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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 | | | | |
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