

FIRE SAFETY SURVEY REPORT — AMBULATORY SURGICAL CENTERS (ASC) & END STAGE RENAL DISEASE (ESRD) MEDICARE	1. (A) PROVIDER NUMBER K1	1. (B) MEDICAID I.D. NO. K2
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Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS.) A. BUILDING _____ B. WING _____ C. FLOOR _____ K3	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. <input type="checkbox"/> Fully Sprinklered (All required areas are sprinklered) B. <input type="checkbox"/> Partially Sprinklered (Not all required areas are sprinklered) C. <input type="checkbox"/> None (No sprinkler system) K0180
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<input type="checkbox"/> Initial Survey <input type="checkbox"/> Resurvey	3. DATE OF SURVEY K4	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Number of Stations in ESRD
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<p>CHECK ONE Facility is:</p> <input type="checkbox"/> Physically located in a hospital <input type="checkbox"/> Free-standing: only occupancy in building <input type="checkbox"/> Located in an Office Occupancy <input type="checkbox"/> Located in a Mercantile/Business Occupancy Indicate Occupancy _____ <input type="checkbox"/> Other (specify) _____	DATE OF BLDG. PERMIT OR PLAN APPROVAL: K6	DATE FIRST OCCUPIED AS AMBULATORY SURGICAL CTR.
If facility is located in a hospital or hospital owned/operated, was facility surveyed as part of Hospital LSC Survey? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Accredited by _____ <input type="checkbox"/> Non Accredited	A. <input type="checkbox"/> The facility MEETS based upon: 1. <input type="checkbox"/> Compliance with all provisions 2. <input type="checkbox"/> Acceptance of a Plan of Correction 3. <input type="checkbox"/> Recommended waivers B. <input type="checkbox"/> The facility DOES NOT MEET THE STANDARD. K9	

SURVEYOR (SIGNATURE)	TITLE	OFFICE	DATE
SURVEYOR ID K10			
REVIEW AUTHORITY OFFICIAL (SIGNATURE)	TITLE	OFFICE	DATE

ID PREFIX		MET	NOT MET	N/A	REMARKS	2000 CODE
CONSTRUCTION						
K12	Buildings two or more stories in height and of Type II(000),III (200) V (000) construction are equipped throughout with a supervised approved automatic sprinkler system in accordance with section 9.7. 20.1.6.3, 21.1.6.3					
Number of stories in the building _____						
K13	Construction Type _____					
EXITS						
K32	At least two exits, located remote from each other are provided for each floor or fire section of the building. 20.2.4.1, 21.2.4.1, 7.5.1.4					
K42	Rooms or suites of rooms of more than 2,500 sq. ft. have at least two exit access doors located remote from each other. 20.2.4.2, 21.2.4.2					
K37	Dead-end corridors in existing occupancies do not exceed 50 ft. Dead-end corridors in new occupancies do not exceed 20 ft. In new occupancies with an approved automatic sprinkler system, dead-end corridors may increase to 50 ft. 20.2.5, 21.2.5, 38.2.5, 39.2.5.					
K36	Travel distance between any room door required as exit access and an exit does not exceed 100 ft. The travel distance between any point in a room and an exit does not exceed 150 ft. (Note: In approved automatic sprinklered buildings, the travel distances may be increased by 50 ft.). 20.2.6.2, 21.2.6.2					
K72	Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishing, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof in accordance with 7.7.2, 38.2.7, 39.2.7, 21.1.2.7, 20.1.2.7.					
K112	At least 50 percent of the required exit capacity from upper floors discharges directly to the exterior of the building in accordance with section 7.7.2, 38.2.7, 39.2.7, 20.1.2.7, 21.1.2.7.					
K113	Exit access, exits, and exit discharges are provided with illumination in accordance with section 7.8. 20.2.8, 21.2.8.					
K46	Emergency illumination of at least 1½ hour duration is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1.					

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K47	Exit and directional signs are displayed in marked in accordance with section 7.10 with continuous illumination served by the emergency lighting system. 20.2.10, 21.2.10					
K40	Exit access doors and exit doors used by health care occupants are of the swinging type and are at least 32-inchs in clear width. An exception is provided for existing 34-inch doors in existing occupancies. 20.2.3.3, 21.2.3.3					
K43	Special locking arrangements on exterior doors comply with 7.2.1.6. 20.2.2.2, 21.2.2.2					
	LABORATORIES					
K31	Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard shall be protected in accordance with NFPA 99. (Laboratories that are not considered to be a severe hazard shall meet the provision of K29. 101. 20.3.2.1, 21.3.2.1, Chapter 10 (NFPA 99)					
K136	Procedures for laboratory emergencies shall be developed. Such procedures shall include alarm actuation, evacuation, and equipment shutdown procedures, and provisions for control of emergencies that could occur in the laboratory, including specific detailed plans for control operations by an emergency control group within the organization or a public fire department in accordance with NFPA 99 and NFPA 101. 10-2.1.3.1 (NFPA 99), 20.3.2.1, 21.3.2.1					
K131	Emergency procedures established for controlling chemical spills shall be in accordance with NFPA 99. 10-2.1.3.2 (NFPA 99)					
K132	Continuing safety education and supervision shall be provided, incidents shall be reviewed monthly, and procedures reviewed annually shall be in accordance with NFPA 99. 10-2.1.4.2 (NFPA 99)					
K133	Fume hoods shall be in accordance with NFPA 99. 5-4.3, 5-6.2 (NFPA 99)					
K134	Emergency Shower: Where the eyes or body of any person can be exposed to injurious corrosive materials, suitable fixed facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. Fixed eye baths shall be designed and installed to avoid injurious water pressure shall be in accordance with NFPA 99. 10-6 (NFPA 99)					

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K135	Flammable and combustible liquids used from and stored in approved containers shall be in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids shall be constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code. 4-3, 10-7.2.1 (NFPA 99)																																									
K39	Corridors for exit access are at least 44 inches wide. 20.2.3.2, 21.2.3.2																																									
VERTICAL OPENING PROTECTION																																										
K20	Vertical openings such as stairways, elevator shaftways, escalators, and building service shaftways are enclosed in accordance with section 8.2.5. (Note: Some exceptions are permitted in 38.3.1.) 8.2.5.2, 38.3.1, 39.3.1 20.3.1, 21.2.1																																									
K21	Any door with a required fire protection rating, such as stairways, exit passageways, horizontal exits, smoke barriers, or hazardous areas enclosures, if held open, is arranged to close automatically all such doors throughout the smoke compartment or entire facility by the actuation of the fire alarm system or automatic sprinkler system. 7.2.1.8.2, 20.2.2.3, 21.2.2.3																																									
HAZARDOUS AREA PROTECTION																																										
K29	Hazardous areas separated from other parts of the building by fire barriers have at least one hour fire resistance rating or such areas are enclosed with smoke partitions and doors and the area is provided with an automatic sprinkler system. High hazard areas are provided with both fire barriers and sprinkler systems. 8.4, 38.3.2, 39.3.2																																									
<table border="1" data-bbox="243 1141 932 1419"> <thead> <tr> <th data-bbox="243 1141 583 1196">Area</th> <th data-bbox="583 1141 737 1196">Automatic Sprinkler</th> <th data-bbox="737 1141 869 1196">Separation</th> <th data-bbox="869 1141 932 1196">N/A</th> </tr> </thead> <tbody> <tr> <td data-bbox="243 1196 583 1227">General Storage</td> <td data-bbox="583 1196 737 1227"></td> <td data-bbox="737 1196 869 1227"></td> <td data-bbox="869 1196 932 1227"></td> </tr> <tr> <td data-bbox="243 1227 583 1258">Boiler Rooms</td> <td data-bbox="583 1227 737 1258"></td> <td data-bbox="737 1227 869 1258"></td> <td data-bbox="869 1227 932 1258"></td> </tr> <tr> <td data-bbox="243 1258 583 1289">Furnace Rooms</td> <td data-bbox="583 1258 737 1289"></td> <td data-bbox="737 1258 869 1289"></td> <td data-bbox="869 1258 932 1289"></td> </tr> <tr> <td data-bbox="243 1289 583 1320">Storage Rooms</td> <td data-bbox="583 1289 737 1320"></td> <td data-bbox="737 1289 869 1320"></td> <td data-bbox="869 1289 932 1320"></td> </tr> <tr> <td data-bbox="243 1320 583 1351">Maintenance Shops</td> <td data-bbox="583 1320 737 1351"></td> <td data-bbox="737 1320 869 1351"></td> <td data-bbox="869 1320 932 1351"></td> </tr> <tr> <td data-bbox="243 1351 583 1382">Paint Shops</td> <td data-bbox="583 1351 737 1382"></td> <td data-bbox="737 1351 869 1382"></td> <td data-bbox="869 1351 932 1382"></td> </tr> <tr> <td data-bbox="243 1382 583 1412">Laundries (over 100 square feet)</td> <td data-bbox="583 1382 737 1412"></td> <td data-bbox="737 1382 869 1412"></td> <td data-bbox="869 1382 932 1412"></td> </tr> <tr> <td data-bbox="243 1412 583 1443">Chemical Storage Room</td> <td data-bbox="583 1412 737 1443"></td> <td data-bbox="737 1412 869 1443"></td> <td data-bbox="869 1412 932 1443"></td> </tr> </tbody> </table>		Area	Automatic Sprinkler	Separation	N/A	General Storage				Boiler Rooms				Furnace Rooms				Storage Rooms				Maintenance Shops				Paint Shops				Laundries (over 100 square feet)				Chemical Storage Room								
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K211	<p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The corridor is at least 6 feet wide <input type="checkbox"/> The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) <input type="checkbox"/> The dispensers shall have a minimum spacing of 4 ft from each other <input type="checkbox"/> Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. <input type="checkbox"/> Dispensers are not installed over or adjacent to an ignition source. <input type="checkbox"/> If the floor is carpeted, the building is fully sprinklered. <p>18.3.2.7, CFR 416.44, 19.3.2.7</p>					
MEDICAL GASES, AND ANESTHETIZING AREAS						
K76	<p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside.</p> <p>4-3.1.1.2 (NFPA 99), 20.3.2, 21.3.2</p>					
K77	<p>Piped in medical gas systems comply with NFPA 99.</p>					
K78	<p>Anesthetizing locations shall be protected in accordance with NFPA 99, Standard for Health Care Facilities and NFPA 101.</p> <p>(a) Shutoff valves are located outside each anesthetizing location and arranged so that shutting off one room or location will not affect others.</p> <p>(b) Relative humidity is maintained equal to or greater than 35%.</p> <p>4-3.1.2.3(n) and 5-4.1.1 (NFPA 99), 20.3.2.2, 21.3.2.2</p>					

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K140	(a) Master alarm panels are in two separate locations and have audible and visible signals. (b) There are high/low alarms for +/- 20% operating pressure. This section shall be in accordance with NFPA 99, 4-3.1.2.2 (c) Where a level 1 gas system is used, one alarm panel that complies with NFPA 99, 4-3.1.2.2(b) 3 a, b, c and d and with 4-3.1.2.2(c)2, 5 shall be permitted. (4-4.1 exception No. 4).					
K141	No smoking signs are in areas where oxygen is used in accordance 8-6.4.2 (NFPA 99). In facilities where smoking is prohibited and signs are at all major entrances, secondary signs are not required. No smoking signs are at entrances to storage areas in accordance with 8-3.1.11.3 (NFPA 99). 18.3.2.4, 19.3.2.4					
K142	All occupancies containing hyperbaric facilities shall comply with NFPA 99, Standard for Health Care Facilities, Chapter 19.					
K143	Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of one hour fire-resistive construction; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association. 8-6.2.5.2 (NFPA 99)					
ELECTRICAL AND EMERGENCY POWER						
K105	Where general anesthesia or life support equipment is used, an essential electric system is provided in accordance with NFPA 99. 20.2.9.2, 21.2.9.2 ----- Indicate type _____					

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K106	ASCs with life support equipment have a Type I Essential Electric System powered by a generator with a transfer switch and separate power supply and are in compliance with NFPA 99. Required emergency systems shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Supplies. 3-4.2.2, 3-4.1.4, 3-4.4.1 (NFPA 99)					
K144	Generators are inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)					
K145	The Type I EES is divided into the critical branch, life safety branch and the emergency system and shall be in accordance with 3-4.2.2.2 (NFPA 99)					
K146	The ASC with no life support equipment shall have an alternate source of power separate and independent from the normal source that will be effective for minimum of 1½ hour after loss of normal source. 3-6 (NFPA 99)					
K147	Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. 9-1.2 (NFPA 99), 20.5.1, 21.5.1					
	INTERIOR FINISH					
K14	Interior finish on walls and ceilings of exits and enclosed exit access corridors have a flame spread rating of Class A or B. Offices have Class A, B or C.. Interior finishes existing before December 17, 2010 that are applied directly to wall and ceilings with a thickness of less than 1/28 inch shall be permitted to remain in use without flame spread rating documentation. 10.2.3, 38.3.3.2, 39.3.3.2, NFPA TIA 00-2					
	FIRE ALARM SYSTEMS					
K51	A manual fire alarm system, not a pre-signal type, is provided in accordance with 9.6 to automatically warn the building occupants. Fire alarm system has initiation, notification and control functions. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1					

ID PREFIX		MET	NOT MET	N/A	REMARKS	2000 CODE
CORRIDOR SEPARATION						
K17	Corridors in new occupancies used for exit access are separated from use areas by partitions with a fire resistance rating of at least one hour. Doors have at least one 20 minute fire protection rating and are equipped with a positive latch and closing device. Vision panels, if provided, in partitions or doors therein are not to exceed 20 inches and install at or below half distance from floor to room ceiling. 8.2.3, 20.3.6, 38.3.6 (Indicate N/A for existing occupancies, open floor areas with available exits, corridors in a space occupied by a single tenant, and buildings provided with complete automatic sprinkler systems.)					
OCCUPANCY SEPARATION						
K114	Ambulatory health care occupancies are separated from other tenants and occupancies by fire barriers with at least a 1 hour fire resistance rating. Doors in such barriers are solid bonded core wood of 1¾ inches or equivalent and are equipped with a positive latch and closing device. Vision panels, if provided in fire barriers or doors shall be of fixed fire window assemblies in accordance with 8.2.3.2.2. 20.3.7.1, 21.3.7.1					
SMOKE BARRIERS						
K115	Ambulatory health care facilities are divided into at least two smoke compartments with smoke barriers having at least 1 hour fire resistance rating. Doors in smoke barriers are equipped with positive latcher. Doors shall be constructed of not less than 1¾ inch thick solid bonded core wood or equivalent. Vision panels are provided and are of fixed wire glass limited to 1,296 sq. inch per panel. (Indicate N/A for facilities of less than 5,000 sq. ft. with an approved smoke detection system, and less than 10,000 sq. ft. with an approved supervised sprinkler system in accordance with 9.7.) 20.3.7.2, 20.3.7.3, 20.3.7.4, 20.3.7.6, 21.3.7.3, 21.3.7.2, 21.3.7.4, 21.3.7.6					
PORTABLE FIRE EXTINGUISHERS						
K64	Portable fire extinguishers are provided. 20.3.5.2, 21.3.5.2					
HIGH RISE BUILDINGS						
K116	Buildings over 75 ft. in height housing ambulatory health care facilities are provided with a complete approved automatic sprinkler system shall be in accordance with 11.8.2.					

ID PREFIX		MET	NOT MET	N/A	REMARKS	2000 CODE
BUILDING SERVICES						
K117	Utilities shall comply with section 9.1. (See K147 for electrical wiring and equipment requirements) 20.5.1, 21.5.1, 9.1					
K67	Heating, ventilating, and air-conditioning shall comply with the manufacturer's specifications and section 9.2. 20.5.2.1, 21.5.2.1					
K70	Portable space heating devices are prohibited except portable space heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C). 20.7.8, 21.7.8					
K118	Elevators, dumbwaiters, and vertical conveyors shall comply with section 9.4. 20.5.3, 21.5.3					
K71	Rubbish chutes, incinerators, and laundry chutes shall comply with section 9.5. 20.5.4, 21.5.4					
EMERGENCY PLAN, FIRE DRILLS						
K48	There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 20.7.1.1, 21.7.1.1					
K50	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2					
SMOKING REGULATIONS						
K66	Smoking regulations are adopted, and include the posting of "NO SMOKING" signs or with the international symbol for no smoking in any room, ward, or compartment where flammable liquids, combustible gases or oxygen are used or stored, and in any other hazardous location. 20.7.4, 21.7.4					
FURNISHINGS AND DECORATIONS						
K73	Combustible decorations shall be prohibited unless they are flame-retardant or in such limited quantity that hazard of fire development or spread is not present. 20.7.7.4, 21.7.5.4					

RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety Code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provision of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use additional sheet.)

PROVISION NUMBER(S)	JUSTIFICATION

Surveyor <i>(Signature)</i>	Title	Office	Date
Fire Authority Official <i>(Signature)</i>	Title	Office	Date

**FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)**

PROVIDER NUMBER K1	FACILITY NAME	SURVEY DATE * K4
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K6 DATE OF PLAN APPROVAL	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS _____ <input type="checkbox"/> NUMBER OF THIS BUILDING _____	A BUILDING B WING C FLOOR D APARTMENT UNIT
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LSC FORM INDICATOR <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th align="center" colspan="3">Health Care Form</th></tr> <tr><td style="width:10%;">12</td><td style="width:15%;">2786R</td><td style="width:75%;">2000 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2000 NEW</td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th align="center" colspan="3">ASC / ESRD Form</th></tr> <tr><td style="width:10%;">14</td><td style="width:15%;">2786U</td><td style="width:75%;">2000 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2000 NEW</td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th align="center" colspan="3">ICF/MR Form</th></tr> <tr><td style="width:10%;">16</td><td style="width:15%;">2786V, W, X</td><td style="width:75%;">2000 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2000 NEW</td></tr> </table> <p>* K7 <input type="checkbox"/> SELECT NUMBER OF FORM USED FROM ABOVE</p>	Health Care Form			12	2786R	2000 EXISTING	13	2786R	2000 NEW	ASC / ESRD Form			14	2786U	2000 EXISTING	15	2786U	2000 NEW	ICF/MR Form			16	2786V, W, X	2000 EXISTING	17	2786V, W, X	2000 NEW	COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21 SMALL (16 BEDS OR LESS) K8: <input type="checkbox"/> 1 PROMPT <input type="checkbox"/> 2 SLOW <input type="checkbox"/> 3 IMPRACTICAL <hr/> LARGE K8: <input type="checkbox"/> 4 PROMPT <input type="checkbox"/> 5 SLOW <input type="checkbox"/> 6 IMPRACTICAL <hr/> APARTMENT HOUSE K8: <input type="checkbox"/> 7 PROMPT <input type="checkbox"/> 8 SLOW <input type="checkbox"/> 9 IMPRACTICAL
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17	2786V, W, X	2000 NEW																										

(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.) K29: <input type="checkbox"/> K56: <input type="checkbox"/>	ENTER E – SCORE HERE K5: <input type="checkbox"/> e.g. 2.5
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*K9: FACILITY MEETS LSC BASED ON (Check all that apply)

A1. <input type="checkbox"/>	A2. <input type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC B. <input type="checkbox"/>	K0180 A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> FULLY SPRINKLERED PARTIALLY SPRINKLERED NONE <small>(All required areas are sprinklered)</small> <small>(Not all required areas are sprinklered)</small> <small>(No sprinkler system)</small>
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* MANDATORY