Oklahoma State Department of Health
Protective Health Services
Medical Facilities Service
Home Services Division
Phone: (405) 271-6576
Fax: (405) 271-1141
planreview@health.ok.gov

HOSPITAL/ASC PLAN REVIEW SUBMITTAL FORM

Use this form for all HOSPITAL & Ambulatory Surgical Centers projects.
The ODH 696 Form "Plan Review Submittal Form" must be used for all other projects.

Plans, drawings, specifications, other documents and payment must accompany the Plan Review Submittal Form. Checks, money orders, or bank drafts must be made payable to ***OKLAHOMA STATE DEPARTMENT OF HEALTH*** and delivered in person or mailed with your plans and this completed Plan Review Submittal Form. No payment, submitted with the Plan Review Submittal Form shall be refunded.

OKLAHOMA STATE DEPARTMENT OF HEALTH
FINANCIAL MANAGEMENT - RECEIPTING UNIT
PO BOX 268823
OKLAHOMA CITY, OK 73126-8823

All plans, drawings, and other documents must be identified to clearly indicate the project and submittal they are associated with.
All final plans and specifications shall be appropriately signed and sealed by an architect registered in the state of Oklahoma.

1. **PROJECT NAME:** ____

____

2. **NAME OF FACILITY:** ***(Name to be given to the facility/structure)*** **License #** ____________________

____
(Printed Name)

D.B.A. ____

3. **PHYSICAL ADDRESS:**____
(Number & Street) (City) (County) (State) (Zip)

Mailing Address:____
(Number & Street) (City) (County) (State) (Zip)

Phone:______________________ Fax: ______________________

4. **PROJECTREPRESENTATIVE**: ____

MailingAddress: ____
(Number & Street) (City) (County) (State) (Zip)

Phone:______________________ E-Mail: ______________________

5. **PROJECTARCHITECT:** ____

ARCHITECT/FIRM: ____

MailingAddress: ____
(Number & Street) (City) (County) (State) (Zip)

Phone:______________________ E-Mail: ______________________

6. PROJECT TYPE:

☐ New Construction

☐ Remodel Existing Facility

☐ Relocate Existing Facility

Other: ______________________________

____

____

7. SUBMITTAL TYPE:

Stage One Submittal

☐ First Submittal

☐ Second Submittal

☐ Other (Specify)______________________

____

Stage Two Submittal

☐ First Submittal

☐ Second Submittal

☐ Other (Specify) ______________________

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8. SUBMITTAL REQUIREMENTS

Stage One Submittal

1. Submittal Form
2. Preliminary Drawings
3. Functional Program: Safety Risk Assessment, Infection Control Assessment
4. Existing plan with all spaces labeled
5. Life Safety Plan
6. Location plan that shows the project location and relationship to other department or tenants
7. Site Plan, if the building perimeter is altered or penetrated.

Stage Two Submittal

1. Submittal Form
2. Construction documents including specifications.
3. Functional Program
4. Construction Schedule*
5. Contractor Name*
6. Contractor Contact*

**If Available: This information must be submitted before construction is started.*

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9. FEE SCHEDULE ***CHECK ONE:***

Project Cost	Review Fee	Project Cost	Review Fee
__ <$10,000.00	$250.00	__ $250,000.00 to 1,000,000.00	$1500.00
__ $10,000.00 to $50,000.00	$500.00	__ >$1,000,000.00	$2000.00
__ $50,000.00 to $250,000.00	$1000.00	__ Not applicable	

ESTIMATED PROJECT COST $ ______________________________ **FEE SUBMITTED** $ ______________

I, ____________________________, attest that __________________________, is in compliance with the provisions of OAC 310:667-41-1(e) and 310:615-1-3-(e) having the required documentation of the Governing Body's approval of the functional program which is specific to the project pertaining to this application and included with this submittal.

SIGNATURE ____ **DATE**______________________