

Model Attestation Statement

Life Safety Code Attestation for Exempt ESRD Facilities

Facility Name: _____ CCN: _____

Facility address:

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));*
AND
- The above named facility is not adjacent to a high hazardous occupancy. *(Note: This type of occupancy is defined in NFPA 101, 2012 Edition at § A.3.3.188.8.2 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.

Signature of Facility Administrator

Date