

## DIVISION OF SAFETY INSPECTION -- PLAN REVIEW CHECKLIST

Submitter Information	Contact Person:	Today's Date:              Telephone No:
Facility Information	City, State, Zip Facility Name: ID No. Street Address:	Component No:
Type of Revie	W Electronic Appointment Date of Appointment	Electronic Mail Submissions must be uploaded 24 hours prior to your appointment.
Type of Submission	Plan Reviewer: Preliminary Review	Final Review
Submission Category	New Facility Alterations/Renovation to Existing Fa Addition to Existing Facility <u>Revisions and Sprinkler Drawings to Previ</u> List Department of Health drawing index num	Sprinkler Drawings to Previously Approved Plans Stand Alone Sprinkler Project
Special Requirements and Documentatio	Guidelines for Design and Constructi Facilities (ASC). Safety Risk Assessment (SRA) per Sonarrative. Does this project involve installation Yes If yes, a plan has been develo commission process required	<ul> <li><u>2018 Guidelines</u></li> <li>ional program requirements detail in Section 1.2-2 &amp; 1.2-3 of the 2018 on of Hospitals (Hospital)/Design and Construction of Outpatient</li> <li>ection 1.2-4 of the 2018 Guidelines completed and documented in project</li> <li>of new, or modifications to, existing infrastructure systems? No</li> <li>ped with the facility owner/representative that conforms to the</li> <li>by Section 1.2-8 of the 2018 Guidelines for Design and Construction of</li> </ul>
Special	Health Care Facilities. Hospital and Ambulatory Surgery Center	- 2022 Guidelines
Requirements and	RequirementsProject narrative complies with functional program requirements detail in Section 1.2-2 & 1.2-3 of the 2022	
		ped with the facility owner/representative that conforms to the by Section 1.2-8 of the 2022 Guidelines for Design and Construction of
Documentatio Estimated Ca		