

<< COMPANY LETTERHEAD >>

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Healthcare Facilities Accreditation Program
Attn: Engineering Department
142 E. Ontario Street
Chicago, IL 60611

[Transmitted electronically to: reports@hfap.org]

**RE: Request for Time-Limited Waiver
ABC General Hospital, 123 Main Street, Anytown, State
CCN XXXXX**

Dear HFAP Engineering Department,

I am writing to request a Time-Limited Waiver for an extension to resolve a life safety deficiency at ABC General Hospital. The deficiency is non-fire-rated door assemblies located in a fire-rated barrier comprising the exit enclosure on the lower level of the main hospital. This area of the hospital is classified as existing healthcare occupancy. The non-compliant Life Safety Code reference is 19.2.1, 2012 edition. ABC hospital expects the doors to be resolved by December 31, 2016.

This hospital is classified healthcare occupancy throughout the entire facility. The hospital is mostly construction type II (222) with the exception of a single-story mechanical room on the ground floor which is Type II (000). This construction type is acceptable for a single-story room and is properly separated from all other areas with 2-hour fire rated barriers.

The hospital is 100% fully protected with automatic sprinklers, with some zones having quick response sprinklers and some zones having standard response sprinklers. All interior finishes are Class A, and all corridor walls are ½-hour fire rated or Smoke Resistant Partition (SRP). All of the healthcare smoke zones have smoke detection in all occupiable areas.

Due to the extra time required to obtain the new fire-rated door assemblies, ABC hospital will not be able to meet the 60-day time period after the survey to resolve the deficiency. Therefore, we are requesting a TLW for an extension to resolve this deficiency.

Enclosed with this letter is a packet of information containing the following items:

- Copies of our Alternative Life Safety Measures (ALSM) assessment for the deficient doors;
- Photos of the deficient doors;
- Drawings from our architect of areas affected;
- Copies of estimates and related purchase orders;

- Copy of the executed contract with XYZ Builders to install the new doors;
- Copy of the building permit;
- Copy of the construction schedule submitted by XYZ Builders.

Please review and approve this TLW request. Please feel free to contact me to discuss any questions or comments you may have, at the telephone number listed below.

Sincerely,

< NAME >

Senior VP and Chief Operating Officer

ABC General Hospital

(999) 999-9999

Email: _____