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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality Assurance F-62494 (08/2020) | **STATE OF WISCONSIN**Page 1 of 2 |
| **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 |
| [ ]  CBRF[ ]  Free-standing Emergency Dept.[ ]  Hospice | [ ]  Hospital[ ]  LTC Facility (Nursing Home) | [ ]  ASC Attached[ ]  ESRD Attached | [ ]  RCAC Attached[ ]  Medical Office Bldg. Attached |
| [ ]  Other (Specify.): |       |
|  |  |
| Project Description |
|       |
|  | **Documentation Requirements** | Yes | No | N/A | Comments |
| 1. 1.
 | *Compliance Statement* (DQA form F-62495) | [ ]  | [ ]  | [ ]  |       |
|  | Department of Safety and Professional Services (DSPS)plumbing inspection report | [ ]  | [ ]  | [ ]  |       |
|  | DSPS boiler certification | [ ]  | [ ]  | [ ]  |       |
| 1. 2.
 | Copy of closed municipal building permit or occupancy certificate | [ ]  | [ ]  | [ ]  |       |
| 1. 3.
 | Written statement from the local zoning authority that the proposed use of the building is not in conflict with zoningregulations | [ ]  | [ ]  | [ ]  |       |
| 1. 4.
 | Sprinkler system report including fire pump, where applicable(NFPA form) | [ ]  | [ ]  | [ ]  |       |
| 1. 5.
 | Documentation that sprinkler system is electrically supervised (NFPA 101-2012) | [ ]  | [ ]  | [ ]  |       |
|  | Kitchen hood suppression system documentation | [ ]  | [ ]  | [ ]  |       |
| 1. 6.
 | Local or state electrical inspection report | [ ]  | [ ]  | [ ]  |       |
| 1. 7.
 | Documentation by installer that the emergency generator hasbeen tested and functioning properly along with a list of areas or systems covered by the emergency power system (NFPA 70 and 99) | [ ]  | [ ]  | [ ]  |       |
|  | **Documentation Requirements** | Yes | No | N/A | Comments |
| 1. 8.
 | Local fire inspection report | [ ]  | [ ]  | [ ]  |       |
|  | Fire watch documentation, where applicable | [ ]  | [ ]  | [ ]  |       |
| 1. 9.
 | Locations of fire and smoke dampers documentation (inaccordance with NFPA 90A) | [ ]  | [ ]  | [ ]  |       |
| 1. 12.
 | Fire Extinguishers Placement / Operating Tag | [ ]  | [ ]  | [ ]  |       |
| 1. 13.
 | System documentation that all devices including, but not limitedto, special locking systems, smoke/heat detectors, sprinklerflow alarms, notification devices, smoke dampers, and smokecontrol devices have been installed correctly and tested inconformance to respective codes and are interconnected andoperate with the fire alarm system, as designed and approved(NFPA 72 form) | [ ]  | [ ]  | [ ]  |       |
| 1. 14.
 | Provide documentation of electrical performance criteria andtesting in accordance with NFPA 99  | [ ]  | [ ]  | [ ]  |       |
| 1. 15.
 | Medical gas systems report in accordance with NFPA 99 | [ ]  | [ ]  | [ ]  |       |
| 1. 16.
 | Nurse call system documentation | [ ]  | [ ]  | [ ]  |       |
| 1. 17.
 | HVAC final balance report | [ ]  | [ ]  | [ ]  |       |
|  | Kitchen hood ventilation system documentation | [ ]  | [ ]  | [ ]  |       |
| 1. 20.
 | Interior finishes documentation | [ ]  | [ ]  | [ ]  |       |
| 1. 23.
 | Cubicle curtain/drape fire retardant documentation | [ ]  | [ ]  | [ ]  |       |
| 1. 24.
 | Elevator certification | [ ]  | [ ]  | [ ]  |       |
| Comments and Miscellaneous Information |
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|       |