



## Final Occupancy Checklist Certifications for Request of Inspection

Date submitted \_\_\_\_\_

IDPH number \_\_\_\_\_

Facility name and city \_\_\_\_\_

Brief narrative of project \_\_\_\_\_

Name & title of individual submitting inspection request \_\_\_\_\_

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, the Illinois Ambulatory Surgical Treatment Center Licensing Act and Requirements, or the Illinois Nursing Home Act and Codes. **All information shall be submitted together unless the requested certifications are not applicable to the project. If not applicable to the project, indicate this on the space provided (N/A, why?). Certification letters and forms shall contain a signature, typed names will not be accepted.**

### Architect, Engineer, Contractors Certifications

1a	Architect's authorization for 95 percent payment of all construction. Submit a completed AIA G702, <i>Application and Certificated for Payment Form</i> .	<input type="checkbox"/> Enclosed, if N/A explain
1b	Punch list of incomplete items, include date punch list was performed.	<input type="checkbox"/> Enclosed, if N/A, explain
1c	Signed certification from the licensed architect/engineer of record and contractor that they have reviewed all of the certifications and the project is completed in accordance with approved plans and applicable codes.	<input type="checkbox"/> Enclosed, if N/A explain

### Electrical

2a	Signed certification by the installer that the elevator recall system is installed and operates in accordance with ANSI A17.1,(2007) Safety Code for Elevators and Escalators.	<input type="checkbox"/> Enclosed, if N/A explain
2b	Signed certification by the installer that the nurse call system has been installed, tested and found to operate in accordance with the specifications.	<input type="checkbox"/> Enclosed, if N/A explain
2c	Signed certification by the electrical system installer that the electrical systems have been installed and all electrical work has been performed in accordance with NFPA 70.	<input type="checkbox"/> Enclosed, if N/A explain
2d	Signed certification by the installer that the emergency generator has been installed to meet the licensure standards, NFPA 99 Health Care Facilities, 2012 Edition and NFPA 110 Emergency and Standby Power Systems, 2010 Edition. The generator must be operational for the inspection. Include initial four-hour acceptance test and certification of 10 seconds or less transfer time.	<input type="checkbox"/> Enclosed, if N/A explain
2e	Signed certification by the installer that the installation and testing of ground-fault protection in electrical switches is in compliance per NFPA 70-230-95 (c) and NFPA 70-517.17 (c), 2011 edition.	<input type="checkbox"/> Enclosed, if N/A explain
2f	Fire Alarm System, Record of Completion Form as required by NFPA 72, 2010 Edition. Available at <a href="http://www.nfpa.org">www.nfpa.org</a> .	<input type="checkbox"/> Enclosed, if N/A explain

## Mechanical Certifications

3a	Non-Flammable Medical Gas and Vacuum Systems Certification. <b>Submit a complete copy of third-party certification per NFPA 99, 2012 Edition, System Verification.</b>	<input type="checkbox"/> Enclosed, if N/A explain
3b	Signed certification by the installer that the sprinkler system is installed as required by NFPA 13, Chapter 10, NFPA 20, Chapter 14 and NFPA 14 Chapter 11. Submit a copy of the sprinkler Contractor's Material and Test Certificate for Aboveground/Underground Piping.	<input type="checkbox"/> Enclosed, if N/A explain
3c	Signed certification by the installer 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, the Illinois Ambulatory Surgical Treatment Centers Licensing Act and Requirements or the Illinois Nursing Home Care Act and codes.	<input type="checkbox"/> Enclosed, if N/A explain
3d	Signed certification by the installer that other fire extinguishment systems (halon, for example) have been tested and checked for the purpose of determining compliance with the appropriate NFPA standard for the system being used.	<input type="checkbox"/> Enclosed, if N/A explain
3e	Signed documentation by the installer that all fire extinguishers have been checked and inspection tags are dated and attached to each device.	<input type="checkbox"/> Enclosed, if N/A explain
3f	Signed 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, 2011 Edition.	<input type="checkbox"/> Enclosed, if N/A explain
3g	Signed certification by the installer that the smoke control system has been tested and operates as designed per NFPA 92, 2012 Edition.	<input type="checkbox"/> Enclosed, if N/A explain
3h	Signed certification by the installer and test data verifying that the fire pump and systems components have been installed and tested per NFPA 20, Chapter 14 Acceptance Testing, Performance & Maintenance and NFPA 25, Chapter 5, 5-3.3.4, Emergency Power Operation and Chapter 9 Back-Flow Preventers.	<input type="checkbox"/> Enclosed, if N/A explain
3i	Signed certification by the installer and testing of each fume hood per NFPA 45 and ASHRAE HVAC Application Handbook specific to each classification.	<input type="checkbox"/> Enclosed, if N/A explain
3j	Signed certification by the installer and testing of each biohazard cabinet per NFPA 45, and ASHRAE HVAC Application Handbook specific to each classification.	<input type="checkbox"/> Enclosed, if N/A explain
3k	Plumbing report which contains the name, signature and Illinois license number of the plumbing inspector, type of inspections completed (underground, roughed-in, final) and the plumbing installation meets the requirements of the Illinois Plumbing Code.	<input type="checkbox"/> Enclosed, if N/A explain

## Matrices

4A	UL assembly ratings	<input type="checkbox"/> Enclosed, if N/A explain	_____
4B	Through wall/floor penetrations	<input type="checkbox"/> Enclosed, if N/A explain	_____
4C	Interior finishes	<input type="checkbox"/> Enclosed, if N/A explain	_____
4D	Project cost and fee verification - <b>Required for all projects</b>		
4E	Smoke and fire dampers	<input type="checkbox"/> Enclosed, if N/A explain	_____
4F	Ventilation balancing	<input type="checkbox"/> Enclosed, if N/A explain	_____