

GG249-14

807.3.2

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

Revise as follows:

**TABLE 807.3.2
MAXIMUM PERMISSIBLE INDOOR BACKGROUND SOUND IN ROOMS**

OCCUPANCY TYPE	ROOM	NOISE CRITERIA (NC) LIMITS
Assembly A-1	Symphony, concert, recital halls	30
	Motion picture theaters	40
Assembly A-3	Places of religious worship, lecture halls not part of educational facilities	35
	Art gallery, exhibit hall, funeral parlor, libraries, and museums	40
	Courtroom Educational occupancies above 12th grade	35 (See Educational)
Assembly A-4	Gymnasiums, natatoriums and arenas with seating areas	45
Business B	Office—enclosed greater than 300 square feet	35
	Office—enclosed less than or equal 300 square feet	40
	Office—open plan Corridors and lobbies Conference rooms Educational occupancies above 12th grade	45 45 35 (See Educational)
Educational E	Core learning lecture and classrooms that are less than or equal to 20,000 cubic feet in volume	ANSI/ASA S12.60-2010/Part 1 or ANSI/ASA S12.60-2009/Part 2
	Core learning lecture and classrooms that are greater than 20,000 cubic feet in volume Open plan classrooms Administrative offices and rooms Music teaching studios Music practice rooms	
Institutional I-2	All areas Wards, Private and semi-private patient rooms Operating rooms Corridors and public areas	2010 FGI-ASHE Guidelines for Design and Construction of Healthcare Facilities
	Rooms or suites	25 to 35
	Bathroom, kitchen, utility room	40
Residential R-1 and R-2	Meeting rooms Corridors and lobbies Service areas	35
		45
		45

For SI: 1 square foot = 0.093 m², 1 cubic foot = 28.31 L.

Reason: Group I-2, Condition 2 (hospitals) is heavily regulated by the FGI Guidelines for Design and Construction of Healthcare Facilities that include stringent acoustical requirements. Adding additional layers of Codes to hospitals creates unnecessary potential for confusion between designers and Building Officials and expensive conflict resolution where Codes disagree. The FGI Guidelines are specifically created to meet the unique needs of hospitals and are the best source for healthcare acoustical minimum standards.

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

NOTE: This version of the code change proposal has been updated to include all reported errata.

(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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