

# San Francisco CSHE Chapter



## Meeting Announcement

Tuesday, 1/19/16

### LOCATION:

John Muir Hospital, Concord  
Campus  
2540 East St.

5pm – 6pm  
Networking & Dinner:  
6pm – 7:30pm  
Presentation  
7:30pm – 8pm  
Meeting wrap-up and raffle

PARKING:  
VISITORS PARKING LOT

**RAFFLE  
DONATIONS  
APPRECIATED!**

**Meeting Sponsor: Forensic Analytical Consulting Services, Inc.**

**Presentation Topic: HVAC and Hospital Room Conditions**

**Presenter:**

**John Martinelli**  
Principal  
Healthcare Practice Leader  
Forensic Analytical Consulting Services, Inc.

***HVAC and Hospital Room Conditions, Temperatures, Pressures and Humidity - Where the Joint Commission, OSHPD and ASHRAE Collide.*** This explains the differing focus of the various AHJs, the resources available and how to use them when trying to determine if your rooms are in compliance. We will talk specifically about the role of HVAC in infection control through room pressure relationships (a major Joint Commission focus right now), air exchange rates, temperature and humidity requirements and the guidance documents available that drive this process.

Return registration form below by 1/15/16 to: [jjones@calhospital.org](mailto:jjones@calhospital.org) or [jodic@prevent-lss.com](mailto:jodic@prevent-lss.com) or register online at [www.cshe.org](http://www.cshe.org).

- HEALTHCARE FACILITY EMPLOYEES ATTEND FREE OF CHARGE!
- AFFILIATE CSHE MEMBERS \$20
- NON-MEMBERS \$30
- STUDENTS WELCOME FREE OF CHARGE!

**Paying by credit card? Complete this information and fax to CSHE State Office, attention Joyce Jones: Fax # 916-552-7617 or online at [www.cshe.org](http://www.cshe.org).**

Name \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Questions?

Contact:  
Jodi Clem  
Chapter Secretary  
925-570-5183  
[jodic@prevent-lss.com](mailto:jodic@prevent-lss.com)

Method of Payment \_\_\_\_check \_\_\_\_VISA \_\_\_\_MC (American Express online only)

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ \_\_\_\_

3-Digit Security Code \_\_\_\_ \_\_\_\_ \_\_\_\_ Billing Zip Code \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Amount \$ \_\_\_\_\_

Make checks payable to: CSHE, mail to address below or submit at the door.