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| --- |
| **Section 1 – Health facility details** |
| Facility/hospital name |
|  |
| Description of area requiring operational approval  |
|  |
|  |  |  |
| Proposed date of occupancy (commencement of services)  |  | Click or tap to enter a date. |
|  |  |  |
| Proposed date of onsite inspection  |  | Click or tap to enter a date. |
|  |  |  |
| Please attach all documents required. If an item is not attached, please detail reason (e.g. document not applicable) |
|  | **Document name** | **Comment if not provided** |
| [ ]  | Local authority certificate of occupancy by building certifier or QFES certificate  |  |
| [ ]  | Diagrammatic evacuation plan  |  |
| [ ]  | Medical gases certification and test results |  |
| [ ]  | Certificate for installation of RO water (if applicable) |  |
| [ ]  | Certificate for electrical safety for electrical works, including body and/or cardiac protected  |  |
| [ ]  | Certificate of commissioning – nurse call / emergency call system  |  |
| [ ]  | Certificate of electrical safety - emergency power |  |
| [ ]  | Radiation safety certificate/s (if applicable) |  |
| [ ]  | Validation and commissioning statements for sterilisers and associated equipment (if applicable) |  |
| [ ]  | Compliance certificate for air-conditioning including air balance test report, HEPA filters certification |  |
| Medical equipment compliance statement |  |
| [ ]  | for **new** equipment – confirmation equipment has been tested and is covered under warranty |  |
| [ ]  | for **existing** equipment – compliance statement equipment tagged and tested |  |
| [ ]  | other evidence, including photographs, as requested by an officer |  |
|  |
| Please confirm the following and submit photos if necessary: |
| [ ]  | all surfaces have been rendered impervious |  |
| [ ]  | furniture, fittings and equipment have been installed |  |
| [ ]  | directional signage has been installed |  |
| [ ]  | designation signage has been installed |  |
| [ ]  | body protected electrical signage has been installed |  |
|  |  |  |
| Photographs or video requested  |
| [ ]  |  |  |
| [ ]  |  |  |
| [ ]  |  |  |