

**Profile-Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers
(Medical facilities pursuing a license with LDH/Health Standards Section)**

1. Name of facility: _____
2. Type of facility: Hospital
 Remote location associated with hospital; _____
 Ambulatory Surgical Center
 Renal Dialysis Center
 Medical or Rural Health Clinic
 Substance Abuse Facility
 Free-Standing Birth Center (FSBC)
3. Physical address: _____
4. Telephone number of facility: _____
5. Mailing address:

6. Owner of business: _____
(If corporation, partnership, LLC, or LLP; provide copy of the page of articles of organization or incorporation naming agent with agent's contact information)
7. If partnership, list partner name (s):

8. Contact person for facility:

9. Telephone number for contact person: _____
10. Email address of contact person: _____
11. Owner of the real property (land and building): _____
12. Address and telephone number for owner of the real property: _____

13. Check all that apply and complete blank as necessary:
 New construction
 Existing building; year constructed _____
 Existing building-occupancy classification will remain the same
 Change of existing business ownership only
 Change of real property ownership

- Renovation/remodel of existing facility
- Addition to existing facility

14. Is this facility connected to a public water system?

- Yes, name of public water system: _____
- No, must submit water well plans. (Shall comply with the provisions of LAC, Title 51, Part XII.)

15. Is this facility connected to a public sewer system?

- Yes, name of system: _____
- No, must submit sewage system plans. (Shall comply with the provisions of LAC, Title 51, Part XIII.)

16. Will food be stored, prepared, and/or served at the facility for patient/visitor consumption?

- Yes No

Will the food be provided by a catering business? Yes No

Name of caterer and La. Dept. of Health Permit No.

Will food be transported from a kitchen or dining hall to other areas? Yes No

NOTE: Please provide details in the Retail Food Plans Review Questionnaire.

(Food preparation, storage and handling shall meet all the requirements of Part XXIII of Title 51.)

17. Method of garbage disposal:

- Dumpster
- Garbage cans

Name of garbage service: _____

(Part XVII. Chapter 1. §111. C. "Garbage and trash shall not be allowed to accumulate anywhere on the premises except in containers designed and maintained in accordance with Part XXVII of this Code...")

18. Name of permitted biomedical waste hauler: _____

Signature of person preparing this questionnaire

Date of signature: _____

Printed name and title of person preparing this questionnaire

Contacts and important information:

State Sanitarian located in the Parish you wish to operate:

<http://new.dhh.louisiana.gov/index.cfm/page/394>

It is recommended that you obtain a copy of **Louisiana Administrative Code, Title 51, Public Health-Sanitary Code**, Part XIX. Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers at <https://www.doa.la.gov/da/osr/louisiana-administrative-code/>