



Date _____

Establishment Name _____

Establishment Address _____ City, ZIP _____

Name of Administrator _____ Phone Number _____

Administrator email _____

General facility information - number of stories not including basement ____ Basement Yes No

Type of establishment Assisted Living Shared Housing (max of 16 residents)
Number of Units _____ Number of Residents _____

Type of survey Initial licensure Addition of units Memory care/Alzheimer unit Alteration

The following information is required to be submitted in full before a life safety code/physical environment survey will be scheduled. Check information enclosed.

Current Code Certification of Compliance forms for the area of inspection, **required for all surveys.**

Building Floor Plans - minimum size of 11 X 17 sheets

Yes No Are there any special locking devices installed?

If yes, provide a detailed narrative describing how the special locks work and submit a legible floor plan showing the location of all special locks. Special locks would include, but not be limited to, magnetic, delayed egress.

Narrative of locking sequence and identify the location of special locking devices on the Building Floor Plans

Fire Alarm System Record of Completion form, NFPA 72 2010 edition or newer

Fire sprinkler information* (check all that apply)

Existing fully sprinklered* New fully sprinklered* Partially sprinklered* Not sprinklered*
 System per NFPA 13 System per NFPA 13R

If the area is new-fully sprinklered, the Sprinkler Contractor's Material and Test Certificate must be submitted

Sprinkler Contractor's Material and Test Certificate for Aboveground/Underground Piping*
*NFPA 13/13R (1999 Edition) Fig. 10-1a (Aboveground) and Fig 10-1b (Below ground)

If the area is existing fully sprinklered, the most recent quarterly and annual reports of inspection and testing must be made available at the time of inspection.



Any plumbing work performed for this project will require approval from the Illinois Department of Public Health - Plumbing and Water Quality Program. The Plumbing Division may be contacted at DPH.Plumbing@Illinois.Gov. To assure timely issuance of an Assisted Living or Shared Housing license, the owner or their agent must provide evidence of compliance with State plumbing rules and regulations at the time of IDPH occupancy request.

Life safety code approval will not be issued until the Department has received, from the applicant, a copy of the final approved plumbing inspection report.

The report must contain the name, signature and Illinois license number of the plumbing inspector, the types of inspections completed (underground, roughed-in, final) and it meets the requirements of the Illinois Plumbing Code

Final approved plumbing report from the State licensed plumber is enclosed.

Yes No Does the establishment have a commercial kitchen with hoods?
Cooking facilities for 10 or more residents require commercial cooking installation

If yes, submit the inspection and maintenance documentation in accordance with Chapter 7 & 8, NFPA 96, 1998 edition.

Inspection and maintenance documentation for the hood fire extinguishing system completed in accordance with Chapter 11, NFPA 96, 1998 edition for the type of system installed.

Building construction type per NFPA 220, 1999 Edition
Circle all that apply: I(443) I(332) II(222) II(111) II(000) III(211) III(200) V(111) V(000)

Is construction complete and ready for resident use? Yes No

If no, date of anticipated completion _____

Contact person to schedule inspection _____

Contact's phone number _____

Information shall be submitted to :

Division of Assisted Living, Illinois Department of Public Health, 525 W. Jefferson St., 5th Floor,
Springfield, IL 62761

Note at the time of inspection, life safety code systems will need to be operational and will be tested. The establishment will need to have available individuals that can reset all systems.