

Plan Review Questionnaire for Public Buildings

1. Name of facility: _____
2. Type of office: Mental Health Rehab Counseling Office
 Child Placing Agency Office
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. Days and hours of operation: _____
15. Ages of clients served at facility: _____

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

- Yes, name of public water system: _____
- No; must submit water well plans.

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

- Yes, name of system: _____
- No; must submit sewage system plans.

18. Is the building adequately lighted, heated, and ventilated? Yes No

(Part XVII. Chapter 1. §103. A. " Every public and governmental building in this state,... shall be adequately lighted, heated, and ventilated,..." C. "The combustion chambers of all heaters, heating systems, and other fired equipment shall be vented to the atmosphere. Other parts of the heating, cooling, and ventilating systems shall be so designed, built, and maintained as to ensure that the pressure in the space from which combustion air is drawn does not become negative with respect to the atmosphere.")

19. Will a minimum of 10 foot-candles of illumination measured at a level 3 feet above the floor be provided in every indoor area traversed by people? Yes No

(Part XVII. Chapter 1. §103. B.)

20. Are toilet rooms provided in all public buildings for use by the general public? Yes No

(Part XVII. Chapter 1. §109. A. "All public buildings shall be provided with sewage disposal facilities and plumbing in compliance with provisions of parts XII and XIV of this Code.")

21. Which of the following will be provided for hand drying: mechanical hand-drying device or disposable paper towels? _____

(Part XVII. Chapter 1. §109. B. "...Facilities for hand-washing and cleaning purposes shall be located in these places and shall be provided with soap, mechanical hand-drying devices or disposable paper towels, and toilet paper.")

22. Name the types of floor coverings in the office specifying area: (example: linoleum in restroom)

(Part XVII. Chapter 1. §111. B. "No absorbent floor coverings shall be used in assembly halls, dining rooms, halls and stairways. Any carpeting installed in such areas shall be made of non-absorbent fibers.")

23. 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...")

_____ Date of signature: _____
Signature of person preparing this questionnaire

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 XVII. Public Buildings, Schools, and Other Institutions.