

PART IV RECOMMENDATIONS FOR WAIVER SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety Code requested for waiver, list the survey report form item # and state the reason for the conclusion that: (a) the specific provisions of the Code, if rigidly applied, would result in unreasonable hardship on the facility and (b) the waiver of the unmet provisions will not adversely affect the health and safety of the patients. (If additional space is required, use reverse side.)

PROVISION NUMBER

**PROVIDER JUSTIFICATION FOR REQUESTING WAIVER
(REQUEST FOR TEMPORARY WAIVER OR SPECIFIC LSC REQUIREMENTS)**

K84

K-

LSC

COUNTY:

NAME OF FACILITY:

TEMPORARY WAIVER EXPIRATION DATE:

FIRE AUTHORITY OFFICIAL

(initials)	<input type="checkbox"/> RECOMMEND WAIVER (TEMP.)
(initials)	<input type="checkbox"/> DO NOT RECOMMEND WAIVER (TEMP.)

SURVEYOR RECOMMENDATIONS ATTACHED

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Administrator
Signature & Date: _____

FIRE AUTHORITY (SIGNATURE)	TITLE	OFFICE	DATE
	Engineering Manager	LARA - HFES	