

PROTECTIVE
HEALTH
SERVICES



Oklahoma State Department of Health
Protective Health Services – 0505
Medical Facilities
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PLAN REVIEW SUBMITTAL FORM: CHECK LIST

(Checklist does not have to be submitted with form)

Stage One Submittal (1copy of each):

- Submittal Form
- Preliminary Drawings
- Functional Program
 - Functional Program must include:
 - Safety Risk Assessment
 - Infection Control Risk Assessment
 - Functional Program should contain the following as applicable
 - Patient Handling and Movement Assessment
 - Patient Fall Prevention
 - Medical Safety
 - Psychiatric Patient Injury and Suicide Prevention
 - Patient Immobility
 - Security Risks
- Existing plan with all spaces labeled
- Life safety plan
- Location plan that shows the project location and relationship to other departments or tenants
- Site plan if the building perimeter is altered or penetrated.

Stage Two Submittal (2 copies of each):

- Submittal Form
- Construction documents including specifications (only 1 copy is required)
- Functional program
 - Functional Program must include:
 - Safety Risk Assessment
 - Infection Control Risk Assessment
 - Functional Program should contain the following as applicable
 - Patient Handling and Movement Assessment
 - Patient Fall Prevention
 - Medical Safety
 - Psychiatric Patient Injury and Suicide Prevention
 - Patient Immobility
 - Security Risks
- Construction Schedule*
- Contraction Name*

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