

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: 630

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	236 CFM	Location # 2	330 CFM
Dimensions	6" x 6"	Dimensions	10" x 10"
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	150 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 19.9

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 416 CFM

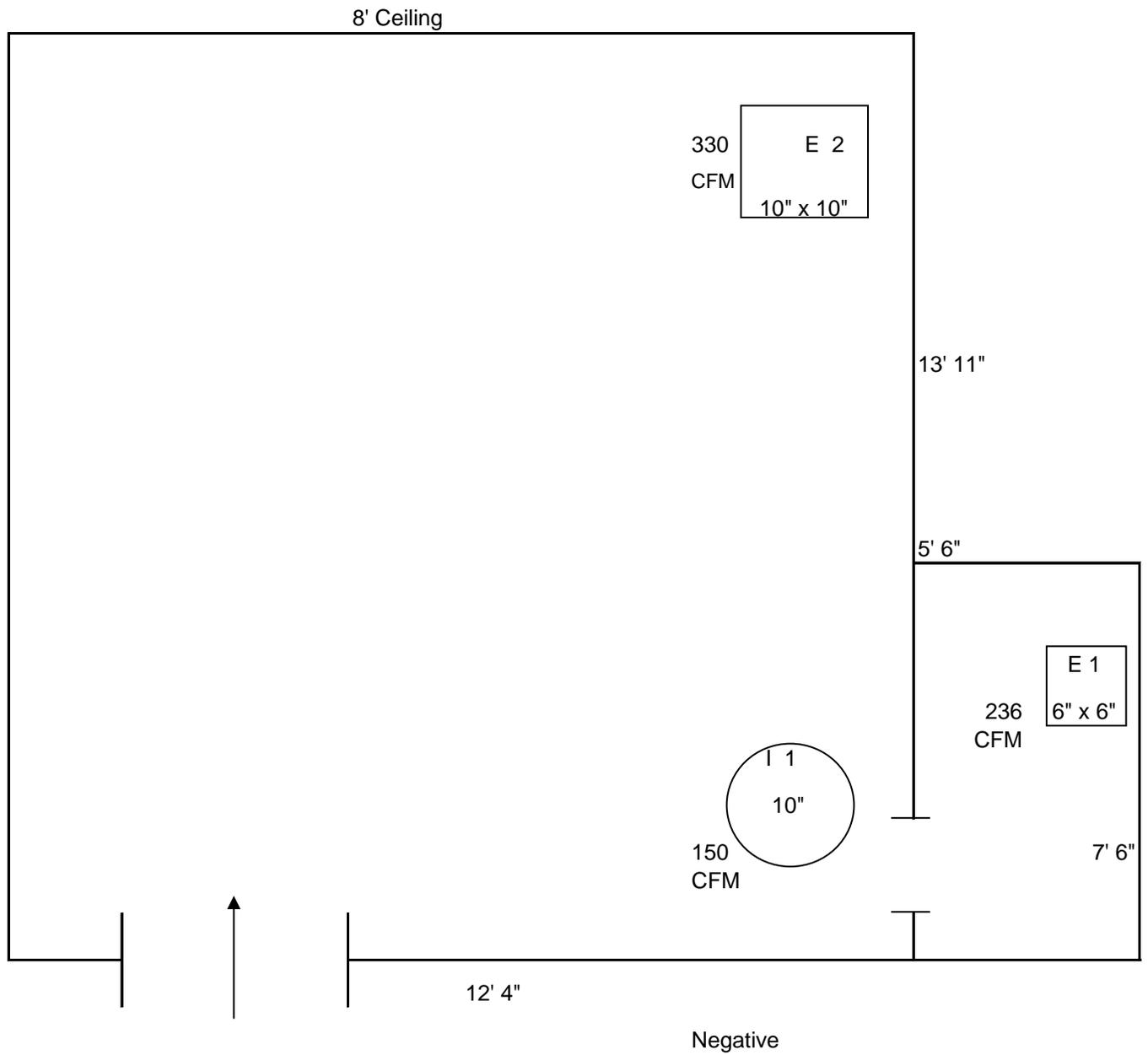
Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room ___ feet
 5.) Width of room ___ feet 6.) Length of room ___ feet

Diagram located on the back of paperwork. **Room Volume:** 1703 feet

Report Received by: _____ Signature: _____
 Signature: _____



V ≈ 1703
AE = 19.9 Exhaust
AE = 5.3 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: 631

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	238 CFM	Location # 2	198 CFM
Dimensions	10" x 10"	Dimensions	6" x 6"
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	155 CFM	Location # 2	CFM
Dimensions	10" x 10"	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 15.4

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 281 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room ___ feet
 5.) Width of room ___ feet 6.) Length of room ___ feet

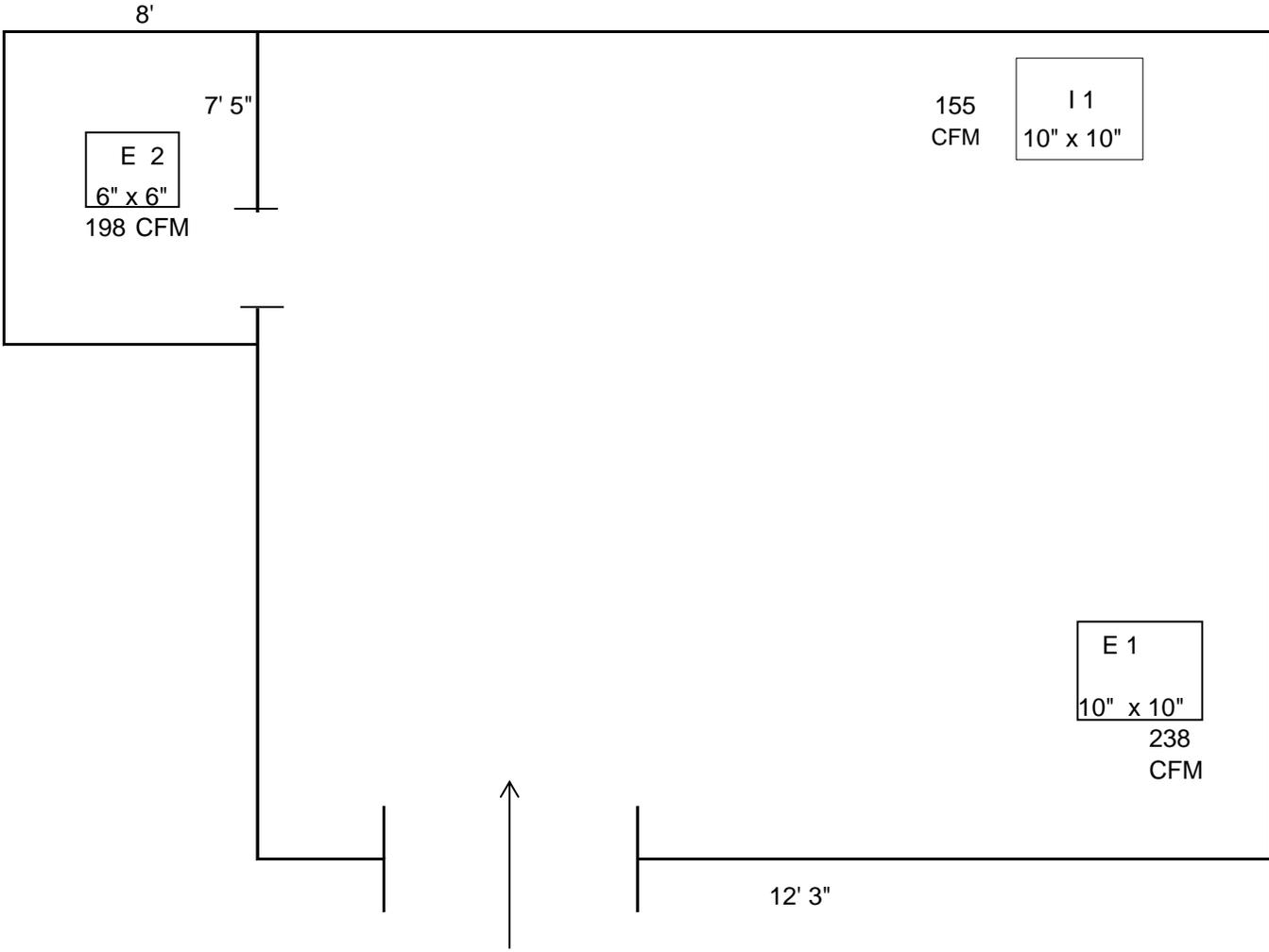
Diagram located on the back of paperwork. **Room Volume:** 1703 feet

Report Received by: _____ Signature: _____

Signature: _____

631

8' 3" Ceiling



Negative

V ≈ 1703
AE = 15.4 Exhaust
AE = 5.5 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: 533 Contact Isolation

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	185 CFM	Location # 2	565 CFM
Dimensions	6" x 6"	Dimensions	10" x 10"
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	195 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 29.4

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 555 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

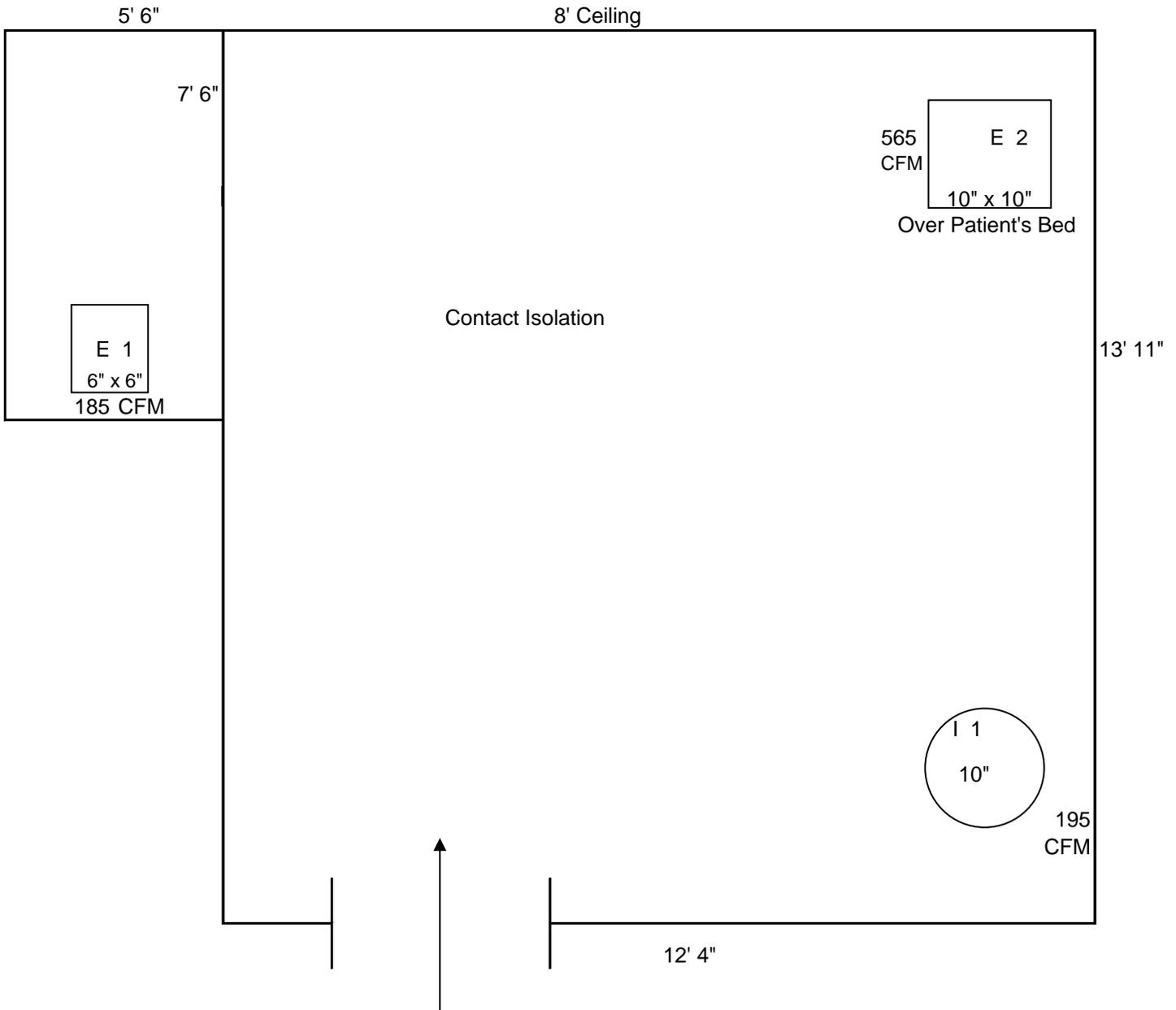
Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room ___ feet
 5.) Width of room ___ feet 6.) Length of room ___ feet

Diagram located on the back of paperwork. **Room Volume:** 1703 feet

Report Received by: _____ Signature: _____

Signature: _____

533 Contact Isolation



V ≈ 1703
AE = 29.4 Exhaust
AE = 6.9 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: Room 433

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	245 CFM	Location # 2	192 CFM
Dimensions	10" x 10"	Dimensions	6" x 6"
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	282 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 25.0

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 155 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

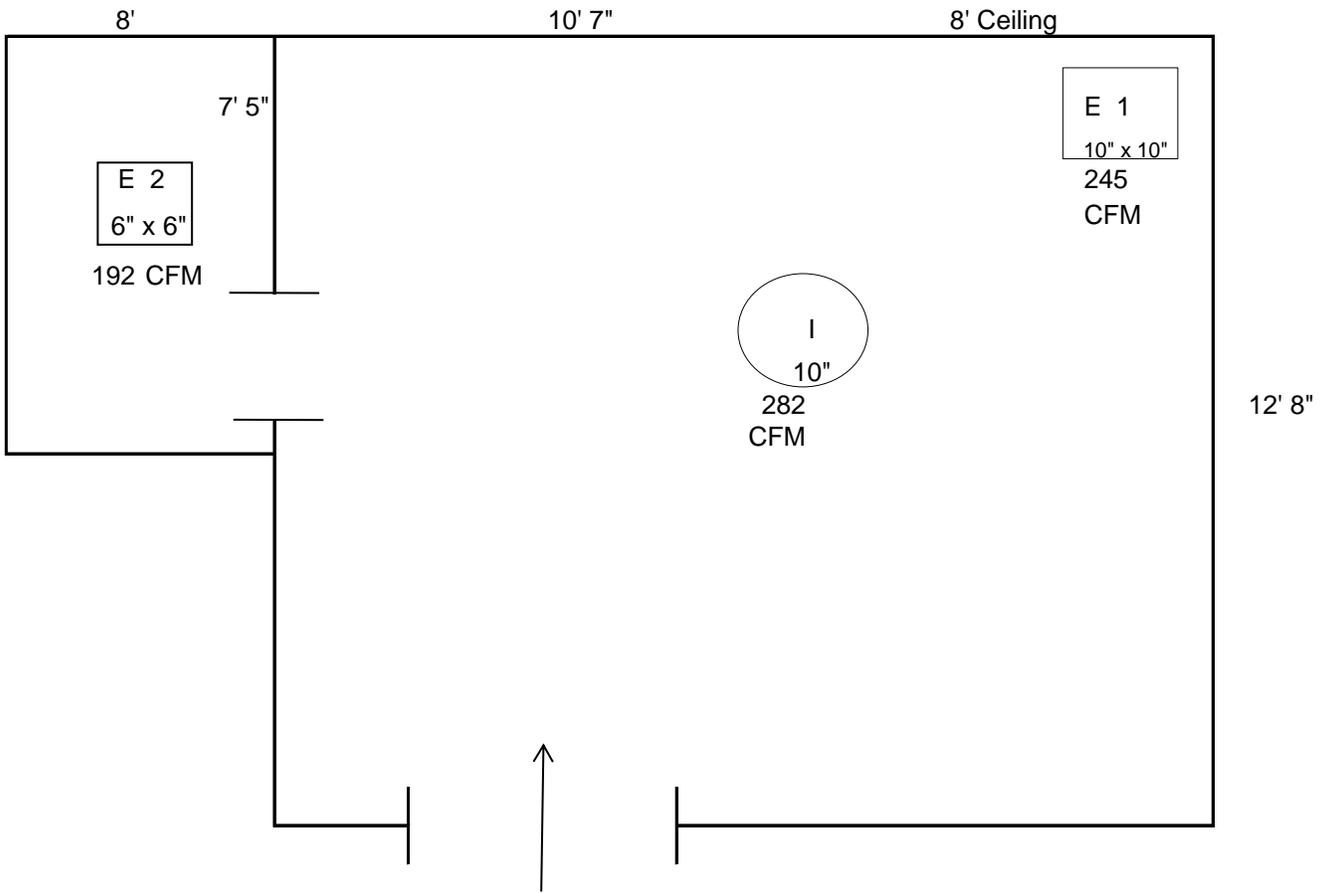
Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room ___ feet
 5.) Width of room ___ feet 6.) Length of room ___ feet

Diagram located on the back of paperwork. **Room Volume:** 1047 feet

Report Received by: _____ Signature: _____

Signature: _____

Room 433



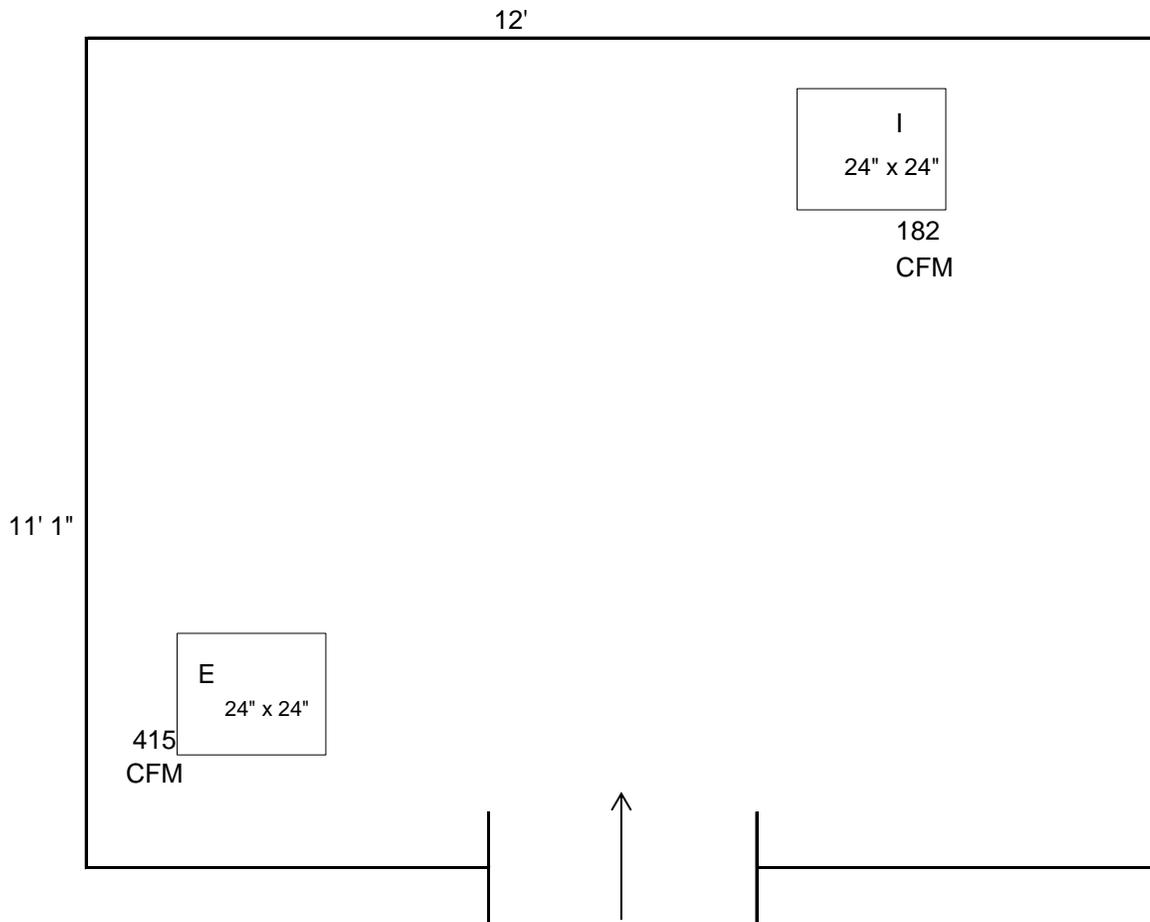
$V \approx 1047$

AE = 25.0 Exhaust

AE = 16.2 Intake

ER Exam 2/Triage

8' Ceiling



$V \approx 1063$
 $AE = 23.4$ Exhaust
 $AE = 10.3$ Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: ER 3

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	495 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	162 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 31.4

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 333 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

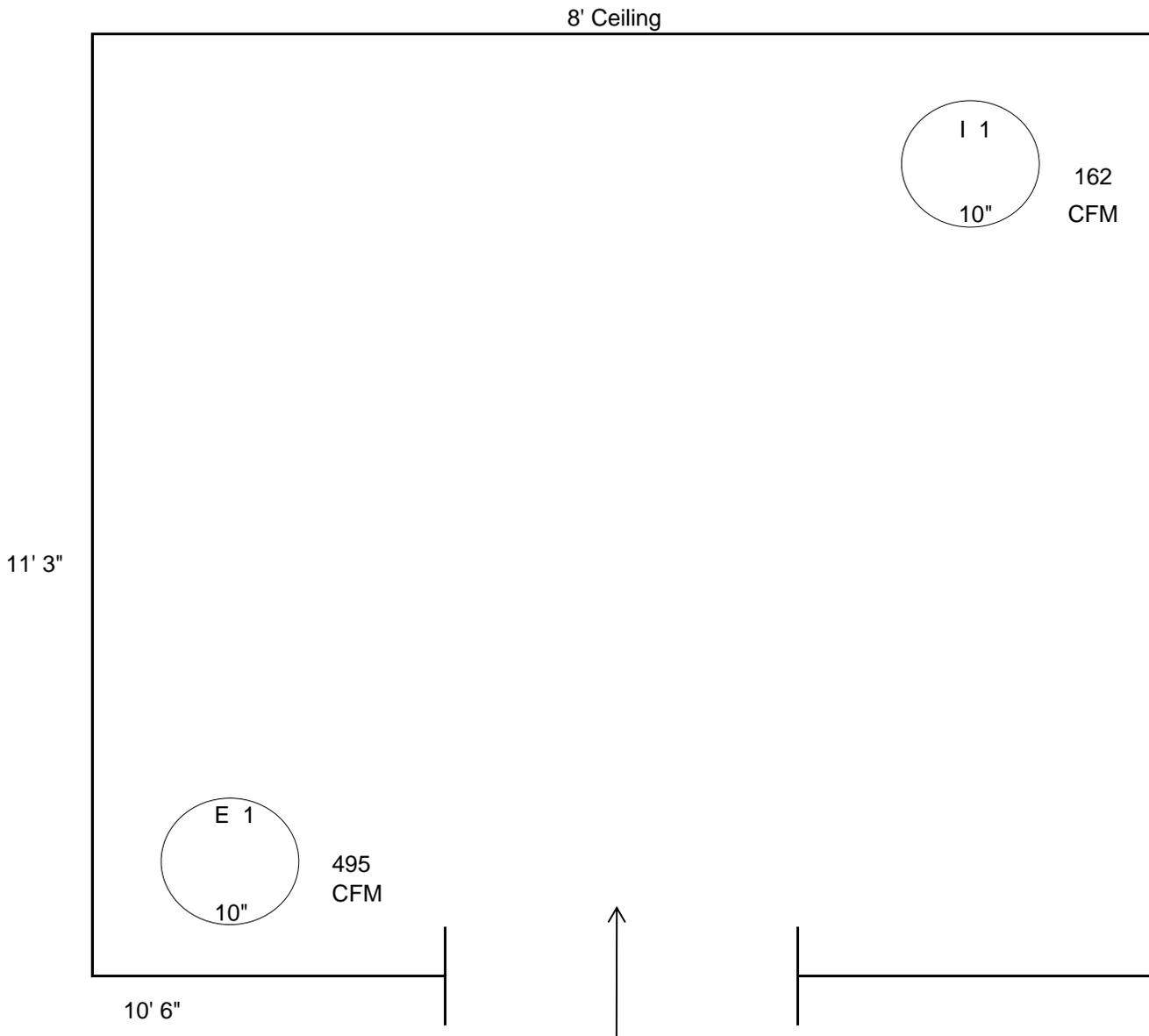
Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room 8 feet
 5.) Width of room 10.5 feet 6.) Length of room 11.25 feet

Diagram located on the back of paperwork. **Room Volume:** 945 feet

Report Received by: _____ Signature: _____

Signature: _____

ER 3



Negative

V ≈ 945
AE = 31.4 Exhaust
AE = 10.3 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: ER Exam 4

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	338 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	110 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 21.5

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 228 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room 8 feet
 5.) Width of room 10.5 feet 6.) Length of room 11.25 feet

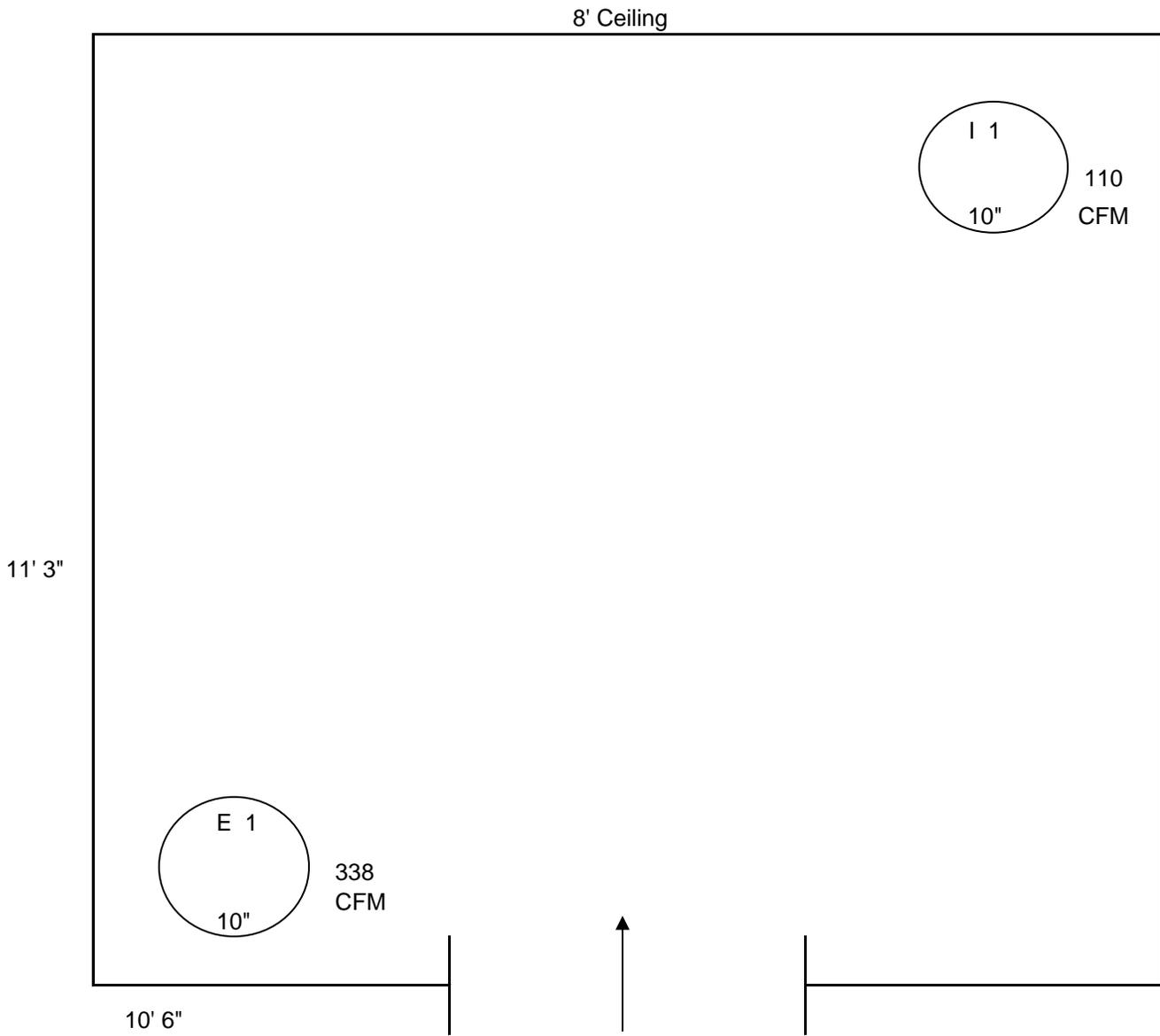
Diagram located on the back of paperwork. **Room Volume:** 945 feet

Report Received by: _____

Signature: _____

Signature: _____

ER Exam 4



V ≈ 945
AE = 21.5 Exhaust
AE = 7.0 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: ER 5

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	370 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	106 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 23.5

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 264 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

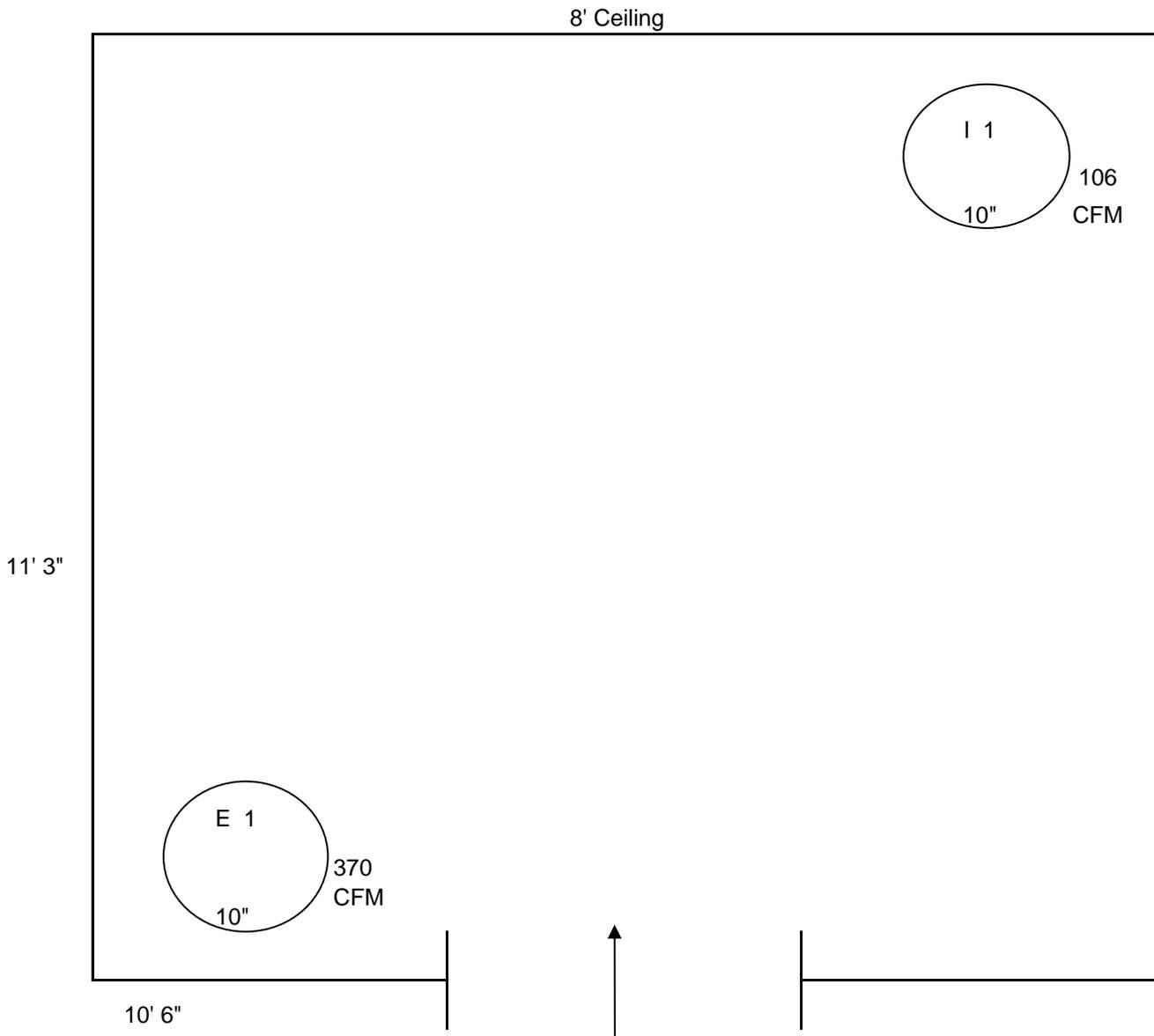
Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room 8 feet
 5.) Width of room 10.5 feet 6.) Length of room 11.25 feet

Diagram located on the back of paperwork. **Room Volume:** 945 feet

Report Received by: _____

Signature: _____

Signature: _____



V ≈ 945
AE = 23.5 Exhaust
AE = 6.7 Intake

Hospital: VA Medical Center
Street: 135 E 38th Street
City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: ER 6

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other _____

Room Exhaust Vent(s)

Location # 1	518 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	120 CFM	Location # 2	CFM
Dimensions	10" Round	Dimensions	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Exhaust Termination Point: Roof
Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 32.9

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 398 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

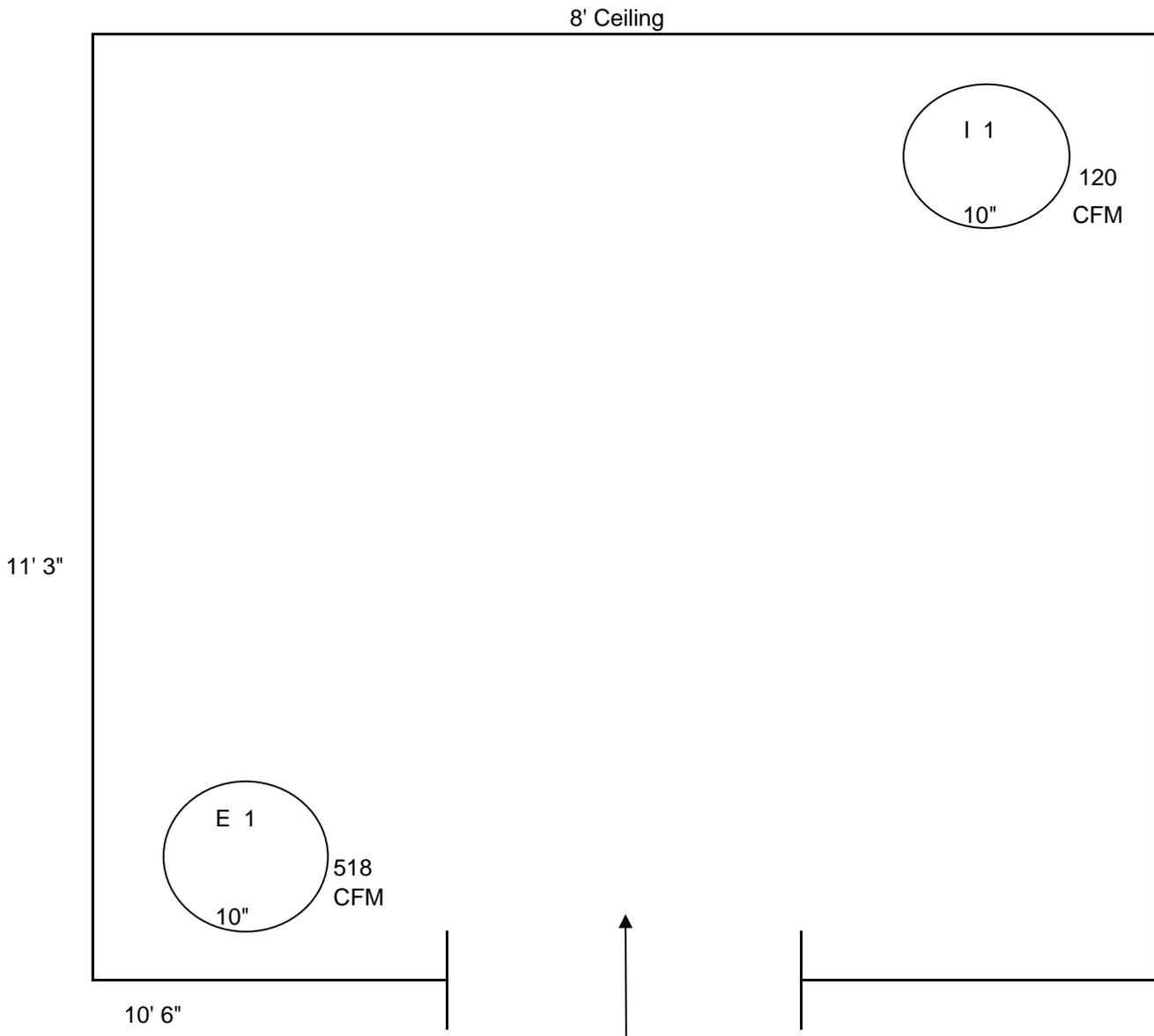
X Pass or _____ Fail

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
3.) Intake vent location (I) 4.) Ceiling height of room 8 feet
5.) Width of room 10.5 feet 6.) Length of room 11.25 feet

Diagram located on the back of paperwork. Room Volume: 945 feet

Report Received by: _____ Signature: _____

Signature: _____



V ≈ 945
AE = 32.9 Exhaust
AE = 7.6 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: Histology

Classification: ___ TB ___ HIV / HEP ___ Infectious Isolation ___ Protective Isolation
 X Other Laboratory

Room Exhaust Vent(s)

Location # 1	765 CFM	Location # 2	820 CFM
Dimensions 9" x 22"		Dimensions 60" x 6"	
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	248 CFM	Location # 2	235 FPM
Dimensions 9" circle		Dimensions 9" circle	
Location # 3	238 CFM	Location # 4	255 CFM
Dimensions 9" circle		Dimensions 9" circle	

Exhaust Termination Point: Roof
 Proper location: X Yes ___ No If no, explain _____

Ventilation system type: X Dedicated ___ Re-circulatory Comment _____

Air exchange rates: X Total (Calculated) 27.4

AIA Minimum Total Air Exchange per hour for room: 6

CFM difference between positive and negative: 609 CFM

Air movement relationship to adjacent areas: X Negative Pressure ___ Positive Pressure

X **Pass** or _____ **Fail**

Room dimensions: Document the following on the diagram: 1.) Bed location (**B**) 2.) Exhaust vent location (**E**)
 3.) Intake vent location (**I**) 4.) Ceiling height of room 8.25 feet
 5.) Width of room 20 feet 6.) Length of room 21 feet

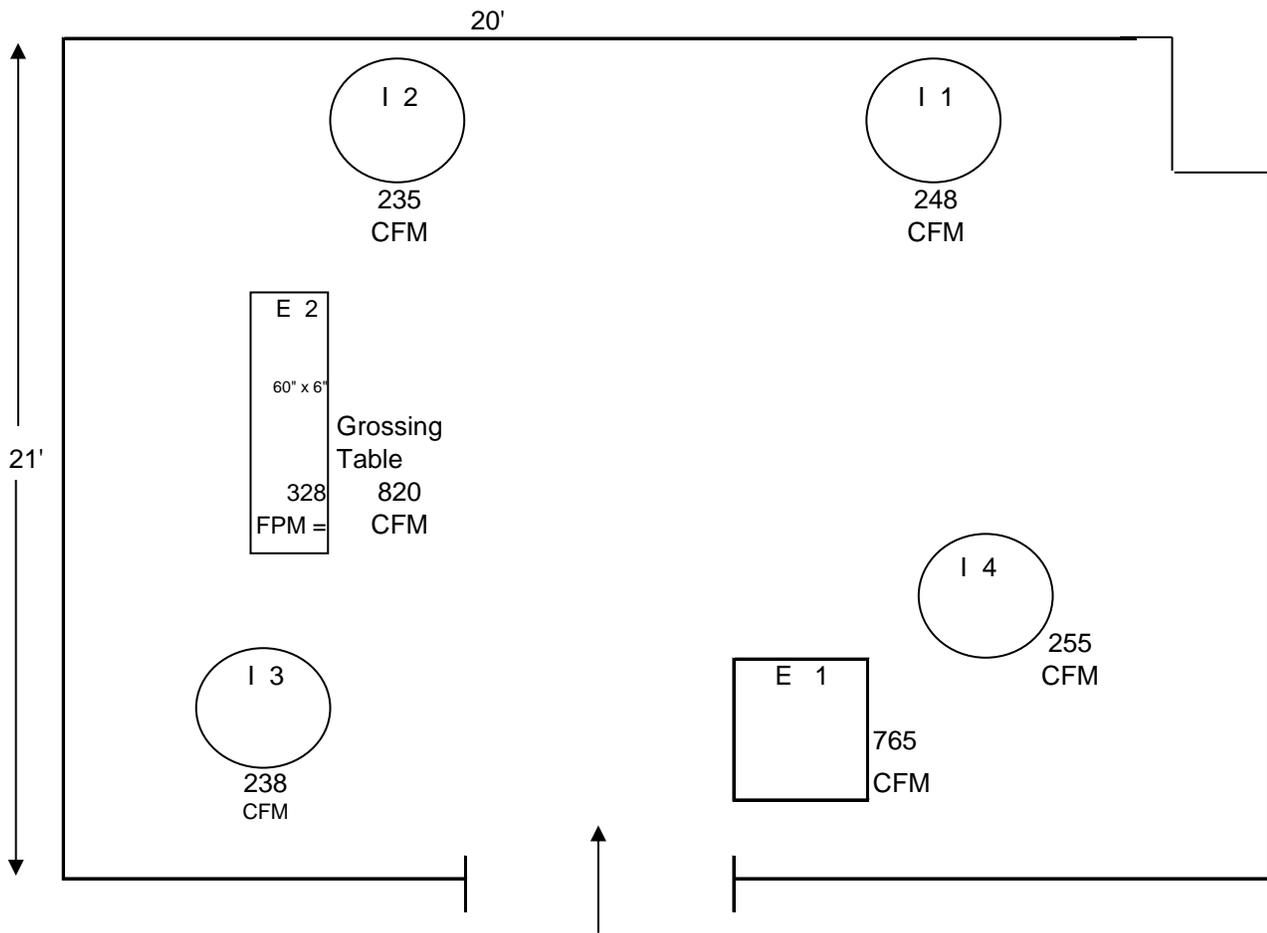
Room Volume: 3465 feet

Report Received by: _____

Signature: _____

Signature: _____

Histology



V ≈ 3465
AE = 27.4 Exhaust
AE = 16.9 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: Morgue

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other Laboratory

Room Exhaust Vent(s)

Location # 1	295 CFM	Location # 2	362 CFM
Dimensions	12" x 18"	Dimensions	12" x 18"
Location # 3	CFM	Location # 4	CFM
Dimensions		Dimensions	

Room Intake Vent(s)

Location # 1	158 CFM	Location # 2	175 CFM
Dimensions	10" round	Dimensions	10" round
Location # 3	158 CFM	Location # 4	130 CFM
Dimensions	10" round	Dimensions	10" round

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 22.0

AIA Minimum Total Air Exchange per hour for room: 12

CFM difference between positive and negative: 36 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or **Fail**

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
 3.) Intake vent location (I) 4.) Ceiling height of room 9.5 feet
 5.) Width of room 14 feet 6.) Length of room 15 feet

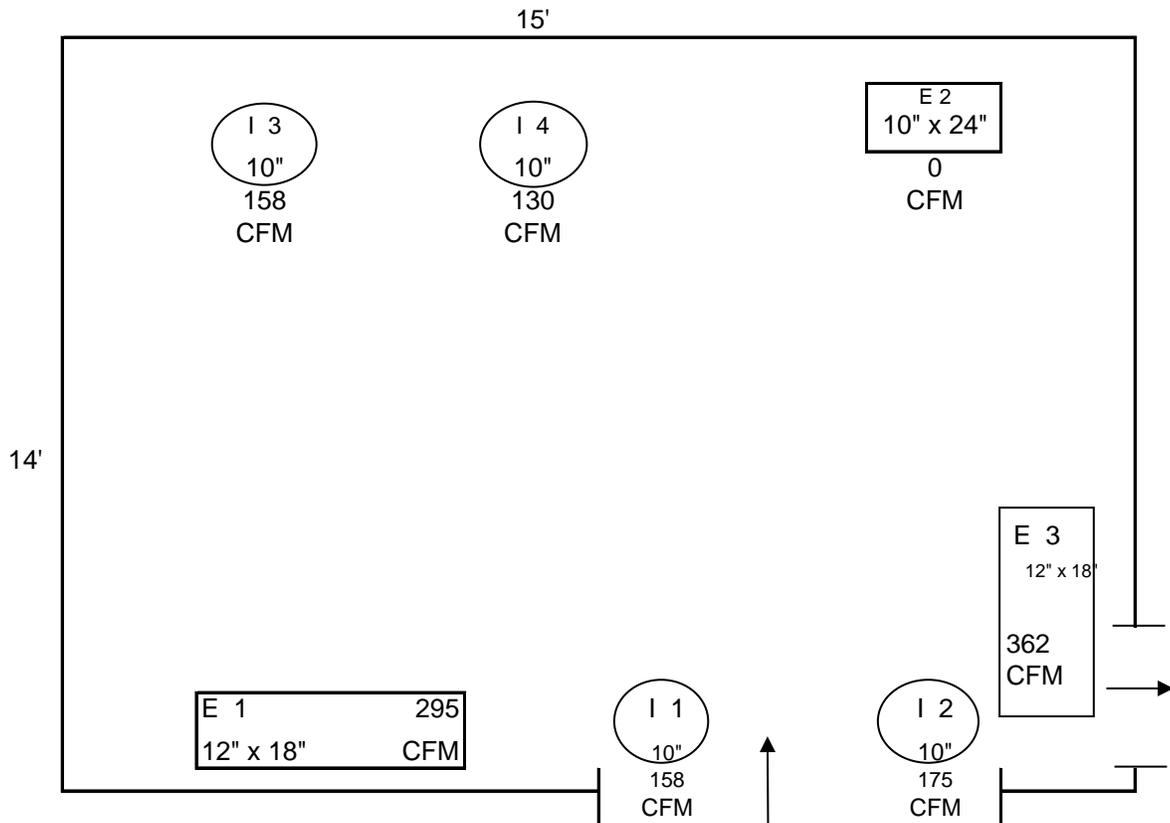
Diagram located on the back of paperwork. **Room Volume:** 1995 feet

Report Received by: _____

Signature: _____

Signature: _____

Morgue



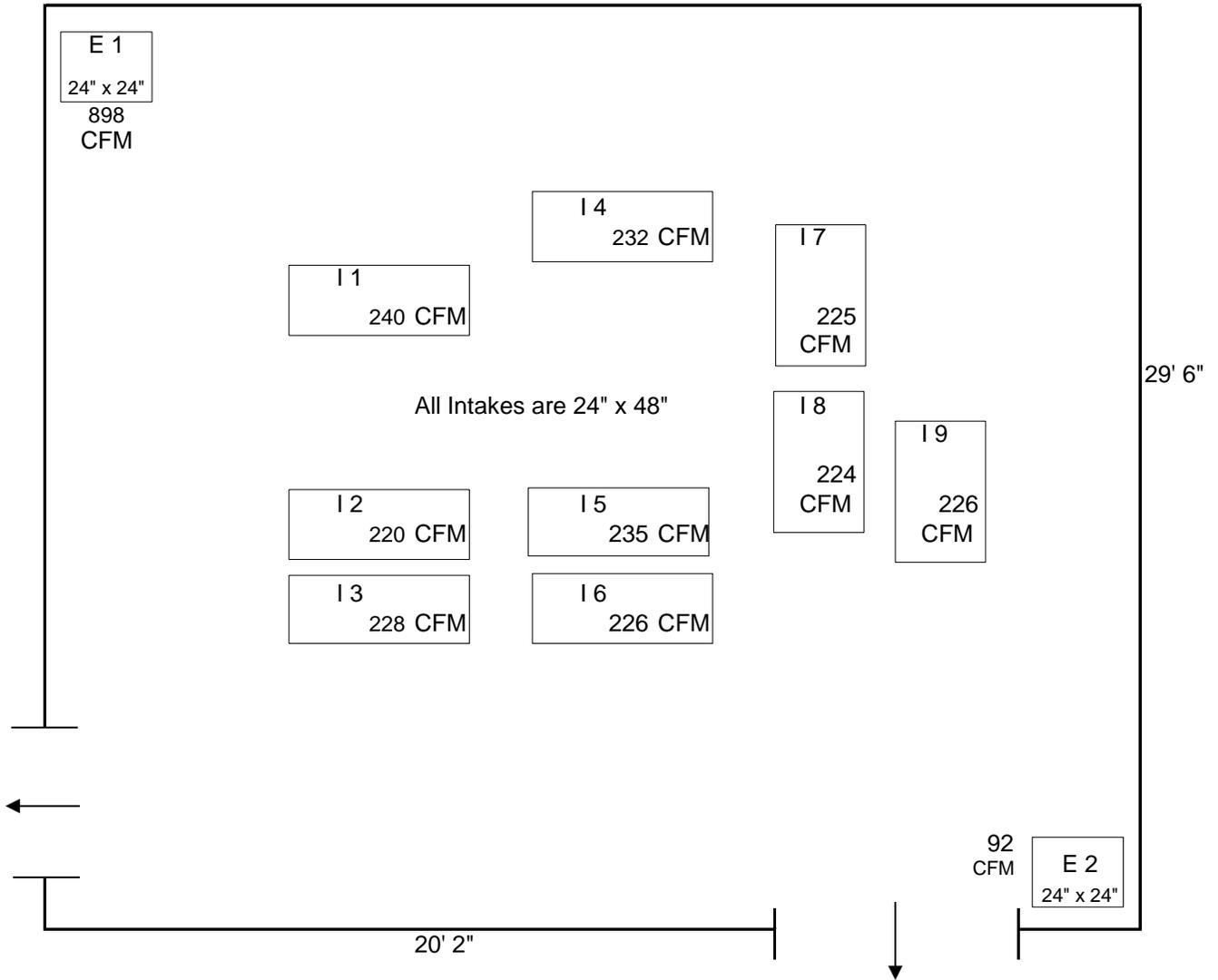
V ≈ 1995

AE = 22.0 Exhaust

AE = 18.7 Intake

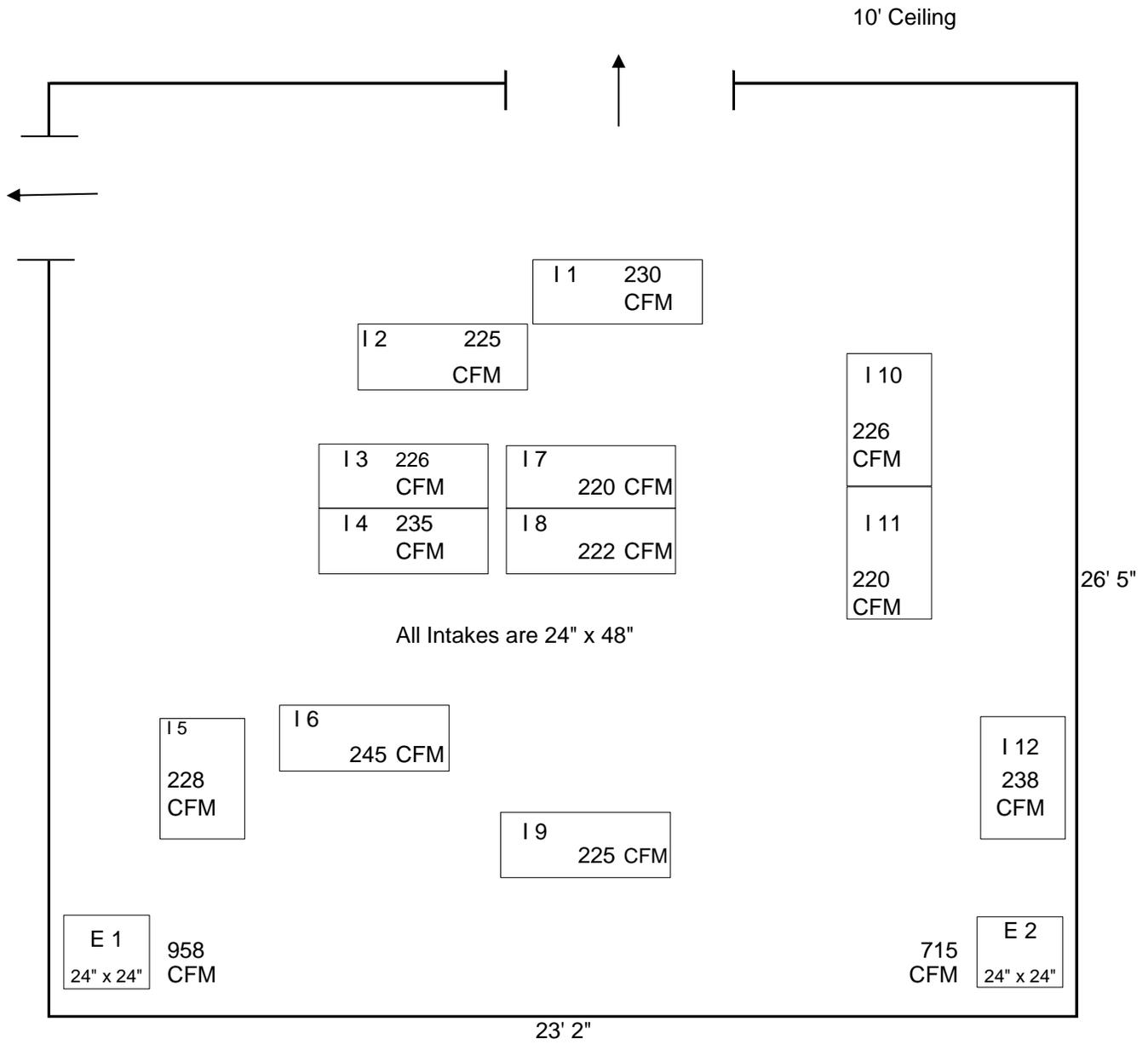
OR 1

10' Ceiling



V ≈ 5950
AE = 10.0 Exhaust
AE = 20.7 Inlet

OR 2



V ≈ 6122
 AE = 16.4 Exhaust
 AE = 26.9 Inlet

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: PACU 3

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other PACU

Room Exhaust Vent(s)

Location # 1	286 CFM	Location # 2	CFM
Location # 3	CFM	Location # 4	CFM
Location # 5	CFM	Location # 6	CFM

Room Intake Vent(s)

Location # 1	182 CFM	Location # 2	CFM
Location # 3		Location # 4	
Location # 5	CFM	Location # 6	CFM
Location # 7	CFM	Location # 8	CFM
Location # 9	CFM	Location # 10	CFM

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 13.8

AIA Minimum Total Air Exchange per hour for room: 6

CFM difference between positive and negative: 104 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or Fail

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
 3.) Intake vent location (I) 4.) Ceiling height of room 8 feet
 5.) Width of room 16.25 feet 6.) Length of room 9.58 feet

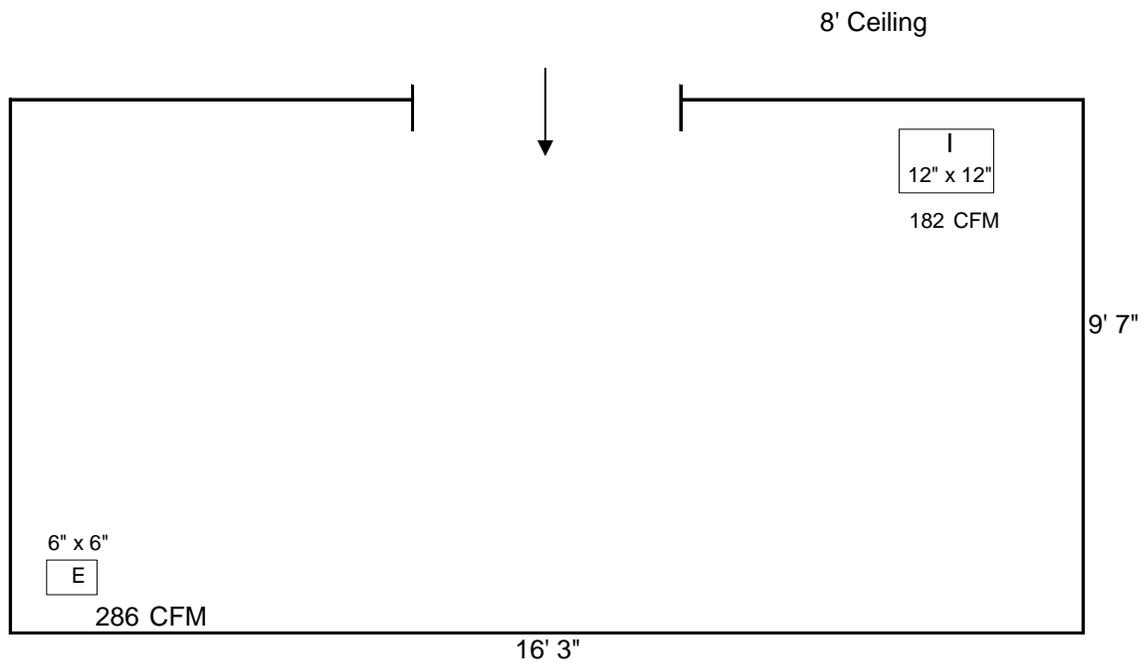
Diagram located on the back of paperwork. **Room Volume:** 1245 feet

Report Received by: _____

Signature: _____

Signature: _____

PACU 3



$V \approx 1245$
 $AE = 13.8$ Exhaust
 $AE = 8.8$ Inlet

Hospital: VA Medical Center
Street: 135 E 38th Street
City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: Endoscopy 1

Classification: TB HIV / HEP Infectious Isolation Protective Isolation
 Other Endoscopy

Room Exhaust Vent(s)

Location # 1	242 CFM	Location # 2	200 CFM
Location # 3	CFM	Location # 4	CFM
Location # 3	CFM	Location # 6	CFM

Room Intake Vent(s)

Location # 1	215 CFM	Location # 2	230 CFM
Location # 3	118 CFM	Location # 4	216 CFM
Location # 5	212 CFM	Location # 6	110 CFM

Exhaust Termination Point: Roof
Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 18.2

AIA Minimum Total Air Exchange per hour for room: 6

CFM difference between positive and negative: 659 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or Fail

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
3.) Intake vent location (I) 4.) Ceiling height of room 10 feet
5.) Width of room 15.67 feet 6.) Length of room 23.17 feet

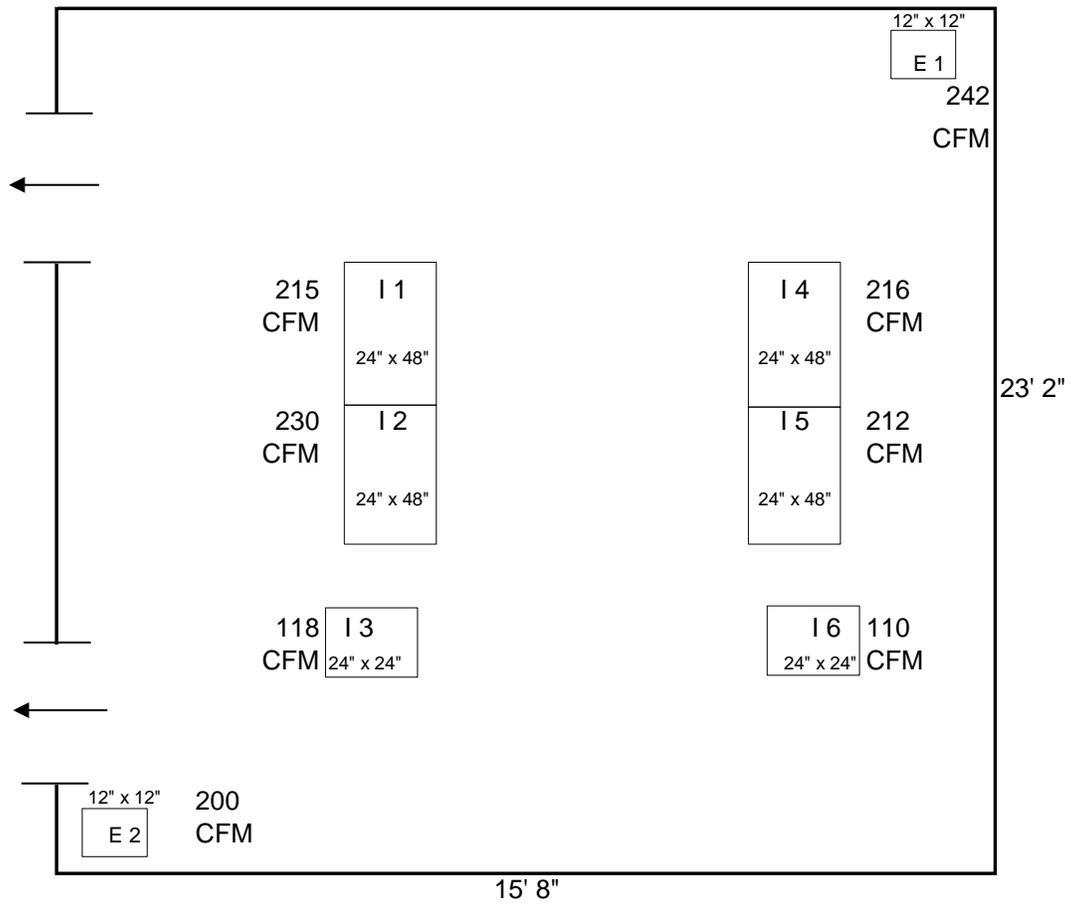
Diagram located on the back of paperwork. Room Volume: 3631 feet

Report Received by: _____ Signature: _____

Signature: _____

Endoscopy 1

10' Ceiling



$V \approx 3631$
 AE = 7.3 Exhaust
 AE = 18.2 Intake

Hospital: VA Medical Center
 Street: 135 E 38th Street
 City, State: Erie, PA 16504

Ventilation System Evaluation

Location Tested: Endoscopy 2

Classification: TB HIV / HEP Infectious Isolation Protective Isolation

Other Endoscopy

Room Exhaust Vent(s)

Location # 1	165 CFM	Location # 2	310 CFM
Location # 3	CFM	Location # 4	CFM
Location # 3	CFM	Location # 6	CFM

Room Intake Vent(s)

Location # 1	206 CFM	Location # 2	198 CFM
Location # 3	215 CFM	Location # 4	220 CFM
Location # 5	206 CFM	Location # 6	CFM

Exhaust Termination Point: Roof

Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated) 18.4

AIA Minimum Total Air Exchange per hour for room: 6

CFM difference between positive and negative: 570 CFM

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure

Pass or Fail

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
 3.) Intake vent location (I) 4.) Ceiling height of room 10 feet
 5.) Width of room 16.67 feet 6.) Length of room 20.42 feet

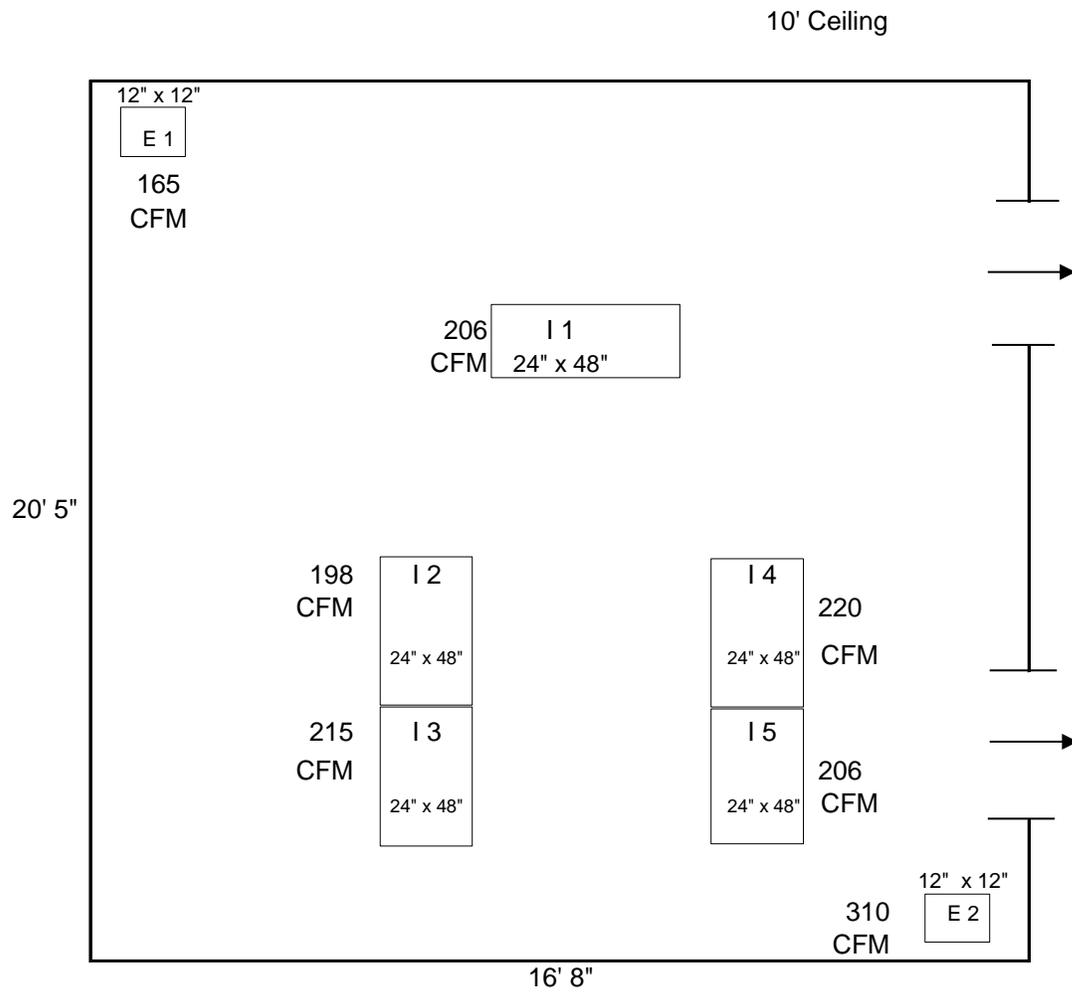
Diagram located on the back of paperwork. **Room Volume:** 3404 feet

Report Received by: _____

Signature: _____

Signature: _____

Endoscopy 2



V ≈ 3404
AE = 8.4 Exhaust
AE = 18.4 Intake

Hospital: VA Medical Center
 Street: 135 East 38th Street
 City, State: Erie, PA 16504

Contact: Daniel Ambrose

Ventilation System Evaluation

Location Tested: Pharmacy Clean, Ante, Chemo

Classification: TB HIV / HEP Infectious Isolation Protective Isolation

Other _____

Room Exhaust Vent(s)		Room Intake Vent(s)	
Location # 1	Chemo Room	525 CFM	Location # 1 Chemo Room 315 CFM
Location # 1	Clean Room	758 CFM	Location # 1 Clean Room 360 CFM
Location # 1	Ante Room	110 CFM	Location # 2 Ante Room 385 CFM

Exhaust Termination Point: Roof
 Proper location: Yes No If no, explain _____

Ventilation system type: Dedicated Re-circulatory Comment _____

Air exchange rates: Total (Calculated)

	<u>Chemo Rm</u> 83.8	<u>Clean Rm</u> 121.0	<u>Ante Rm</u> 52.4
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AIA Minimum Total Air Exchange per hour for room:

	<u>4</u>	<u>4</u>	<u>4</u>
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CFM difference between positive and negative:

	<u>210</u> CFM	<u>398</u> CFM	<u>275</u> CFM
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Chemo Room:

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure
 Pass or _____ Fail

Clean Room:

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure
 Pass or _____ Fail

Ante Room:

Air movement relationship to adjacent areas: Negative Pressure Positive Pressure
 Pass or _____ Fail

Room dimensions: Document the following on the diagram: 1.) Bed location (B) 2.) Exhaust vent location (E)
 3.) Intake vent location (I) 4.) Ceiling height of room _____ feet
 5.) Width of room _____ feet 6.) Length of room _____ feet

Diagram located on the back of paperwork.

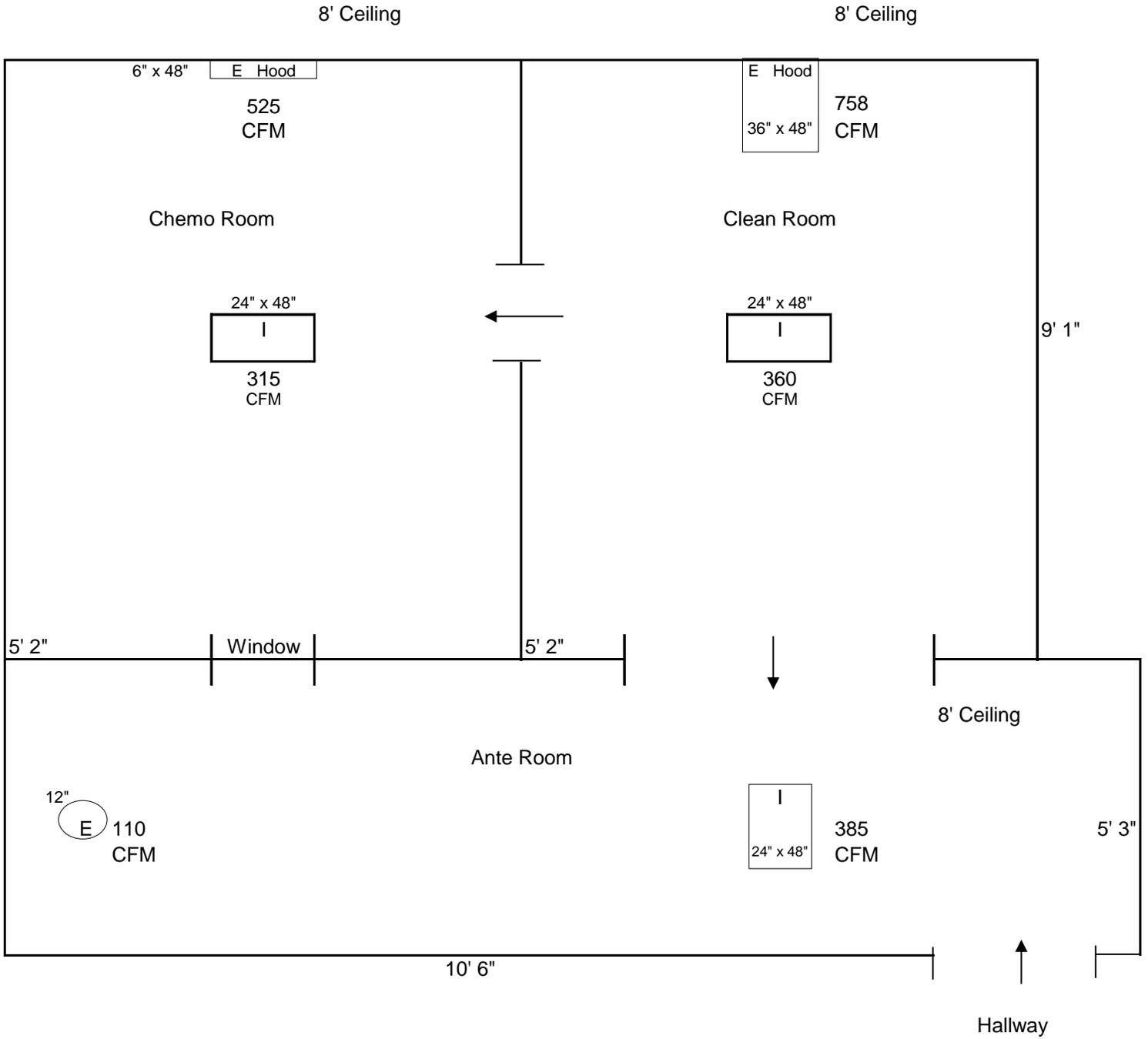
Room Volume: _____ feet

Report Received by: _____

Signature: _____

Signature: _____

Pharmacy Clean, Ante, Chemo



Chemo Room
 V ≈ 376
 AE = 83.8 Exhaust
 AE = 50.3 Intake

Pharmacy Clean
 V ≈ 376
 AE = 121.0 Exhaust
 AE = 57.4 Intake

Ante Room
 V ≈ 441
 AE = 15.0 Exhaust
 AE = 52.4 Intake

Hospital: VA Medical Center

Date: 6/8/2016

City, State: Erie, PA 16504

Hospital Contact: Daniel Ambrose

Ventilation System Evaluation Comments and Recommendations

1. The rooms have proper room pressure and meet the minimum for total air exchanges.

Received by: _____

Signature: _____

Signature: _____