WELCOME ABOARD
We are pleased to announce the following named men have joined the New England Hospital Engineers Society:

CARROLL M. MILLER
Supt., of Plant Operations
Osteopathic Hospital of Maine
Portland, Maine

JAMES NOONE
Chief Engineer
Lynn Hospital
Lynn, Mass.

CARL V. GALGANO
Maintenance Superintendent
Charlotte Hungerford Hospital
Torrington, Conn.

ADRIAN LATOUR
Plant Engineer
Worcester City Hospital

FRED A. ROSS
Plant Superintendent
Mount Auburn Hospital
Cambridge, Mass.

MERLE C. EASTMAN
Plant Superintendent
Symmes Hospital
Arlington, Mass.

THOMAS H. FORD
Plant Engineer
Cambridge City Hospital
Cambridge, Mass.

PAUL J. DuMONT
Director of Plant Operations
Greenwich Hospital
Greenwich, Conn.

South Shore Group Elects Officers
William O'Neil of the South Shore Hospital was elected President and Donald P. Cutler of the Cape Cod Hospital was elected Secretary-Treasurer on December 12, 1962, during the annual election of officers.
Architects and Hospital Engineers

What should be the relationship between the average Architect and the average Hospital Engineer?

The Trustees and Administration who take the time to visit work which has been carried out by an Architect in the past few years can determine the caliber of the work and their ability to work with an organization. The Architect knows that the Engineer is going to live with all the new equipment and features of his designs for many, many years, along with a few errors for the same length of time. The Architect's fee of six-eight dollars per hundred spent means there is enough of a profit margin to allow for a complete review of the operating functions of an organization and the opportunity to carefully analyze by study and a series of interviews, the complete needs and desires of the hospital.

How many times have you walked through a hospital and heard the engineer say "Look what the damn architect did here," and, a little while later, they come out with "Look at this foolish thing that they stuck us with."

All during the tour through the building there is a real running commentary on what idiots the architects are when it comes to designing hospitals. Stop a minute and ask "Is the design carrying out the function for which it was intended?" "How many fine up-to-date labor saving devices have been installed in the structure and, what about the attributes that were added when they drew plans?"

There seems to be an air of suspicion on one or both sides which should be pushed aside. After all, both parties should be working for the best interest of the hospital.

How much prerogative should an engineer have, and how should he use it? He should be able to sit in on preliminary discussions which cover the scope of the proposed work and feel free to contribute and interrogate as needed. Some engineers parade the past sins of all the architects they have ever known, which is a far cry from the honest constructive criticism which all architects sincerely desire. An engineer has knowledge relating directly to utilities, and building changes. He controls the print file and specifications of past construction, and a general wealth of information concerning operating conditions. He knows the limitations of local contractors, building materials which are or are not readily available in the area, and the standardization of types and models of existing equipment. All of these items should be well documented and a multiple number of copies given to the Architect. (The design, structural, electrical, mechanical and architectural men may each be happy to have a copy.)

When preliminary plans and specifications are issued, the Planning Committee should have a set, located in a central area where it can be referred to easily, with two sets going to the Engineer. He will mark one set and make comments on the prints, freely discussing equipment, materials to be used, fixtures which will be installed and even what kind of bushes will be planted outside when all the construction is completed.

As the later drawings come out, the engineer will keep close track of the plans as they mature and be constantly aware of codes and methods with which an out of town architect may not be familiar. This is a period where an engineer can serve his hospital best, and must extend himself. It will be necessary for him to rise to the occasion and share some of the major responsibilities in seeing that the job quality in design, materials used, workmanship, and equipment chosen is as near perfection as can be accomplished. During planning and construction, there should be opportunities for engineering and maintenance personnel to check through all phases of construction and assembly, during which time, men may well contribute thoughts and ideas which may pay handsome dividends in the future.

The orderly transfer of equipment, tying utilities, co-ordination of functions which involve local electrical power company, gas company, or water company make life for the architect and contractor a little easier, and makes the operation run smoother.

Frequently there is new equipment which is not familiar to the engineering and maintenance personnel. Shop drawings, parts lists, instructional manuals, and personnel to instruct operators would be necessary and should be included in every set of specifications. If these are not there, show cause for the need of such in the specifications and document it. This document acts as a reminder to both you and the architect. Prepare a check-off list of all equipment which has manuals, parts list, prints or catalogues as needed, and use it as the basis for your card system or machinery history sheets in your preventive maintenance program. Keep filing the information and ask the clerk of the works, or architects representative, to sign the list each time the information is turned over to the hospital, and sooner or later, the list will be filled up. The clerk cannot close out the job without it, and the information will not get misplaced under these circumstances. Warranties and guarantees on equipment proper and systems should be obtained, along with roof bonds and other similar information, and should be on the check-off list.

Now let us say the structure is completed. A set of "as built" prints with all changes and corrected specifications should be made up in duplicate and turned over to the Engineer. The prints which have been in the contractor’s shack for the past several months are nice to have but they do not take the place of "as built" plans.

A tour of the buildings should be made and formal acceptance should only take place after everything is operating properly. This does not mean that a million dollar structure should be held up on final payment due to a broken switch plate or missing lamp shade, but due notice should be made of the very minor items and follow up on the part of the architect will see that it is taken care of very shortly. Let us say that the roof leaks due to the flashing being too low on an adjoining roof and that it was according to drawings. A good

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Rhode Island Engineers Plan Seminar

The Engineering Section of the Hospital Association of Rhode Island, in conjunction with the New England Hospital Engineers Society, has prepared a timely and very informative program at the Colony Motor Hotel, 1150 Narragansett Boulevard, Providence, Rhode Island, on beautiful Narragansett Bay.

**WEDNESDAY, APR. 17**
7 P.M. to 11 P.M.
**The Engineer's Roundtable**
Moderated by Past President Richard F. Stockwell
**THURSDAY, APR. 18**
9 A.M. to 4:30 P.M.
**Greetings**
By William J. Sullivan, M.D., President, Hospital Association of Rhode Island; William T. Harney, President, New England Hospital Engineers Society; William Hayward, Chairman. Engineering Section, Hospital Association of Rhode Island.

9:30 A.M. to 10:30 A.M.
**What the Hospital Engineer Means to Me**
By Robert Mathieu, Administrator, Zambarano Memorial Hospital, Wallum Lake, Rhode Island.

10:30 A.M. Coffee Break 11:00 A.M.
**Work Simplification**
By a well-known speaker.
12:00 Lunch
**Workshop on Labor Relations**
Conducted by T. R. Kellett, Assistant Director, VA Hospital, Providence, R. I.
**Reducing the Noise Level in Your Hospital**
By William T. Harney, Engineer, St. Vincent's Hospital, Worcester, Massachusetts.
**What's Up, Joe?**
By Joseph Degen, Assistant Administrator, Massachusetts General Hospital, Massachusetts.
**Many Other Interesting Subjects**
**Question and Answer Session**
An excellent meal will be served at noon on Thursday, as part of the program. A coffee break will be included. You do not have to be a member to attend. The cost is $10.00 per man. An application can be obtained from Mr. Richard F. Stockwell, VA Hospital, Providence, R. I. Deadline for applications is April 12, 1963.

Architects and Engineers

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The archetypal architect would stand behind it and make it good. Most architects have an insurance policy for 'mistakes and errors'. Suppose a piece of equipment fails to meet specifications, the architect will see that the contractor makes the necessary changes so that it will meet specifications.

All in all, the team work should be of such nature that all parties can look at the project objectively, and when the job is complete, the Hospital, Architect, and General Contractor should part friends, and each should have sincere desire to again build another structure under the same relationship in the future.

(To be continued in next issue)

Book Shelf

When was the last time you purchased a text book or technical publication which you use and make available to your personnel? If it was not within the past few months, perhaps there have not been any recent advances but more likely we mean well about professional study but don't do well.

While looking over Warren Marble's bookshelf not too long ago, I saw two good additions to any engineer's collection:

"HOSPITALS, CLINICS AND HEALTH CENTERS" — F. W. Dodge Corp.

"MATHEMATICS FOR SCIENCE AND ENGINEERING" — Philip L. Alger, McGraw Hill.

Also there is a fine list of new products and information on new construction to be had in the architectural trade magazine, "PROGRESSIVE ARCHITECTURE," Reinholdt Corp., 430 Park Ave., N. Y. C. 22, N. Y.
Accreditation and the Engineer

When a hospital is formally accredited there are certain responsibilities which fall directly on the engineer. The gentlemen who visit hospitals and make up the board which actually follows through a long check list, are usually doctors and their sights are set on direct patient care items for the most part.

These men seldom carry out rough building inspections such as an inspector for an insurance company or a fire inspector might, but it is implied that the codes are met, and that the National Fire Protection Association is considered the universal authority.

The NFPA is national in scope and followed by the American Hospital Association. This has very little to do with state and local codes which also must be adhered to, and are enforced by state and local authorities. You, the engineer, must be cognizant of your responsibilities since you are often the only person in the hospital who has knowledge and direct access to all the publications and codes. There is many an administrator going through a daily routine feeling confident that all is well and that such things as disasters, fires, explosions, law suits, and charges of criminal negligence can never harm him because his hospital is safe and is doing an excellent job with its safety committees, insurance policies, and frequent inspections by outside organizations. This is not always the case, and often the administrator assumes that you, the engineer, are caring for the interests of the hospital in these matters.

Think about this just a little bit, and try to feel how far this direct responsibility goes.

Listed below are the minimum NEPA bulletins which you should have in your possession and know what they contain which is applicable to your hospital.

Bulletin No. 10 — Portable Fire Extinguishers
Bulletin No. 13 — Sprinkler Systems,
Bulletin No. 198 — Care of Fire Hoses
Bulletin No. 31 — Oil Burning Equipment
Bulletin No. 54 — Gas Piping Equipment
Bulletin No. 56 — Flammable Bulletin No. 565 — Nonflammable Medical Gases
Bulletin No. 566 — Bulk Oxygen Storage
Bulletin No. 58 — L-P Gas Storage and Use
Bulletin No. 70 — National Electrical Code
Bulletin No. 76 — Essential Hospital Electrical Service
Bulletin No. 80 — Fire Doors and Windows
Bulletin No. 82 — Incinerators for Rubbish
Bulletin No. 101 — Building Exits

Know
Fred MacInnis

(Continued from page 1)

Fred is a former vice-president of the local National Association of Power Engineers, member of Engineers Society of Western Massachusetts, member of American Hospital Association, and the New England Hospital Engineers Society, and holds a class license in the Commonwealth of Massachusetts.

The MacInnis family consists of Fred, Elaine, daughters Janine and Deborah, and young son Robert. Fred’s hobby is high fidelity and stereophonic sound reproduction which has given the family endless hours of excellent musical entertainment.

Fred is serious about his work and even with the building program, general maintenance, and power plant to keep nearly all of his attention, you have a feeling of talking with a progressive person who is equally interested in what future technological advances are ahead and just how they are going to be met.

Code
Bulletin No. 801 — Radioactive Materials in Laboratories

The engineer is often held directly responsible to his hospital in these matters of accreditation.

CONTRIBUTIONS TO THE NEWSLETTER

You are invited to submit material and news items for publication. Subjects should be of special interest to Engineering and Maintenance personnel in the Hospital Field.

Please write.

L. B. Ely, Jr.
Editor
Mary Hitchcock Memorial Hospital
Hanover, New Hampshire