Oklahoma State Department of Health
Protective Health Services, Medical Facilities
123 Robert S. Kerr, Suite 1702, Oklahoma City, OK 73102-6406
Phone: (405)426-8620 |
Email: planreview@health.ok.gov

Plan Review Inspection Request Application

OSDH ASSIGNED PROJECT NUMBER: _____

  (Will be assigned after the first submittal)

OSDH RECEIPT NUMBER: _____

DATE OF REQUESTED INSPECTION: _____

  Scheduling of inspections is based upon availability.

SUBMITTAL REQUIREMENTS:

- Mail courtesy inspection applications with the fee attached.
- Each submittal must include an application.
- If no fees are required, applications may be sent directly to the inspector.
- In all cases, copy planreview@health.ok.gov on submissions for documentation and tracking.

UPLOADING PROCESS AND COMMUNICATION:

- Once your application is approved, you will receive a link to the OSDH Box account. Drag and drop the files into the designated folder. After the upload is complete, email planreview@health.ok.gov. Access will be removed once the upload is approved.
- File Naming Convention for uploaded documents:
- Project #-Project Name-Type of document-Phase-Date
- To ensure a timely acknowledgment and/or reply to questions/concerns, refrain from emailing OSDH Plan Review team members directly. All emails must be sent to planreview@health.ok.gov and include the project number and "Attn: [Enter the Appropriate OSDH Contact Name Here]."
- Each submitted document must include the assigned OSDH project number.

INSPECTION REPRESENTATIVE:

NAME OF LICENSED FACILITY OR PROPOSED LICENSED FACILITY:	LICENSE #:
PROJECT NAME:	PROJECT FINDING ADDRESS, INCLUDING CITY & ZIP CODE & SUITE #:
INSPECTION REQUESTEES NAME	INSPECTION REQUESTEES PHONE NUMBER:
INSPECTION REQUESTEES EMAIL ADDRESS:	

PROJECT FACILITY TYPE:

MEDICAL FACILITIES	HUMAN RESOUCE DEVLOPMENT SERVICES (HRDS)
☐ Hospital (OAC:667)	☐ Skilled Nursing (OAC:675)
☐ Acute Care	☐ IID/ICF (OAC:675)
☐ Psychiatric Hospital	☐ Continuum Care and Assisted Living Facility (OAC:663)
☐ Rehabilitation Hospital	☐ Residential Care Home (OAC:680)
☐ Long Term Acute Care (LTAC)	☐ Adult Day Care (OAC:605)
☐ Hospital Outpatient Department (HOD)	
☐ Rural Emergency Hospital (REH)	
☐ Ambulatory Surgical Center (ASC) (OAC:615)	If other specify below:
☐ Hospice Inpatient Freestanding Facility (OAC:661)	

PROJECT/CONTRUCTION SCOPE: (licensed facilities only)

☐ New Facility   ☐ Equipment Upgrade/Replacement

☐ Existing Building with New License   ☐ Add Satellite to Hospital

☐ Building Addition to Existing Facility   ☐ Relocation of Existing Facility/Department

☐ Renovations to Existing Facility

☐ Change of Use or Occupancy Classification in Licensed Facility

INSPECTION REQUESTED AND FEE REQUIREMENT:

☐ Overall Final Inspection (No fee)

☐ Courtesy Inspection of overall project ($500.00)

☐ Courtesy Inspection of a phase ($500.00)   Project Phase _____ of _____ phases

☐ Final Inspection of a phase ($500.00)   Project Phase _____ of _____ phases

☐ Follow-up to Not Approved Final Inspection ($500.00)

FEE AND APPLICATION PROCESSING OPTIONS:

- **Mail to:** Oklahoma State Department of Health
    Financial Management – Receipting Unit
    PO Box 268823
    Oklahoma City, OK 73126-8823
- **Important Notes: In Person:**
    - Submit the fee to the cashier located in the OSDH Vital Records Office breezeway, immediately east of the Strata Tower. The cashier is available Monday through Friday from 2:00 PM to 4:00 PM, except on state holidays.
    - Applications will not be accepted by anyone other than the cashier.
- **Important Notes:**
    - Fees received without a submittal will not be accepted.
    - Plan Review/Medical Facilities staff will not accept any fees.
    - Fees must be paid by check or money order, payable to the Oklahoma State Department of Health.

COMMUNICATION AUTHORIZATION:

- The facility must provide below the organizations authorized to discuss this project. Communicate any changes in the list via e-mail to planreview@health.ok.gov.

ARCHITECTURAL RERESENTATIVE	CONSULTING ENGINEER RERESENTATIVE	FACILITY RERESENTATIVE
NAME	NAME	CONTACT NAME
DATE OF AUTHORIZATION	DATE OF AUTHORIZATION	DATE OF AUTHORIZATION
EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)	EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)	EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)
E-Mail Address	E-Mail Address	E-Mail Address