

## HEALTH CARE FACILITY CONSTRUCTION DOCUMENTATION CHECKLIST

This form is a reference tool for the industry and for Department of Health and Family Services (DHFS) Health Care Facilities Construction Inspectors. This form is intended to assist in the preparation of the Project Occupancy Inspection. Completion of appropriate requirements is necessary for final occupancy. Contact the reviewing DHFS Health Care Facility Engineer for your project with questions.

Facility Name \_\_\_\_\_

Address (City, State, Zip Code) \_\_\_\_\_

Facility Type

- Hospital                       CBRF                       Hospice  
 Nursing Home                       ASC                       ESRD                       Other \_\_\_\_\_

Project Description \_\_\_\_\_

	Documentation Requirements	Yes	No	N/A	Comments
1.	Dept. of Commerce Plumbing Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	LOCAL Building Inspection Approval or Copy of Occupancy Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	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"/>	
4.	Sprinkler System Report (NFPA 13 Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Documentation that Sprinkler System is Electrically Supervised (NFPA 101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Local or State Electrical Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Documentation by installer that the emergency generator has been tested and functioning properly and a list of areas or systems covered by the emergency power system (NFPA 70 & 99)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Local Fire Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	CBRF Fire Protection Installation Report (NFPA 72)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Fire & Smoke Damper Documentation of locations (NFPA 90A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Provide documentation by installer that fire alarm has been tested including all devices electrically interconnected, and is fully operative as designed and approved (use NFPA 72 form). <i>(Required for <b>NEW</b> hospitals, nursing Homes and ASCs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Documentation that Fire Alarm System is installed in accordance with NFPA 72.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Fire Fighting Equip. Placement/Operating Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	System Documentation that all smoke/heat detectors, Sprinkler flow alarms, smoke dampers and smoke control Devices have been installed correctly and tested in Conformance to respective codes, are interconnected and operate with the fire alarm system as designed and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Provide documentation of electrical performance criteria and testing per NFPA 99, Chapter 3 and 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Medical Gas Systems Report (NFPA 99 Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Nurse Call System Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<b>Documentation Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
18.	HVAC Final Balance Report (COMM. 64.0313)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Interior Finishes i.e., wall, ceilings, floor, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Flamespread Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Carpet Installation Certification	<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"/>	
24.	Safe Access to Public Way Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Grab Bar Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Compliance Statement (OQA-2495)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Total number of beds in use				
28.	Number of beds licensed or certified				

**The items below are for nursing homes and sub-acute ONLY.**

The following data needs to be submitted by the licensee with the application form for license to operate a nursing home:

29.	Exterior photograph taken from front street	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Floor plan showing patient room sizes, as built, and facility numbers	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments and Miscellaneous Information**

<b>CENTRAL OFFICE MADISON</b>	<b>NORTHERN REGIONAL OFFICE RHINELANDER</b>	<b>NORTHEASTERN REGIONAL OFFICE GREEN BAY</b>	<b>SOUTHERN REGIONAL OFFICE MADISON</b>	<b>SOUTHEASTERN REGIONAL OFFICE MILWAUKEE</b>	<b>WESTERN REGIONAL OFFICE EAU CLAIRE</b>
608-264-9831 FAX 608-267-0352	715-365-2800 FAX 715-365-2815	920-448-5240 FA920-448-5254	608-243-2370 FAX 608-243-2389	414-227-5000 FAX 414-227-4139	715-8236-4752 FAX 715-836-2535