



LIFE SAFETY CODE WAIVER REQUEST

State Form 54147 (R / 8-19)
Indiana State Department of Health-Division of Long Term Care

INSTRUCTIONS: Use this form for Annual or Temporary Waiver Requests of a K-tag cited on the Life Safety Code survey. Submit the completed form, along with all supporting documentation, with the Plan of Correction. Please use one form for each K-tag, or portion of a K-tag, for which a waiver is being requested.

ANNUAL (CONTINUING) WAIVER: Specific life safety code requirements may be waived if the noncompliance cannot be corrected without an unreasonable financial hardship on the facility and it does not pose a threat to residents' health and safety.

TEMPORARY WAIVER: A Temporary Waiver for a defined time period may be considered for noncompliance with a specific life safety code requirement for which corrective action will take more than ninety (90) days to complete. The documentation submitted by the facility for approval of a temporary waiver must include a timetable to correct the deficiency and steps the facility has taken to increase fire safety awareness while noncompliance is being corrected.

Facility Name: _____ **Provider Number:** _____

Address (number and street, city, state, and ZIP code): _____

Contact Name: _____ **Title:** _____

Telephone Number: _____ **E-mail:** _____

LSC Survey Date (month, day, year): _____ **K-tag:** _____

Check One: **Annual** **Temporary** **End Date (month, day, year):** _____

ANNUAL (CONTINUING) WAIVER JUSTIFICATION

1. Evidence the deficiency does not pose a threat to resident health or safety:
(Attach additional sheets or documentation as applicable.)

2. Evidence of how correction poses an unreasonable financial hardship to the facility:
(Attach additional sheets, estimates, cost reports, or other documentation as applicable to support claim of hardship.)

TEMPORARY WAIVER JUSTIFICATION

1. Evidence the deficiency does not pose a threat to resident health or safety:
(Attach additional sheets or documentation as applicable.)

2. Evidence of why correction cannot be completed in ninety (90) days from date of survey:
(Attach additional sheets, estimates, contracts, or other documentation.)

3. Describe timetable for completion of correction. Include milestones and evidence to be provided to the ISDH Life Safety Code Supervisor to show progress toward completion:
(Attach additional sheets or documentation as applicable.)

4. Describe evidence of correction/completion that will be submitted to the ISDH Life Safety Code Supervisor within fifteen (15) days of end date:

ADDITIONAL SAFETY MEASURES TO COMPENSATE FOR DEFICIENCY:

(Check those implemented and attach details.)

<input type="checkbox"/> 1. Additional Fire Extinguishers	<input type="checkbox"/> 10. Additional fire drills
<input type="checkbox"/> 2. Additional Smoke Detection	<input type="checkbox"/> 11. Fire Watch (rounds every fifteen (15) minutes)
<input type="checkbox"/> 3. Additional sprinklers / water curtain	<input type="checkbox"/> 12. Safety rounds—specify frequency
<input type="checkbox"/> 4. Infrared inspection of motors and electrical panels	<input type="checkbox"/> 13. HVAC shut down tied to fire alarm
<input type="checkbox"/> 5. Additional inspections	<input type="checkbox"/> 14. Practical and/or competency skills testing
<input type="checkbox"/> 6. Local fire department: monthly inspections	<input type="checkbox"/> 15. Hands-on fire extinguisher training
<input type="checkbox"/> 7. Local fire department: quarterly inspections	<input type="checkbox"/> 16. Emergency procedure training
<input type="checkbox"/> 8. Local fire department: review of emergency plans	<input type="checkbox"/> 17. Install additional / horizontal exit
<input type="checkbox"/> 9. Additional maintenance	<input type="checkbox"/> 18. Hire structural/electrical/fire protection engineering firm to develop plan of action.
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Administrator (<i>Signature</i>)	Title	Date (<i>month, day, year</i>)
Corporate Office (<i>Signature</i>)	Title	Date (<i>month, day, year</i>)

Contact: Amy Kelley, Life Safety Code Supervisor
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