

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 "Staps for State Inspection Process"

GENERAL PROJECT INFORMATION										
TODAY'S DATE FACILITY TYPE: FACILITY			PROJECT REN	PROJECT TYPE:  RENOVATION/MODIFICATION/ADDITION TO EXISTING LICENSED FACILITY						
PROJECT NUMBER ASSIGNED				EMAIL CONTACT INFORMATION FOR QUESTIONS						
		LICENSI BAC@	JRE (BAC <mark>health.m</mark>		LICENSURE (BHS):  HSLCARP@health.mo.gov			PLAN REVIEW: ECU@health.mo.gov		
FACILITY NAME:				DOING BU			USINESS AS or OPERATED UNDER, IF APPLICABLE:			
PROJECT ADDRESS (NUMBER AND STREET):				CITY:	STATE MO			ZIP:	COUNTY:	
PRIMARY FACILITY CONTACT:			PHONE	NUMBER:	BER: 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 O OFFERED IN 7 SAME?  YES						HOSPITAL ONLY: WILL THERE BE A CHANGE IN THE NUMBER OF BEDS AS INDICATED ON THE LICENSE?  ☐ YES ☐ NO → If YES, how many:				
IS THIS A PHASED PROJE			F YES, PRO	VIDE PHASE	NUMBER A	ND ANTICI	PATED COMI	PLETION DA	TES FOR EACH IN THE BOX.	
PROJECT INFORMATION										
LIFE SAFETY CODE PLAN ATTACHED:  ☐ YES ☐ NO			EDIT	EDITION OF FGI USED (HOSPITAL ONLY):				CONSTRUCTION TYPE:		
PROVIDE A <u>DETAILED</u> ANTICIPATED DATES C			OJECT – II	NCLUDE HI	GHLIGHTS	S OF THE	MAJOR STE	PS OF THE	PROJECT WITH	