

Outpatient Project Checklist

IDOH Assigned Project Number: ____ - ____ - ____

Name of submitting firm: _____

Name of individual submitting plans: _____

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

Facility type (please check outpatient type)

- ☐ Hospital Outpatient services only
- ☐ Ambulatory Outpatient Surgical Center (AOSC)

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

- ☐ Heating, Ventilation, and Air Conditioning
- ☐ Plumbing systems
- ☐ Med Gas systems
- ☐ Emergency Services
- ☐ Outpatient Operating Rooms
- ☐ Procedure room
- ☐ Pre- and Postoperative Patient Care Areas
- ☐ Sterile processing
- ☐ Imaging Services
- ☐ Radiation Therapy
- ☐ Nuclear Imaging
- ☐ Airborne Infection Isolation Rooms
- ☐ Endoscopy Procedure Room
- ☐ Endoscope Processing Room
- ☐ Cancer Treatment/Infusion Therapy
- ☐ Hyperbaric Suite
- ☐ Mobile/Transportable Medical Unit
- ☐ Pre/post- Procedure Patient Care Areas – Mobile Unit
- ☐ Support Areas for Mobile/Transportable Medical Units