PRE-CONSTRUCTION PROJECT INFORMATION FORM

FACILTY NAME: _____

FACILITY LICENSE TYPE:

General Acute Hospital ☐ Critical Access Hospital (CAH) ☐ Specialty Hospital (specify) ☐
CDD ☐ Assisted Living ☐ Nursing Home ☐ ICF/IID ☐ Childrens Day Health ☐
Adult Day ☐ Mental Health/Substance Abuse Trmt ☐ Hospice ☐ Health Clinic/ESRD ☐
Health Clinic/ASC ☐ Health Clinic ☐

FACILITY ADDRESS: (City, Street, County)

_____

PROJECT NAME (**Note:** the project name **must** match on all documents submitted)

PROJECT SCOPE: Please provide a **brief** description of the construction project.

Will construction affect current patients/residents/clients? **Yes** ☐ **No** ☐ **Not Applicable** ☐
If YES, *please describe the plan to accommodate their needs and ensure licensure regulations will continue to be met during construction*:

Is the project a single phase or a multi-phase project? **Single phase** ☐ **Multi-phase** ☐
*If multi-phase, please provide the name of each phase (ie ER West, Patient Tower 3E, etc). Keep in mind these names **must** match all through out the process.*

PROJECT TYPE: **New Facility** ☐ **Replacment Facility** ☐ **Addition** ☐ **Remodeling** ☐

FACILITY PROJECT CONTACT PERSON

Printed Name: _____

Phone Number: _____ Email address: _____

Signature of facility staff submitting this documentation: _____

Printed Name: _____ Date: _____

☐ I have submitted plans to DHHS Facility Construction and reviewed the State Fire Marshal website.