

DHHS LICENSURE UNIT

CONSTRUCTION PROJECT INFORMATION LETTER

The regulations governing licensure of: (ATTACH LINK TO THE SPECIFIC FACILITY TYPE)

Note: All construction must comply with the regulatory requirements, including the physical plant standards that are located in section 007. New construction means **a facility or distinct part of a facility in which services are to be provided and which is enlarged, remodeled or altered in any fashion or is built from the ground up.**

New Construction Project(s): The following information must be submitted to the Department prior to beginning a construction project:

1. Submit the completed **Pre-Construction Project Information Form**.
2. Submit the completed **Architect/Engineer Plan Certification Form** to certify compliance with regulatory requirements.
3. Submit **construction plans** which have been completed in accordance with the Engineers and Architects Regulation Act, Neb Rev. Stat. §§ 81-3401 to 81-3455 and which have been approved by a Nebraska licensed architect/engineer.

Upon receipt and review of the above documents, you will receive confirmation that construction has been approved to begin.

Note: Construction plans must also be submitted to the State Fire Marshal's Office for review and approval. Contact Doug Hohbein, Plans Examination, if you have questions at: doug.hohbein@sfm.ne.gov or 402-471-9474.

Project Completion: When the project is completed and **prior to use**, the following information must be submitted to the Department:

1. **Completion Certificate** signed by a Nebraska licensed architect/engineer. This signed certification is accepted by the Department to verify that the construction meets the and is ready for occupancy in accordance with the approved plans.
2. **Order Form/Certificate of Occupancy** or other document from the State Fire Marshal or Delegated Authority stating that the construction meets the Life Safety/Fire Code requirements.

Upon receipt and review of the above documents, you will be notified by the Department when the project has been approved for use and occupancy.

Submit the above information to:

Support Services, Attn: CONSTRUCTION
301 Centennial Mall South
PO Box 94986
Lincoln, NE 68509-4986
DHHS.FacilityConstruction@nebraska.gov

For questions regarding the construction process or documents, please send an email with your question to:

DHHS.FacilityConstruction@nebraska.gov

Heidi Burklund 402-471-4963 or Heidi.burklund@nebraska.gov

ARCHITECT/ENGINEER PLAN CERTIFICATION FORM

I certify that the construction plans for

Facility Name:

Project Name/Address:

have been completed in accordance with the Engineers and Architects Regulation Act, Neb Rev Stat §§ 81-3401-81-3455. I certify that these plans meet the regulatory requirements for its facility type.

Signature: _____ Date: _____

Nebraska License #:

Printed Name:

Please submit this form as soon as possible to:

DHHS.FacilityConstruction@nebraska.gov **OR**

DHHS Public Health, Licensure Unit
Attn: Facility Construction
PO Box 94986
Lincoln, NE 68509

Completion Certificate



All applicable items are checked below and are certified to be complete, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility (project or phase):

Facility: _____ **Project:** _____ **City:** _____

By: _____ **Title:** _____ **Date:** _____

Occupancy Approvals from Authorities: (Signature and phone number, if an attachment is not included)

- State Fire Marshal or Delegated Authority –Attach the Certificate of Occupancy to verify approval for health occupancy.
- Building Official (Official or Qualified Inspector).....by _____
- Plumbing Inspector (Official or Qualified Inspector).....by _____
- State Electrical Inspector (Delegated Authority).....by _____
- Elevator Inspector (State or Other)by _____
- Boiler Inspector (State or Other)by _____
- _____by _____

Completion Certifications from Engineers, Installers, or Others: (Complete and attach applicable certifications)

- Food Service (hoods, equipment, housekeeping, dishwasher hot water _____ degrees or chemical).....
- Food Storage (freezer _____ degrees, cooler _____ degrees, and stored _____+ inches above floor).....
- Laundry (personal, divided bulk, soak/hand sink, housekeeping, hot water _____ degrees or other)
- Equipment installed and approved for use (care, treatment, diagnostic, sterilizing, and medical)
- Sanitation (clean utility, soiled utility waste disposal, housekeeping, and scrub/hand sink accessories).
- Protective Shielding (radiation, magnetic, radio frequency, electronic, and sound transmission)
- Safety Equipment (handrails, grab bars, guard rails, hardware, and other _____).
- Room finishes (scrubable, washable, food code, joints/fixture sealed, base, and other finishes).....
- Privacy curtains are installed (nursing care beds, care and treatment cubicles, bathing, and windows)
- Water Quality (public water, private well samples, back-flow, air gap, and indirect connections)
- Hot water Temperatures (bathing _____ degrees, and handwashing _____ degrees maximums at fixture)
- Heating and Cooling System (temperature _____ to _____, surgery _____ to _____ degrees)
- Ventilation System (_____ pre-filter, _____ final filter efficiencies, and air flow from clean to soiled locations)
- Exhaust System (_____ air changes/hour in janitor, toilets/baths, soiled, waste, and laundry)
- Electrical System (isolated power, equipotential grounding, redundant grounding, and GFIC protected) ...
- Illumination (5 fc general, 10 fc corridors, 20 fc personal care/dining, 30 fc reading/activity, 40 fc food service, 50 fc hazardous, 70 fc care/treatment, 100 fc exam, 200 fc procedure, and 1000 fc surgery) ...
- Reduced night lighting (nursing care rooms, corridors, toilet, bathrooms, and central toilets/bathing) ...
- Emergency Generator (Life Safety, distinctively marked outlets, and _____ hour minimum on-site fuel supply)
- Emergency Power (nurse call, critical/life support equipment, medical gas, and essential lighting)
- Nurse Call System (care/treatment, beds, toilets, bathing, and central toilets/bathing)
- Medical Gas system or equipment installed and tested -- NFPA 99 (O₂, V, A, N₂O, and _____)
- _____
- _____
- _____

I am a licensed Nebraska Architect or Engineer and have inspected the above facility (project) for compliance with approved construction plans, and have attached accurate schematic floor plan(s) and other approval attachments. I hereby certify that all support areas, care and treatment areas, construction, and building systems comply to the best of my knowledge with health care facility licensure regulations; and are complete and approved for use and occupancy.

By _____ License Number _____ Date _____