

**PROTECTIVE**  
**HEALTH**  
**SERVICES**



**Oklahoma State Department of Health**  
Protective Health Services – 0505  
Medical Facilities  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6576  
Email: [PlanReview@health.ok.gov](mailto:PlanReview@health.ok.gov)

## Courtesy Inspection Request

### *INSTRUCTIONS*

- I. Read carefully and complete all portions of the form. **Please type.**
- II. **Courtesy inspections are not required but should be considered for complex projects.**
- III. OSDH staff will work with the owner or representative to schedule an inspection as requested. Please be aware that courtesy inspections will be scheduled on a first come first serve basis and based on the availability of OSDH staff.
- IV. **Courtesy Inspection Fee is \$500 and must be paid after a confirmation email is received and prior to the inspection date.**
- V. This form may be submitted by mail, in person or by email.
  - a. **SUBMITTALS BY MAIL:** Submittals by mail should be sent to the following address:

Oklahoma State Department of Health  
Protective Health Services  
Medical Facilities Service  
ATTN: Health Facilities Plan Review Division  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299

- b. **SUBMITTALS IN PERSON:** If submitting an application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1<sup>st</sup> floor lobby of OSDH before submitting any application.
  - c. **SUBMITTALS BY EMAIL:** Submit this form to the email address at the top of the page.
- VI. **All REQUIRED FEES** must be submitted directly to the post office box listed below or submitted in person. Please do not submit fees to the Medical Facilities. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must **clearly identify the project and the person requesting the courtesy inspection** with which the payment is associated and be mailed to:

Oklahoma State Department of Health  
Protective Health Services  
Medical Facilities—Plan Review  
Division PO Box 268823  
Oklahoma City, OK 73126-8816

**TYPE OF FACILITY**

- Hospital – 310:667-47-1(e)(3)**
- Ambulatory Surgical Center – 310:615-47-1(e)(3)**

**OWNER/REPRESENTATIVE INFORMATION**

Name of Facility:

Contact Name:

Contact Title:

Mailing Address:

Telephone:

Fax:

**Email Address:**

**PRIMARY CONTACT INFORMATION**

Contact Name:

Mailing Address:

Telephone:

Fax:

**Email Address:**

**INSPECTION INFORMATION**

Preferred inspection dates:

Location for inspection:

(Number & Street)

(City) (State) (Zip)

Project attendees representing facility:

**PROJECT INFORMATION**

P#

Brief description of the project scope and phase: