

4675.2800 TABLE A; GENERAL PRESSURE RELATIONSHIPS AND MINIMUM VENTILATION REQUIREMENTS.

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Waiting Areas	E	Optional	2	Optional	Optional
Corridor	E	2	4	Optional	Optional
Operating Room	P	5	12	Optional**	No*
Recovery Room	P	2	6	Optional	No*
Examination Room	E	2	6	Optional	Optional
Medication Room	P	2	4	Optional	Optional
X-ray, Fluoroscopy Room	N	2	6	Yes	No
Soiled Workroom, Soiled Utility Room	N	2	10	Yes	No
Clean Workroom, Clean Utility Room	P	2	4	Optional	Optional
Toilet Room	N	Optional	10	Yes	No
Janitors Closet	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen & Trash Chute Room	N	Optional	10	Yes	No
Laboratory	N	2	6	Optional**	Optional
Laundry	E	2	10	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Clean Linen Storage	P	2	2	Optional	Optional
Anesthesia Storage	E	Optional	8	Yes	No
Central Medical and Surgical Supply: Soiled or Decontamination Room	N	2	4	Yes	No
Clean Workroom	P	2	4	Optional	Optional
Unsterile Supply Storage	E	2	2	Yes	Optional

P — Positive
 N — Negative
 E — Equal
 * — Recirculating room units meeting the filtering requirement for sensitive areas may be used.
 ** — See Part 4675.2100 for special provisions.

Statutory Authority: *MS s 144.56*

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