



IMC 407.1: ambulatory care and Group I-2 must meet IMC 407, ASHRAE 170, and NFPA 99 — design to the most restrictive (air changes, outdoor air, pressure, filtration, monitoring). A clinic labeled “healthcare” without a 170 room type is the comment. This packet does not invent air-change numbers.

Original Masterbuild PE packet from Daily Code Talk on 2024 IMC 407. Confirm occupancy with the AHJ before ventilation design. This is not an ASHRAE 170 design or a hospital certification.

☐ **Map every clinical space to a 170 room type (operating, procedure, airborne infection isolation, protective environment, s**

On the equipment schedule: Space | 170 room type | total air changes | outdoor air | pressure | filtration | temperature/humidity | exhaust. Not just outdoor-air cfm per person from Table 403.3.1.1.

☐ **Airborne infection isolation: negative to adjacent; dedicated exhaust; directional flow clean → less clean → isolation → e**

Protective environment: positive to adjacent; HEPA-filtered supply; directional flow protective → anteroom/corridor; monitor and alarm; fail-safe on loss of positive. Do not mix the two.

The fail we see first

Table 403 on an I-2 set. Designing a healthcare space to Table 403.3.1.1 instead of 170 room-by-room air changes and pressure is a path error that requires redesign, not a label change. Start the infection-control risk assessment before mechanical design.

What to send: occupancy (business medical office vs ambulatory vs I-2), room list / procedures, and whether an infection-control risk assessment exists. Program first. Air changes second.

Send the comments. Not the County guideline.

Folio (does it start with 30?), process or UP number, and the comments PDF. Masterbuild will say which row is actually open.

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+1 (786) 398-6940 · Calendly: 30-minute scoping call

Masterbuild provides engineering services under a written scope. Not an ASHRAE 170 design. This packet does not invent air-change numbers. Confirm adopted 407, ASHRAE 170, and NFPA 99. This is not legal advice.