

Medical Facility Plan Review Affidavit Form

Check Appropriate Facility Type for Proposed Project:

- Hospital
 Hospital Satellite
 Outpatient
 Outpatient Satellite
 Ambulatory Surgical Center
 Long Term Care Facility
 Birthing Center

The undersigned Architect hereby certifies:

1. The Architect has created the architectural plans and specifications attached hereto as Attachment 1 (the “plans”) regarding physical plant improvements at the facility named below:

Facility’s Licensed Name or Proposed Name	Address, including City & Zip Code
Hospital or Clinic Satellite Name (If Applicable)	Address, including City & Zip Code

Project Description:

2. The Architect has reviewed all submitted plans which are identified on the attached list for compliance with the applicable Oklahoma Administrative Code Licensure Regulations (OAC 310:667, OAC 310:615, OAC 310:616, OAC 310:600, OAC 310:663, OAC 310:605, OAC 310:680, OAC 310:675, or OAC 310:661) and the applicable sections of 2018 edition of FGI Guidelines for Design and Construction of Hospitals, or 2018 edition of FGI Guidelines for Design and Construction of Outpatient Facilities.
3. To the undersigned’s knowledge, information, and belief, all submitted plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items for which exceptions are requested (please list regulation numbers below and verify that a completed exception request form has been submitted for each item):

