

Chapter 24.2 Codes, Standards, and Authority Having Jurisdiction

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24.2.1 Introduction.

24.2.1.1 Purpose. The purpose of Chapter 24.2 is to identify the codes and standards to be used in the design, construction, renovation, maintenance and operation of IHS facilities. In addition, this Chapter establishes precedence of conflicting codes and standards, the occupancy classifications for various types of IHS facilities, and the roles and responsibilities of the IHS Authority Having Jurisdiction and other agency officials in the implementation, enforcement, and interpretation of applicable codes and standards.

24.2.1.2 Applicability. The information found herein is applicable to all IHS new construction, minor and major renovation, joint venture, small ambulatory program (SAP) projects, maintenance and improvement projects, and facility operations, unless otherwise noted.

24.2.1.3 Background. Reserved.

24.2.2 Definitions.

- (1) **Authority Having Jurisdiction (AHJ).** The Authority Having Jurisdiction is the entity responsible for determining compliance with codes and standards in design and construction projects, renovation projects, and in the maintenance and operation of existing facilities. AHJ responsibilities may include any or all of the three-step process of interpretation, implementation, and enforcement described within this Chapter.
- (2) **Authority Having Jurisdiction (AHJ) for the Agency.** The Authority Having Jurisdiction for the Agency is the Director, Division of Engineering Services (DES). The AHJ is the sole entity within IHS authorized to issue code interpretations, equivalency determinations, and waivers and variances from the code. Such decisions issued by the AHJ for the Agency are binding on all IHS construction projects and existing facilities.

- (3) **Authority Having Jurisdiction (AHJ) for Construction Projects.** The AHJ for Construction Projects is the office that is managing the project (DES, Area Office, or Service Unit). These responsibilities are limited to Implementation and Enforcement. In the event that a code interpretation, equivalency, variance, or waiver is necessary, the managing entity shall request an interpretation from the AHJ for the Agency.
- (4) **Change of Occupancy Classification.** The change in the occupancy classification of a building or portion of a building.
- (5) **Change of Use.** A change in the purpose or level of activity within a building that involves a change in application of the requirements of a code or standard, but does not require a change of occupancy classification.
- (6) **Code.** Any nationally-recognized code, standard, or guideline related to facility design, construction, maintenance, and operation.
- (7) **Enforcement.** The act of ensuring that existing buildings are operated and maintained in accordance with the codes and standards to which they were designed, constructed, and accredited.
- (8) **Equivalency.** An alternative means of providing an equal or greater degree of safety than that afforded by strict conformance to prescribed codes and standards, and that represents compliance with the intent of the code or standard. Code Equivalency Determinations may only be issued by the AHJ for the Agency.
- (9) **HFAC.** The Health Facilities Advisory Committee (HFAC) was established by OEHE for the purpose of reviewing, evaluating, developing, and issuing technical criteria requirements used in the planning, design, construction, operation, and maintenance of IHS health care facilities and staff quarters.
- (10) **Implementation.** The act of ensuring that the design and construction of new buildings and the operation, repair, renovation and modification of existing buildings is accomplished in accordance with applicable codes and standards.
- (11) **Interpretation.** The act of evaluating the intent of code and standard requirements that are unclear, ambiguous, or in conflict with a competing code or standard. Code Interpretations may only be issued by the AHJ for the Agency.
- (12) **Non-Regressive Code.** When changes or modifications to a code occur, the requirements apply only to new construction and major renovations. The Standard for Health Care Facilities as described in the NFPA 99 is an example of a non-regressive code.
- (13) **Regressive Code.** When changes or modifications to a code occur, the requirements may apply to new and existing structures and/or equipment. A regressive code is specifically arranged in a manner that details the requirements for compliance for new and existing facilities separately. The National Fire Protection Association Life Safety Code (NFPA 101) is an example of a regressive code.
- (14) **Repair.** The patching, restoration, or painting of materials, elements, equipment, or fixtures for the purpose of maintaining such materials, elements, equipment, or fixtures in good or sound condition.

- (15) **Renovation (Minor).** The replacement in kind, strengthening, or upgrading of building elements, materials, equipment, or fixtures, that does not result in a reconfiguration of the building spaces within, and that is not otherwise defined as Major Renovation.
- (16) **Renovation (Major).** A construction project that results in either a change of occupancy of any space within a building, the modification of an entire occupancy within a building, or a modification or reconfiguration of 50% or more of the total gross square feet of a building.
- (17) **Variance.** A condition wherein strict conformance to the code is not achieved and another means utilized that may not be equal to the intent of the code. Code Variances may only be issued by the AHJ for the Agency.
- (18) **Waiver.** A condition wherein the code is not implemented in a particular situation. Code Waivers may only be issued by the AHJ for the Agency.

24.2.3 Applicability of Codes.

24.2.3.1 Adoption of New Editions of Codes. IHS adopts new editions of codes and standards upon their publication for use on all design, construction, and renovation projects, and for use in maintenance and operations of existing facilities, unless notified otherwise.

24.2.3.2 CMS NFPA 101 Requirements. The Centers for Medicare and Medicaid Services (CMS) does not adopt new editions of NFPA 101 upon publication, and is often lagging behind the current edition. As such, all buildings shall be designed and constructed in accordance with the more stringent provisions found in the edition utilized by CMS and the most current edition published by NFPA.

24.2.3.3 Design and Construction Projects. When determining the code requirements for new construction, major renovation, and/or replacement of real property, the IHS shall use the latest published code at the design contract execution date. Should a newer edition of the Code be published prior to commencement of construction, the AHJ shall determine whether or not the newer edition should be implemented and the design modified accordingly. In all cases when the period of time between design completion and construction commencement exceeds 24 months, the newer edition of the Code shall govern and necessary design modifications shall be implemented.

24.2.3.4 Minor Renovations. Although efforts should be made to satisfy the criteria for the last published code during minor renovations of existing structures or equipment, it is recognized that such modifications may be technically infeasible, or might impose undue hardship because of structural, construction, or dimensional difficulties. The AHJ for Construction Projects shall determine the applicability of codes in these instances.

24.2.4 Life Safety Codes and Model Building Codes.

24.2.4.1 National Fire Codes. The National Fire Codes (NFC), as published by the National Fire Protection Association (NFPA) shall be used exclusively for determining and maintaining life

safety requirements for all occupancies in new and existing facilities, unless noted otherwise below.

24.2.4.1.1 NFPA 101 Life Safety Code. NFPA 101 is considered the primary code for use on all IHS design and construction projects and in the maintenance and operation of existing IHS facilities. In cases where compliance with a provision of NFPA 101 prohibits compliance with any other code or standard, NFPA 101 shall take precedence, unless otherwise approved by the AHJ for the Agency.

24.2.4.1.1.1 New Construction.

- (1) New buildings shall be designed and constructed to comply with the most current edition of NFPA 101 for the occupancies described in Paragraph 24.2.6.
- (2) Buildings are required to remain in compliance, with the edition of NFPA 101 to which they were originally designed and constructed, throughout their life except as noted below.

24.2.4.1.1.2 Existing Buildings.

- (1) Existing buildings must be reassessed every five years as part of the Facility Condition Survey cycle (refer to Part 73 - Facilities Condition Assessment Program) against the existing occupancy chapters of NFPA 101 and other regressive codes for the occupancy classification they were originally designed to meet.
 - a. If more restrictive life safety requirements are identified during a reassessment, buildings must be modified to be brought into compliance, or a request for equivalency, waiver, or variance be submitted to the AHJ for the Agency.
 - b. If a reassessment identifies existing life safety features that are no longer required for new construction or associated with a previously approved, currently applicable equivalency, variance, or waiver, they may either be maintained or removed. Existing life safety features obvious to the public that are no longer required for new construction must be maintained or removed.
- (2) If use or function of a building or portion of a building has changed since first constructed, the building must be modified in accordance with the Change of Use or Change of Occupancy Classification provisions of NFPA 101 Chapter 43 – Building Rehabilitation.
- (3) Major and Minor Renovations of IHS facilities shall be completed in accordance with NFPA 101 Chapter 43 – Building Rehabilitation.

24.2.4.2 International Building Code. The International Building Code (IBC) as published by the International Code Council (ICC) shall be used as the model building code to determine aspects of design and construction not specifically addressed by NFPA 101. Other model building codes may be considered on a project-by-project basis.

24.2.4.2.1 Life Safety Provisions. Per Paragraph 24.2.4.1.1, NFPA 101 takes precedence over other codes and standards. As such, the following IBC Chapters will not generally apply to IHS facilities, unless necessary to meet another applicable provision within the IBC:

- (1) Chapter 7. Fire and Smoke Protection Features
- (2) Chapter 9. Fire Protection Systems
- (3) Chapter 10. Means of Egress

24.2.5 Reference Codes and Standards.

24.2.5.1 Nationally Recognized Organizations. The following are nationally recognized organizations and/or government agencies that publish codes, standards, regulations, and/or guidelines that include minimum requirements to be implemented with the new construction and renovation, and the operation and maintenance management programs of IHS's real property program. Specific codes and standards published by these organizations to be used in IHS facilities shall be identified within the IHS OEHE AE Design Guide published by DES. IHS adopts new editions of Codes and Standards upon their publication.

- (1) **National Fire Protection Association (NFPA).** NFPA publishes the National Fire Codes (NFC). The most prominent of these Codes is the NFPA 101 Life Safety Code.
- (2) **Facility Guidelines Institute (FGI).** FGI publishes guidelines for design and construction of Hospitals, Outpatient Facilities, and Residential Health, Care, and Support Facilities.
- (3) **International Code Council (ICC).** ICC publishes a variety of Model Building Codes. The most prominent of these Codes are the International Building Code and the International Residential Code.
- (4) **Accreditation Organizations.** IHS facilities can receive accreditation from several accreditation organizations including The Joint Commission (TJC), Accreditation Association for Ambulatory Healthcare (AAAHC), and the Centers for Medicare and Medicaid (CMS) Accreditation.
- (5) **United States Access Board.** The Access Board is a federal agency that develops and maintains design criteria for the built environment to ensure compliance with federal accessibility standards.
- (6) **Council on Environmental Quality (CEQ) Office of Federal Sustainability (OFS).** CEQ/OFS issues regulations, guidance, and directives for the implementation of Sustainable Design Principles in federal facilities.
- (7) **American National Standards Institute (ANSI).** ANSI is a private, non-profit organization that administers and coordinates the development of standards related to building design and construction as well as other industries.
- (8) **National Board Inspection Code for Boiler and Pressure Vessels.**
- (9) **American Society of Mechanical Engineers (ASME).** ASME is a private, non-profit organizations that develops standards associated with mechanical engineering.

- (10) **National Institute for Occupational Safety and Health (NIOSH).** NIOSH is a research agency focused on the study of worker safety and health and is part of the U.S. Centers for Disease Control and Prevention (CDC).
- (11) **United States Department of Energy (DOE).**
- (12) **Centers for Disease Control and Prevention (CDC).** Includes standards for infection control in hospitals.
- (13) **NSF International.** Produces standards related to water quality and Class II Laminar Flow Biohazard Cabinetry.
- (14) **American Hospital Association (AHA).**
- (15) **American Society for Heating/Refrigeration/Air Conditioning Engineers (ASHRAE).**
- (16) **Sheet Metal/Air Conditioning Contractors National Association (SMACNA).**
- (17) **United States Environmental Protection Agency (EPA).**
- (18) **National Council on Radiation Protection and Measurements (NCRP).**
- (19) **United States Pharmacopeial Convention**

24.2.6 Occupancy Classification.

24.2.6.1 IHS Facility Types. IHS operates a variety of facility types. Each type is listed below along with the IHS facility definition and the relevant primary NFPA 101 Occupancy Classification:

- (1) **Hospital:** A permanent facility which contains inpatient beds, emergency room services, organized staff including physician services, continuous 24-hour nursing services, and that provides comprehensive health care including diagnosis and treatment, and operates on a 24-hour, 7 day/week basis.
NFPA 101 Occupancy Classification: Health Care Occupancy
- (2) **Alternative Rural Health Care Facility:** A health care facility providing a broad range of ambulatory care and community health services, emergency room services, and limited, low acuity inpatient care. The facility may also include low risk birthing and ambulatory surgery services. This facility does not provide inpatient surgery, C-sections, or ICU services. These facilities routinely serve patients referred from health centers and act as a referral center to facilities providing higher acuity and specialty care, and operates on a 24-hour, 7 day/week basis.
NFPA 101 Occupancy Classification: Health Care Occupancy
- (3) **Health Center:** An ambulatory care facility, with a full range of ambulatory services (including physician services, nursing, pharmacy, laboratory, and x-ray), operating normally 40 hours per week, staffed with a basic health team offering services for acute and chronic ambulatory problems and acting as a referral center to higher levels care.
NFPA 101 Occupancy Classification: Ambulatory Health Care Occupancy (if four or more patients simultaneously receiving treatment rendering them incapable of self-preservation or any facilities in which IHS has entered into an agreement with CMS to

- participate in Medicare as an Ambulatory Surgery Center), otherwise, Business Occupancy
- (4) **Health Station:** An ambulatory care facility providing primary care and dental services normally operating less than 40 hours per week that is geographically separate from any other health care facility, and provides limited clinical services.
NFPA 101 Occupancy Classification: Ambulatory Health Care Occupancy (if four or more patients simultaneously receiving treatment rendering them incapable of self-preservation or any facilities in which IHS has entered into an agreement with CMS to participate in Medicare as an Ambulatory Surgery Center), otherwise, Business Occupancy
- (5) **Long Term Care:** A healthcare facility where long term health care is provided with 24-hour nursing care on site (e.g. Nursing Home).
NFPA 101 Occupancy Classification: Residential Board and Care Occupancy
- (6) **Regional Treatment Center:** A health care facility providing behavioral health and substance abuse treatment services in a residential setting, and operates on a 24-7, 7 days/week basis.
NFPA 101 Occupancy Classification: Residential Board and Care Occupancy,
- (7) **Staff Quarters:** Residential buildings (single-family, duplex, and multi-family) used for the recruitment and retention of professional health provider staffing at IHS Service Unit locations.
NFPA 101 Occupancy Classification: Residential Occupancy (One- and Two-Family Dwellings, New Hotels and Dormitories, and Apartment Buildings)

24.2.6.2 Multiple Occupancies. Multiple Occupancies in accordance with the applicable provisions of NFPA 101 are permitted.

24.2.7 Authority Having Jurisdiction.

24.2.7.1 AHJ for the Agency. The Director, DES is the designated AHJ for the Agency in accordance with OEHE Memoranda (attached) dated August 19, 1996 and February 9, 2004. These memoranda collectively designate this responsibility. The AHJ is the sole entity within IHS authorized to issue code interpretations, equivalency determinations, and variances and waivers from the code. Such decisions issued by the AHJ for the Agency are binding on all IHS construction projects and existing facilities.

24.2.7.2 AHJ for Construction Projects. Limited AHJ responsibilities are delegated to the office that is managing the project. For example, when the project is managed by the Facility or the Area Office, the Area Office shall be responsible for evaluating, implementing, and enforcing the applicable codes. Similarly, if the Division of Engineering Services (DES) is managing a construction project, DES is responsible. In the event that a code interpretation, equivalency,

variance, or waiver is necessary, the managing entity shall request an interpretation from the AHJ for the Agency.

24.2.7.3 Role of State, Tribal, and Local Fire Marshalls. IHS recognizes that the national building codes are typically the foundation of state, local, and tribal building codes. State, local, and tribal codes also represent important regional interests and conditions. As such, state, local, and tribal building codes shall also be followed to the maximum extent practicable. Buildings on private or tribal land, which are leased to IHS, must comply with applicable State, local, and tribal codes. Legally, however, buildings built on federal property are exempt from state, local, and tribal building codes. Notwithstanding, it is IHS policy to comply with state, local, and tribal building codes to the maximum extent practicable. IHS will also notify local or tribal fire marshals/ departments during construction or major renovations that will affect life safety systems or egress that may affect local fire responders in case of an emergency during the project.

24.2.7.4 Code Compliance. Maintaining compliance with codes and standards involves a three-step process, as follows:

- (1) **Implementation:** The act of ensuring that the design and construction of new buildings and the repair, renovation and modification of existing buildings is accomplished in accordance with applicable codes and standards. The office managing the design and construction of such projects has the primary responsibility for ensuring compliance with applicable codes and standards. Implementation is accomplished on new construction projects by DES, and on all other projects by the responsible Area Office.
- (2) **Enforcement:** The act of ensuring that existing buildings are maintained in accordance with the codes and standards to which they were designed and constructed. Enforcement is accomplished via periodic documented inspections and testing by the responsible Service Unit or Area Office. Such inspections and testing may be accomplished by the Facility Manager, Safety Officer, Security Manager, or Infection Preventionist with Area Institutional Environmental Health Officer assistance. In addition, accreditation bodies, such as CMS and The Joint Commission, enforce code requirements through periodic reviews during accreditation surveys.
- (3) **Interpretation:** The act of evaluating the intent of code and standard requirements that are unclear, ambiguous, or in conflict with a competing code or standard. Interpretation is accomplished solely by the AHJ for the Agency. For projects not managed by DES, the managing entity shall request an interpretation in writing from the AHJ for the Agency.

24.2.7.5 Interpretation, Equivalency Determination, Variance, and Waiver Procedures.

24.2.7.5.1 Requestor. Any employee in the IHS may submit a request for code interpretation, equivalency determination, variance, or waiver from the AHJ for the Agency.

24.2.7.5.2 Role of DES Codes Committee. The DES Codes Committee assists the AHJ for the Agency in the technical evaluation of code interpretations, equivalency determinations, and variance and waiver requests.

24.2.7.5.3 Approved Interpretations. Interpretations approved by the AHJ for the Agency shall be final and binding for all IHS design, construction, renovation, operations, and maintenance. All approved code interpretations shall be posted and archived on the DES website. The HFAC shall also be provided copies of all AHJ decisions.

24.2.7.5.4 Approved Equivalencies, Variances and Waivers. Equivalencies, Variances, and Waivers approved or disapproved by the AHJ for the Agency shall be final and binding upon the facility. All approved variances and waivers shall be posted on the DES website. The HFAC shall also be provided copies of all AHJ decisions.

24.2.8 DES Codes Committee.

24.2.8.1 Background. The DES Codes Committee was instituted under the same authority that established the Director, DES as the AHJ for the Agency via the OEHE Memoranda (attached) dated August 18, 1996 and February 9, 2004. The Committee is responsible for reviewing all requests for interpretations of codes, standards, design criteria, and technical guidelines, as well as equivalencies, variances, and waivers.

24.2.8.2 Codes Committee Organization

24.2.8.2.1 Membership

24.2.8.2.2 Structure. The committee shall be composed of members of the DES Architecture and Engineering Branch as determined by the DES Deputy Director for Architecture and Engineering (DDAE). Each of the following disciplines shall be represented: civil/structural engineering, mechanical engineering, electrical engineering, and architecture. Other members may be appointed at the discretion of the Director, DES or DDAE.

24.2.8.2.3 Selection Criteria. All members of the committee must be currently registered in their respective discipline. All members shall have completed training in the National Fire Protection Association (NFPA) Life Safety Code. Training in other codes and standards is highly encouraged, as is participation on national codes and standards committee.

24.2.8.2.4 Chairperson and Vice Chairperson. The Chairperson and Vice Chairperson shall be selected by the DDAE. The Chairperson's term shall be for one year at which time the Vice Chairperson shall assume the role of Chairperson and a new Vice Chairperson shall be appointed.

24.2.8.3 Responsibilities

24.2.8.3.1 Members. All members are expected to actively participate on the committee to the maximum extent possible. When assigned the responsibility of lead person on a request, the member shall research all applicable background data including past similar interpretations and provide the information to all committee members. The lead person is responsible for also preparing the draft and final interpretation per the attached Final Interpretation Template.

24.2.8.3.2 Chairperson/Vice Chairperson. The Chairperson is responsible for coordinating the review of and response to all requests submitted to the committee. Upon receipt of a request, the chairperson shall make an initial assessment of the request. If the request has merit, they will then convene the committee to discuss the request and assign a lead person to research the request and report back to the committee. The vice-chairperson shall assume this responsibility during the chairperson's absence. The Chairperson shall represent IHS during meetings of the NFPA Health Care Interpretations Task Force (HITF), a national committee whose membership includes representation from various AHJ entities within the United States. More information about the HITF may be found at: <https://www.nfpa.org/Codes-and-Standards/Standards-development-process/Technical-Committees/Advisory-and-Non-NFPA-Committees/Healthcare-Interpretations-Task-Force>

24.2.8.4 Procedure

24.2.8.4.1 Requests. All requests for interpretations, variances, and waivers from IHS Service Unit staff shall be routed through their respective Area Facilities Manager and/or Safety Officer. All requests for interpretations shall be submitted initially to the Director, DES, who will forward the request to the current chairperson.

Those submitting requests are strongly encouraged to include all applicable facility data and define all issues potentially requiring clarification to allow a thorough analysis of the code requirements. Reconsideration of an issued interpretation will only be made if circumstances have changed or information previously unavailable comes to light. Requests for reconsideration shall be routed to the Director, DES.

24.2.8.4.2 Quorum. A quorum of the committee shall consist of at least three members. Conference calls are an appropriate means for achieving a quorum.

24.2.8.4.3 Decision-making. Participating members of national code committees shall be invited to provide technical expertise on all topics relevant to that committee. All relevant IHS technical handbooks, codes, standards, and guidelines should be reviewed prior to rendering a final interpretation. The committee will strive for consensus, but dissenting votes will be allowed. All interpretations require a minimum of three concurring approvals (unless more than 5 voting members have been appointed, which would require the respective majority vote). Signatures on an interpretation acknowledge participation in the actual final interpretation.

24.2.8.4.4 Rules and Procedures. The committee is responsible for establishing any additional procedures deemed appropriate to accomplish the requirements of this instruction.

24.2.8.4.5 Time Frames. Within 14 calendar days of receipt of the request by the DES, the Codes Committee chairperson will provide a confirmation letter to the requestor. The confirmation letter will include a projected time frame for issuance of an interpretation or a request for additional information. Upon receipt of all relevant information from requestor, interpretations shall be rendered within 28 calendar days.

24.2.8.4.6 Format. The Final Interpretation Template format is attached.

End of Chapter 24.2 Codes and Standards

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Attachment 1 – OEHE Memorandum 1

NOTE: The original Memorandum cannot be made 508 compliant. The following is a transcription of the original.

AUG 9 1996

To: Directors, ES-Dallas & ES-Seattle

From: Acting Associate Director, OEHE

Subject: Delegation of ‘Authority Having Jurisdiction’ to Engineering Services-Dallas and Seattle

The Acting Associate Director, Office of Environmental Health and Engineering, is the current ‘Authority Having Jurisdiction.’ This authority assures consistency in applying various codes throughout the Indian Health Service. However, the office is too far removed from day to day management of design and construction of health care facilities and would require decisions from Headquarters staff who are not normally involved in the details of specific projects and local issues related to code interpretation; therefore, consistent with efforts to streamline and reinvent Government, I am redelegating the ‘Authority Having Jurisdiction’ to the Engineering Services (ES) – Dallas and Seattle. The ES Directors shall form a joint committee to resolve conflicts that arise from interpreting and applying criteria, codes, etc., in different ways, and applying different codes, criteria, guidelines, etc., in similar situations. These committee decisions shall be binding on all applicable work and decisions shall be appropriately distributed.

This redelegation of authority is effective on the date of signature.

Bruce R. Chelikowsky for

Gary J. Hartz, P.E.

Cc: All Area Directors and All Area Associate Directors, OEHE

Attachment 2 – OEHE Memorandum 2

NOTE: The original Memorandum cannot be made 508 compliant. The following is a transcription of the original.

FEB 09 2004

To: Area Associate Directors, OEHE

From: Acting Director, OEHE

Subject: Authority Having Jurisdiction Clarification

The purpose of this memo is to clarify the role and responsibilities of the Authority Having Jurisdiction (AHJ) for the Indian Health Service (IHS).

The IHS Technical Handbook, Volume III, Part 24 – Construction Guidelines, Chapter 24-2 – Applicability of Codes, Construction Codes and Standards, Section B. Definitions, (8) defines the Authority Having Jurisdiction (AHJ) as “The official(s) legally designated by the Director, Office of Environmental Health and Engineering, to formally issue written interpretation(s) codes for the agency. Decisions “...shall be final and binding for the agency.”

The responsibilities of the Authority Having Jurisdiction were delegated to the Division of Engineering Services (DES) in Seattle and Dallas (August 19, 1996, OEHE Director’s memorandum). These two offices were mandated to form a joint committee to provide code interpretations.

The IHS Technical Handbook, Volume X, Part 130 – Administration and Guidelines, Chapter 130-4 Authority Having Jurisdiction, addresses the committee’s structure, responsibilities, and operating procedures. This committee is responsible to provide final formal written interpretations of the codes in response to written requests on code applications. Additionally, the AHJ, as part of its code interpretation responsibility, shall evaluate and make determinations on equivalencies, variances, and waivers.

Generally, code compliance is the responsibility of the office that is managing the project. When the construction is managed by the Area Office, the Area Office shall be the AHJ and is responsible for evaluating, implementing, and enforcing the code relative to the application(s). Similarly, if the Division of Engineering Services (DES) is in charge of a construction project, the DES is responsible. However, in the event that a conflict arises on a code application, the office in responsible charge shall request, in writing to the Director, DES, that a formal and final written interpretation of the code shall be provided. This interpretation shall be the IHS position on the issue.

Bruce R. Chelikowsky. R.S.

Attachment 3 – Codes Committee Final Interpretation Template

Division of Engineering Services Codes Committee
Final Interpretation

ISSUE: *Describe subject of request.*

REFERENCE: *Describe documents/correspondence requesting interpretation including requestor's name, title, and office*
Describe Codes being discussed
Describe relevant correspondence on the issue

LOCATION: *Cite applicable locations*

BACKGROUND:
Provide relevant information which may include, but is not limited to, facility construction, characteristics, layout, use, occupancy classification, and circumstances leading to request for interpretation.

DISCUSSION:
Provide explanatory narrative describing factors leading to final interpretation. If not already provided, develop Interpretation Request into a Yes/No Question, when possible.

INTERPRETATION:
Provide Final Interpretation. Best to frame as simple yes/no response to the question posed with minimal explanatory text (which is best provided under Discussion section above).

SIGNATURES:

<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	DATE: _____	_____ Name, PE or RA State and License#
<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	DATE: _____	_____ Name, PE or RA State and License#
<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	DATE: _____	_____ Name, PE or RA State and License#
<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	DATE: _____	_____ Name, PE or RA State and License#
<input type="checkbox"/> Concur	<input type="checkbox"/> Do Not Concur	DATE: _____	_____ Name, PE or RA State and License#