

Oklahoma Department of Corrections

Request for Change to Rated Facility Capacity

Facility					
Housing Unit					
Address					
City		County		Zip Code	
Telephone					
Number of Beds to: _____ Increase _____ Decrease		Type of Housing <input type="radio"/> General Population <input type="radio"/> Medical <input type="radio"/> Mental Health		Bed Type: <input type="radio"/> Rated	
Custody Level			Inmate Gender		
Unit Square Footage			Bldg. Code Type (circle one)		Detention Residential
Alarm System (circle one)	Sprinkler System (circle one)	Wet Dry None		Fire Egress (circle one)	Electronic Keyed Unimpeded Alarmed Alarmed with Delay
Individual Central					
Number of Sinks	Sinks Meet Code Requirements- Existing (circle one) Yes-1 per cell Yes-1 per 15 No			Renovation/New Const. Yes-1 per cell (circle one) Yes-1 per 12 No	
Number of Urinals	Number of Commodes	Commodes Meet Code Requirements- Existing (circle one) Yes-1 per cell Yes-1 per 15 No		Renovation/New Const. (circle one) Yes-1 per cell Yes-1 per 12 (male) Yes-1 per 8 (female) No	
Number of Shower Heads	Shower Heads Meet Code Requirement- Existing (circle one) Yes-1 per 15 No			Renovation/New Const. (circle one) Yes-1 per 12 No	
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>_____ Name/Signature of Facility Head</div> <div>_____ Date</div> </div> <p>Fire Marshal approval required for increase or construction (attach Fire Marshal Inspection Report)</p> <p>Description of Changes:</p>					