

**FORM FOR COMMENTS ON NFPA REPORT ON PROPOSALS
2009 ANNUAL REVISION CYCLE
FINAL DATE FOR RECEIPT OF COMMENTS: 5:00 pm EDST, August 29, 2008**

For further information on the standards-making process, please contact the Codes and Standards Administration at 617-984-7249 or visit www.nfpa.org/codes.

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Please indicate in which format you wish to receive your ROP/ROC electronic paper download
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Date 8/28/2008 Name Stephen L. Grimes, FACCE FHIMSS FAIMBE Tel. No. (610)825-6067

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Please indicate organization represented (if any) _____

1. (a) NFPA Document Title Health Care Facilities NFPA No. & Year 99 – 2005

(b) Section/Paragraph 3.3.185 and A.3.3.185

2. Comment on Proposal No. (from ROP): 99-68

3. Comment Recommends (check one): new text revised text deleted text

4. Comment (include proposed new or revised wording, or identification of wording to be deleted): [Note: Proposed text should be in legislative format; i.e., use underscore to denote wording to be inserted (inserted wording) and strike-through to denote wording to be deleted (~~deleted wording~~).]

Delete all proposed (99-68) revisions to the definition of wet location and annex material and restore wording to the 2005 version.

5. Statement of Problem and Substantiation for Comment: (Note: State the problem that would be resolved by your recommendation; give the specific reason for your Comment, including copies of tests, research papers, fire experience, etc. If more than 200 words, it may be abstracted for publication.)

The American College of Clinical Engineering (ACCE) is the professional society of the clinical engineering community. ACCE represents the engineering professional, most working in a hospital environment, whose principle role is to provide support of medical technology in a manner that insures effective patient care in a safe environment.

Following our review of the proposed change to the definition of a wet location, we have concluded that available evidence does not justify imposing a wet location designation on all operating rooms (ORs).

Safety in the patient environment has been one of the major concerns of clinical engineering and was a major driver in establishing the profession in the late 1960s and early 1970s. In the years since, clinical engineers have sought to make real improvements in patient and staff safety through technology and related process changes. While well intended, we believe the proposed (99-68) revisions will not contribute to a safer environment and will likely divert financial and staffing resources from those technology and related process changes that could have a much greater impact on safety.

6. Copyright Assignment

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