

## Part B - Health Facility Briefing and Planning

### CHECKLIST

Name of HPU: \_\_\_\_\_ (Print and complete one per HPU)

Agreed Role Delineation Level: \_\_\_\_\_

No	Item	Yes	No
<b>1.0</b>	<b>Planning:</b>		
1.1	Have all Mandatory Functional Areas of the Unit been provided?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Have Functional Relationships been considered?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0</b>	<b>Design:</b>		
2.1	Have the required Finishes been provided (if specified)?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Have the required minimum Fixtures and Fittings been provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Have Infection Control Issues been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Have Access, Mobility & OH&S Issues been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Space Standards and Components: Have Minimum Room Dimensions been provided ( if specified)? Have Minimum Room sizes been provided as specified? Have sufficient clearances been provided (if specified)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.6	Have Safety and Security Issues addressed: Patient Area Staff Areas Drug Storage Areas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.7	Does the Design Brief comply with the nominated Standards and Codes?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Has the Health Planning Unit provided a Schedule of Accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0</b>	<b>Components of the Unit</b>		
3.1	Have all mandatory Components been included?	<input type="checkbox"/>	<input type="checkbox"/>

Checked and certified by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Position \_\_\_\_\_

Signature: \_\_\_\_\_