

Plan Review Inspection Request Form

- Any inspection, other than the overall final inspection, requires that a fee of \$500 be submitted along with a completed copy of this form. If a facility fails to pass the final inspection, a fee of \$500 will be due for the follow-up inspection.
- Please submit completed form and fee to:

Oklahoma State Department of Health
Financial Management – Receipting Unit
PO Box 268826
Oklahoma City, OK 73126

Project Information:

Name of Licensed Facility or Proposed Licensed Facility:	License #:
Project Name:	Project Finding Address, including City & Zip Code:
Facility Contact/Project Manager:	Facility Contact/Project Manager Phone Number:
Facility Contact/Project Manager Email Address:	

OSDH Project Number: _____

Facility Type for Project:

- | | |
|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Hospital Satellite Location | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Inpatient Hospice |
| <input type="checkbox"/> Outpatient Satellite Location | <input type="checkbox"/> Inpatient Hospice Freestanding |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Abortion Facility |
| <input type="checkbox"/> IID/ICF | <input type="checkbox"/> Birthing Center |

License Type for Project:

- New License
 Amended License
 Bed Count Change: _____
 Other: _____

Type of Construction:

- New Construction Addition Renovation Change of Use or Occupancy Modification

Inspection Requested:

- Courtesy Inspection of overall project (\$500.00)
 Courtesy Inspection of a phase (\$500.00) Phase _____ of _____ phases
 Final Inspection of a phase (\$500.00) Phase _____ of _____ phases
 Overall Final Inspection (No fee)
 Follow-up Final Inspection (\$500.00)

Date of Requested Inspection: _____

Scheduling of inspections is based upon availability.