



Life Safety Code Attestation for Exempt ESRD Facilities

Facility Name: _____

Facility Address: _____

License number: _____

CCN: _____

I attest to the following:

- The above named facility provides one or more exits to the outside at grade level from the patient treatment area level. *(Note that the patients' exit path from the treatment area may include an accessibility ramp that complies with the Americans with Disabilities Act (ADA)).*

- The above named facility is not adjacent to a high hazardous occupancy. *(Note: This type of occupancy is defined in NFPA 101, 2000 Edition at § A.3.3.134.8.2 as "occupancies where gasoline and other flammable liquids are handled, used, or stored under such conditions that involve possible release of flammable vapors; where grain dust, wood, or plastic dusts, aluminum or explosives are manufactured, stored, or handled; where cotton or other combustible fibers are processed or handled under conditions that might produce flammable flyings; and where other situations of similar hazard exist.")*

- The facility agrees to notify CMS if there are any structural changes that would cause the facility to no longer meet the exemption requirements.

Name of Facility Administrator (please print)

Date

Signature of Facility Administrator