



Chapter XXII

Facility Management & Safety (FMS)



Facility Management & Safety (FMS)

Introduction

Safety in the work place has been always a concern to any industry. Safety is a prime concern in hospitals, where people deal with hazardous and toxic materials and all kinds of gasses and flammable liquids on a daily basis.

The hospital leadership has to provide all necessary support and resources to improve safety, and create the attitude in the hospital that the safety is an integral part of high quality medical care.

Through the previous visits to hospitals, the FMS team have experienced that the hospital's teams required to be more familiar to the standard.

Therefore; FMS team updated and gave more explanations for the FMS standards, to make it more understandable than before.



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(FMS)**

Scoring:

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
SAFETY MANAGEMENT PROGRAM (FMS.1 – FMS.3)						
FMS.1.	The Hospital administration supports and establishes a safety management program that covers the following seven important plans:					
	FMS.1.1 Safety of the Building.					
	FMS.1.2 Security.					
	FMS.1.3 Hazardous materials and waste disposals.					
	FMS.1.4 Emergencies					
	FMS.1.4.1 Internal Plan					
	FMS.1.4.2 External Plan					
	FMS.1.5 Fire Safety					
	FMS.1.6 Medical Equipment					
	FMS.1.7 Utility System.					
FMS.2.	The hospital administration establishes a budget to support the safety management programs.					
FMS.3.	There is an orientation on the Facility Management and Safety Plans conducted for new hires.					
FMS.4.	There is a No Smoking policy and it is enforced.					
SAFETY OF THE BUILDING (FMS.5 – FMS.20) The Safety of the Building Plan covers the following and is implemented as appropriate:						



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.5.	Establishing a Safety committee consisting of the following representatives -head of safety, head of security, head of housekeeping, head of ER, head of Biomedical, head of maintenance department, Representative from lab, infection control, Nursing, TQM and Radiation Safety Officer					
	FMS.5.1 Meets at least 10 times/year on a monthly schedule, minutes documented.					
	FMS.5.2 Discusses and analyzes all safety issues.					
	FMS.5.3 Reviews summary of the incidents/ OVR reports and errors with high level of occurrence and suggests the appropriate solution.					
	FMS.5.4 Reports Safety committee minutes to the hospital Director.					
	FMS.5.5 Communicates in writing with all Heads of Departments about the risk issues in their areas.					
FMS.6.	The Safety committee schedules and conducts the following:					
	FMS.6.1 Environmental Rounds to check staff knowledge and implementation regarding the FMS plans (Quarterly).					
	FMS.6.2 Facility Tours to check the facility/ physical plant (Quarterly).					
FMS.7.	Appointing a full time trained safety officer with a minimum of 5 years experience					
	FMS.7.1 Communicates in writing with all Department Heads and Chiefs of units to assign safety liaison officers, to liaise the safety issues with the safety officer.					
FMS.8.	Hospitals greater than 150 Beds required additional staff trained in safety that work with the Safety Officer to implement the safety plan.					
FMS.9.	The hospital has Civil Defense Gulf Countries Council (GCC) guidelines for the General Safety in the building and the guidelines are in Part 1 Chapter#7. (www.998.gov.sa) or the equivalent guidelines.					



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(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.10.	Warning signs are posted inside the hospital as appropriate and includes but not limited to:					
	FMS.10.1 Hazardous signs.					
	FMS.10.2 Signs of the radioactive material as dangerous.					
	FMS.10.3 Signs of Wet floors during Cleaning.					
	FMS.10.4 Signs for x-ray.					
	FMS.10.5 No smoking signs.					
	FMS.10.6 Signs to restrict cellular phones in sensitive areas, e.g. MRI or Critical Care Units as appropriate.					
FMS.11.	Directive signs are posted as appropriate:					
	FMS.11.1 Fire exit signs.					
	FMS.11.2 Directional exit signs.					
	FMS.11.3 Signs to direct staff and patients to the different services in the hospital.					
	FMS.11.4 Signs to direct patients and visitors to the Emergency Room.					
	FMS.11.5 Signs to identify floor level at staircases, and in front of elevators.					
	FMS.11.6 Signs to instruct staff, patients and visitors in restricted areas.					
FMS.12.	Patients bathrooms and showers are provided with the following safety measures:					
	FMS.12.1 Non-slipping floors surfaces.					
	FMS.12.2 Bars to support patients.					
	FMS.12.3 Bell or a system to call for help.					
	FMS.12.4 Lock system to allow for opening from outside.					
FMS.13.	Fire Safety is implemented in the lab and includes, but not limited to:					
	FMS.13.1 Eye wash stations.					
	FMS.13.2 Emergency Shower					



**Facility
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& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.13.3 Fire blankets.					
	FMS.13.4 First aid kit.					
	FMS.13.5 Fire Extinguishers					
	FMS.13.6 Fire resistant storage safety cabinet.					
FMS.14.	The kitchen has safety equipment that includes:					
	FMS.14.1 Eye wash stations.					
	FMS.14.2 Fire blankets.					
	FMS.14.3 First aid kit.					
	FMS.14.4 Fire Extinguishers					
FMS.15.	There are no obstructions to exits, fire extinguishers, fire alarm boxes, emergency blankets, safety showers and eye wash stations, and:					
	FMS.15.1 Emergency lighting is adequate for safe evacuation of the laboratory.					
	FMS.15.2 All exits are maintained free of obstructions. All exits are free of locks or fastening devices that could prevent free escape.					
	FMS.15.3 All rooms in the laboratory have direct and unimpeded access to the outside corridor or a second exit.					
	FMS.15.4 All doors leading to laboratories are marked to indicate the fire hazards of materials used within this area.					
FMS.16.	The Laundry has safety equipment that includes:					
	FMS.16.1 Eye wash stations.					
	FMS.16.2 Fire blankets.					
	FMS.16.3 First aid kit.					
	FMS.16.4 Fire Extinguishers					
FMS.17.	The Reverse Osmosis (RO) plant has safety equipment that includes:					



**Facility
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& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.17.1 Eye wash stations.					
	FMS.17.2 Fire blankets.					
	FMS.17.3 First aid kit.					
	FMS.17.4 Fire Extinguishers					
FMS.18.	All units or services using lasers have written laser safety policies and procedures, and they are implemented.					
FMS.19.	Flammable liquids are stored according to the Materials Safety Data Sheet (MSDS) guidelines.					
FMS.20.	Occurrence, Variance Report (incident reports) are used to report safety of the building related incidents, and corrective actions taken.					
SECURITY (FMS.21 – FMS.30) The Security Plan covers the following aspects and is implemented as appropriate:						
FMS.21.	Identification of all of the following by the I.D. Badge:					
	FMS.21.1 Hospital Staff					
	FMS.21.2 Temporary Employees					
	FMS.21.3 Contractor Staff					
FMS.22.	Restricting access to sensitive areas by Security Personnel / Security System, like:					
	FMS.22.1 Delivery					
	FMS.22.2 NICU					
	FMS.22.3 Nursery					
	FMS.22.4 Female Floors					
	FMS.22.5 Operating Room					
	FMS.22.6 CSSD					
FMS.23.	There are written policies on preventing abduction of children, and neonates.					
FMS.24.	There are written policies on the following that includes but not limited to:					
	FMS.24.1 Lost and Found items					
	FMS.24.2 Safe keeping of patient belongings					



**Facility
Management
& Safety
(FMS)**

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	FMS.24.3 How to contact the local police, in case of need.					
FMS.25.	There is a written policy on how to handle the following:					
	FMS.25.1 Involvement of police in Trauma, Motor vehicle accidents & similar Incident					
	FMS.25.2 Drug addicts cases					
	FMS.25.3 Manslaughter cases					
	FMS.25.4 Violent patient (MR. STRONG)					
FMS.26.	There is a written policy on how to deal with a bomb threat (code white) in the hospital and the policy includes:					
	FMS.26.1 Defining the role of person receiving threat.					
	FMS.26.2 Defining the response team.					
	FMS.26.3 Defining the duties and the responsibilities of all staff involve and their action cards.					
	FMS.26.4 Defining the responsible person who announces the emergency status and calls the local authorities.					
	FMS.26.5 How to contact the local police.					
	FMS.26.6 The command centre location.					
	FMS.26.7 Defining the steps to be taken during the bomb threat.					
FMS.27.	The security rules are clearly defined in the following:					
	FMS.27.1 External Plan.					
	FMS.27.2 Internal Plan.					
	FMS.27.3 No smoking policy.					
FMS.28.	There are specific personnel assigned to take care of security, as appropriate to the size of the hospital and:					
	FMS.28.1 Security personnel have a written job description.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.28.2 Security personnel are oriented on their scope of work and location of job description					
	FMS.28.3 Security personnel are oriented on the emergency codes.					
	FMS.28.4 Security personnel are oriented on fire safety.					
	FMS.28.5 Security staff are trained on how to extinguish fires					
	FMS.28.6 Security personnel are properly dressed.					
FMS.29.	Security conducts security rounds hospital-wide 3 times/day and rounds are documented.					
FMS.30.	OVRs are used to report security related incidents, and corrective actions taken.					
HAZARDOUS MATERIALS AND WASTE DISPOSAL (FMS.31– FMS.37) The Hazardous materials plan covers the following and are implemented as appropriate:						
FMS.31.	Handling, storing, transporting and disposing of HazMat.					
	FMS.31.1 Education / training on signs / symptoms of exposure to HazMat and the appropriate treatment as per MSDS.					
	FMS.31.2 Each department / section has a current list of HazMat used in their area, the list covers:					
	FMS.31.2.1 Purpose of use.					
	FMS.31.2.2 The responsible person.					
	FMS.31.2.3 Permitted Quantity.					
FMS.32.	Each dept./ section dealing with HazMat has Material Safety Data Sheet (MSDS) relevant to their current list of HazMat.					
	FMS.32.1 The above list of HazMat used in each dept./ section is available at the following departments:					
	FMS.32.1.1 Safety					
	FMS.32.1.2 Senior Nurse on call					
	FMS.32.1.3 Logistics					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.32.1.4 Lab.					
FMS.33.	All HazMat are labeled clearly, this includes:					
	FMS.33.1 Anti-neoplastic Drugs.					
	FMS.33.2 Radioactive material.					
	FMS.33.3 All corrosives, acids, and toxic material used.					
	FMS.33.4 Hazardous gases and vapors.					
	FMS.33.5 Anesthetic gases.					
FMS.34.	Any radioactive leak, spill or exposure to any hazmat is reported.					
FMS.35.	All departments/sections dealing with HazMat have protective clothes or equipment as required.					
FMS.36.	All requirements for radioactive materials from King Abdulaziz City for Science and Technology are implemented.					
FMS.37.	The waste management plan covers the following and implemented as appropriate: Handling, storing, transporting, and disposing all kinds of waste such as:					
	FMS.37.1 Clinical waste					
	FMS.37.2 Chemotherapeutic waste.					
	FMS.37.3 Radioactive waste.					
	FMS.37.4 Hazardous gases					
	FMS.37.5 Anesthetic gases					
EMERGENCY (FMS.38 – FMS.48) The written disaster plans cover:						
FMS.38.	Dealing with external disasters emergencies (Code Yellow) in the community, the plan includes:					
	FMS.38.1 Names of all staff called, including their contact numbers and action cards.					
	FMS.38.2 The duties and responsibilities of each hospital leader, department heads, and chief of units.					
	FMS.38.3 The Triage areas, their locations, and triage action cards.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.38.4 Identifying the responsible person who announces the emergency state and calls the local authority.					
	FMS.38.5 The control room location and the person in charge.					
	FMS.38.6 The total number of beds that can be evacuated.					
	FMS.38.7 Defining the role of security.					
FMS.39.	The hospital conducts an external plan drill minimum once a year to test the following:					
	FMS.39.1 The timely response of staff to the emergency call.					
	FMS.39.2 The efficiency of the communication system, e.g. bleeps, mobile phone and over head paging system.					
	FMS.39.3 If all staff can perform their expected roles.					
	FMS.39.4 The time taken to evacuate patients and beds.					
	FMS.39.5 How effective the management of crowds was handled.					
FMS.40.	The hospital administration ensures the availability of the needed supplies and equipment in case of external disaster, e.g. Medical Bags, drugs, and mobile monitors.					
	FMS.40.1 The hospital ensures that the Ambulances are always ready and supplied with the necessary equipment and medical bags to be used in case of the disaster.					
	FMS.40.2 There is an orientation on the External Disaster plan for the new hires, and annual updating for all staff.					
FMS.41.	Dealing with the Internal Disasters emergencies (Code Red), the Plan includes:					
	FMS.41.1 Names of all the staff called in case of disaster, their contact numbers, and action cards.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.41.2 The control room's location and the position of the person in charge.					
	FMS.41.3 The duties and responsibilities of each hospital leader, Department heads, and chiefs of units.					
	FMS.41.4 The procedure for relocation of patients.					
	FMS.41.5 Identifying the responsible person who should announce the emergency state and call local authority.					
	FMS.41.6 Defining the role of the safety officer to deal with the electricity supply and medical gas system, to shut them off as needed incase of fire or explosions in the hospital.					
	FMS.41.7 Defining the meeting point for the staff incase of horizontal evacuations (Assembly points) inside the building.					
	FMS.41.8 Defining the meeting point for the full evacuation (Holding Area) outside the building.					
FMS.42.	Evacuation procedure of the organization employees, visitors or patients included in the plan.					
FMS.43.	There are evacuation maps posted hospital-wide indicating locations of:					
	FMS.43.1 You are here					
	FMS.43.2 Fire extinguishers					
	FMS.43.3 Fire hose reel/cabinets					
	FMS.43.4 Fire blankets					
	FMS.43.5 Escape routes					
	FMS.43.6 Assembly points					
	FMS.43.7 Fire exits					
	FMS.43.8 Call points break glass / pull station					
FMS.44.	Fire drills are scheduled and conducted as follows:					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.44.1 Four times a year for inpatient areas					
	FMS.44.2 Two times a year for out patient areas					
	FMS.44.3 Once a year for non clinical areas					
FMS.45.	Fire Drills are conducted on each shift to test:					
	FMS.45.1 Using RACE procedure					
	FMS.45.2 Using PASS procedure					
	FMS.45.3 The ability to contain the fire when it starts.					
	FMS.45.4 Staff performance in his/her role in the event of fire.					
	FMS.45.5 Evacuation procedures.					
	FMS.45.6 If the oxygen supply and electricity supply were closed off in the right time, and as needed.					
FMS.46.	All staff participated in the fire drill as expected.					
FMS.47.	All fire drill results and corrective actions are documented and integrated into the Quality Improvement program.					
FMS.48.	Full fire drill is conducted for the Internal Plan once a year and this drill is evaluated.					
LIFE/ FIRE SAFETY (FMS.49 FMS.58) The Life/ Fire Safety plan covers the inspection and tests of the following and are implemented as appropriate:						
FMS.49.	Fire extinguishers:					
	FMS.49.1 They are adequate in number.					
	FMS.49.2 Appropriately distributed throughout the institution.					
	FMS.49.3 Appropriately positioned.					
	FMS.49.4 Inspected regularly to assess functionality.					
FMS.50.	Fire alarm system:					
	FMS.50.1 Regularly inspected.					
	FMS.50.2 Results are documented.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.50.3 The system has preventive maintenance.					
FMS.51.	Fire Suppression System:					
	FMS.51.1 Sprinkler System					
	FMS.51.2 CO ₂ System					
	FMS.51.3 Wet Chemical System					
FMS.52.	Fire Exits:					
	FMS.52.1 Not locked					
	FMS.52.2 Not obstructed					
	FMS.52.3 Having panic hardware					
	FMS.52.4 Fire resistant					
	FMS.52.5 Clearly marked with illuminated exit sign					
FMS.53.	Fire/ smoke barrier doors.					
FMS.54.	Elevators are connected to the fire alarm system.					
FMS.55.	Emergency Lights.					
FMS.56.	The hospital makes the effort to prevent fire in the institution and includes:					
	FMS.56.1 Buying all materials, like curtains, drapes, that are fire resistant.					
	FMS.56.2 Separating all dangerous materials, or flammables from heat generating areas.					
	FMS.56.3 Installing fire resistant walls as appropriate, especially in risky areas like the lab.					
FMS.57.	Installing fire stop materials to seal penetration as appropriate (especially: Technical Rooms, Electrical rooms, and Escape Rotes)					
FMS.58.	The hospital develops the necessary scheduled training program of hospital employees on how to use the fire extinguishers.					
MEDICAL EQUIPMENT (FMS.59 – FMS.67) The Medical Equipment plan covers the following and are implemented as appropriate:						



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.59.	An inventory of all hospital equipment and their location.					
FMS.60.	The effective Preventive Maintenance (PM) as per the manufacturer recommendations (at least 95% receive PM)					
	FMS.60.1 Electrical safety testing for patient related equipment.					
	FMS.60.2 Each piece of equipment has a checklist for its maintenance schedule, failure incidence, repairs done.					
	FMS.60.3 There is a written policy to perform inspection on all new equipment before put into operation.					
FMS.61.	Availability of the following:					
	FMS.61.1 Safety manuals at biomed workshops.					
	FMS.61.2 Operator manual for each equipment at each dept./section using the equipment.					
FMS.62.	There is a written policy for tagging medical equipment as follows:					
	FMS.62.1 PM with testing date and due date.					
	FMS.62.2 Inventory number					
	FMS.62.3 Removal from service.					
	FMS.62.4 Safety check					
FMS.63.	There is a written policy on removal of equipment from service.					
FMS.64.	The hospital staff, physicians, and nurses, and paramedics, are trained to operate the medical equipment assigned to them and the hazards attached to it, training includes the following:					
	FMS.64.1 New equipment					
	FMS.64.2 Staff transferred from section to another.					
	FMS.64.3 New staff hired.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.64.4 Reoccurrence misuse of equipment.					
FMS.65.	OVRs are used to report medical equipment related incidents, and corrective actions taken.					
FMS.66.	There is statistical Preventative Maintenance (PM) data for upgrading/ replacing of equipment.					
FMS.67.	There are Written Policies to:					
	FMS.67.1 Cover agent/ sub-contractor repairs.					
	FMS.67.2 Eliminate the use of extension cords.					
	FMS.67.3 Restrict the use of cellular phones in the following critical areas:					
	FMS.67.3.1 ICU					
	FMS.67.3.2 OR					
	FMS.67.3.3 Cardiology					
UTILITY SYSTEM (FMS.68 – FMS.90) The Utility System plan covers the following and is implemented as appropriate:						
FMS.68.	The Periodic Preventive Maintenance Program (PPM) of:					
	FMS.68.1 Electrical system.					
	FMS.68.2 Elevators					
	FMS.68.3 Generator(s)					
	FMS.68.4 Refrigerators/ Freezers					
	FMS.68.5 Air conditioning system					
	FMS.68.6 Medical gas system.					
	FMS.68.7 Medical suction.					
	FMS.68.8 Domestic water system, including water pumps.					
	FMS.68.9 Fire water system, including fire pumps.					
	FMS.68.10 Boilers.					
	FMS.68.11 Plumbing.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	FMS.68.12 Low current and communication system.					
	FMS.68.13 Pavement & Ground					
	FMS.68.14 Hospital building and Ancillaries.					
FMS.69.	The administration supports the necessary programs to:					
	FMS.69.1 Acquire necessary equipment					
	FMS.69.2 Upgrade equipment					
	FMS.69.3 Upgrade physical condition of the building					
FMS.70.	There is a plan on what to do in case of failure, or interruption of the following utilities:					
	FMS.70.1 Normal Power					
	FMS.70.2 Emergency Power, Cases of: No Power at Socket at Critical Areas, and Lamp Failure at Critical Area					
	FMS.70.3 Elevator					
	FMS.70.4 Water Supply					
	FMS.70.5 Reverse Osmosis Plant					
	FMS.70.6 Air-conditioning Fan Coil Unit (FCU) at Patient Room					
	FMS.70.7 Air-conditioning Air Handling Unit (AHU) at OR's					
	FMS.70.8 Medical Gas System					
	FMS.70.9 Sewer Lines					
	FMS.70.10 Boiler					
	FMS.70.11 Telephone Service (Public Address Exchange - PABX)					
	FMS.70.12 Intercom, Nurse Call on Overhead Paging					
	FMS.70.13 Fire Alarm					
FMS.71.	Emergency plans are tested in simulation at least once a year, and test results are evaluated.					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.72.	The Periodic Preventive Maintenance (PPM) program for the electrical system is supported by trained/ specialized staff / contractor, and maintenance records are documented.					
FMS.73.	The electrical outlets are identified for:					
	FMS.73.1 Voltage 110/ 220					
	FMS.73.2 Source (essential/ prime)					
FMS.74.	Thermographic inspection of circuit breakers is conducted annually at least for the following:					
	FMS.74.1 Operating Room					
	FMS.74.2 Lab					
	FMS.74.3 Critical care unit					
	FMS.74.4 Alarm system					
	FMS.74.5 Blood storage					
	FMS.74.6 Medical gas system					
FMS.75.	The Periodic Preventive Maintenance (PPM) program for generator(s) is supported by trained/ specialized staff / contractor, and maintenance records are documented.					
FMS.76.	The hospital's emergency power (in case of main power interruption) is tested on station load for thirty minutes monthly and the test results are documented. The emergency power covers at least the following essential areas:					
	FMS.76.1 Operating Room.					
	FMS.76.2 Labor and Delivery.					
	FMS.76.3 Critical Care Units.					
	FMS.76.4 Alarm system.					
	FMS.76.5 Fire Pumps					
	FMS.76.6 Blood storage.					
	FMS.76.7 Medical gas system.					
	FMS.76.8 Kitchen refrigerators/ freezers					
	FMS.76.9 Elevators					
	FMS.76.10 Escape Rotes / corridors					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.77.	The hospital emergency power generator is tested without load on weekly basis for ten minutes, and test results are documented.					
FMS.78.	The hospital emergency power generator is tested annually on load bank for 4 hours at 100% load, results are documented.					
FMS.79.	The Periodic Preventive Maintenance (PPM) program for Medical Gas is supported by trained/ specialized staff / contractor, and maintenance records are documented.					
FMS.80.	Medical gas system is regularly tested for:					
	FMS.80.1 Pressure					
	FMS.80.2 Leaks					
	FMS.80.3 Functionality of valves, alarms, pressure gauge, switches, etc.					
	FMS.80.4 Emergency shut off valves at nurse station/ corridor are identified to indicate departments supplied.					
	FMS.80.5 Labels to identify medical gas lines and directions are clearly marked.					
FMS.81.	There is a written policy on how to handle various types of compressed gasses, which includes:					
	FMS.81.1 Storing them in a well ventilated area.					
	FMS.81.2 Positioning them upright the wall or a stand and secured by a chain.					
	FMS.81.3 Separating any flammables from oxidizing gases.					
	FMS.81.4 Delivering Liquid Oxygen (LOX) by trucks.					
FMS.82.	Exhausts of the following gases are extended to the roof and identified:					
	FMS.82.1 Lab safety cabinet gases of a certain class					
	FMS.82.2 Central vacuum gases					
	FMS.82.3 Scavenger gases of certain type					
	FMS.82.4 Bone marrow transplantation (BMT) lab gases					



**Facility
Management
& Safety
(FMS)**

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FMS.83.	The Periodic Preventive Maintenance (PPM) program for Heating, Ventilating and Air-conditioning (HVAC) is supported by trained/ specialized staff / contractor, and maintenance records are documented.					
	FMS.83.1 The HVAC adopts ASHRAE (American Society of Heating, Refrigeration, and Air conditioning Engineering) standards/ equivalent standards for:					
	FMS.83.1.1 Control of Air quality by doing the following:					
	FMS.83.1.2 Cleaning / replacement of filters					
	FMS.83.1.3 Cleaning of diffuser					
	FMS.83.1.4 Cleaning ducts					
FMS.84.	Control of Positive, Negative and equal pressure and air flow every 3 months, at least in the following areas:					
	FMS.84.1 OR					
	FMS.84.2 Labor and Delivery					
	FMS.84.3 Isolation Room(s)					
	FMS.84.4 Critical Care Unit(s)					
	FMS.84.5 Clean Utility					
	FMS.84.6 Dirty Utility					
	FMS.84.7 Janitorial Closet					
	FMS.84.8 Lab					
FMS.85.	Control of temperature and humidity regularly at least in the following areas:					
	FMS.85.1 OR					
	FMS.85.2 Recovery Room					
	FMS.85.3 Nursery					
	FMS.85.4 ICU					
	FMS.85.5 Sterilize storage supply					
	FMS.85.6 Patient Room					



**Facility
Management
& Safety
(FMS)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.86.	The Periodic Preventive Maintenance (PPM) program for Water System is supported by trained/ specialized staff / contractor, and maintenance records are documented for:					
	FMS. 86.1 Water is available 24hrs/day, every day of the year, by checking the water level daily.					
	FMS. 86.2 The incoming water supply is checked regularly for at least the following, and results are monitored:					
	FMS. 86.2.1 Chemicals (once every six months)					
	FMS. 86.2.2 Bacteria (monthly)					
FMS.87.	Sewage handling and disposal is done in an efficient and sanitary manner, according to professional codes of practice.					
FMS.88.	The Utility System Plan ensures the availability of:					
	FMS. 88.1 Necessary technical utility drawings that show the distribution lines for all utilities and how to control them centrally and peripherally so that lines can be controlled as requires in case of emergency.					
	FMS. 88.2 Statistical data produced by the maintenance management system as an indicator to evaluate performance of the systems, and suggest improvement/ upgrade as required.					
FMS.89.	Kitchen equipment is inspected, tested and results are documented as follows:					
	FMS.89.1 Hoods fans are in good operating condition, and free from grease.					
	FMS.89.2 Hood filters are cleaned weekly, and no cooking done with missing filters.					
	FMS.89.3 Refrigerators are connected to emergency power.					
	FMS.89.4 Cold room temperature is monitored.					



Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
FMS.90.	Laundry equipment/ systems are inspected, tested and results are documented.					



**Facility
Management
& Safety
(FMS)**