HLS/Cons-111 Nov 16, 2011

Wyoming Department of Health

Aging Division - Healthcare Licensing and Surveys 6101 Yellowstone Rd, Ste 186C, Cheyenne, WY 82002

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E-mail: WDH-OHLS@wyo.gov - Website: http://www.health.wyo.gov/ohls

Healthcare Facility Request for Final Inspection

Please type or print legibly in black ink the information requested below.

Facility Information			
Facility name:			
Mailing address:			
City:		State:	Zip code:
Telephone number: ()	Fax number: ()	<u>, </u>
Project Information	HLS Project Number:		
Project description:			
Project Contact Person	Full name:		
Telephone number:	()	Fax number: ()	
E-mail address:			
Facility comments (if any):			
Attestation			
The undersigned healthcare facility owner, or owner's authorized representative, attests that this project complies with all required			
codes (as applicable), and meets the requirements of the Wyoming Department of Health Ch. 3 Construction Rules and			
Regulations for Healthcare Facilities. It is understood that a final inspection will be conducted by Healthcare Licensing and			
Surveys and that any deficiencies identified by the final inspection are the owner's responsibility to correct.			
Healthcare Facility Owner or Owner's Authorized Representative			
Printed name:	Sign	nature:	Signed:
Checklist of Items to Submit by E-mail or FTP Site Before or at Item:		Submitted:	
Request for License Application		Yes N/A	
Copies of written fire emergency plan and facility smoking regulation			Yes N/A
Copies of Inspection Reports (from agencies other than HLS)			Yes N/A
Copies of Test and Certification Reports			Yes N/A
Copies of Records of Completion			Yes N/A
Copy of Inspection Record Card		Yes N/A	
HLS Office Use Only			
Final Inspection Scheduled Comments:			
Date:			
Final Inspection Com	pleted Comments:		
Date:			
By:			