

## Oklahoma Department of Corrections Request for Change to Rated Facility Capacity

Facility			
Housing Unit			
Address			
City		County	Zip Code
Telephone			
Number of Beds to: _____ Increase _____ Decrease	Type of Housing <input type="radio"/> General Population <input type="radio"/> Medical <input type="radio"/> Mental Health		Bed Type: <input type="radio"/> Rated
Custody Level		Inmate Gender	
Unit Square Footage		Bldg. Code Type (circle one)	Detention Residential
Alarm System (circle one)	Sprinkler System (circle one)	Wet Dry None	Fire Egress (circle one)
Individual Central			Electronic Keyed Unimpeded Alarmed Alarmed with Delay
Number of Sinks	Sinks Meet Code Requirements- <b>Existing</b> (circle one)		<b>Renovation/New Const.</b> (circle one)
	Yes-1 per cell Yes-1 per 15 No		Yes-1 per cell Yes-1 per 12 No
Number of Urinals	Number of Commodes	Commodes Meet Code Requirements- <b>Existing</b> (circle one)	<b>Renovation/New Const.</b> (circle one)
		Yes-1 per cell Yes-1 per 15 No	Yes-1 per cell Yes-1 per 12 (male) Yes-1 per 8 (female) No
Number of Shower Heads	Shower Heads Meet Code Requirement- <b>Existing</b> (circle one)		<b>Renovation/New Const.</b> (circle one)
	Yes-1 per 15 No		Yes-1 per 12 No
_____ Name/Signature of Facility Head <span style="float: right;">Date</span>			
Fire Marshal approval required for increase or construction (attach Fire Marshal Inspection Report)			
<b>Description of Changes:</b>			