



## Final Occupancy Checklist Certifications for Request of Inspection

IDPH number \_\_\_\_\_

Facility name and city \_\_\_\_\_

Brief narrative of project \_\_\_\_\_

The following information must be submitted and accepted prior to an on-site inspection. Inspections will be scheduled in accordance with the Illinois Hospital Licensing Act and Requirements, the Illinois Ambulatory Surgical Treatment Center Licensing Act and Requirements, or the Illinois Nursing Home Act and Codes. **All information shall be submitted together unless the requested certifications are not applicable to the project. If not applicable to the project, indicate this on the space provided (N/A, why?). Certification letters and forms shall contain a signature, typed names or electronic signatures will not be accepted.**

One copy of the completed certification packet with required matrices should be mailed to:  
**Design and Construction Section, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761**

### 1. Architect, Engineer, Contractors

- a. Architect's authorization for 95 percent payment of all construction. Submit a complete AIA G702, *Application and Certification for Payment Form*.  
 Enclosed **N/A, why?** \_\_\_\_\_
- b. List of uncompleted items from the architect's and engineer's punch list.  
 Enclosed **N/A, why?** \_\_\_\_\_
- c. Certification from the architects, engineers and contractors they have reviewed all of the certifications and verified them by inspection.  
 Enclosed **N/A, why?** \_\_\_\_\_

### 2. Electrical

- a. Certification by the installer that the elevator recall system is installed and operates in accordance with ANSI A17.1, Safety Code for Elevators and Escalators.  
 Enclosed **N/A, why?** N/A
- b. Certification by the installer that the nurse call system has been installed, tested and found to operate in accordance with the specifications.  
 Enclosed **N/A, why?** \_\_\_\_\_
- c. Certification by the electrical system installer that the electrical systems have been installed and all electrical work has been performed in accordance with NFPA 70.  
 Enclosed **N/A, why?** \_\_\_\_\_
- d. Certification by the installer that the emergency generator has been installed to meet the licensure standards, NFPA 99 Health Care Facilities and NFPA 110 Emergency and Standby Power Systems. The generator must be operational for the inspection. **Include initial four-hour acceptance test documentation.**  
 Enclosed **N/A, why?** \_\_\_\_\_
- e. Certification of the installations and testing of ground-fault protection in electrical switches per NFPA 70-230-95 (c) and NFPA 70-517.17 (c).  
 Enclosed **N/A, why?** \_\_\_\_\_
- f. Fire Alarm System, Record of Completion form as required by NFPA 72, 1999 Edition. Available at [www.nfpa.org](http://www.nfpa.org).  
 Enclosed **N/A, why?** \_\_\_\_\_

**3. Mechanical**

- a. Non-Flammable Medical Gas and Vacuum Systems Certification. **Submit a complete copy of third-party certification per NFPA 99, System Verification.**  
 Enclosed **N/A, why?** \_\_\_\_\_
- b. Certification by the installer that the sprinkler system is installed as required by NFPA 13, Chapter 10, NFPA 20, Chapter 11 and NFPA 14, Chapter 9. Submit a copy of the sprinkler Contractor's Material and Test Certificate for Aboveground Piping.  
 Enclosed **N/A, why?** \_\_\_\_\_
- c. Certification that the HVAC system has been installed and is operating in compliance with the design plans and specifications, NFPA 90A/90B and the Illinois Hospital Licensing Act and Requirements or the Illinois Ambulatory Surgical Treatment Centers Licensing Act and Requirements.  
 Enclosed **N/A, why?** \_\_\_\_\_
- d. Documentation by the installer that other fire extinguishment systems (halon, for example) have been tested and checked for the purpose of determining compliance with the appropriate NFPA standard for the system being used.  
 Enclosed **N/A, why?** \_\_\_\_\_
- e. Documentation by the installer that all fire extinguishers have been checked and inspection tags are dated and attached to each device.  
 Enclosed **N/A, why?** \_\_\_\_\_
- f. Documentation by the installer that range hood and duct systems are installed and operate in accordance with NFPA 96, Ventilation Control and Fire Protection of Commercial Cooking Operations.  
 Enclosed **N/A, why?** \_\_\_\_\_
- g. Certification by the installer that the smoke control system has been tested and operates as designed per NFPA 92A & 92B.  
 Enclosed **N/A, why?** \_\_\_\_\_
- h. Provide the documentation of all certifications and test data verifying that the fire pump and systems components have been installed and tested per NFPA 20, Chapter 11 Acceptance Testing, Performance & Maintenance and NFPA 25, Chapter 5, 5-3.3.4, Emergency Power Operation and Chapter 9 Back-Flow Preventers.  
 Enclosed **N/A, why?** \_\_\_\_\_
- i. Certification of the installation and testing of each fume hood per NFPA 45 and ASHRAE HVAC Application Handbook specific to each classification.  
 Enclosed **N/A, why?** \_\_\_\_\_
- j. Certification of the installation and testing of each biohazard cabinet per NFPA 45, and ASHRAE HVAC Application Handbook specific to each classification.  
 Enclosed **N/A, why?** \_\_\_\_\_

**4. Matrices**

- 4A. UL assembly ratings  Enclosed N/A, why? \_\_\_\_\_
- 4B. Through wall/floor penetrations  Enclosed N/A, why? \_\_\_\_\_
- 4C. Interior finishes  Enclosed N/A, why? \_\_\_\_\_
- 4D. Project cost and fee verification - **Required for all projects** \_\_\_\_\_
- 4E. Smoke and fire dampers  Enclosed N/A, why? \_\_\_\_\_
- 4F. Ventilation balancing  Enclosed N/A, why? \_\_\_\_\_