

# NEBRASKA LIFE SAFETY CODE 2009 CITATIONS

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## Citation Frequency-Life Safety Code 2009 Hospitals

Tag by National Ranking	Tag Description	Region Ranking	IA	KS	MO	NE
#1 K029	Hazardous Areas Separation	K029	K029	K029	K046	K029
#2 K147	Electrical Wiring & Equipment	K147	K018	K147	K062	K147
#3 K018	Corridor Doors	K062	K147	K029	K045	K038
#4 K062	Sprinkler System Maintenance	K046	K056	K062	K071	K130
#5 K025	Smoke Partition Construction	K018	K051	K018	K061	K062
#6 K130	Other	K025	K074	K144	K056	K056
#7 K038	Exit Access	K038	K027	K025	K154	K018
#8 K056	Automatic Sprinkler Systems	K050	K038	K076	K074	K020
#9 K051	Fire Alarm Systems	K051	K015	K052	K069	K017
#10 K076	Medical Gas System	K052	K054	K051	K050	K046

The K-Tags under the National Ranking represent the K-Tag Citations most frequently cited. The NE (Nebraska) Ranking represents the citations most frequently cited in Nebraska. Iowa (IA), Kansas (KS), and Missouri (MO) have their respective rankings. The State Fire Marshal's Office cited seven of the National Raking K-Tag citations for 2009. A Description of the Nebraska K-Tag Citations are listed below:

**K029****HAZARDOUS AREAS:**

-One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguisher system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

Hazardous areas include: boiler room, laundry room, paint shop, repair shop, soiled linen room, labs, and rooms or spaces larger than 50 sq. ft. storing combustible supplies.

Practices that will result in a deficiency:

- Doors aren't equipped with a self closing device, or don't latch.
- Penetrations through rated wall/ceiling not sealed with fire rated caulking.
- Rated door label painted over or removed from door.
- Soiled linen room door blocked open.
- Shower rooms converted to storage rooms.

**K147****ELECTRICAL WIRING & EQUIPMENT:**

Electrical Wiring and equipment is in accordance with NFPA 70, National electrical Code. 9.1.2

Practices that will result in a deficiency:

- Power Strips that can be relocated used in health care that are not UL 60601-1
- Extension cords used for permanent wiring.
- Open electrical junction boxes, broken or missing receptacle face plates.
- Working space electrical panel: storage in front of electrical panels.
- Openings in electrical panels.
- Dead front covers missing electrical panels.

**K038****EXIT ACCESS:**

Exit access is arranged so that exits are readily accessible at all time in accordance with section 7.1. 19.2.1

Practices that will result in a deficiency:

- Delayed egress locks not operating correctly. Required to release within 15 seconds. Signage posted near door advising o0peration of delayed egress. Limit one delayed egress lock as a means of egress.
- Card control electronic locks – all staff required to carry card.
- Key pad electronic locks all staff required to know code to release doors. Code to release doors is available to all visitors and patients that do not require specialized security measures.
- Special door locking arrangements that incorporate card reader/key pad or delayed-egress must automatically unlock the electronic locks upon activation of the building fire protective signaling systems or automatic sprinkler systems or loss of power to the part of the access control systems.
- Door swing and force to be able to open door.
- Exterior sidewalks not cleared of snow and ice to a public way.
- Required sidewalks not terminating at a public way.
- Furnishings, decorations, or other objects obstructing exit signs or egress doors.

**K130****OTHER LIFE SAFETY CODE DEFICIENCY:**

Boiler inspection certificate not available or inspection not done.

**KO62****SPRINKLER SYSTEM MAINTENANCE:**

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

Practices that will result in a deficiency:

- Automatic sprinkler system inspection documentation not on site for review.
- Quarterly sprinkler inspection testing not performed.
- Storage within 18 inches of sprinkler head deflectors.
- Escutcheons missing from sprinkler heads, missing extra sprinkler replacement heads, missing sprinkler head wrench.
- Dirty, painted, or corroded sprinkler heads.
- Five year sprinkler obstruction testing not done.

**K056****AUTOMATIC SPRINKLER SYSTEM:**

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

Practices that will result in a deficiency:

- Facility partially sprinkler protected or non and building construction requires sprinklers.
- Combustible canopies / over hangs over four feet in width not sprinkler protected.
- Walk-in coolers / freezers not sprinkler protected.
- Closets not sprinkler protected.

**K018****CORRIDOR DOORS:**

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 ¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.

Practices that will result in a deficiency:

- Doors that don't resist the passage of smoke.
- Impediments to closing doors (doors blocked open, doors equipped with kick-down hold open devices.)
- Rated door UL labels painted or removed.

**K020****VERTICAL OPENING:**

Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6 19.3.1.1

Practices that will result in a deficiency:

- Vertical opening not one hour fire resistant rated.
- Door UL label showing rating of doors painted or removed.

**K017****CORRIDOR WALLS**

Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining room, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.2.1, 19.3.6.5

Practices that will result in a deficiency:

- Penetrations through corridor walls not sealed.
- Lay-in ceiling not smoke resistive.
- Non-sprinklered building walls do not extend to the roof deck or floor above or no monolithic ceiling with a 30 minutes fire resistance rating.
- Spaces open to corridor (no doors) not equipped with smoke detection tied into the building FA system.

**K046****EMERGENCY LIGHTING**

Emergency lighting of at least 1 ½ hour duration is provided in accordance with 7.9 19.2.9.1

Practices that will result in a deficiency:

- Battery Pack emergency lighting functional 30 second test not conducted monthly or documentation of testing not available.
- Battery Pack emergency lighting annual 90 minutes test not conducted or documentation of testing not available.
- Emergency lighting not provided on the exterior of the building to a public way.
- Battery Pack emergency lighting not provided in generator room.

- Facilities using generator for emergency lighting have corridor lighting that is capable of turned off with the wall lighting switch. If corridor lights can be turned off they won't operate during a power outage when the generator picks up the load and will not provide the required emergency lighting.