

## **Certifications for Request of Inspection**

IDPH No		-	
Facility			
City			
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The following information must be submitted and accepted prior to an on-site inspection. Inspections will be scheduled in accordance with the Illinois Hospital Licensing Act and Requirements and the Illinois Ambulatory Surgical Treatment Center Licensing Act and Requirements. All information should be submitted together unless the requested certifications are not applicable to the project.

1.	Archit	tect, Engineer, Contractors
	a.	Architect's authorization for 95 percent payment of all construction. Submit a complete AIA G702, <i>Application and Certification for Payment Form.</i>
		Enclosed N/A, why?
	b.	List of uncompleted items from the architect's and engineer's punch list. $\square$ Enclosed N/A, why?
	c.	Certification from the architects, engineers and contractors that they have reviewed all of the certifications and have verified them by inspection.
		Enclosed N/A, why?
2.	Mecha	anical
	a.	Non-Flammable Medical Gas and Vacuum Systems Certification
		Submit a complete copy of the third party certification per NFPA 99, System Verification Enclosed N/A, why?
	b.	Certification by the installer that the sprinkler system is installed as required by NFPA 13, Chapter 10, NFPA 20, Chapter 11 and NFPA 14, Chapter 9. Submit copy of the sprinkler acceptance and/or
		hydrostatic test report.
		Enclosed N/A, why?
	C.	Certification that the HVAC system has been installed and is operating in compliance with the design plans and specifications, NFPA 90A/90B and the Illinois Hospital Licensing Act and Requirements or the
		Illinois Ambulatory Surgical Treatment Centers Act and Licensing Requirements.
	4	Enclosed N/A, why?
	a.	tested and checked for the purpose of determining compliance with the appropriate NFPA standard for the
		system being used.
	e.	Documentation by the installer that all fire extinguishers have been checked and inspection tags are dated and attached to each device.
		Enclosed N/A, why?
	f.	Documentation by the installer that range hood and duct systems are installed and operate in accordance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking
		Operations." Enclosed N/A, why?
	g	Certification by the installer that the smoke control system has been tested and operates as designed per NFPA 92A & 92B.
		Enclosed N/A, why?

	Provide the docum	ientation of all certifications and test data verifying that the fire pump and system
	components nave t	Seen installed and tested per NFPA 20, Chapter 11 Acceptance Testing, Performance 7
	Maintenance and F	NFPA 25, Chapter 5, 5-3.3.4, Emergency Power Operation and Chapter 9 Back-Flow
	Preventers.	
	Enclosed	N/A, why?
1.	Certification of the Application Handb	installation and testing of each fume hood per NFPA 45 and ASHRAE HVAC book specific to each classification.
	Enclosed	N/A, why?
j.	Certification of the Application Handb	e installation and testing of each biohazard cabinet per NFPA 45, and ASHRAE HVAG book specific to each classification.
	Enclosed	N/A, why?
Elect	rical	
a.	Certification by the ANSI A17.1 "Safe	e installer that the elevator recall system is installed and operates in accordance with ety Code for Elevators and Escalators."
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a. b.	Certification by the ANSI A17.1 "Safe Certification by the accordance with the	e installer that the elevator recall system is installed and operates in accordance with ety Code for Elevators and Escalators." N/A, why?
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a. b. c.	Certification by the ANSI A17.1 "Safe Enclosed Certification by the accordance with th Enclosed Certification by the electrical work has	e installer that the elevator recall system is installed and operates in accordance with ety Code for Elevators and Escalators." N/A, why?
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a. b. c. d.	Certification by the ANSI A17.1 "Safe Enclosed Certification by the accordance with th Enclosed Certification by the electrical work has Enclosed Certification by the standards, NFPA 9	e installer that the elevator recall system is installed and operates in accordance with ety Code for Elevators and Escalators." N/A, why?
a. b. c. d.	Certification by the ANSI A17.1 "Safe Enclosed Certification by the accordance with the Enclosed Certification by the electrical work has Enclosed Certification by the standards, NFPA 9 The generator mus	e installer that the elevator recall system is installed and operates in accordance with ety Code for Elevators and Escalators." N/A, why?
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#### 4. <u>Facility Certification</u>

- a. The **facility** must submit a letter certifying the following has been completed or is on file and available for for review during the on-site inspection.
  - The fire protection plans have been made available to all supervisory personnel.
  - Staff has received training and are familiar with the fire protection plan and evacuation plans.
  - Verification from the facility that non-flammable medical gases will be used in all operating rooms delivery rooms and other anesthetizing locations.
  - A smoking policy is on file and the signs are posted in prominent locations throughout the building.

#### 5. <u>Matrices</u>

3.

5A. U.L. Assembly Ratings Enclosed N/A, why? 5B. Through Wall/floor Penetrations 

Enclosed N/A, why? 5C. Interior Finishes Enclosed N/A, why? 5D. Project Cost and Fee Verification - Required for all projects Enclosed 5E. Fire Alarm Certification N/A, why? Enclosed 5F. Smoke and Fire Dampers N/A, why? 5G. Ventilation Balancing Enclosed N/A, why?

#### U.L. ASSEMBLY RATINGS MATRIX (5A)

IDPH No.\_\_\_\_\_

of stories	GSF/floor	Height in feet	
20 structural classifica	ation	Testing la	b (other than U.L.)
Structural c	omponent	Assembly rating	U. L. classification number*
Roof			
Floor			
Beams			
Columns			
Girders			
Bearing walls			
Hazardous area walls			
Smoke and fire walls			
Corridor walls			
Exterior walls			
Doors			
Vertical shafts			

\*Identify other means, if used, to determine assembly rating.

<u>All assemblies must be</u> identified. If multiple systems are used or different construction types are present, use multiple forms.

I certify the above listed ratings are true and correct to the best of my knowledge.

#### **Illinois Department of Public Health**

IDPH No.

### Through wall/floor penetrations matrix 5B For details and systems that were actually used in the project

U.L. year of book

Testing lab (other than U.L.)

Penetration type	Rating	U.L. system number*	Manufacturer	Product
Wall penetrations				
Curtain wall/slab				

\*Include cut sheets or copy of assembly from U.L.

I certify the above through wall/floor penetrations and fire stop systems have been installed in accordance with the manufacturer's specifications.

Name and Title

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Illinois Department of Public Health**

Interior finishes matrix - 5C

IDPH No.

							Ratings				
							Floors ASTC only Ceiling/walls				
Material	Plan designation	Subcontractor	Manufacturer	Standard	Test lab	Test No.	W/cm2 - NFPA 253	Flame spread	Smoke develop	Location drawing ref	Remarks

I certify the information listed above is a true and correct representation of the independent testing laboratory of flame spread rating and documentation of the location of all interior finishes including walls, ceilings, drapes and cubicle curtains.

Installing Company

Installer's Name

Authorized Signature

Form 482-0651 (03-09-5C)

Date

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PROJECT COST AND FEE VERIFICATION FORM (5D) To be submitted at completion of project with the actual cost of the project.

Facility Name and Address\_\_\_\_\_

Project Description \_\_\_\_\_

Actual project cost		
ltem	Actual	Adjusted actual
Site preparation costs		
Demolition costs		
Construction contracts (includes cost of materials)		
Changes orders		
Fixed capital equipment - if the cost of the fixed capital equipment is 51 percent or more of the total project cost, provide an adjusted equipment cost of 20 percent.		
Total		

\*Fixed capital equipment is any equipment which is not movable from room to room and includes but is not limited to diagnostic equipment (MRI,scanners, xray equipment, etc). Equipment which is part of the building such as AHU, boilers, chillers, lights, fire alarm panels and all related components are to be included in the construction costs.

#### Fee

If the actual cost of the project as reported here exceeds the estimated cost reported at the time of the project submission, a balance due of the plan review fee may be required. You will be notified by letter after the certification packet review.

#### Important notice

The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 90-0327. Disclosure of this information is mandatory.

### Fire Alarm Certification

Facility Name and City_			

IDPH No\_\_\_\_\_

I certify that the fire alarm system as installed, including modifications made to the existing system, has been installed, tested and is operational in accordance with NFPA 70 and NFPA 72, 1999 Edition.

Company Name	
Installer's Name	
Installer's Signature	
Date	_
Testing Company	
Tester's Name	
Tester's Signature	
Date	_
Comments	

This form must accompany the Fire Alarm System, Record of Completion form, as required by NFPA 72, 1999 Edition. This form is available at www.nfpa.org.

### **Illinois Department of Public Health**

Fire, smoke, and fire/smoke damper matrix - 5F

Damper ID#	System Identification	Туре	New	Existing	Size	U.L. Classification no. Example: (E12345)	Location	Fusible link temp. rating	Access door location	Operation certified by

I certify that all fire, smoke, and fire/smoke dampers, existing and new, serving new construction and / or renovated spaces have been tested, inspected and are operational per NFPA-90

Installer's Name and Company	Signature	Date
	Signature of Approval	Date

IDPH No.

To be completed by Design Engineer					To be completed by Test and Air Balance Technician								
Design CFM VAV Min/Max					Actual CFM Percent of Design VAV min / max			gn					
Room no.	Room use	Space volume	Supply	Return	Exhaust	Pressure relationship +0-	Supply	Return	Exhaust	Supply	Return	Exhaust	Actual # air changes per hour

Attach additional pages if required, Page 2 containing the signature must be submitted.

	To be com	To be completed by Test and Air Balance Technician											
		A VAV	ctual CF / min / r	M nax	Perc								
Room no.	Room use	Space volume	Supply	Return	Exhaust	Pressure relationship +0-	Supply	Return	Exhaust	Supply	Return	Exhaust	Actual # air changes per hour

0 = Equal: Within +/- 10% of design CFM supply and return/exhaust.

+ = Positive: Exceeds 10% or 50 CFM (which ever is greater) supply CFM over return/exhaust CFM.

- = Negative: Exceeds 10% or 50 CFM (which ever is greater) return/exhaust CFM over supply CFM.

# certify that the air conditioning and ventilation systems have been tested and balanced in accordance with the plans and specification, NFPA 90A/90B and/or NFPA 99 (for OR's, Labs, etc.) and the Illinois Hospital Licensing Act

Air Balance Technician Name & Company

Signature

Date

	To be com	To be completed by Test and Air Balance Technician											
		A VAV	ctual CF / min / r	M nax	Perc								
Room no.	Room use	Space volume	Supply	Return	Exhaust	Pressure relationship +0-	Supply	Return	Exhaust	Supply	Return	Exhaust	Actual # air changes per hour

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