

COMPLIANCE STATEMENT

- Completion and submission of this form is required by COMM 61.50 prior to initial occupancy of a new building or addition and prior to final occupancy of an alteration of an existing building.
- **This form must be completed and available at the time of the final construction inspection.**
- This form is to be completed by the supervising professional responsible for (1) building, (2) HVAC, (3) lighting, (4) fire protection, (5) component work separate from building, or (6) partial completion. A project may require multiple supervising professionals to complete and submit this form for **each** of their particular areas of responsibility.
- The supervising architect, engineer, or designer shall file this form with the Department of Health Services (DHS) certifying that construction of the portion to be occupied has been performed in substantial compliance with the approved plans and specifications.
- If you have questions about completion or use of this form, call **(608) 264-7748**, e-mail DHSDQAPlanReview@wi.gov , or contact your DQA Engineer:

Hospitals		
	Telephone	FAX
Tom Ankeny	608-264-7743	608-264-9847
Richard Batchelder	414-220-5306	414-227-4139
Bill Lauzon	414-227-4149	414-227-4139
Ganesh Shrestha	414-227-2004	414-227-4139
Lynn Wallace	608-264-9830	608-264-9847

Adult Family Homes / CBRFs / Nursing Homes		
	Telephone	FAX
Romaine Anderson	715-836-6751	715-836-2535
David Beyer	608-516-2449	608-266-8975
Michael Roberts	715-365-2814	715-365-2815
Keith Weitner	414-227-2003	414-227-4139

I. OWNER / ENTITY INFORMATION

Name – Owner / Entity							DHS Reference Number						
										-			
Name – Company (if different than above)													
Street Address						City			State		Zip Code		

II. PROJECT INFORMATION

Name - Tenant (if any)					Building Occupancy Chapter(s) and Use				
Location - Street Address					City		Zip Code		County
Project Description (<i>Briefly describe scope of project.</i>)									

III. PURPOSE OF STATEMENT

Check the appropriate box and provide any other applicable information to indicate compliance with the approved plans and specifications. Attach additional pages if necessary.

Building
 HVAC
 Lighting
 Fire Protection: Fire Alarm System
 Sprinkler
 Component Work Separate from Building

Partial Completion (*Explain.*)

IV. STATEMENT OF SUBSTANTIAL COMPLIANCE

To the best of my knowledge and belief and based on onsite observation,
 this project has been completed in substantial compliance with the approved plans and specifications.

SIGNATURE - Supervising Professional				Date Signed		Registration Number		
Name – Supervising Professional (<i>Print or type.</i>)				Name – Company				
Mailing Address - Street or P.O. Box					City		State	Zip Code
Telephone Number			FAX Number			E-mail Address		