FALL SEMINAR — OCTOBER 8, 9, 10 — BURLINGTON, VERMONT

MR. ALBERT H. JONES  
Co-Chairman, Fall Seminar

Albert H. Jones, Director of Engineering at Putnam Memorial Hospital since 1970, was born in Bennington, Vermont. Upon graduation from high school, he enrolled in a two-year technical school where he completed a machinist training course. He entered the United States Navy in 1942, serving during the war years as a Machinist Second Class, and was the recipient of a special commendation for repairs at sea on the U.S.S. North Carolina.

After being discharged from the Navy in 1945, Albert returned to Bennington and went to work for Ben Mont Papers, Inc., a manufacturer of gift wrappings. He began his duties in machine operations in the maintenance department, was promoted to Assistant Plant Engineer in 1958, and in 1963 was appointed Plant Manager of a western branch in Los Angeles which he was responsible for establishing. On returning to the Bennington plant in 1968, he served as Supervisor of Manufacturing until 1970 when he joined Putnam.

As Director of Engineering at Putnam, his job covers a wide range of responsibilities for the operation and maintenance of Putnam's physical plant plus the added challenge of acting as the owner's representative on the building programs at the hospital. Recently completed was a new 65,000 square foot wing which includes the new main entrance, X-ray and laboratory facilities, emergency department, admitting offices, a 26-bed radial nursing unit and a beautiful coffee-gift shop. Currently Putnam is in the throes of a major renovation project of the areas vacated in the move to the new building and an updating of the sprinkler and ventilating systems. Needless to say, Albert finds his job interesting and stimulating.

Always active in the community, he has served as Exalted Ruler of the Benevolent Protective Order of Elks, Lodge 567 in 1970-71 and as past President and Director of the Bennington Rod & Gun Club. Ever willing to lend a hand for a worthy cause, he worked enthusiastically on just about every community fund drive conducted over the years.

Albert is married to the former Helen Maguire and the couple reside in Bennington with their two children, Gary and Gail.

MR. ROSCOE B. FISHER  
Co-Chairman, Fall Seminar

Roscoe directs the Maintenance, Laundry and Housekeeping Operations at Northeastern Vermont Regional Hospital, a new 100-bed facility located just outside the city of St. Johnsbury, and opened for service in February of 1972. Before coming to NVRH in August of 1972, Roscoe spent nine years with the U.S. Navy serving aboard Destroyer, Repair and Cruiser class ships in various assignments, including main propulsion engine rooms, auxiliaries, air conditioning, refrigeration, hydraulic handling systems, automatic control systems, etc. Roscoe left the Navy in 1971 to return home to his family.

GUEST SPEAKER

JAMES J. SULLIVAN, P. E.

Jim has been since May 1967 the Director/Regional Engineer of Engineering and Construction, Department of Health, Education and Welfare, Region 1, Boston, Massachusetts. He has a doctorate in Commercial Science from Suffolk University, a registered Professional Civil Engineer in Massachusetts, a registered Land Surveyor in Massachusetts and a Notary Public in Massachusetts. He has had many years of governmental experience at the city, state and federal levels. Among his various accomplishments are the publication of a book "Modern Street Cleaning Practice", many papers on Solid Waste Management, awarded "Leader in Industry" by the American Public Works Association and being a member of technical (Continued on Page 2)
societies and organizations too numerous to mention.

We are indeed honored to have an individual of Jim's stature on our program and his subject of "Technical Area of Medicaid and Medicare Programs for Hospital Accreditation" will undoubtedly be interesting and informative.

GUEST SPEAKER
Anthony F. McKeown

Anthony F. McKeown is a senior partner in the firm of Melnick, McKeown and Mickus, Inc., an international firm of employer relations counsellors. Mr. McKeown brings to his profession extensive and varied experience in labor relations problems of all kinds. His experience as a representative for a major industrial union while attending college gives him a unique perspective of both sides of the labor relations scene. Mr. McKeown is a protagonist of the approach of working through line supervisors to cultivate and maintain good employee relations. He has provided advice and guidance to employers in every segment of industry and commerce and is especially familiar with the unique problems of employers in the health care field.

Mr. McKeown is a graduate of John Carroll University in Cleveland and holds a juris Doctor degree from Case-Western Reserve University. After law school he practised law in Cleveland for a number of years before devoting full time to consulting with management on employee relations.

Mr. McKeown is a frequent speaker at organizations such as the American Management Association and employer associations in the banking, insurance, and health care fields.

For the Ladies

Audri F. Buell from Essex Junction, Vermont has planned a presentation on the art of working with natural materials. This art is one of the earliest American crafts that was used by our colonial ancestors to decorate their homes and it is fast becoming a trend today.

By using dried flowers, grasses, cones, pods and various other materials, we are able to make centerpiece arrangements, decorations, freshen linen closets, and clothes with the scent of herbs. It is also possible to dye fabrics by using some of these same natural materials.

Her presentation will include interesting background information as well as a lesson in how to prepare these materials successfully for modern day use.

Meet our Publication (Notebook) Chairman

RALPH M. HENRY

Ralph M. Henry - Project Coordinator - Medical Center of Vermont, received Engineering education at the New York State Maritime College, majoring in Marine Engineering and since arriving in Vermont, has taken several courses related to Engineering Management at the University of Vermont.

He joined NEHES in 1970, was Vermont State Representative in 1973-74, Membership Chairman 1974-75 and became Publication (Notebook) Chairman 1975.

Ralph arrived in Burlington, Vermont in 1965 after nine years in bridge and highway construction in New York, to become "Clerk of the Works" on a 3.5 million dollar expansion at the Mary Fletcher Hospital. This expansion involved a seven story nursing wing with computer center, administration offices, I.C.U. and four nursing floors housing about 120 patients. At the same time, a separate 4 million dollar building was constructed to accommodate a Boiler room expansion and Engineering shops and offices.

About the time this project was complete, the Mary Fletcher merged with the Bishop DeGoesbriand Memorial Hospital to become the Medical Center Hospital of Vermont with a variety of consolidation construction projects requiring supervisory work, which were assigned to Ralph by his boss, James Lawson, M.C.H.V. Administrative Engineering and N.E.H.E.S. Vice-President.

"Since then, we have built a consolidated Laundry, Renal Dialysis facilities, a Delivery Suite, some parking lots, a Nursing Home, Intensive Care Nursery, Coronary Care Unit and a Linear Accelerator Unit. Generally, there has been something to do between 8:00 and 4:20."

Ralph served with the Army Topographic Corps from 1954-55 in Heidelberg, Germany and is currently active with the Vermont Army National Guard.

Publication (Notebook) Chairman

He is Past President of the Hospital Employee Fund and until this year spent nine years coaching Little League baseball. To round out the summers and spend time with his four children, he coaches track for Burlington International Games, hunts, fishes, and works a regular second job.

"Generally, I keep busy."

Energy Strategies for Health Care Institutions Conference in Boston
June 29 - 30, July 1, 1975

By Norman B. Fischer

There were 130 individuals who attended this very successful conference sponsored by the American Hospital Association. Many of our members were in attendance.

Dr. M. King Hubbert, a Research Geophysicist with the United States Geological Survey of the Department of the Interior gave a very informative presentation on the available Energy sources and the relative amounts of each available. From his presentation it is quite evident that Solar Energy is the only real source available in the quantities necessary for us to satisfy our energy needs for the future. He left us all with a very interesting solution to our problem and that is the main way to resolve our problem is to have a cultural change — are we ready for that.

Mr. Dennis Bakke of the Federal Energy Administration pointed out that by the year 2000 AD 20 - 30 percent of our heating/cooling will be done by solar energy. In order for this to be "cost effective", the solar heating systems need to be in the cost range of $1.00 per square foot. Presently, that is not possible as the glass itself is at $.50 per square foot.

(Continued on Page 3)
Energy Strategies (continued)

In the seminar on Techniques of Energy Management, it was pointed out that the starting point should be an “Energy Audit” to determine what and where. Dr. Coggs made some grass root suggestions:

1. Time clocks on ventilating fans.
3. Lighting level reductions specifically in washrooms.
4. Domestic water temperature reduction.
5. Use of occupied/unoccupied controls.
6. Delete individual fan coil controls.
7. Interlock exhaust and supply fans.
8. Pump shut-down controls.

If this conference is offered again and you can possibly attend, it is highly recommended that you attend it.

PROBLEM CLINIC

PROBLEM 1

From time to time we encounter a problem with OR surgical instruments. They become pitted and rust-stained and the box locks and hinges become stiff and hard to operate. They require frequent and careful polishing to remain useable. We have experienced difficulty with titanium as well as CRES instruments and last fall all operating rooms at the National Naval Medical Center at Bethesda, Maryland were shut down for several weeks because of an apparently identical problem.

Most of the instrument makers report that no one else is having such a problem, so it can’t be their instruments. A few admit that the problem also occurs elsewhere.

Various experts have suggested water hardness, water softness, improperly rinsed wrapping cloths, excessive sulfate content in paper wrappings, the wrong detergent and boiler treatment compounds carried over in the steam lines as “the culprit”! No single action made any definable improvement and the deterioration rate seems to vary at random. At Bethesda, a number of high powered researchers could not define either the cause or a cure. It started for reasons unknown and seemed to have gone away after a number of changes were made simultaneously.

I am personally convinced that cavitation erosion in the ultrasonic cleaners is the trouble. This opinion has few adherents, mostly because few people have had experience with cavitation and none of the medical personnel understands it.

I wonder if it would be possible to determine within the New England area:

1. How widespread a problem this is.
2. How serious it is in any hospital experiencing it.
3. How many hospitals use ultrasonic cleaners in their OR’s.
4. The percentage of hospitals using U/S cleaners which have the problem.
5. Whether any hospitals which do not subject their instruments to the violent cavitation in an ultrasonic cleaner have this problem.

Submitted by Mr. Henry A. R. Peyton
Lawrence and Memorial Hospitals
Administrative Engineer
New London, Connecticut

If any of our readers are experiencing any of the above problems with their OR instruments, would you please submit this information to the Newsletter Editor and in the next issue we will summarize the results.

PROBLEM 2

Ted Rademacher of Bon Secours told the Middlemac Hospital Engineer's Association of his experience with the Department of Public Health regarding noise levels and noise level measurements in ICU and CCU. It is required that “Background sound levels due to mechanical air handling systems and other sources shall be controlled to assure ambient levels to the NC 30 to 35 criteria range, as defined in the current edition of the American Society of Heating, Refrigeration and Air Conditioning Engineers Guide. Sound levels shall be tested periodically and a written record of test results maintained.” The A-Scale Noise Level is used as an approximate measure of loudness. The problems arise, however, from attempting to obtain the proper equipment and conditions to arrive at a meaningful test. After having made the test, Ted compared the results to what the ASHRE recommended levels were and sent them to the Department of Public Health. There then followed some discussion with Public Health on the acceptability of these levels. In attempting to get clarification from Public Health on this matter, Ted stated that there seemed to be some disagreement in Public Health as to exactly what they wanted. The matter is pending clarification. It was noted that the Hospitals Insurance Co. will have the equipment and personnel to perform the required tests.

IN MEMORIAM

Fred Heidtman, who served ten years as Plant Superintendent at Worcester Hahnenmann Hospital, Worcester, Massachusetts passed away in March.

He was instrumental in establishing a new addition at the Hospital in 1965 and engineered several other major projects until the time of his death. Outstanding in community affairs, he was an active member in the Masonic Lodge, school committees, Boy Scouts, and the church in Melbury. He had received his 50 year pin for his membership in the Boy Scouts and was also an Eagle Scout.

He was a dear friend to all and will be sorely missed.
A Primer on the Life Safety Code

The alternate title to this article, though much over-used, is “Everything You Wanted To Know About The Life Safety Code But Were Afraid To Ask.” In our article in the January FIRE JOURNAL, we made some telling points about why the Life Safety Code is different from a typical building code. The differences are mainly due to its retroactive provisions and recognition of the ability of the authority having jurisdiction to accept equivalent designs and/or to modify the requirements of the code.

Point number one of this article is that:

1. The Life Safety Code is not a building code. The scope of the Life Safety Code is as follows:
   - It covers construction, protection, and occupancy features to minimize danger to life from fire, smoke, fumes, or panic before buildings are vacated. It specifies the number, size, and arrangement of exit facilities sufficient to permit prompt escape of occupants from buildings or structures in case of fire or other condition dangerous to life. (Emphasis mine.)
   - Interestingly enough, the section on scope (Section 1-3 of the Life Safety Code, 1973 Edition) goes further and states:
   - This Code does not attempt to cover general fire prevention or building construction features such as are commonly dealt with in fire prevention codes and building codes, nor to protect the individual from the results of his own careless acts, such as smoking in bed. (Emphasis mine.)

To a reader of the Life Safety Code, point number 1 leads to the following question:

If the above scope statement is true, what about all that material in Section 10-1 and 10-2 on Minimum Construction Standards for New and Existing Hospitals and Nursing Homes? After all, don’t building codes already state how a nursing home or hospital should be built?

The answer to the astute reader’s question leads to the following points:

2. The Life Safety Code recognizes that life safety is not assured by simply guaranteeing that exits are properly arranged. Again, its scope statement contains the following:
   - The Code recognizes that life safety is more than a matter of exits and accordingly deals with various matters besides exits which are considered essential to life safety and, in some cases, specifies limits beyond which the hazard is so great that no practical amount of exits can give assurance of any reasonable safety.

3. Where the Life Safety Code deals with matters besides exits, it deals with them in terms of life safety and not in the traditional approach of a building code, which is directed toward a mix of public safety, zoning, economic viability, and community growth. For example, Sections 10-1 and 10-2 establish “life safety requirements for [new or existing] hospitals, nursing homes . . . .” You will not find a heights-and-area table, a discussion of structural strength, live and dead loading, an electrical code, or a plumbing code in Sections 10-1 and 10-2. You will find those minimum construction requirements that the Code has identified as essential to assuring an acceptable level of life safety in institutional occupancies.

4. Sections 10-1 and 10-2 identify a total package of elements that are all related to life safety. Some of these elements go beyond the scope of a building code. All of these elements are found in a variety of arrangements in other documents. Only the Life Safety Code draws them together as an operable system that allows the institutional occupancy to continue as we know it, while assuring the protection for life safety.

5. Sections 10-1 and 10-2, and for that matter, the entire Life Safety Code, are meant to be used with a building code. Although some conflicts will always result in the merging of two technical documents, the application of the more stringent requirements of either should lead to an acceptable level of both life safety and public safety.

The next question often asked is: Doesn’t the Life Safety Code require that everybody be saved from a fire?

6. The Code is quite explicit on who should be saved from a fire as the result of the proper application of all the provisions of the Life Safety Code. A review of the scope statement contained in point number 1 shows that the last part of the sentence states . . . “nor to protect the individual from the results of his own careless acts, such as smoking in bed.” It is always desirable that no one die from fire, but the Life Safety Code states that the realistic goal is to save those endangered by the careless act of an individual and, if possible, the individual himself — though that is not mandated by the Life Safety Code.

Finally, as we launch our journey further into the inner depths of the Life Safety Code in future issues of FIRE JOURNAL, it is necessary to understand how the Code is structured. Chapters 1 through 7 are the culmination of the philosophical, fundamental, and technical minimum basic requirements to assure life safety. Chapters 8 through 16 are the further application of these requirements to specific occupancies. Chapters 1 through 7 are general operating features for all of the occupancies. The Life Safety Code so states that:

“Where separate provisions of this Code dealing with the same features are applicable to any given situation, the least restrictive of differing requirements shall be the minimum for the purpose of this Code except that when any requirements of Chapters 8 through 17 are more restrictive than corresponding requirements in other Chapters, the more restrictive requirements of Chapters 8 through 17 shall be the minimum.”

In essence, Chapters 1 through 7 contain the minimums below which the occupancy chapters 8 through 16 can not go. If the occupancy chapters exceed the minimum requirements of Chapters 1 through 7, they are actually establishing the applicable minimum level.

In the next issue, we will journey into Chapter 2 with appropriate side trips and stops at points of interest.

M. J. Sifka
Life Safety Code Specialist

Safety Hints

In an effort to broadcast the type of violations the O.S.H.A. inspectors are citing, the following is an abbreviated list from a recent inspection:

1. 29 CFR 1910.37 (q) (2) page 23533—Employer failed to assure that every door, passageway or stairway so located or arranged as to be likely mistaken for an exit or way of exit access, shall be identified by a sign reading “not an exit” or identified by a sign indicating its actual character.

2. 29 CFR 1910.37 (q) (5) page 23533—Employer failed to provide exit directional signs in every location where the direction of travel to reach the nearest exit is not immediately apparent.

3. 29 CFR 1910.106 (e) (2) (ii) (b) (2) page 23618—Employer failed to limit the quantity of Class IB, IC, III or II liquids in containers outside of an inside storage room or cabinet, in a building or in any one fire area of a building to 120 gallons.

4. 29 CFR 1910.157 (a) (3) page 23683—
Employer failed to provide conspicuous means to indicate the location of extinguishers in large rooms, and in certain locations where visual obstruction cannot be completely avoided.

5. 29 CFR 1910.157 (d) (3) (i) page 23684—Employer failed to, at least annually, thoroughly examine and/or recharge or repair or replace extinguisher.

6. 29 CFR 1910.157 (b) (2) (iv) page 23683—Employer failed to select the proper extinguisher for protection of class c hazards.

7. CFR 1910.157 (a) (5) page 23683—Employer failed to assure that extinguisher shall be installed on the hangers or in the brackets supplied, mounted in cabinets, or set on shelves unless the extinguishers are of the wheeled type.

From our Code Sub-committee

It was reported that a memo was put together by Jim Hanlon, regarding the Hospitals’ position concerning the adoption of NFPA Standards 76-B. A representative was sent to Chicago meeting to vote. However, as a result of the numerous hospital groups requesting statements to be made part of the record, as well as coordination efforts of the A.S.H.E. Group the standard was not voted upon and instead it was postponed for another year. It was pointed out there is a need to push for individual memberships in the NFPA and also try to promote a change in the balloting system which would allow absentee balloting. Finally, it was reported that the preliminary plans will be put together for a biomedical type program to be held in the New England area.

NEWS FROM THE STATES

News from Connecticut

Several times in recent months I have been told by salesmen that Schrader valves for medical gas systems are no longer being made and will soon be unavailable. “Better plan now to convert your entire hospital to our system.” At the Hospital Assembly I was assured by representatives of two different manufacturers that this was actually true and a number of hospitals knew of were planning to convert from Schrader to another system.

Being of a suspicious nature, I conducted my own research and find that Schrader valves are now stocked and distributed by Armstrong Industries, P. O. Box 7, 3384 Commercial Avenue, Northbrook, Illinois, 60062, Attention: Mr. John Peters.

They advise that they intend to maintain an inventory of parts and valves, and will purchase in economic quantities from Schrader Division of Scoville Industries. They expect these items to be available for many years to come.

Perhaps this would be useful information for any hospital which may be planning wholesale conversions. While I don’t think Schrader valves are the greatest in the world, I’m stuck with them and the cost and effort to convert would be frightful.

Submitted by Henry A. R. Peyton Administrative Engineer Lawrence and Memorial Hospitals New London, Connecticut

Very well attended seminar on Energy Conservation in Existing Buildings was held in Cromwell, Connecticut on May 14, 1975. The main topics of discussion were HVAC Systems and Energy. Many hospitals were represented at the seminar which was sponsored by Control and Steam Regulator Companies.

News from Vermont

Ray Anoe from Rockingham Memorial Hospital in Bellows Falls, Vermont writes that special attention should be given to the article “Kindling a Controversy” in Modern Healthcare magazine the April ‘75 issue. This is on the same subject we had at the last roundtable. There are some real enlightening thoughts that we should all consider. Maybe we need to consider if the standards published are adequate.

News from New Hampshire

Ben Tilden reports that the New Hampshire group is in the process of becoming incorporated.

News from Maine

Representative Ernest Park reported that the state group was planning an Engineering Seminar for July 28th and 29th. The topics to be covered are:

1. Energy and HVAC
2. Lighting
3. Electrical Power Distribution Systems
4. Medical Gas Systems
5. X-ray Servicing

News from Massachusetts

The annual meeting of the American Society for Hospital Engineering will be held in Boston, June 15, 16, 17, 18 of 1976 at the Statler Hilton Hotel. A committee of A.S.H.E. and H.E.H.E.S. members are working on the program in conjunction with Mr. Ed Bertz of A.H.A. The committee would like to solicit your ideas for subjects for the program and asks that you let Norm Fischer, your Newsletter Editor, know and he in turn will pass this information on to the committee. It is the goal of the committee to have the program complete in time to be printed in the N.E.H.E.S. Spring Newsletter. As you know, 1976 is the Bicentennial celebration and many interesting and informative programs will be available for this seminar, but we must act now to assure their availability to us, so let’s hear from you!

William White, Administrative Engineer Framingham Union Hospital Boston, Mass.

The next meeting of the Middlemac Hospital Engineer’s Association will be held on September 17, 1975 at Emerson Hospital, Concord, Massachusetts at 1:00 P.M.

The Middlemac Hospital Engineer’s Association continues to meet monthly. At the most recent meeting the problem of single service feeders was discussed at great length. This is becoming a greater problem as the Utility Companies are feeling the effect of cost increases, they are not providing two separated power sources to our Hospitals. We are informed to be cognizant of this problem and make every effort to stop the trend. Special mention was made at the meeting of the article “Electrical Safety—Negotiating the Maze” in a recent issue of “Specifying Engineer” publication. The Association also has distributed a chart demonstrating the “Average Household Appliance Usage and Costs for a typical two month Billing Period”. This hand-out is available if you’re interested by writing to Mr. John J. Crowley, Administrative Engineer, St. John’s Hospital, 14 Bartlett Street, Lowell, Mass., 01852.

Notes from the Editor

The Fall Seminar will be held in Burlington, Vermont October 8th, 9th and 10th. As you know, this is one of the most beautiful times of the year to visit the upper New England States as the fall foliage is at the height of the season. For this reason we would like to stress the importance of returning your reservation cards as quickly as possible to insure your room. Reservations must be received at least one month in advance. We expect to have a large attendance record at the fall meeting and would not want anyone to be disappointed.

As part of the last mailing of the summer Newsletter, we distributed two questionnaires. The response to this was very poor, which is too bad. We would appreciate your digging the questionnaires out, completing them and sending them in. This information would be most helpful to our organization and provide input data (Continued on Page 6)
Paul Taylor and Mike Silfka were presented Presidential Plaques for their outstanding service to NEHES

Armand Burgun at the Roundtable

A learning setting

The players having refreshments.

The ladies getting some good points.

The Chairmen enjoying their dinner.
Tour of Belcourt Castle by the Ladies

All the professors being fed

Joe McPartland — Dynamic presentation on the 1975 National Electrical Code Section 517

Joan Kennedy — Ladies Program speaker on Self Improvement

Those who made our stay at Roger Williams possible

Our night at the theatre — Musical Broadway Review presented by the college Drama Department
(Notes from the Editor, continued)
to various committee efforts such as Ener-
getic Conservation and Construction. We
need your assistance, for without the re-
gional data and dollar potential we are
unable to develop a power base to define
a posture that could assist all of the Hos-
Cital Engineers in New England. We need
your help!

Many of our new members are from the
Medical Engineering areas of the represen-
tated Hospitals. We therefore solicit articles
from the Bio-Medical Engineers in our
Society that would address that interest
area.

The next Board of Directors Meeting
is scheduled for Friday, September 12,
1975 at 10:00 A.M. at the Holiday Inn in
Tewksbury, Massachusetts.

**JUNE SEMINAR**

Roger Williams College
Bristol, Rhode Island

There was a fine turnout for this year's
June Seminar held June 4th and 5th at
Roger Williams College in Bristol, Rhode
Island.

The location for this year's seminar
brought much praise from the members.
Located overlooking Mt. Hope Bay, the
facilities were excellent and the staff most
pleasant and helpful. In addition to sev-
derful delicious meals, the members were
treated to a musical review by the Drama
Department which was a well done, en-
joyable affair.

The first session began promptly at
1:00 P.M. Wednesday. The D. L. Thurrott
Co. had many fine speakers lead by Dennis
Nielson, who began by presenting a review
of pumps and pump characteristics.

The other speakers continued on by explain-
ing some facts about pump maintenance,
with emphasis on machinery commonly
found in the Hospital. All the members
had an opportunity to ask questions of
The Thurrott team.

The next speaker was no stranger to
the NEHES: Mike Silfka, Secretary to
Life Safety Code 101, gave the members
some detailed insight into the Osceola,
Missouri fire. Mike, who is always an in-
teresting speaker, generated the usual re-
sponse from members with his subject,
which is always of concern and impor-
tance to the Hospital Engineer, Life Safe-
ty 101. The members all agreed that the
session was most beneficial.

The evening meal certainly deserves
special mention. An Old Fashion Clam
Bake with all the trimmings. No one
went away hungry.

After dinner, President Jim Hanlon
presented two President's Plaques. The
first went to Paul Taylor, in appreciation
for his work in the Spring Seminar. A
well deserved award and many thanks to
Paul from all of the members. The second
presentation was a first for the NEHES,
the first time the President's Plaque had
been given to a non-member. Mike Silfka
was cited for his efforts in behalf of the
NEHES. Mike has made numerous con-
tributions of time and effort to the Soci-
ey. Following dinner, a round table dis-
cussion was held. Present on the panel
were: Mike Silfka, Armand Bergun, chair-
man of the Committee on Life Safety, Dr.
Edward Clougherty of the Boston Fire
Department, and Sal Sousia, Don Eidam
and Bill Meddaugh of General Electric.
Most informative discussion to date.

After a delightful "Musical Broadway
Review" a hospitality hour was held,
sponsored by General Electric. Our thanks
to General Electric!

The Thursday, June 5th session began
with Sal Sousia speaking on wiring devices.
The members present received a sample
case containing the General Electric Hos-
ital Devices.

After coffee, Don Eidam and Bill Med-
daugh continued the session with discus-
sion about Ground Fault Protection and
Circuit Protection Devices.

Fire Loading was the topic of Dr. Ed-
ward Clougherty of the Boston Fire De-
partment. Dr. Clougherty was a most in-
formative speaker and had a very interest-
ing slide presentation which brought home

his point quite well, in regards to the po-
tential dangers of not giving proper con-
sideration to furniture and furnishings.

Armand Bergun of Rogers, Butler and
Bergun, explained the organization of the
N.F.P.A. and its relationship to the Life
Safety Committee. He then went through
some of the upcoming changes in the Life
Safety Code and how members could par-
ticipate in the review procedure for
changes to the code.

The final speaker was Joseph McPart-
land, Editor of Electrical Construction
and Maintenance Magazine, who went
through some of the major changes in
Section 517 of the National Electric
Code. A most informative and useful
session.

During the two days, the ladies who
attended were treated to a fine Ladies
Program, highlighted the first day by Joan
Kennedy and her session of self-improve-
ment and "living". The second day, the
ladies were treated to a tour of Newport,
which included the Old Almy House Gift
Shop and Belcourt Castle.

The content of the June Seminar was
excellent and the speakers were profes-
sional.

In his closing address to the members,
President Jim Hanlon summed it up well
by commenting that those who attended
are really "doing their job" as it should
be done and seeing to it that they are al-
ways up to date on the latest codes,
methods and materials, in order to be of
the greatest benefit to themselves and
their employer.

By John Crowley

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**Welcome Aboard!**

Lionel A. Cayer
Assistant Director of Building Service
Central Maine General Hospital
300 Main Street
Lewiston, Maine 04240

Wallace C. Hitchcock
Maintenance Foreman
Fairview Hospital
29 Lewis Avenue
Great Barrington, Mass., 01230

Owen Turner
General Supervisor, Plant Engineering
Peter Bent Brigham Hospital
721 Huntington Avenue
Boston, Massachusetts 02115

Anthony Iacovella
Manager of Medical Engineering
Yale-New Haven Hospital
789 Howard Avenue
New Haven, Connecticut 06504

Thomas Morrissey
Maintenance Man
Winchendon Hospital, Inc.
Hospital Drive
Winchendon, Ma. 01475

Richard E. Popham
Assistant Director of Physical Plant
University of Connecticut Health Center
Farmington Avenue
Farmington, Connecticut 06032

John Srednicki
Maintenance Foreman
Unics On Thames Hospital
West Thames Street
Norwich, Connecticut 06360