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| DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance  F-62495 (08/2020) | | | | | STATE OF WISCONSIN | | | | | | | | | | | | | | | | | | | |
| COMPLIANCE STATEMENT  * Completion and submission of this form is required by Wis. Admin. Code § SPS 361.40 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 building, HVAC, fire protection, building systems, or 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 (414) 227-4085, email [DHSDQAPlanReview@wi.gov](mailto:DHSDQAPlanReview@wi.gov), or contact your DQA representative. | | | | | | | | | | | | | | | | | | | | | | | | |
| I. PROJECT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Name – Facility | | | | | | | DHS/DQA Project/Plan No. | | | | | | | | | | | | | | | | | |
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| Building Occupancy and Use | | | | | | | | | | | | | | | | | | | | | | | | |
| Location – Street Address | | | City | | | | | | Zip Code | | | | | | | | County | | | | | | | |
| Project Description *(Briefly describe scope of project.)* | | | | | | | | | | | | | | | | | | | | | | | | |
| II. OWNER / ENTITY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Name – Owner or Representative | | | | | | Email Address | | | | | | | | | | | | | | | | | | |
| Name – Entity | | | | | | Email Address | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | City | | | | | | | | | State | | | | | Zip Code | | | | |
| 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  Fire Protection System  Essential Electrical System  Kitchen Hood System  Special Locking System | | | | | | | | | | | | | | | | | | | | | | | | |
| Partial Completion – *Specify:* |  | | | | | | | | | | | | | | | | | | | | | | | |
| Other – *Specify:* |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
| IV. STATEMENT OF SUBSTANTIAL COMPLIANCE – SUPERVISING PROFESSIONAL | | | | | | | | | | | | | | | | | | | | | | | | |
| To the best of my knowledge and belief and based on site observation and testing, this project has been completed in substantial compliance with the approved plans and specifications. | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** – Supervising Professional | | | | | | Date Signed *(MM/dd/yyyy)* | | | | | | Supv. Professional License No. | | | | | | | | | | | | |
| Name– Supervising Professional *(Print or type.)* | | | Name – Company | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address – Street or P.O. Box | | | | City | | | | | | | | | | State | | | | | Zip Code | | | | | |
| Telephone No. | | Email Address | | | | | | | | | | | | | | | | | | | | | | |