pennsylvania
DEPARTMENT OF HEALTH
DIVISION OF SAFETY INSPECTION

PLAN REVIEW APPLICATION

Submitter Information

Company Name: _____ Date: _____

Contact Person: _____ Telephone No: _____

Email: _____

Street Address: _____

City _____ State: _____ Zip: _____

Facility Information

Facility Name: _____

ID No: _____ Component No: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Type of Submission

☐ Electronic Appointment
Date of Appointment: _____
Plan Reviewer: Select Plan Reviewer

☐ Email

Upload appointment plans 24 hours prior to your appointment.

Type of Review

☐ Preliminary
☐ New facility
☐ Alteration/renovation to existing facility
☐ Addition to existing facility

☐ Revision to previously approved plans
Are revisions properly clouded? ☐ Yes ☐ No
☐ Sprinkler drawings to previously approved
☐ Plans stand alone sprinkler project

Revisions and Sprinkler Drawings to Previously Approved Plans:
List DOH drawing index number(s) of previously approved plans associated with this project:

Special Requirements and Documentation (When applicable)

Hospital and Ambulatory Surgical Facility

☐ Project narrative complies with functional program requirements detail in Section 1.2-2 of the 2014 Guidelines for Design and Construction of Health Care Facilities.

☐ Safety Risk Assessment (SRA) per Section 1.2-3 of the 2014 Guidelines completed and documented in project narrative.

Class of infection control precaution determined for project
☐ Class I ☐ III
☐ II ☐ IV

Does this project involve installation of new or modification to existing infrastructure systems?
☐ Yes ☐ No

☐ If yes, a plan has been developed with the facility owner/representative that conforms to the commissioning process required by Section 1.2-7 of the 2014 Guidelines for Design and Construction of Health Care Facilities.

Long Term Care Facility
If this project is for the addition of a special locking arrangements, has it been reviewed by Division of Nursing Care Facilities? ☐ Yes ☐ No

Mandatory Documentation for all Facility Types

☐ Project narrative on facility letterhead

Estimated Capital Expenditure $ _____