pennsylvania
DEPARTMENT OF HEALTH
DIVISION OF SAFETY INSPECTION

PLAN REVIEW APPLICATION

Submitter Information

Company Name: _____ Today's 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 Review

☐ Electronic Appointment ☐ Electronic Mail
Date of Appointment:
Plan Reviewer: No Reviewer
Submissions must be uploaded 24 hours prior to your appointment.

Type of Submission

☐ Preliminary Review ☐ Final Review

Submission Category

☐ 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 Dept. of Health Drawing Index Number(s) of previously approved plans associated with this project:

_____

Special Requirements and Documentation

Hospital and Ambulatory Surgery Center-2014 Guidelines

☐ 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.

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 1.2-8 of the 2014 Guidelines for Design and Construction of Health Care Facilities.

Hospital and Ambulatory Surgery Center-2018 Guidelines

☐ Project narrative complies with functional program requirements detail in Section 1.2-2 & 1.2-3 of the 2018 Guidelines for Design and Construction of Hospitals (Hospital)/Design and Construction of Outpatient Facilities (ASC).
☐ Safety Risk Assessment (SRA) per Section 1.2-4 of the 2018 Guidelines completed and documented in project narrative.

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 1.2-8 of the 2018 Guidelines for Design and Construction of Health Care Facilities.

Documentation

Check required documents when applicable.
☐ Narrative on Facility Letterhead
☐ SRA is noted in narrative
☐ Architect/Engineer Seals
☐ Sprinkler Calculations

Estimated Capital Expenditure $ _____