

PLAN REVIEW INPUT FORM (PR-1 Form)
OAR 333-675-0000 through OAR 333-675-0040

(This form to be submitted with schematic drawings and final construction documents)

Facility Name:		License #:
Identify Licensure Category:		
<input type="checkbox"/> Hospital licensed inpatient	<input type="checkbox"/> Hospital licensed outpatient within hospital	
<input type="checkbox"/> Hospital licensed outpatient on campus (250 yards)	<input type="checkbox"/> Hospital licensed satellite	
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Extended Stay Center affiliated with an ASC	
<input type="checkbox"/> Birthing Center	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Special Inpatient Care Facility
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Residential Care Facility	<input type="checkbox"/> Nursing Home / Skilled Nursing
<input type="checkbox"/> Memory Care Endorsement	see http://healthoregon.org/fps for definitions	
Project Description:		
Project Address, City & Zip		
Type of Review Requested:		
<input type="checkbox"/> Schematic Documents		<input type="checkbox"/> Construction Documents

Facility Contact/Representative:	
Address, City & Zip	
Phone Number:	E-mail address:
Design Firm:	
Design Firm Contact:	
Address, City & Zip	
Phone Number:	E-mail address:

Project Type, Size, and Costs ⁱ

1. New Construction		2. Existing Building Conversion		3. Existing Building Remodel	
Sq. Ft.		Sq. Ft		Sq. Ft.	
Cost/Sq. Ft	\$	Building Value ⁱⁱ	\$	Cost/Sq. Ft.	\$
New Constr. SUBTOTAL	\$	SUBTOTAL		Remodel SUBTOTAL	\$
Subtotal (#1, 2 & 3), Total Project Cost Estimate for Fee Calculation					\$

FEES

Schematic Document Review Fee Included

(One-third of total review fee indicated on Table 1 of OAR 333-675-0050 and based on initial construction cost estimate):

\$ _____

Final Construction Document Review Fee Included

(Per Table 1 of OAR 333-675-0050 minus any amount previously submitted for schematic review and based on bids or the latest revised construction cost estimate):

\$ _____

Total Review Fee Submitted: \$

An electronic Plan Review submittal must include the following items (in pdf format for any digital documents) for the project to be assigned a Project Review (PR) number and placed into the queue. If you require a link to upload electronic project documents, email, mailbox.fps@state.or.us . Please ensure that the following information is submitted:

- Completed PR-1 form; Mail copy of PR1 form and check to PO Box 14260, Portland OR 97293
- Check for review fee. Make Checks Payable to “Oregon Health Authority”.
- Functional Program (see OAR 333-675-0000 or Oregon amended FGI for guidance).
- SD submittal – schematic design document drawings; or
- CD submittal – stamped, scalable, construction document drawings.
- Specifications/project manual (if applicable).
- If Assisted Living, Residential Care or Memory Care facility, a copy of the DHS approved Letter of Intent and Market Study (OAR 411-054-0012 and 0013).

i “Project Costs” are all costs directly associated with the project, including but not limited to the following:

- building costs,
- all fixed or installed equipment in the project, and
- contractor supervision, inspection, and overhead costs.

“Project Costs” exclude the following costs:

- technologically advanced clinical equipment costs including but not limited to: X-Ray, CT, Linear Accelerator, or MRI.
- architectural or engineering fees,
- land acquisition costs,
- offsite improvements, and
- local authority having jurisdiction improvement programs.

ii Conversions are reviewed from plans of both the existing building and renovation plans. Review fees are based on the estimated remodel costs and tax assessed value of the existing structure or prorated part of a structure if not all to be converted.