

APPLICATION FOR CURSORY REVIEW

THIS FORM MUST BE COMPLETED AND SUBMITTED TO OPCDESKREVIEW@AHCA.MYFLORIDA.COM WITH ANY CURSORY REVIEW REQUEST. A CURSORY REVIEW MAY BE REQUESTED TO DETERMINE IF PROPOSED CONSTRUCTION WORK OR A CHANGE IN FUNCTION USE OF A SPACE WILL REQUIRE SUBMISSION OF CONSTRUCTION DOCUMENTS TO THE AGENCY'S OFFICE OF PLANS AND CONSTRUCTION FOR APPROVAL.

FACILITY NAME: _____ TYPE OF FACILITY: _____
PROJECT NAME: _____ FACILITY ADDRESS: _____
FACILITY CONTACT: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF CURSORY REVIEW REQUESTED:

EXEMPTION VERIFICATION REQUEST FOR QUALIFYING DETACHED HOSPITAL OUTPATIENT FACILITY SEE F.S. 395.0163(1)(B)	CURSORY REVIEW TO DETERMINE IF PROPOSED PROJECT OF LIMITED SCOPE WILL REQUIRE A FULL PROJECT REVIEW
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EXEMPTION VERIFICATION REQUEST (FILL OUT THIS SECTION FOR EXEMPTION REQUESTS ONLY)

ADDRESS OF FACILITY WHERE PROJECT IS LOCATED: _____
WILL THE FACILITY BE USED TO TREAT INPATIENTS? _____
WILL SURGICAL TREATMENTS REQUIRING GENERAL ANESTHESIA OR IV CONSCIOUS SEDATION BE PERFORMED AT THE FACILITY? _____
WILL THE FACILITY PROVIDE CARDIAC CATHETERIZATION SERVICES OR BE LICENSED AS AMBULATORY SURGICAL CENTER? _____
WILL THE FACILITY BE PHYSICALLY DETACHED FROM THE HOSPITAL? _____
WILL THE FACILITY HAVE UTILITY CONNECTIONS WITH THE HOSPITAL, BLOCK EMERGENCY EGRESS FROM THE HOSPITAL OR CREATE A FIRE HAZARD TO THE HOSPITAL? _____
IS A LETTER FROM THE HOSPITAL ADMINISTRATION PROVIDED CONFIRMING THAT THE FACILITY WILL MEET THE ENTIRE EXEMPTION CRITERIA LISTED ABOVE (REQUIRED)? _____

CURSORY REVIEW REQUEST (FILL OUT THIS SECTION FOR CURSORY REVIEW REQUESTS ONLY)

TO HELP US ROUTE YOUR REQUEST TO THE PROPER REVIEWER, PLEASE INDICATE WHICH CATEGORY IS PRIMARILY AFFECTED BY THE PROJECT (CHECK ONLY ONE BOX):

- ARCHITECTURE (LAYOUT CHANGES, FUNCTIONAL USE CHANGES, LIFE SAFETY, STRUCTURAL)
- MECHANICAL (HVAC SYSTEM, MEDICAL GAS SYSTEM, PLUMBING, FIRE PROTECTION SYSTEM)
- ELECTRICAL (ELECTRICAL SYSTEM, FIRE ALARM SYSTEM, COMMUNICATIONS SYSTEM,)
- PROJECT HAS SIGNIFICANT IMPACT TO MORE THAN ONE CATEGORY

THE FOLLOWING DOCUMENTS ARE INCLUDED IN THIS SUBMISSION:

PLANS (DEMOLITION, NEW WORK, LIFE SAFETY) * _____ SPECIFICATIONS _____
INFECTION CONTROL RISK ASSESSMENT (ICRA) * _____ PROJECT NARRATIVE/ SCOPE OF WORK _____
OTHER _____ *Minimum required for review