



Mock Document 2 — Hospital Fire Safety Policy (DEMO HOSPITAL: RIVER VALLEY MEDICAL CENTER)

Policy Title: Hospital Fire Safety Policy — Dampers, Inspections & Recordkeeping

Document Number: FSM-2025-07 (mock)

Effective Date: 2025-09-30 (mock)

Review Cycle: Annually or after significant code updates or facility changes

Purpose: To establish River Valley Medical Center's requirements for inspection, testing, maintenance, and documentation of fire and smoke dampers to protect patients, staff, visitors and property and to ensure compliance with applicable regulatory and accreditation standards.

Scope: This policy applies to all building air-handling systems, ductwork penetrations, and smoke control assemblies owned or operated by River Valley Medical Center, including inpatient towers, procedural suites, and support buildings. Contractors and third-party service providers working on HVAC, fire/smoke dampers, and related systems shall comply with this policy.

Responsibilities: - **Director of Facilities:** Policy owner; ensures resources, budget, and oversight for compliance activities. - **Facilities Compliance Manager:** Maintains the damper inspection program, schedules tests, manages records in CMMS, and coordinates third-party testing. - **Maintenance Supervisors:** Assigns qualified technicians, reviews test results, and approves corrective work orders. - **Technicians:** Perform inspections, testing, and basic maintenance per SOP and document results. - **Infection Control & Clinical Leadership:** Coordinate for downtime planning where tests may impact clinical environments.

1. Policy Statements

1.1 River Valley Medical Center shall maintain a documented inspection and testing program for fire and smoke dampers that aligns with recognized industry practice and manufacturer instructions.

1.2 All smoke dampers shall be tested at least annually for full operational function. Fire dampers shall receive an acceptance test upon installation and routine operational testing at intervals established in the Facilities Procedure (see Procedure FSM-PRO-01). High-risk critical areas may be placed on shorter intervals as determined by the Facilities Director in consultation with clinical leadership.

1.3 All inspections and tests shall be documented in the CMMS with a scanned copy of the signed inspection form and any photographs or instrument logs attached.

1.4 Failures discovered during any inspection shall trigger a corrective action workflow with timelines established by risk: Critical (affects egress or patient safety) — repair within 24–72 hours; Non-critical — repair within 30 days.

2. Procedure Summary (FSM-PRO-01)

2.1 Scheduling & Notifications - The Facilities Compliance Manager maintains a master inspection schedule and calendar in CMMS. Notices of planned full-stroke tests that could disrupt HVAC shall be provided to Clinical Operations at least 72 hours in advance.

2.2 Access & Safety - Technicians must follow the facility's Lockout/Tagout SOP and wear required PPE. For tests requiring HVAC shutdown, clinical leaders must approve and contingency plans (temporary air changes, HEPA units) must be in place for affected patient areas.

2.3 Test Execution - Follow the manufacturer's method. For fire dampers: open access, perform full-stroke, time and observe closure, restore actuator. For smoke dampers: initiate smoke-control signal (or test switch) and verify closure and sequence.

2.4 Documentation & CMMS Entry - Enter results immediately into CMMS: include test type, pass/fail, comments, photos, and link any generated work orders.

3. Recordkeeping Requirements

3.1 Records retention: Damper inspection records retained for a minimum of 10 years, or longer if required by local regulation.

3.2 Minimum record elements (to be captured in CMMS): - Damper Asset ID & Location - Manufacturer & Model - Date of test & type - Technician name and credentials - Test result and measured parameters (travel time, actuator voltage, etc., where measured) - Photographic evidence (if applicable) - Work order references for corrective actions

4. Training & Qualifications

4.1 All technicians performing damper testing must be trained on: - Manufacturer-specific damper operation and testing procedures - The facility Lockout/Tagout program - Safe isolation of HVAC equipment - Proper recording in CMMS

4.2 Annual competency checks will be conducted by the Maintenance Supervisor.

5. Vendor & Contractor Work

5.1 Contractors performing damper testing must provide certificates of insurance, proof of technician qualifications, and must comply with this policy.

5.2 Third-party test results must be submitted in a format compatible with the facility CMMS and will be subject to audit by the Facilities Compliance Manager.

6. Incident & Non-Compliance Response

6.1 If an inspection reveals an inoperable damper that affects life safety or egress, the Maintenance Supervisor shall notify the Director of Facilities and Clinical Operations immediately and begin immediate corrective action. If patient transfer or temporary closure of a unit is required, the Incident Command protocol shall be followed.

6.2 Non-compliance discovered during an external inspection (e.g., Joint Commission) shall be entered into the Corrective Action Plan register and tracked until closure.

7. Attachments (Included in Demo Package)

- Appendix A: Detailed Damper Inspection Checklist (fillable PDF)
 - Appendix B: SOP — Full-Stroke Test Procedure (step-by-step) — suitable for conversion to a laminated shop-floor card
 - Appendix C: Sample CMMS Entry Template and Sample Completed Record
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End of Hospital Fire Safety Policy (Mock)

Document notes: These two documents were created as high-fidelity mock collateral for DEMO 1 of the MOSHE workshop. They are intentionally detailed and formatted to be copy-paste friendly for Word/PDF conversion and for upload into AI systems during a compliance extraction demo. For reference, the MOSHE Demo Guide that instructs this demo is included in the project mate