

HEALTH CARE FACILITY CONSTRUCTION DOCUMENTATION CHECKLIST

This form is a reference tool for the industry and for Department of Health Services (DHS) Office of Plan Review and Inspection (OPRI) representatives. Provide the relevant documents at the time of project completion to the OPRI representative. This form is intended to assist in the project close-out.

Name – Facility		DQA Project No.	
Address (Street Address)	City	State	Zip Code

Facility Type

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> CBRF | <input type="checkbox"/> Hospital | <input type="checkbox"/> ASC Attached | <input type="checkbox"/> RCAC Attached |
| <input type="checkbox"/> Free-standing Emergency Dept. | <input type="checkbox"/> LTC Facility (Nursing Home) | <input type="checkbox"/> ESRD Attached | <input type="checkbox"/> Medical Office Bldg. Attached |
| <input type="checkbox"/> Hospice | | | |
| <input type="checkbox"/> Other (Specify.): _____ | | | |

Project Description

	Documentation Requirements	Yes	No	N/A	Comments
1.	Compliance Statement (DQA form F-62495)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Department of Safety and Professional Services (DSPS) plumbing inspection report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	DSPS boiler certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Copy of closed municipal building permit or occupancy certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Written statement from the local zoning authority that the proposed use of the building is not in conflict with zoning regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Sprinkler system report including fire pump, where applicable (NFPA form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Documentation that sprinkler system is electrically supervised (NFPA 101-2012)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Kitchen hood suppression system documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Local or state electrical inspection report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Documentation by installer that the emergency generator has been tested and functioning properly along with a list of areas or systems covered by the emergency power system (NFPA 70 and 99)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Documentation Requirements	Yes	No	N/A	Comments
11.	Local fire inspection report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Fire watch documentation, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Locations of fire and smoke dampers documentation (in accordance with NFPA 90A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Fire Extinguishers Placement / Operating Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	System documentation that all devices including, but not limited to, special locking systems, smoke/heat detectors, sprinkler flow alarms, notification devices, smoke dampers, and smoke control devices have been installed correctly and tested in conformance to respective codes and are interconnected and operate with the fire alarm system, as designed and approved (NFPA 72 form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Provide documentation of electrical performance criteria and testing in accordance with NFPA 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Medical gas systems report in accordance with NFPA 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Nurse call system documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	HVAC final balance report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Kitchen hood ventilation system documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Interior finishes documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Cubicle curtain/drape fire retardant documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Elevator certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments and Miscellaneous Information