

**Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers Plan
Review Questionnaire
(Medical facilities pursuing a license with LDH/Health Standards Section)**

1. Name of facility: _____
2. Type of facility:
 - ☐ Hospital
 - ☐ Remote location associated with hospital; _____
 - ☐ Ambulatory Surgical Center
 - ☐ Renal Dialysis Center
 - ☐ Medical or Rural Health Clinic
 - ☐ Substance Abuse Facility
 - ☐ Free-Standing Birth Center (FSBC)
3. Please mark all of the specialty areas that your facility will have (if applicable):
 - ☐ Laboratory
 - ☐ Operating Room
 - ☐ Delivery Room
 - ☐ Nurse
 - ☐ Morgue
 - ☐ N/A
4. Physical address: _____
5. Telephone number of facility: _____
6. Mailing address (if different from physical address):

7. Owner of business: _____
(If corporation, partnership, LLC, or LLP; provide copy of the page of articles of organization or incorporation naming agent with agent's contact information)
8. If partnership, list partner name (s):

9. Contact person for facility:
Name: _____ Phone #: (____) _____
Cell phone #: (____) _____ Email address: _____
*Used for inspection reporting, boil water advisories, and other pertinent information.

10. Owner of the real property (land and building):

Name: _____ Phone #: (____) _____

11. Check all that apply and complete blank as necessary:

- ☐ New construction
- ☐ Existing building; year constructed _____
- ☐ Existing building-occupancy classification will remain the same
- ☐ Change of existing business ownership only
- ☐ Change of real property ownership
- ☐ Renovation/remodel of existing facility
- ☐ Addition to existing facility

12. Is this facility connected to a public water system?

- ☐ Yes, name of public water system: _____
- ☐ No, must submit water well plans. (Shall comply with the provisions of LAC, Title 51, Part XII.)

13. Is this facility connected to a public sewer system?

- ☐ Yes, name of system: _____
- ☐ No, must submit sewage system plans. (Shall comply with the provisions of LAC, Title 51, Part XIII.)

14. Will food be stored, prepared, and/or served at the facility for patient/visitor consumption?

- ☐ **Yes** ☐ **No**

NOTE: Please provide details in the Retail Food Plans Review Questionnaire.

(Food preparation, storage and handling shall meet all the requirements of Part XXIII of Title 51.)

15. Method of garbage disposal:

- ☐ Dumpster
- ☐ Garbage cans

Name of garbage service: _____
(Part XVII. Chapter 1. §111. C. "Garbage and trash shall not be allowed to accumulate anywhere on the premises except in containers designed and maintained in accordance with Part XXVII of this Code...")

16. Name of permitted biomedical waste hauler: _____

17. **A floor plan is required (hand-drawn or professionally drafted). Label all equipment and fixtures. Please provide the finish schedule for walls, ceilings, and floors.**

Signature of person preparing this questionnaire

Date of signature:

Printed name and title of person preparing this questionnaire

Contacts and important information:

State Sanitarian located in the Parish you wish to operate: <https://ldh.la.gov/page/3745>

It is recommended that you obtain a copy of Title 51 (Public Health - Sanitary Code) Part XIX. Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers at <http://www.doa.la.gov/Pages/osr/lac/books.aspx>

(Effective January 1, 2016, due to Legislative Act 836 of 2014, the Louisiana Department of Health no longer has authority over sizing of grease traps or interceptors, or restroom fixture counts. This responsibility now lies with the local Certified Building Official, CBO, for your geographical location. Contact your local town, city, or parish office for plumbing information, review, and permitting. Information for the CBO is available at 225-922-0817 or at this site:

<https://lasfm.louisiana.gov/searchLSUCCC.aspx>

PLEASE BE AWARE THAT OTHER AGENCIES WILL NEED TO BE CONTACTED. THESE AGENCIES INCLUDE, BUT ARE NOT LIMITED TO, THE LOUISIANA STATE FIRE MARSHAL, LDH HEALTH STANDARDS SECTION, AND THE LOCAL CERTIFIED BUILDING OFFICIAL (CBO).

