

<< 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 Waiver
ABC General Hospital, 123 Main Street, Anytown, State
CCN XXXXX

Dear HFAP Engineering Department,

I am writing to request a waiver to resolve a life safety deficiency at ABC General Hospital. The deficiency is non-conforming construction type, caused by unprotected steel bar-joists which supports the roof in the ceiling of 4th floor North wing. The smoke zone affected by this deficiency is zone 4-2. The non-compliant LSC reference is 19.1.6, 2000 edition. The estimated cost to resolve: \$125,000.00

The hardship in resolving this deficiency is not only financial, but includes a severe disruption to our patient operation services. Relocating patients and physically making changes to the structure of the building will cause unnecessary hardships. The above LSC deficiency does not impact the safety of the patients or the staff.

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 prohibitive expense and difficulty in implementing solutions to the Life Safety Code deficiencies identified, I am requesting a waiver. Enclosed with this letter is a packet of information containing the following items:

- Sketch from our architect of areas affected;
- Estimated costs from XYZ Construction company to apply insulation on bar joists;
- Copies of ALSM assessments for the LSC deficiency;

Please review and approve this waiver 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: _____