

Oklahoma State Department of Health
Protective Health Services, Medical Facilities
123 Robert S. Kerr, Suite 1702, Oklahoma City, OK 73102-6406
p. (405)426-8620 | planreview@health.ok.gov

Medical Facility Plan Review Affidavit Form

Check	Approp	riate Facility Type for Pi	oposed Project:	:				
□Hosp	oital	☐ Hospital Satellite	\square Outpatient	□Outp	atient Satellite	□Am	nbulatory Sur	gical Center
□Long	Term C	are Facility	☐Birthing Cen	iter				
The un	dersigne	ed Architect hereby certi	fies:					
1.	The Architect has created the architectural plans and specifications attached hereto as Attachment 1 (the "plans") regarding physical plant improvements at the facility named below:							
	Facility's Licensed Name or Proposed Name				Address, including City & Zip Code			
	Hospital	or Clinic Satellite Name (If Ap	plicable)		Address, including	g City & Z	Zip Code	
	Project [Description:						
2.	The Architect has reviewed all submitted plans which are identified on the attached list for compliance with the applicable Oklahoma Administrative Code Licensure Regulations (OAC 310:667, OAC 310:615, OAC 310:616, OAC 310:600, OAC 310:663, OAC 310:605, OAC 310:680, OAC 310:675, or OAC 310:661) and the applicable sections of 2018 edition of FGI Guidelines for Design and Construction of Hospitals, or 2018 edition of FGI Guidelines for Design and Construction of Outpatient Facilities.							
3.	To the undersigned's knowledge, information, and belief, all submitted plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items for which exceptions are requested (please list regulation numbers below and verify that a completed exception request form has been submitted for each item):							

Architectural Firm Name:		Architect's Stamp
Architect's Signature:		
Name:		
Title:		
Initial Date:	Revision Date:	

- 4. The undersigned Licensee/Proposed Licensee understands and agrees that notwithstanding the plan approval based on the Self-Certification or Full Review process undertaken pursuant to this and the accompanying documents, the Division of Health Facilities Plan Review of the Oklahoma State Department of Health (the "Division") shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto.
- 5. The facility named below shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether physical plant construction or alterations have been completed.

Facility Name	Authorized Signature
Address, including City & Zip Code	Name
Date	Title
Date	Title

Note: The Affidavit must be stamped and signed, then scanned and submitted as a PDF document.

List of Attached Plans

Plan Number	Plan Title	Issue Date	Revision Date
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