Section 7-128).

| Location | Confirm requirements with Fire/Life Safety based on refrigerant. |
|--------------|--|
| # of Units | |
| Refrigerant: | |
| Capacity: | |
| Room Volume: | |

| REQUIREMENTS | Yes | No | N/A | Comments | | |
|--|-----|----|-----|----------|--|--|
| ELECTRICAL | | | | | | |
| * CEC 517.34(A)(10)(e), CEC 422.10 Dedicated branch circuit served by critical branch and rated per manufactures requirements. | | | | | | |
| | | | | | | |

| REQUIREMENTS | Yes | No | N/A | Comments |
|--|-----|----|-----|----------|
| CEC 517.31(C)(3) | | | | |
| Branch circuit conductors shall be mechanically | | | | |
| protected. Typically requires nonflexible metal | | | | |
| conduit like EMT. | | | | |
| PIN 38 | | | | |
| Load verification per Electrical Load Capacity | | | | |
| Verification Guideline. | | | | |
| Add torque of electrical connections to TIO. | | | | |
| STRUCTURAL: Anchorage | - | | | |
| * Does unit meet requirements of Other Equipment | | | | |
| per Policy Intent Notice (PIN) 68? | | | | |
| Using OSHPD standard detail (below)? | | | | |
| The detail must be replicated on design documents. | | | | |
| Using manufacturer's recommended anchorage | | | | |
| detail? Details and calculations required if greater | | | | |
| than 400 pounds. | | | | |
| Using custom anchorage detail? | | | | |
| Details and calculations required. | | | | |
| Wall anchors attached to studs or surface applied | | | | |
| backing? | | | | |
| Is unit free standing (not attached to wall)? | | | | |
| Details and calculations required if greater than 400 | | | | |
| pounds. | | | | |
| Are structural attachments penetrating unit? Check with manufacturer whether such attachments | | | | |
| | | | | |
| will not damage the unit. | | | | |
| STRUCTURAL: Weight | | | | |
| Verification provided that existing slab or floor has | | | | |
| sufficient capacity to support the unit? | | | | |
| Loads from existing equipment around the new unit | | | | |
| included in the verification above? | | L | | |
| FIRE/LIFE SAFETY | [| Γ | 1 | |
| If penetrating a rated wall, include listed assembly | | | | |
| and assembly penetration protection per CBC 714. | | | | |
| Maintain 18" from unit to ceiling to provide code | | | | |
| required sprinkler clearance. Per CMC 1103.3 Higher Flammability Refrigerants | | | | |
| shall not be used except where approved by the | | | | |
| Authority Having Jurisdiction (AHJ). For approval of | | | | |
| the AHJ, all items below must be in compliance. | | | | |
| * Refrigeration equipment located in an occupied area | | | + | |
| is considered a High-Probability System. | | | | |
| Compliance with the following items is required for | | | | |
| Higher Flammability Refrigerants (A3), CMC 1103.3; | | | | |
| * Refrigeration units considered High-Probability | | | | |
| Systems, other than Group A1, are not installed in I-2 | | | | |
| use spaces, CMC Table 1104.1 | | | | |
| | | | | |
| | 1 | l | 1 | |

| REQUIREMENTS | | No | N/A | Comments |
|--|--|----|-----|----------|
| * Listed higher flammability systems contain not more | | | | |
| than 0.331 pounds (0.150 kg) of Group A3 refrigerant, | | | | |
| provided that the equipment is installed in accordance | | | | |
| with the listing and the manufacturer's installation | | | | |
| instructions. | | | | |
| * High Probability/Higher Flammability refrigerant | | | | |
| units are installed per manufacturer listings and | | | | |
| include alarm features for items such as leak | | | | |
| detection, power loss, etc., per manufacturer | | | | |
| specifications | | | | |
| * Spaces where any refrigeration units are located are | | | | |
| sprinklered. CBC 903. | | | | |

HEALTH FACILITY CHECKLIST



Figure 1 Example Anchor Detail