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# RATED HINGED DOOR ANNUAL INSPECTIONS

| LLSC F | orm #1BB |
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|        | RATED    |
|        | HINGED   |
|        | DOORS    |

| RATED  |
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| HINGED |
| DOORS  |

Facility:

Page 1 Inspection Date Inspector Name Documentation is on file that shows the person who performed tests has knowledge & understanding of N the operating components of the door being inspected, per §5.2.3.1 A written Performance Based program is used for inspection, testing and maintenance as an alternative to the below check-points and provides assurance that the door will perform its intended function under fire Y conditions (attach Wis DHS documentation of acceptance), per §5.2.2.1 **RATED DOOR Visual Inspection & Functional Testing:** NFPA 80-2010 §5.2.4.2

If fail, enter # of checkpoint to indicate problem; Also describe details & corrective action on last page.

Visual inspection performed from both sides of door prior to testing

- 1. No open holes or breaks in surfaces of the door or frame
- 2. Glazing is intact and securely fastened in place, if so equipped
- 3. Door, frame, hinges, hardware & noncombustible threshold secured, aligned, in working order with no damage
- 4. No parts are missing or broken
- 5. Door clearances do not exceed clearances 1/8"
- 6. No field modifications that void the label.
- 7. Gaskets and edge seals are inspected to verify their presence and integrity

#### Performance tests are performed

- 8. Self-closing device is operational so the active door completely closes from the full open position
- 9. If a coordinator is installed, the inactive leaf closes before the active leaf
- 10. Latching hardware operates and secures the door when it is closed
- 11. Auxiliary hardware items that interfere with operation are not installed
- 12. Automatic Closing doors close under fire conditions

§5.2.6

### Maintenance is performed

- 13. Hardware examined, and inoperative hardware, parts, or other defects replaced without delay
- 14. Guides and bearings kept well lubricated to facilitate operation

§5.2.9 §5.2.12.1

| Door ID | Floor | Wing | Room Name | Rating | LS Function | Pass - | · Fail | Failure Reasons (Use #);<br>Describe Fix on last sheet |
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# RATED HINGED DOOR ANNUAL INSPECTIONS

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Page 2

| Facility: |  |
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| Inspector | Name  |        |           | Inspecti | on Date       |        |      |   |
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| Door ID   | Floor | Wing   | Room Name | Pating   | LS Function   | Dace - | Fail | Failure Reasons (Use #); Describe Fix on last sheet |
| DOOL ID   | 11001 | VVIIIS | Noom Name | Racing   | 237 direction |        |      | Describe Fix of fast sheet                          |
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add additional pages as needed

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Facility:

# **RATED HINGED DOOR ANNUAL INSPECTIONS**

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Page

| Inspector Name | Inspection Date |  |
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## **DEFICIENCY & CORRECTION SUMMARY**

Instructions: This supplemental sheet describes the issues found during an inspection of the facility that could not be described on the inspection report due to space restrictions, and should always be attached to the end of the actual inspection report. Always refer to the actual inspection report to view the full inspection. All deficiencies must be acted upon/corrected as soon as possible after discovery, and the item be reinspected/tested to ensure compliance.

| oor ID | Floor | Wing | Room Name | ISSUE #'S | CORRRECTIVE ACTION & WHO | DATE of Fix |
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LLSC Form 4o2

Receptacle Tests

Facility:

Your Logo

Receptacle Tests-Annual (Patient Care Areas)

Annual

DATE INSPECTED nspector's Signature:

Page 1 NPFA 99-2012 \$6.3,4.1.3 \$6.3.4.1.2 \$6.3.3.2.3 \$6.3.3.2.4 TJC EC: none \$6.3.3.2.1 \$6.3.3.2.2 B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E") IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually) d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H") each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed. b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F") c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G") administered must be tested at intervals not exceeding 12 months.

|   | Tension -4:oz   Fi Fail: Describe: Corrective   Rass/Fail   Action, Who & Date |   |   |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|
| I | Tension:<br>Z-4:0Z.<br>Pass/Fail   |   |   |   |   |   |   |   |   |   |
| 9 | "c"<br>Polarity<br><u>Check</u><br>Pass/Fail                                   |   |   |   |   |   |   |   |   |   |
| L | "b" Ground Gontihuity Pass/Fail  |   |   | · |   |   |   |   |   |   |
| ш | a<br>Physical<br>Sondition<br>Pass/Fall  |   |   |   |   |   |   |   |   |   |
| D | *TYPE   DEVICE   |   |   |   |   |   |   |   |   |   |
| ပ | *TYPE<br>OUTUET  |   |   |   |   |   |   |   |   |   |
| В | ROOM#  |   |   |   |   |   |   |   |   |   |
| V | ROOM#  | - | 2 | က | 4 | 5 | ۵ | 7 | 8 | 6 |

\*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

|                        |           |   | Receptacle Tests-Annual (Patient Care Areas) | le Tests                     | -Annua                  | (Patient Can       | e Areas)                  | Receptacle                                       | tacle               |
|------------------------|-----------|---|--|------------------------------|-------------------------|--------------------|---------------------------|--|---------------------|
| Your Logo<br>Here      | Facility: |   |  |                              |                         |                    |                           | Annual   | S <b>ts</b><br>nual |
| Inspector's Signature: | gnature:  |   |  |                              | DATE INSPECTED          | ED                 |                           |  | Page 2              |
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|                        |           |   |  | ial<br>Physical              | "b"<br>Ground           | Polarity           | id∺<br>Tension ≥          |  |                     |
| ROOM#                  | ROOM NAME |   | DEVICE ID                                    | MERCHANISM !                 | Continuity<br>Pass/Fall | Check<br>Pass/Fall | <u>4:0z.</u><br>Pass/Fail | ITH Fall DescriberCorrect Action, Who & Date     | ive.                |
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LLSC Form 4o2

\*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested add pages as needed