

Missouri Department of Health and Senior Services (DHSS)
 PO Box 570 Jefferson City, MO 65102
 Hospital Project Questions: Phone 573-751-6303
 ASC Project Questions: Phone 573-751-1588
 Construction and Renovation Project Tracking

Please complete this form and return within five (5) business days:

- Hospital projects: HSLCARP@health.mo.gov or fax to (573) 526-3621
- ASC Projects: BAC@health.mo.gov

For additional information, refer to the document "Steps for State Inspection Process"

GENERAL PROJECT INFORMATION					
TODAY'S DATE	FACILITY TYPE: <input type="checkbox"/> ASC <input type="checkbox"/> HOSPITAL	PROJECT TYPE: <input type="checkbox"/> RENOVATION/MODIFICATION/ADDITION TO EXISTING LICENSED FACILITY <input type="checkbox"/> NEW OR REPLACEMENT FACILITY			
PROJECT NUMBER ASSIGNED	CONTACT INFORMATION FOR QUESTIONS				
	LICENSURE: HSLCARP@health.mo.gov		PLAN REVIEW: ECU@health.mo.gov		
	<input type="checkbox"/> Terry Dunlap (hospital) Terry.Dunlap@health.mo.gov	<input type="checkbox"/> Dolan Howren (hospital) Dolan.Howren@health.mo.gov	<input type="checkbox"/> Todd Cummins (ASC) Todd.Cummins@health.mo.gov		
FACILITY NAME:		NAME/BRIEF DESCRIPTION OF CONSTRUCTION PROJECT:			
DOING BUSINESS AS or OPERATED UNDER, IF APPLICABLE:					
PROJECT ADDRESS (NUMBER AND STREET):		CITY:	STATE: MO	ZIP:	COUNTY:
PRIMARY FACILITY CONTACT:		PHONE NUMBER:	EMAIL:		
ARCHITECT CONTACT NAME:		PHONE NUMBER:	EMAIL:		
ARCHITECTURE/ENGINEER FIRM NAME:		FIRM ADDRESS (NUMBER AND STREET), CITY, STATE, AND ZIP CODE:			
CONTRACTOR NAME:		PHONE NUMBER:	EMAIL:		
PROJECT SCHEDULE					
ANTICIPATED START DATE:	WILL THERE BE A CHANGE IN THE TYPE OF PATIENT SERVICES OFFERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITAL ONLY: WILL THERE BE A CHANGE IN THE NUMBER OF BEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO → If YES, how many:			
IS THIS A PHASED PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE PHASE NUMBER AND ANTICIPATED COMPLETION DATE FOR EACH PHASE:				
PROJECT INFORMATION					
LIFE SAFETY CODE PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		EDITION OF FGI USED (HOSPITAL ONLY):		CONSTRUCTION TYPE:	
PROVIDE A <u>DETAILED</u> DESCRIPTION OF PROJECT - INCLUDE ANY CHANGES IN THE TYPE OF PATIENT SERVICES OFFERED:					

NOTE: Prior to providing patient care or occupying the renovated area, an inspection must be performed by the Section for Health Standards and Licensure to confirm the project complies with applicable DHSS licensure provisions.

Revised 04/03/2023