State of Illinois
Illinois Department of Public Health

Final Occupancy Checklist Certifications for Request of Inspection

Date submitted to IDPH _____ IDPH number _____

Facility name and city _____

Brief narrative of project _____

_____

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 or electronic signatures will not be accepted.**

One copy of the completed certification packet with required matrices should be mailed to:
Design and Construction Section, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761

1. Architect, Engineer, Contractors

a. Architect's authorization for 95 percent payment of all construction. Submit a completed AIA G702, *Application and Certification for Payment Form.*
☐ Enclosed **N/A, why?**_____

b. Punch list of uncompleted items, to include date completed.
☐ Enclosed **N/A, why?**_____

c. 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.
☐ Enclosed **N/A, why?**_____

2. Electrical

a. Signed certification by the installer that the elevator recall system is installed and operates in accordance with ANSI A17.1, Safety Code for Elevators and Escalators.
☐ Enclosed **N/A, why?**_____

b. Signed certification by the installer that the nurse call system has been installed, tested and found to operate in accordance with the specifications.
☐ Enclosed **N/A, why?**_____

c. 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.
☐ Enclosed **N/A, why?**_____

d. Signed certification by the installer that the emergency generator has been installed to meet the licensure standards, NFPA 99 Health Care Facilities and NFPA 110 Emergency and Standby Power Systems. The generator must be operational for the inspection. **Include initial four-hour acceptance test documentation.**
☐ Enclosed **N/A, why?**_____

e. Signed certification of the installation and testing of ground-fault protection in electrical switches per NFPA 70-230-95 (c) and NFPA 70-517.17 (c).
☐ Enclosed **N/A, why?**_____

f. Fire Alarm System, Record of Completion form as required by NFPA 72, 1999 Edition. Available at www.nfpa.org.
☐ Enclosed **N/A, why?**_____

3. Mechanical

a. Non-Flammable Medical Gas and Vacuum Systems Certification. **Submit a complete copy of third-party certification per NFPA 99, System Verification.**

☐ Enclosed **N/A, why?** _____

b. Signed certification by the installer that the sprinkler system is installed as required by NFPA 13, Chapter 10, NFPA 20, Chapter 11 and NFPA 14, Chapter 9. Submit a copy of the sprinkler Contractor's Material and Test Certificate for Aboveground/Underground Piping.

☐ Enclosed **N/A, why?** _____

c. Signed certification 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.

☐ Enclosed **N/A, why?** _____

d. Signed documentation 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.

☐ Enclosed **N/A, why?** _____

e. Signed documentation by the installer that all fire extinguishers have been checked and inspection tags are dated and attached to each device.

☐ Enclosed **N/A, why?** _____

f. 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.

☐ Enclosed **N/A, why?** _____

g. Signed certification by the installer that the smoke control system has been tested and operates as designed per NFPA 92A & 92B.

☐ Enclosed **N/A, why?** _____

h. Provide the documentation of all certifications and test data verifying that the fire pump and systems components have been installed and tested per NFPA 20, Chapter 11 Acceptance Testing, Performance & Maintenance and NFPA 25, Chapter 5, 5-3.3.4, Emergency Power Operation and Chapter 9 Back-Flow Preventers.

☐ Enclosed **N/A, why?** _____

i. Signed certification of the installation and testing of each fume hood per NFPA 45 and ASHRAE HVAC Application Handbook specific to each classification.

☐ Enclosed **N/A, why?** _____

j. Signed certification of the installation and testing of each biohazard cabinet per NFPA 45, and ASHRAE HVAC Application Handbook specific to each classification.

☐ Enclosed **N/A, why?** _____

4. Matrices

4A. UL assembly ratings ☐ Enclosed N/A, why? _____

4B. Through wall/floor penetrations ☐ Enclosed N/A, why? _____

4C. Interior finishes ☐ Enclosed N/A, why? _____

4D. Project cost and fee verification - **Required for all projects**

4E. Smoke and fire dampers ☐ Enclosed N/A, why? _____

4F. Ventilation balancing ☐ Enclosed N/A, why? _____

Name & title of individual submitting inspection request _____

Signature of above individual _____ Date _____