

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION OFFICE OF PLANS AND CONSTRUCTION

<http://www.ahca.myflorida.com/MCHQ/Plans/>

INFORMATION FOR PROJECT REVIEW

The following information is intended to assist in the submission of plans and specifications for health facility construction to the Agency for Health Care Administration, Office of Plans and Construction.

Review by this office is required only for those facilities licensed and/or certified by the Agency and required by Florida statutes to have plans reviewed by the Agency. These facility types include: Hospitals, Nursing Homes, Ambulatory Surgical Centers (ASC) and Intermediate Care Facilities for the developmentally disabled (ICF/DD).

Plans and specifications shall also be submitted to the Agency for review of all detached outpatient facilities of hospitals that provide surgical procedures requiring general anesthesia or that administer I.V. conscious sedation, that provide cardiac catheterization services, or that are to be licensed as ASCs. All other outpatient facilities of hospitals must be reviewed, except those that are physically detached from, and have no utility connections with the hospital, and that do not block emergency egress from or create a fire hazard to the hospital and do not provide services to any inpatients. To determine if a detached outpatient facility meets this plan review exemption criteria, the licensed hospital shall submit the following information for a no-fee cursory review:

- A program of services to be offered in the detached facility and a statement from the licensed hospital that no inpatients will be treated or examined within the detached facility.
- A statement that there are no utility connections to the hospital.
- The address or location of the detached outpatient facility.
- If the detached outpatient facility is on the campus of the licensed hospital, a dimensional site plan showing the location of the hospital relative to the location of the detached outpatient facility shall be provided. This information will help determine whether the emergency egress or fire safety of the hospital has been adversely affected.

After this cursory review has been completed, and if the facility meets the exemption requirements, a letter of exemption from review by the Office of Plans and Construction will be sent to the hospital. With this exemption letter, the hospital can contact the Hospital and Outpatient Unit in the Bureau of Health Facility Regulation of the Agency to list this outpatient facility as part of the hospital's outpatient program.

New facilities which are not listed as part of the licensed facility's outpatient program but are on the same property and/or immediately adjacent to the existing licensed facility must be submitted to the Office of Plans and Construction for a no-fee cursory review to determine whether egress and fire safety of the licensed facility has been adversely affected.

Any renovation, remodeling, addition or alteration to the physical plant of a hospital, nursing home, ASC or ICF/DD that would require a building permit must be reviewed

by the Office of Plans and Construction, regardless of the cost of such alterations, before any construction may commence. Some small projects such as interior finish upgrades and preventive maintenance do not require submission to the Agency. The Office of Plans and Construction conducts no-fee cursory reviews to determine if the scope of work involved in these projects will require submission as a reviewable project.

All projects submitted for a no-fee cursory review must include a completed Cursory Review Application (CRA). The response to the cursory review request will be sent to the person identified as the facility contact in the CRA. Cursory review requests must be submitted by email to OPCDESKREVIEW@AHCA.MyFlorida.com

Adult living Facilities (ALF), Hospices, and Birthing Centers are licensed by the Agency, but plan review by the Office of Plans and Construction is not required. Fire safety surveys are required for these and facilities and are completed by either the Agency or the local fire inspecting authorities.

Renal dialysis facilities not attached to the hospital license are not licensed but are certified for federal Medicare and Medicaid. There are no regulatory physical plant requirements for these facilities and plan review is not required.

All projects submitted to this office will be given a separate and distinct project number. It is essential that this project number be included on all further material submitted for this project including drawings, specifications, letters, fee payments, etc. If additional projects are submitted for review, include on the transmittal letter all facility information requested on the Plan Review Application so a new project log number can be assigned to the project.

REQUIREMENTS FOR PROJECT SUBMISSION

The following items must be submitted to the Office of Plans and Construction before any review can be undertaken. If any of these items are not included in the submission, the project will either be placed on hold and no review initiated or the project will be disapproved and will require another submittal.

Plan Review Fee

A fee is charged by the State of Florida for the review of plans and construction. The Agency is authorized to charge an application fee of \$2,000 for the review of plans and construction on all projects, no part of which is refundable. The application fee payment must accompany the initial submission. All fees for the review, including construction surveys, will be at \$100 per hour and/or based upon the actual cost of review (including travel expense) for the remaining portions of the plan reviews and construction surveys. Any subsequent fee payment that is due is payable upon receipt of an invoice or notification in writing from the Agency.

Checks must be submitted by the provider and shall be made payable to "Treasurer, State of Florida" and should be noted "for Deposit to the Office of Plans and Construction Plan Review Trust Fund". The Agency can only accept a review fee from the provider.

Plan Review Application (PRA)

This application shall be completed in its entirety at the time the review is scheduled. If all information is not complete, accurate and current, the plans may not be able to be processed and review may not commence.

PRA form is available from the Agency's web site at the following address:
http://www.ahca.myflorida.com/MCHQ/Plans/Forms_Rules_Presentations.shtml.
Completion of this form is required at the time of scheduling for initial submission.

Firm Certification and Professional Registration

At the time of Construction Document (Stage III) submittal, a current State of Florida firm certification number must be provided for each architectural and engineering design firm doing business under an assumed name. For each design professional signing, sealing and dating the submitted documents, a current and active State of Florida registration number must also be provided. Information regarding such firm certification and registration requirements may be obtained from the applicable state licensing board.

Construction documents (Stage III) submitted to this office are public record documents and must be properly signed, dated (under the signature) and sealed (embossed) by the design professional responsible for the content. Such seals and signatures must be in keeping with the requirements of the Florida State Board of Architecture and the Florida State Board of Professional Engineers. This includes the following requirements:

- Both engineers and architects must sign, date under signature and emboss seal each sheet for which they are responsible.
- If there is a book of specifications, all design professionals responsible for the content of those specifications must sign, date (under signature) and emboss seal the front cover or title sheet.
- All addenda, change orders and other forms of contract document modifications require proper sealing as described above.

Certificate of Need (CON) Requirements

Due to changes in the Florida statutes regarding Certificate of Need review, many projects no longer require a Certificate of Need, exemption or non-reviewable letters from the Agency.

In general, projects that will add some types of new beds such as hospital rehab beds or nursing home beds or certain services (such as pediatric open heart surgery, pediatric cardiac catheterization, organ transplant, comprehensive medical rehab) and all new facilities still require a valid Certificate of Need or exemption letter from the Agency before plan review can commence.

Other projects involving outpatient services, adult open heart surgery, adult cardiac catheterization, obstetrical services, equipment replacement, elimination of safety hazards, or modifications or additions to the physical plant not directly related to patient care no longer require any letter or review by the Agency for Certificate of Need purposes.

Please visit the Agency's Certificate of Need and Financial Analysis website at: http://www.ahca.myflorida.com/MCHQ/CON_FA/index.shtml. For further information, please contact the Office of Certificate of Need for information at (850) 412-4346 or write to the Agency for Health Care Administration, Office of Certificate of Need, 2727 Mahan Drive Tallahassee, FL 32308 or send them a fax at (850) 922-6964.

INFORMATION FOR PLANS SUBMISSION

For new facilities or large additions, all three stages – Stage 1, schematic; Stage II, preliminary; and Stage III, construction documents – must be submitted to this office for approval. Stage I, schematic plans, and Stage II Preliminary Plans, may not be required for small additions and alterations. Contact this office for determination.

Stage I. Schematic Plans

Program:

- Provide a detailed scope of work and describe services to be provided in the project.
- If applicable, provide a schedule showing total number of beds (existing and new), types of bedrooms (private, semiprivate) and types of ancillary spaces.

Plans:

- Provide single-line drawings of each floor showing the relationship of the various activities or services to each other and the room arrangement in each. The name of each room shall be noted. The proposed roads and walks, service entrance courts, parking and orientation may be shown on either a small plot plan or the first floor plan. A single cross-section diagram shall be submitted at this stage. A schematic Life Safety Plan showing smoke and fire compartments and exit passageways is also required.
- If the project is an addition or otherwise related to existing buildings on the site, the plans shall show the facilities and general arrangement of those buildings. Provide the construction type for both the existing building and the addition.

Stage II. Preliminary Plans

The preliminary plans are a further development of the schematic plans and shall include the following:

Program:

- Provide a detailed scope of work and describe services to be provided in the project.
- If applicable, provide a schedule showing total number of beds (existing and new), types of bedrooms (private, semiprivate) and types of ancillary spaces.

Plans:

- Civil Engineering Plans: Show existing grade and proposed improvements. Provide a vicinity map for new facilities.
- Life Safety Plans: Provide single-sheet floor plans showing fire and smoke

compartmentation, all means of egress, fire rated walls, the longest exit distances, the furthest travel distance from any point to cross corridor smoke doors, standpipe locations, fire extinguishers, and exit light locations. Additionally, dimension compartments, calculate and tabulate exit inches.

- Architectural Plans: Provide floor plans (1/8-inch scale preferred). Show door swings, windows, casework and millwork, fixed equipment and plumbing fixtures. Indicate function of each space within the space on the plan. Provide large-scale plans of typical bedrooms with tabulation of gross and net square footage of each bedroom. Provide typical large-scale wall interior and exterior sections and exterior wall elevations. Whenever an addition, alteration or remodeling or renovation to an existing facility is proposed, the general layout of spaces of the existing facility shall be submitted with the preliminary plans.
- Mechanical Engineering Drawings: Provide a one-line diagram of the ventilating system with relative pressures of each space. Provide, at least in outline form, system operation and description of drawings of any anticipated emergency smoke control system. Show existing sprinklered areas as well as areas to be sprinklered.
- Electrical Engineering Drawings: Provide a one-line diagram of normal and essential power systems showing service transformers and entrances, switchboards, transfer switches, distribution feeders and over-current devices, panel boards and step-down transformers. The diagram shall include a preliminary listing of new and existing normal block loads, preliminary estimates of available short-circuit current at all new equipment and existing equipment serving any new equipment, short-circuit and any new revised grounding requirements.
- Outline Specifications: Provide a general description of the construction, including construction classification and ratings of components, interior finishes, general types and locations of acoustical material, floor coverings, hardware groups, electrical equipment, ventilating equipment and plumbing fixtures.
- Phasing Plan: When renovation/additions must be completed in construction phasing, provide construction phasing plans indicating how all architectural, mechanical and electrical conditions will be phased to maintain the environment of care at all times in the facility.

Stage III. Construction Documents

The construction documents shall be an extension of the second stage (preliminary plan submission) and shall completely describe all new construction. These documents shall consist of work related to civil engineering, architectural, structural engineering, mechanical engineering, and electrical engineering, plus specifications for the complete description of all the disciplines. It is specifically required in the case of additions to existing facilities, that the mechanical and electrical (especially the essential electrical system) conditions be a part of this submission.

Program:

- If no Stage II Preliminary drawings were submitted, the Stage III Construction documents shall include a detailed written scope of work and services to be included in the project.

Plans:

- Life Safety Plan: This plan can be a modification of the life safety plan submitted with preliminary plans.
- Floor Plans: Ensure that they agree with the life safety plan as to the location of the firewalls, smoke partitions, horizontal exits, etc. All rooms must be labeled within the rooms on the plan.
- Architectural Plans: Provide building type of construction and fire resistance ratings of all assemblies. Indicate on the drawings the type of construction and structural fire protection that will be provided. The most stringent requirement of all applicable codes must be met.
- Mechanical and Electrical Plans: Ensure that they agree with the Life Safety Plan relative to the location of fire wall, smoke partitions, horizontal exits, fire alarm zones, etc. Coordinate with the life safety plans and indicate the names of all rooms as well as the room numbers if any. Provide complete sprinkler design drawings, electrical power studies, and break coordination studies. Construction documents can not be approved without the submission of these items.
- Hardware Schedule and Specifications: Provide a complete hardware schedule and specifications for the project.

All subsequent addenda, change orders, field orders, and contractor letters altering the above must be signed, dated (under signature), sealed and submitted for approval. Any deviation from the approved plans shall require written approval. Request for price proposals, which do not officially modify the contract, will not be reviewed.

While it is permissible to submit schematic and preliminary drawings to this office by mail, it is customary and encouraged that an appointment be made for stand-up review. Such an appointment may be made by telephone up to three weeks ahead of time. However, no appointment will be scheduled without a copy of a valid CON or Letter of Determination and a completed PRA. Because of the time required and time commitments to other facilities, a stand-up review cannot be made on construction documents except those for small projects.

When construction documents are 100 percent completed, please mail them (or have them delivered) to this office. Only one copy of the various stage drawings is necessary; additional copies may be desirable for stand-up review purposes at Stages I and II in order for the design professionals to record notes, drawings and other comments.

All facilities must comply with the requirements of the rules of licensure as prescribed by the Florida Administrative Code (F.A.C.). Those rules are identified as: [Chapter 59A-3, F.A.C. \(Hospitals\)](#); [Chapter 59A-4, F.A.C. \(Nursing Homes and Related Facilities\)](#);

[Chapter 59A-26, F.A.C \(Intermediate Care Facilities for the Developmentally Disabled\)](#); and [Chapter 59A-5, F.A.C. \(Ambulatory Surgical Centers\)](#). Copies of the applicable rules are available from the Department of State, Bureau of Administrative Codes, RA Gray Building, 500 S. Bronough St., Tallahassee, FL 32399-0250, and Attention: Liz Cloud (850-245-6270).

All facility plans and construction must also comply with the physical plant requirements of the Florida Building Code, Chapter 4, Sections 449, Hospitals, 450, Nursing Homes, and 451, Ambulatory Surgical Centers.

The architects and engineers of this office are available to answer any questions concerning health care facilities.

As noted, schematic plans and preliminary plans can be walked through and thus will receive an immediate review. A signed letter with comments will be available within 14 days after review. Construction documents, when properly signed, sealed and dated and the plan review fee has been received, will be reviewed and approved or not approved as appropriate, within 60 days from the date of the complete submission. Subsequent revised documents are subject to the same 60-day time period. If there is no response from this office after 60 days have elapsed from the date of receipt, the drawings are approved by default. However, all comments must be answered before final approval of the project may be granted.

Once the construction documents are approved, the facility has one year to begin construction. If construction has not commenced in one year, the project is considered closed and all drawings must be resubmitted for another plan review. Upon completion of the project, a complete set of legible record drawings (As Built drawings) shall be submitted to this office. Upon receipt of the record drawings, all previously submitted drawings and specifications will be discarded and only the record drawings will be stored in our data bank for a period of five (5) years. If no "As Built" drawings are received, one set of the first submitted construction documents and project file will be retained for the archival period.

Early foundation, site work, and demolition plans approval

Construction of the project cannot commence until final construction documents have been reviewed and approved by the Office of Plans and Construction. Approval to begin foundation, site work, structural frame, and or demolition work only may be approved prior to final construction document approval if the following items are submitted:

- A stage II preliminary approval letter from the Office of Plans and Construction
- A hold harmless letter from the facility or provider stating that the facility will not hold the Agency responsible for any changes to the foundation, site work or demolition work as a result of the final construction document review.
- A signed, sealed and dated foundation, site plan or demolition plan. **For demolition to be approved, the plans must clearly show all construction separations and air pressure relationships in the constructed areas.**

No further approvals (such as exterior facade, electrical or mechanical systems) shall

be obtained from the Office of Plans and Construction other than a completed construction document approval.

Additional information is available from the staff of this office at the addresses and telephone numbers provided.

MAILING AND OVERNIGHT/EXPRESS DELIVERIES ADDRESS

All submitted materials are to be sent to the following address:

2727 Mahan Drive, MS 24
Fort Knox Bldg. #3, Room 1211
Tallahassee, FL 32308
Telephone: 850/412-4477
Fax: 850/922-6483

For a complete listing of staff contacts in the Office of Plans and Construction, and links to other important and informative websites, please visit the Agency for Health Care Administration website at:

<http://www.ahca.myflorida.com/MCHQ/Plans/>.

APPENDIX A

APPLICABLE CODES AND STANDARDS

The plans and specifications shall identify all of the codes and standards, which are utilized in the project. Include the year of the edition used in each case. The year and edition for all codes and standards are subject to change by Florida Administrative Codes. When these changes occur, projects, which have not yet received, at least a Preliminary Stage II review and approval, will be subject to the new editions of the codes and standards.

The following is a list of the adopted codes and standards, which are to be used for projects reviewed by the Office of Plans and Construction. This list is not inclusive of all codes and standards that may apply to a project.

Design Codes and Standards

Although the construction requirements of the Florida Administrative Codes, Chapters 59A-3 (hospitals), 59A-4 (nursing homes) and 59A-5 (ambulatory surgical centers) are now contained in Chapter 4 of the Florida Building Code, the Agency for Health Care Administration remains the entity for interpretation and enforcement of these codes.

It should be noted that all of the non construction related requirements for these health care facilities such as review fees and plans submission still remain in the applicable Florida Administrative Code. These rules can be viewed and printed from the web site: <https://www.flrules.org/Gateway/Division.asp?DivID=186>.

Florida Building Codes To obtain these codes you may see them or order them from The Department of Business and Professional Regulation – Florida Building Commission at the web site: <http://www.floridabuilding.org/>

Effective December 31st, 2017, the following building codes are adopted by The Florida Building Code Commission and are the only building codes to be used for all projects that have not received a Stage II Preliminary Plan or a Stage III Construction Document Plan approval prior to December 31st, 2017:

- Florida Building Code 6th Edition (2017) - Building
- Florida Building Code 6th Edition (2017) - Accessibility
- Florida Building Code 6th Edition (2017) - Test Protocols
- Florida Building Code 6th Edition (2017) - Mechanical
- Florida Building Code 6th Edition (2017) - Plumbing
- Florida Building Code 6th Edition (2017) - Fuel Gas

Additional Standards Additional design requirements are incorporated by reference in the special occupancy chapters of the Florida Building Code to include the following:

- Guidelines for the Design and Construction of Hospitals and Outpatient Facilities, 2014 edition.
- Guidelines for the Design and Construction of Residential Health, Care and Support Facilities, 2014 edition.
- UL Standard 181 (2005)
- ASTM E 96 (2013)
- ASCE 7 (2010) – with Errata dated January 11, 2011

- ANSI/AHSRAE/ASHE Standard 170 (2013)
- UL Standard 1069 7th Edition (2007)

Federal Fire Codes:

The federal government, through the Center for Medicare/Medicaid Services (CMS) has adopted the 2012 edition of the NFPA 101 Life Safety Code (and all referenced NFPA codes) as modified by [42 CFR Parts 403, 416, and 418](#) for purposes of certification of all facilities participating in the federal Medicare/Medicaid programs. Therefore, all projects and all certified existing facilities must be in compliance with these codes, as well as the Florida state fire codes.

Florida State Fire Codes (Hospitals & Nursing Homes):

Effective December 31, 2017, the following state fire codes are adopted by the State Fire Marshall's Rule 69A-3.012 F.A.C. and are the only fire codes to be used for all hospital and nursing home projects that have not received a Stage II Preliminary Plan or Stage III approval prior to December 31, 2017. The codes for the Standards of the National Fire Protection Association and Other Standards Adopted may be found at [69A-3.012, F.A.C.](#)

Florida State Fire Codes (Ambulatory Surgery Centers):

Effective December 31, 2017, the following state fire codes are adopted by the [State Fire Marshall's Rule 69A-60 F.A.C.](#) and are the only fire codes to be used for all Ambulatory Surgery Center (ASC) projects that have not received a Stage II Preliminary Plan or Stage III approval prior to December 31, 2017. The codes for the Standards of the National Fire Protection Association and Other Standards Adopted may be found at [69A-60.005, F.A.C](#)

Florida State Fire Codes (Intermediate Care Facilities for the Developmentally Disabled):

Effective December 31, 2017, the following state fire codes are adopted by the State Fire Marshall's Rule 69A-3.012, F.A.C. as modified by [69A-38, F.A.C.](#) and are the only fire codes to be used for all Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) projects that have not received a Stage II Preliminary Plan or Stage III approval prior to December 31, 2017. The codes for the Standards of the National Fire Protection Association and Other Standards Adopted may be found at [69A-3.012, F.A.C.](#)

APPENDIX B

CONSTRUCTION SURVEY CHECKLIST

The following checklists were compiled to assist in the successful survey of construction. The facility is only required to pass the final survey in order to utilize the project for its intended purpose. Because of current budget restraints, the Agency is no longer able to conduct 40 percent surveys. However, it is strongly suggested that the facility utilize the following checklist to properly prepare for the 80% and final construction surveys.

AHCA 80 Percent Surveys

At the 80 Percent Survey, walls, ceiling assemblies and shaft walls should be completed. Door frames, windows, stair, railings, etc., should be installed. All mechanical equipment should be sent and all ductwork and dampers installed. All electrical equipment and devices should be in place and main power feeds connected.

PERSONNEL WHO MAY BE PRESENT AT SITE

- Project architect
- Project engineers
- Project manager
- Superintendent
- Drywall contractor
- Mechanical contractor
- Electrical contractor
- Owner or owner's representative (at least at exit interview)
- Laborers to move ladders, equipment, etc.

EQUIPMENT

- Ladders—at least one for each discipline (large projects may require more)
- Flat head and Philips screwdriver, pliers or wrench, drywall saw etc.
- Flashlight (for owner's representative)
- Two-way radios for each discipline tuned to the same frequency (for large projects)
- Table and chairs at a pre-selected area for plan-review, conference and exit interview

PAPERWORK

- Set of construction documents approved by AHCA
- Sprinkler working drawings approved by AHCA
- Life safety plan (preferably reduced for convenient use)
- Outstanding AHCA plan review comments.
- All AHCA approval letters
- All correspondence from AHCA
- All change orders and field orders
- Previous AHCA construction survey letters

MANUFACTURER'S DATA AND TECHNICAL INFORMATION

- Proprietary systems used
- Independent fire test of all rated assemblies
- Damper installation instructions for each type installed (U.L. approved)
- Duct smoke detector installation instructions

ARCHITECTURAL

- Separation between construction and occupied areas
- Exits
- Fire / Smoke walls
- Fire rated assemblies
- Steel fireproofing
- Stairs and handrails
- Fire Stopping / Draft Stopping
- Access panels
- Door frames
- Room Sizes
- Windows
- Scuppers or auxiliary drains

MECHANICAL

- Plumbing rough-in
- Sleeves for pipes and ducts through rated walls
- Sprinkler piping
- Mechanical equipment location
- Mechanical rooms
- Fire pump room
- Grease duct location
- Medical gas piping rough-in
- Damper installations

ELECTRICAL

- Normal main service switchgear
- Rough-in of bulk conduits
- Panel board locations
- Generator, transfer switches, transformer locations
- Exit lighting
- Receptacle requirement locations
- Lightning protection
- Wiring
- Access panels
- Grounding (main /equipotential /lightning)

AHCA Final Survey

PERSONNEL WHO MAY BE PRESENT AT SITE

- Project architect
- Project engineers
- Project manager
- Superintendent

- Drywall contractor
- Mechanical contractor
- Owner or owner's representative (at least at the exit interview)
- Laborers to move ladders, equipment, etc.
- Fire alarm contractor
- Nurse call contractor
- Sprinkler contractor
- Generator or special emergency power contractor

EQUIPMENT

- Ladders—at least one for each discipline (large projects may require more)
- Flat head and Philips screwdriver, pliers or wrench, drywall saw etc.
- Flashlight (for owner's representative)
- Two-way radios for each discipline tuned to the same frequency (for large projects)
- Table and chairs at a pre-selected area for plan-review, conference and exit interview

PAPERWORK

- Set of construction documents approved by AHCA
- Sprinkler working drawings approved by AHCA
- Life safety plan (preferably reduced for convenient use)
- Outstanding AHCA plan review comments
- All AHCA approval letters
- All correspondence from AHCA
- All change orders and field orders
- Previous AHCA construction survey letters
- Emergency evacuation plan
- Fire exit drill plan
- Date sprinkler system was checked
- Date smoke detectors were tested in place

MANUFACTURER'S DATA AND TECHNICAL INFORMATION

- Proprietary systems used
- Independent fire test of all rated assemblies
- Damper installation instructions for each type installed (U.L. approved)
- Duct smoke detector installation instructions
- Rated lay-in ceiling instructions
- Electrical panels, switchboards, transformers, equipment instructions

SYSTEMS CHECK TO BE COMPLETED PRIOR AND DURING AHCA SURVEY

- Fire alarm and third party tie-in
- Fire protection and Halon tests
- Nurse call and code blue
- Medical gas system test
- Dry or wet chemical suppression tests
- Kitchen equipment start-up
- HVAC system start-up
- Equipotential grounding
- Smoke detector sensitivity (signed by licensed master contractor)

CERTIFICATIONS

- Flame spread ratings for paint and vinyl wall coverings
- Flame spread ratings for vinyl flooring, acoustical tile and building insulation
- Flame resistant bedding
- Flame retardant certification for lumber
- Flame resistant certification for draperies and cubicle curtains
- Critical radiant flux ratings for carpet
- Metal or U.L approved waste baskets
- State elevator certificate
- Spray-on fireproofing certification for steel
- Lead-lined flame certificate
- Concrete masonry unit certification
- Medical gas certification
- Water purification certificate
- Incinerator EPA certificate – smoke reader
- Sprinkler system hydraulic data label
- HVAC test and balance report
- Pressure differential test readings for duct smoke detectors
- Halon system certification
- Nurse call code blue listed for its intended purpose
- Lightning protection with application for certification
- Emergency generator low level fuel/high level fuel certification
- Smoke detector activation/sensitivity test (include listed range)
- List of certification of the isolated power systems (ISO)
- Main building ground certification
- Equipotential grounding certification

STATE OF FLORIDA
PLAN REVIEW APPLICATION (PRA)

(To initiate project review, all items must be complete)

<u>FACILITY REPORT</u>	PLEASE UPDATE ALL CHANGES AS REQUIRED	Project Number (Assigned by OPC) _____
		Team (Assigned by OPC) _____
FACILITY NAME: _____		
FACILITY ADDRESS: _____ CITY _____ COUNTY _____ ZIP _____		
FACILITY CONTACT PERSON: _____ TITLE: _____		
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____		

<u>PROJECT REPORT</u>	PLEASE UPDATE ALL CHANGES AS REQUIRED	Team (Assigned by OPC) _____
PROJECT NAME: _____		
ADDRESS OR DESCRIPTIVE LOCATION (If different from Facility) _____		
CITY _____ COUNTY _____ ZIP _____		
PROJECT CONTACT PERSON: * _____ TITLE _____		
*(To Be Contacted For Construction Survey Scheduling)		
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____		
PROJECT COST ESTIMATE: (Must be filled in) \$ _____ BUILDING DEPARTMENT _____		

ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING
PLEASE UPDATE ALL CHANGES AS REQUIRED

OWNER

OWNER: (COMPANY NAME) _____		
OWNER CONTACT PERSON: _____ TITLE _____		
ADDRESS: <i>(If different than facility)</i> _____		
CITY _____ STATE _____ COUNTY _____ ZIP _____		
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____		

<u>BILLING</u> (Must be owner or owner's certified representative)	PLEASE UPDATE ALL CHANGES AS REQUIRED
BILLING: (COMPANY NAME) _____	
BILLING: CONTACT PERSON _____ TITLE _____	
ADDRESS: <i>(If different than facility)</i> _____	
CITY _____ STATE _____ COUNTY _____ ZIP _____	
PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____	

(To initiate project review, all items must be complete)

*****PROVIDE A CON. COPY OF LETTER OF NOTIFICATION, EXEMPTION OR NON REVIEWABLE***
(EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER)**

C.O.N. # _____ EXP. DATE _____ SQ. FT (CON) _____ EXEMPT # _____ NON-REVIEWABLE # _____
LETTER OF NOTIFICATION FROM CON: _____

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED. NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE

PROJECT PLAYER REPORT

ARCH. FIRM _____ FIRM CERTIFICATION AAC- _____
PROJECT MGR. _____
ARCHITECT FOR SIGNING & SEALING _____ FLA. REGISTRATION AR - _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

MECH. ENG. FIRM _____ FIRM CERTIFICATION CA- _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE- _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

SPRK. ENG. FIRM _____ FIRM CERTIFICATION CA- _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE- _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

ELEC. ENG. FIRM _____ FIRM CERTIFICATION CA- _____
PROJECT MGR. _____
ENGINEER FOR SIGNING & SEALING _____ FLA. REGISTRATION PE- _____
MAILING ADDRESS _____ TELEPHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

ELEC. ENG. FIRM _____ FIRM CERTIFICATION CA- _____
PROJECT MGR. _____ FLA. REGISTRATION PE- _____
ENGINEER FOR SIGNING & SEALING _____ TELEPHONE NO. _____
MAILING ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

STRUCT. ENG. FIRM _____ FIRM CERTIFICATION CA- _____
PROJECT MGR. _____ FLA. REGISTRATION PE- _____
ENGINEER FOR SIGNING & SEALING _____ TELEPHONE NO. _____
MAILING ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP CODE _____ FAX: _____
E-MAIL _____

APPLICATION FOR CURSORY REVIEW

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH ANY CURSORY REVIEW REQUEST. A CURSORY REVIEW MAY BE REQUESTED TO DETERMINE IF PROPOSED CONSTRUCTION WORK OR A CHANGE IN FUNCTION USE OF A SPACE WILL REQUIRE SUBMISSION OF CONSTRUCTION DOCUMENTS TO THE AGENCY'S OFFICE OF PLANS AND CONSTRUCTION FOR APPROVAL.

FACILITY NAME: _____ TYPE OF FACILITY: _____
PROJECT NAME: _____ FACILITY ADDRESS: _____
FACILITY CONTACT: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF CURSORY REVIEW REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> EXEMPTION VERIFICATION REQUEST FOR QUALIFYING DETACHED HOSPITAL OUTPATIENT FACILITY SEE F.S. 395.0163(1)(B) | <input type="checkbox"/> CURSORY REVIEW TO DETERMINE IF PROPOSED PROJECT OF LIMITED SCOPE WILL REQUIRE A FULL PROJECT REVIEW |
|--|--|
-
-

EXEMPTION VERIFICATION REQUEST (FILL OUT THIS SECTION FOR EXEMPTION REQUESTS ONLY)

ADDRESS OF FACILITY WHERE PROJECT IS LOCATED: _____

WILL THE FACILITY BE USED TO TREAT INPATIENTS? **YES NO**

WILL SURGICAL TREATMENTS REQUIRING GENERAL ANESTHESIA OR IV CONSCIOUS SEDATION BE PERFORMED AT THE FACILITY? **YES NO**

WILL THE FACILITY PROVIDE CARDIAC CATHETERIZATION SERVICES OR BE LICENSED AS AMBULATORY SURGICAL CENTER? **YES NO**

WILL THE FACILITY BE PHYSICALLY DETACHED FROM THE HOSPITAL? **YES NO**

WILL THE FACILITY HAVE UTILITY CONNECTIONS WITH THE HOSPITAL, BLOCK EMERGENCY EGRESS FROM THE HOSPITAL OR CREATE A FIRE HAZARD TO THE HOSPITAL? **YES NO**

IS A LETTER FROM THE HOSPITAL ADMINISTRATION PROVIDED CONFIRMING THAT THE FACILITY WILL MEET THE ENTIRE EXEMPTION CRITERIA LISTED ABOVE (REQUIRED)? **YES NO**

CURSORY REVIEW REQUEST (FILL OUT THIS SECTION FOR CURSORY REVIEW REQUESTS ONLY)

TO HELP US ROUTE YOUR REQUEST TO THE PROPER REVIEWER, PLEASE INDICATE WHICH CATEGORY IS PRIMARILY AFFECTED BY THE PROJECT (CHECK ONLY ONE BOX):

- ARCHITECTURE (LAYOUT CHANGES, FUNCTIONAL USE CHANGES, LIFE SAFETY, STRUCTURAL)
- MECHANICAL (HVAC SYSTEM, MEDICAL GAS SYSTEM, PLUMBING, FIRE PROTECTION SYSTEM)
- ELECTRICAL (ELECTRICAL SYSTEM, FIRE ALARM SYSTEM, COMMUNICATIONS SYSTEM,)
- PROJECT HAS SIGNIFICANT IMPACT TO MORE THAN ONE CATEGORY

THE FOLLOWING DOCUMENTS ARE INCLUDED IN THIS SUBMISSION:

- | | |
|---|---|
| <input type="checkbox"/> PLANS (DEMOLITION, NEW WORK, LIFE SAFETY)* | <input type="checkbox"/> SPECIFICATIONS |
| <input type="checkbox"/> INFECTION CONTROL RISK ASSESSMENT (ICRA)* | <input type="checkbox"/> PROJECT NARRATIVE/ SCOPE OF WORK |
| <input type="checkbox"/> OTHER _____ | |

*Minimum required for review