

Adhoc Health Care Combined Report

Code Change #	Section	Adhoc (x) or Related (o)	Oppose & Testify	Oppose	No Position	Support	Support and Testify	Comment	Report of Hearing Result
	101.3							Add Exception 5 to allow Healthcare to follow ASHRAE 170. Intent would be that nothing in the IgCC would impact the clinical requirements in ASHRAE 170.	
	105.6							Add example of Energy Star Program	
	202							Asbestos-containing Products - These typically are not considered ACM unless they have 1% or greater asbestos - definition states any detectable amount. Look up EPA definition of ACM.	
	202							Diverse Use Categories - Hospitals are not really listed - Community Facilities has social services facilities, Retail has Pharmacy and Service Uses has medical or dental office - Hospital, Amb Care don't really fall under any of these - Need to add to either Community or Service	
	402.8							Add Hospitals to exception 4.2.3 Large Facilities	
	Table 407.3							Short term bicycle parking seems too much - recommend 1 per 50k	
	407.3.2							Add within covered parking area	
	503.1							Add exception to not require if not locally available. Need to also verify if more than 50% is too high.	
	602.1.1, 602.1.2.1 & 602.1.2.3							Request exemption for healthcare. 602.1.1 Modeling per ASHRAE 90.1-2010, modified by sections 602.1.2.1 and 602.1.2.3. Shall include all building energy, which is very complicated for healthcare facilities with consideration of medical equipment.	

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	602.1.1							Savings is based on energy use, not energy cost. Does not appear to give credit for lower electricity rates that are often negotiated with healthcare campus as part of evaluating different technology. Also, may not provide sufficient credit for high efficiency district energy systems that are often included with healthcare facilities (prescribes the efficiency for district energy systems). Request exemption for district energy systems	
	602.1.3							Design professional is required to be responsible for energy model. Requirement for approval of code official and notification to code official if design professional changes seems more than minimum standard. Not sure how to address this issue.	
	603.2							The requirements of this section could be problematic with the different branches of the essential power system in a healthcare facility. Healthcare facilities could burden undo cost due to the different branches of power. Recommend exception to allow metering of required loads on normal power circuits and meter each branch of the essential power system.	
	603.3.1							Requires metering of total consumption and peak loads for gaseous fuels. Recommend exemption for medical gases.	

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	603.3.2							Measuring of peak metering for emergency fuels such as fuel oil seems counter intuitive. Request exemption to meter total consumption but not peak for emergency power systems. Could also apply to load shed systems.	
	603.5.1							Requires use of sub-meter data to calculate emission data on an annual basis. Recommend exception for emergency power systems based on EPA exception.	
	604.3 Exception 1							Recommend the exception for hospitals and critical facilities to simply be all Group "I" occupancies.	
	605.2							Recommend removing this section as it is addressed in the Existing Building section.	
	606.5.1							Requires economizers on all units at 33,000 Btu/h or higher. Not a problem if water side economizers are used, but could be a cost impact on air side economizers on smaller units. Recommend exception for air side economizers.	
	606.5.1.2							Even with exception, there is concern whether the required humidities can be met. Recommend exception for healthcare to lowering of the dry bulb/wet bulb temperatures to 43/38.	
	606.8							Specific requirements regarding heat recover on laboratory exhaust systems. No exceptions listed, so could be a problem with laboratories dealing with certain types of contaminants. Recommend exception for laboratories dealing with hazardous chemicals.	

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	607.5							Need further definition of "waste water" for a healthcare facility. It is not clear what this paragraph requires for healthcare facility.	
	607.7							Not positive that an intermittent circulating hot water system is allowed by other healthcare codes. Could be a conflict that needs to be addressed.	
	608.4.1							Group I-2 are 24/7 Occupancy so reduction within 2 hours of facility operation conclusion doesn't apply. Need exception for I-2 and 24 hour operations.	
	608.6							Receptacles and outlets in patient care areas should be exempt. Recommend exemption per 608.5-4.	
	611							Conflicts with Section 902 Approved Agency by recommending all commissioning activities be done by the design professional. This is also a direct conflict with the HFCx process and industry research regarding professional conflict of interest. Should be an independant third party commissioning agent. Need to recommend proposal based on HFCx process.	
	611.1.3.3							The word "Air" needs to be deleted. Should apply to all economizers water or air.	
	611.1.4.1							Prevents building from passing mechanical inspection until preliminary commissioning report is submitted to code official. This is problematic with healthcare and other fast track projects. Suggest this paragraph be deleted.	
	702.6.3							Table 610.2.3 does not exist - this reference needs to be corrected.	

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	Table 702.8.2							Table sizes and tube lengths need to be verified.	
	702.18							Need to verify current status of autoclaves and sterilizers. Get with Roy Morris.	
	703.9.1							Overflow alarm is a local audible alarm - should be included in DDC system.	
	705.1 and Table 705.1.1							This is a significant impact to a healthcare facility - not sure that can request an exemption due to this since it is strictly a cost issue.	
	803.1.2.3							Requires replacement of return air filters - right thing to do is replace all filters used during construction.	
	803.4.1							Requires printer and janitorial rooms to be 1 hour fire resistance rated. This should be governed by the building code and not the IgCC. Recommend removing this requirement.	
	804.2							Recommend adding Group I to exception 1 along with Groups F, H, S and U occupancies.	
	Table 806.4(1)							Add VAT and Seamless flooring	
	Section 807							I didn't see any issues but probably needs further review by someone with better acoustics background.	
	Section 808							I didn't see any issues but probably needs further review by someone with better daylighting background.	
	Chapter 9							Awaiting final comments from Commissioning expert. Significant conflicts with the HFCx process - see Section 611	

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	902.1							Code official is responsible for verifying competency of approved agency? This seems to be a conflict with standard contracting practices. Needs to be the responsibility of the Owner.	
	903.1							Same as 611 - Paragraph 2 - Code Official should not be responsible for determining competence of Cx - if Cx is not Code Official could be held responsible for poor work.	
	903.1.1							Code Official to be notified of non-corrected discrepancies - why would CO even want to be a part of this? Owner is ultimately responsible and this could become a contract issue and CO could be pulled into "battle".	
	903.1.1							Certificate of Occupancy can't be issued until final commissioning report is submitted to and accepted by the code official? This would delay occupancy for months due to seasonal start up information not being available for report until 6 - 8 months after construction is completed. This is impractical and will cause significant delays.	
	904.1							This could again cause significant delays in issuance of the certificate of occupancy.	
	904.3							List of documents to be submitted is insignificant and not very worthwhile	
	1001.4							Need to add environment at the end of the 1st sentence like every other time this phrase is used.	
	1003.2.2							Part 8 is very poorly written - "offer" doesn't mean that I actually have to use it - just offer it.	

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	1006.1							Verifying normal minimum percent of materials that are typically diverted from landfill. Need an exception for localities that do not provide recycling programs. Doesn't make sense to require the recycling if it has to be shipped miles away and take more energy than it saves.	
	1101.4.2							Section above uses the word safety at the end of the phrase "dangerous to the environment, life, health or safety." while this section uses the words or property". For consistency should be changed to changed one way or the other.	
								Single Pipe System	

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Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result
		Find the diverse use category usage in the code
		Justification based on certificate of need and accessibility plus large facilities in rural areas
		Ask for exception for short term - users don't ride bikes to hospitals
		Does use of Energy Star replace this?

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Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result

Justification - systems in place that already measure usage and provide alarms, etc.

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Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result

Also See 603.5.1

See 1003.2.7

Reference ASHRAE 170 for Humidity requirements

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Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result

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Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result

Need to consider reheat systems

Smoke tight construction - odor and pollution

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	Public Comment CTC (x) & Related (o)	CTC Requesting	Final Result