



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

Construction and Renovation Project Tracking Form

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 BUILDING ON SAME CAMPUS <input type="checkbox"/> NEW BUILDING ON NEW SITE			
PROJECT NUMBER ASSIGNED	EMAIL CONTACT INFORMATION FOR QUESTIONS				
	LICENSURE (BAC/ASC): BAC@health.mo.gov	LICENSURE: HSLCARP@health.mo.gov	PLAN REVIEW: ECU@health.mo.gov		
FACILITY NAME:		DOING BUSINESS AS or OPERATED UNDER, IF APPLICABLE:			
PROJECT NAME:					
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:			
PROJECT SCHEDULE					
ANTICIPATED START DATE:	WILL TYPE OF PATIENT SERVICES OFFERED IN THIS AREA REMAIN THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITAL ONLY: WILL THERE BE A CHANGE IN THE NUMBER OF BEDS AS INDICATED ON THE LICENSE? <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					
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 DETAILED DESCRIPTION OF PROJECT – INCLUDE HIGHLIGHTS OF THE MAJOR STEPS OF THE PROJECT WITH ANTICIPATED DATES OF COMPLETION:					

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.