

Hospital Project Checklist

IDOH Assigned Project Number: ____ - ____ - ____

Name of submitting firm: _____

Name of individual submitting plans: _____

Project Submission Checklist (required for all hospital submissions providing services to both inpatients **and** outpatients). Do not use this checklist for outpatient only projects).

Hospital (please check the hospital type)

- ☐ Acute Care
- ☐ Critical Access
- ☐ Rehabilitation
- ☐ Children's
- ☐ Psychiatric (Private Mental Health Institution)

Project components included in the submission (check all that apply):

- ☐ Heating, Ventilation, and Air Conditioning
- ☐ Plumbing systems
- ☐ Med Gas systems
- ☐ Medical/Surgical Patient Care Unit
- ☐ Oncology Patient Care Unit
- ☐ Pediatric and Adolescent Oncology Patient Care Unit
- ☐ Intermediate Care Unit (Progressive Care Unit)
- ☐ Critical Care Unit (Intensive Care Unit)
- ☐ Pediatric Critical Care Unit
- ☐ Neonatal Intensive Care Unit
- ☐ Obstetrical Unit
- ☐ Nursery Unit
- ☐ Pediatric and Adolescent Care Unit
- ☐ Psychiatric Patient Care Unit

PPS Excluded Unit ☐ YES ☐ No

☐ Rehabilitation Patient Care Unit

PPS Excluded Unit ☐ YES ☐ No

☐ Bariatric Patient Care unit

☐ Alzheimer's and Other Dementia Unit

☐ Swing Bed Unit

☐ Emergency Services

☐ Surgical Services

☐ Sterile processing

☐ Imaging Services

☐ Radiation Therapy

☐ Renal Dialysis Services

☐ Endoscopy Services

☐ Cancer Treatment/Infusion Therapy

☐ Hyperbaric Suite

☐ Electroconvulsive Therapy

☐ Mobile/Transportable Medical Unit

☐ Pre/post- Procedure Patient Care Areas – Mobile Unit

☐ Support Areas for Mobile/Transportable Medical Units

Save the completed checklist as "Hospital Project Checklist" and submit it as part of the zipped submittal file for the project.