

## CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION II:</b>	ORGANIZATION FOCUSED FUNCTIONS
<b>CHAPTER 7:</b>	Management of the Environment of Care
<b>PROCEDURE 7.1:</b>	<b>Fire and Smoke Barrier Penetrations</b>
<b>REVISED:</b>	08/09/12; 04/25/16; Reviewed 02/18
<b>Governing Body Approval:</b>	08/09/12; 04/28/16; 06/27/2018( <i>electronic vote</i> )

**PURPOSE:** To provide a fire-safe environment of care and to protect patients, personnel, visitors, and property from fire, smoke and other products of combustion by maintaining the integrity of smoke and fire barriers.

**SCOPE:** CVH Plant Operations, Contractors, Maintenance Personnel, and other personnel

**Authority:**

2005 Connecticut State Fire Safety Code, 2009 Amendments  
National Fire Protection Association (NFPA) 101, Life Safety Code 2003

**POLICY:**

1. Contractors, In-House Maintenance Personnel, and personnel (e.g., Information management and staff) shall obtain a permit from Plant Operations before beginning work that requires penetration of smoke and fire barriers.
2. Work permits will not be issued on a blanket basis, except as related to multiple penetrations in a single job (e.g., cable and electrical conduit penetrating several fire walls).
3. Holes and spaces in fire or smoke barriers shall be repaired in an approved manner as soon as feasible after work is completed.

*Responsibilities:*

1. Plant Operations will:
  - a. Administer the Fire and Smoke Barrier Penetration Policy and Permit Program.
  - b. Conduct final inspections of work areas before closing out permits.
  - c. Conduct biannual inspections, in all buildings which are not fully sprinkled, of smoke and fire barriers, ceilings, and floors to verify continuity and report needed repairs to the Plant Facility Engineer, who will coordinate the repairs as necessary.
  - d. Conduct biannual inspections of door assemblies and other protective devices (e.g., rolling doors) installed within smoke and fire barriers to verify proper operation and report needed repairs to the Plant Facility Engineer, who will coordinate the repairs as necessary.
2. Contractors and facility personnel will:
  - a. Obtain a Smoke and Fire Barrier Permit before beginning work, and maintain a copy of the permit in the work area at all times.

- b. Repair holes and spaces created during the completion of projects and those identified by Fire Service inspection.
- c. Contact the Plant Facility Engineer during work if there are questions regarding repairs.
- d. Notify the Plant Operations (860-262-5725) after repairs are completed to schedule a final inspection.

**PROCEDURE:**

- 1. Permits will be obtained from Plant Operations - Routine permits should be obtained between the hours of 8:00 AM and 9:00 AM.

*Contact Numbers:     Plant Operations 860-262-5725 within CVH or  
                                 CVH Dispatcher 860-262-5555 or X5555 within CVH*

- 2. All holes and spaces in fire and smoke barriers will be protected as follows:
  - a. Filled in per Underwriter Laboratories' approved methodology which is described in the Specified Technologies Incorporated (STI) Manual using STI fire-stopping products capable of maintaining the fire resistance of the smoke or fire barrier.
  - b. Sleeves, where required, shall be solidly set in the smoke or fire barrier and the space between the items shall be filled with an approved material capable of maintaining the fire resistance of the smoke or fire barrier.
  - c. Insulation covering pipes and ducts passing through smoke and fire barriers shall be capable of maintaining the fire resistance of the barrier.
  - d. White silicone caulking shall be used to seal ceiling tile penetrations.

**CONNECTICUT VALLEY HOSPITAL  
FIRE AND SMOKE BARRIER PENETRATION PERMIT**

Permit Number:	Issue Date:
Approved By (Plant Operations Representative):	Estimated Completion Date:
Permit issued to (Department/Contractor name, individual's name, phone number)	
Location of barrier(s) to be penetrated (building number, wing, floor, room number) (Attach sketch if applicable)	
Location of ceiling tile(s) to be removed (building number, wing, floor, room number) (Attach sketch if applicable)	
Reason for penetration:	
Final Inspection by Department/Contractor Representative	Plant Operations Representative:
Date:	Date:

**INSTRUCTIONS:**

1. Maintain a copy of this permit at the work area at all times.
2. Promptly repair penetrations in an approved manner. Contact Plant Facility Engineer if there are any questions regarding the repairs.
3. Notify Plant Operations when repairs are completed to schedule final inspection.