Facility logo goes here

Enter date

Mr. Robert Dehler, P.E.

Engineering Program Manager

Engineering Services Section

P.O. Box 64900

St. Paul, Minnesota 55164-0900

Re: Letter of Notification for Ventilation Setback **HFID #Enter HFID Number**

of Ambulatory Surgical Centers

Enter Facility Name

Enter Facility Address

Enter City, State, Zip

As the administrator of the Ambulatory Surgical Center (ASC) listed above, I hereby submit a letter of notification of proposed ventilation scheduling changes. We intend to implement a HVAC setback strategy during unoccupied hours in our operating rooms in the ASC. However, pressure relationships in all rooms will be maintained at all times. We have hired a mechanical engineer (HVAC) to assist in the mechanical design to implement the setback strategy during unoccupied times to comply with current design considerations.

The full number of air changes will be re-established anytime the space becomes occupied. The proposed unoccupied period will begin a minimum of one hour after the building is completely vacated, and end a minimum of an hour prior to initial building occupancy. We have available balance reports for the HVAC system during occupied times and unoccupied times. Those balance reports show the pressure relationship and air changes are met during occupied hours and pressure relationships are always maintained.

Enter Facility Name will maintain written documentation that this letter of notification has been submitted to the Engineering Section of the Minnesota Department of Health. This ambulatory surgical center will continue to monitor air changes and pressure relationships to ensure compliance with MN Rule 4675.2800 for the ambulatory surgery center during occupied times. We will also monitor pressure relationships at all times. Our policy to set back the ventilation during unoccupied times will be reviewed annually by the facility and will take into account the following factors (at a minimum):

* Staff Usage
* Existing Conditions
* Air Change Rate
* Pressure Relationships
* Temperature Requirements
* Humidity
* Particulate Control
* User Needs and Interface Options
  + Time Schedule
  + Occupancy Sensors
  + Manual Switchover
  + Combined Control Methods

The following table indicates three things:

1. The hours the facility is open to the public
2. Current HVAC operating hours at full air change rate
3. Proposed HVAC operating hours at full air change rate

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enter Facility Name | | | | | | | |
| Surgical Suite HVAC, Ventilation Design and Weekly Schedule of Operation | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Building Occupied Hours |  |  |  |  |  |  |  |
| Current HVAC Full Operation |  |  |  |  |  |  |  |
| Proposed HVAC Full Operation\* |  |  |  |  |  |  |  |

\* Must be one hour prior to first building occupancy, and one hour after building is completely unoccupied. Example:

* Building is occupied 8 AM-5 PM Monday-Friday
* Current HVAC full operation is 24/7
* Proposed HVAC full operation is 7 AM-6 PM Monday-Friday

This ventilation schedule change will remain in effect until voluntarily withdrawn by this ambulatory surgical center facility, or until such time that a revision is necessary based on more up-to-date design standards. If you have any questions concerning our policy, please contact Enter name of knowledgeable staff at Enter phone number.

Please contact us if we may be of further assistance.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Facility Administrator

Enter Facility Administrator Name

Enter Facility Name