

**DHHS FACILITY CONSTRUCTION  
Completion Certificate**

All applicable items checked below have been completed, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility:

**Facility Name:**

**Address / City:**

**Project / Phase Name:**

**Date:**

**Occupancy Approvals from Authorities:** (Printed name, signature, date, & phone number, if attachment not included)

- State Fire Marshal or Delegated Authority –MUST ATTACH CERTIFICATE of OCCUPANCY or OCCUPANCY APPROVAL DOCUMENT from SFM or Delegated Authority ONLY to verify approval for health occupancy.
- Building Official ( Qualified Inspector or  Other).....by
- Plumbing Inspector ( Qualified Inspector or  Other).....by
- State Electrical Inspector (Delegated Authority).....by
- Elevator Inspector ( State or  Other) .....by
- Boiler Inspector ( State or  Other) .....by
- \_\_\_\_\_ .....by

**Completion Certifications from Engineers, Installers, or Others:** (Complete and attach applicable certifications)

- Food Service ( hoods,  equipment,  housekeeping,  dishwasher hot water \_\_\_\_\_ degrees or chemical).....
- Food Storage ( freezer \_\_\_\_\_ degrees,  cooler \_\_\_\_\_ degrees, and  stored \_\_\_\_\_+ inches above floor).....
- Laundry ( personal,  divided bulk,  soak/hand sink,  housekeeping,  hot water \_\_\_\_\_ degrees or  other)....
- Equipment installed and approved for use ( care,  treatment,  diagnostic,  sterilizing, and  medical) .....
- Sanitation ( clean utility,  soiled utility  waste disposal,  housekeeping, and  scrub/hand sink accessories).....
- Protective Shielding ( radiation,  magnetic,  radio frequency,  electronic, and  sound transmission) .....
- Safety Equipment ( handrails,  grab bars,  guard rails,  hardware, and  other \_\_\_\_\_) .....
- Room finishes ( scrubable,  washable,  food code,  joints/fixture sealed,  base, and  other finishes).....
- Privacy curtains are installed ( nursing care beds,  care and treatment cubicles,  bathing, and  windows) .....
- Water Quality ( public water,  private well samples,  back-flow,  air gap, and  indirect connections) .....
- Hot water Temperatures ( bathing \_\_\_\_\_ degrees, and  handwashing \_\_\_\_\_ degrees maximums at fixture).....
- Heating and Cooling System ( temperature \_\_\_\_\_ to \_\_\_\_\_,  surgery \_\_\_\_\_ to \_\_\_\_\_ degrees) .....
- Ventilation System ( \_\_\_\_\_ pre-filter, \_\_\_\_\_ final filter efficiencies, and  air flow from clean to soiled locations) .....
- Exhaust System ( \_\_\_\_\_ air changes/hour in  janitor,  toilets/baths,  soiled,  waste, and  laundry) .....
- Electrical System ( isolated power,  equipotential grounding,  redundant grounding, and  GFIC protected) .....
- Illumination ( 5 fc general,  10 fc corridors,  20 fc personal care/dining,  30 fc reading/activity,  40 fc food service,  50 fc hazardous,  70 fc care/treatment,  100 fc exam,  200 fc procedure, and  1000 fc surgery) .....
- Reduced night lighting ( nursing care rooms,  corridors,  toilet,  bathrooms, and  central toilets/bathing) .....
- Emergency Generator (Life Safety, distinctively marked outlets, and \_\_\_\_\_ hour minimum on-site fuel supply) .....
- Emergency Power ( nurse call,  critical/life support equipment,  medical gas, and  essential lighting) .....
- Nurse Call System ( care/treatment,  beds,  toilets,  bathing, and  central toilets/bathing) .....
- Medical Gas  system or  equipment installed and tested -- NFPA ( O<sub>2</sub>,  V,  A,  N<sub>2</sub>O, and  \_\_\_\_\_) .....
- \_\_\_\_\_ .....
- \_\_\_\_\_ .....

I am a licensed Nebraska Architect or Engineer and have inspected the above facility (project) for compliance with approved construction plans, have attached schematic floor plan(s) and other approval documents and to the best of my knowledge, this project complies with applicable health care facility licensure regulations. This project is complete and has been approved for use at this time.

NAME: (print & sign)

LICENSE NUMBER:

DATE: