## **GEW98-14** 607.5, A106.3.2

**Proponent:** John Williams, CBO, Chair, representing ICC Adhoc Health Care Committee (AHC@iccsafe.org)

## Revise as follows:

**607.5 Waste water heat recovery system.** The following building types shall be provided with a waste water heat recovery system that will preheat the incoming water used for hot water functions by not less than 10°F (5.6°C):

- 1. Group A-2, restaurants and banquet halls;
- 2. Group F, laundries;
- 3. Group R-1, boarding houses (transient), hotels (transient), motels (transient);
- 4. Group R-2 buildings;
- 5. Group A-3, health clubs and spas; and
- 6. Group I-2 facilities, hospitals, psychiatric hospitals and nursing homes.

**Exception:** Waste water heat recovery systems are not required for single-story slab-on-grade and single-story on crawl-space buildings.

A106.3.2 Occupancy. The building shall be designed to serve one of the following occupancies:

- 1. Group A-2, restaurants and banquet halls;
- 2. Group F, laundries;
- 3. Group R-1, boarding houses (transient), hotels (transient), motels (transient);
- 4. Group R-2 buildings;
- 5. Group A-3, health clubs and spas; and
- 6. Group I-2 facilities, hospitals, mental hospitals and nursing homes.

**Reason:** These changes are editorial. The list is not needed as it includes all Group I-2 facilities. Similar proposals are provided for Section 604.3, 606.5.1 and 607.5.

This proposal is submitted by the ICC Ad Hoc Committee for Healthcare (AHC). The AHC was established by the ICC Board of Directors to evaluate and assess contemporary code issues relating to hospitals and ambulatory healthcare facilities. The AHC is composed of building code officials, fire code officials, hospital facility engineers, and state healthcare enforcement representatives. The goals of the committee are to ensure that the ICC family of codes appropriately addresses the fire and life safety concerns of a highly specialized and rapidly evolving healthcare delivery system. This process is part of a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. Since its inception in April, 2011, the AHC has held 11 open meetings and over 162 workgroup calls which included members of the AHC as well as any interested party to discuss and debate the proposed changes. All meeting materials and reports are posted on the AHC website at: http://www.iccsafe.org/cs/AHC/Pages/default.aspx

Cost Impact: Will not increase the cost of construction

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