

Health Facility Guidelines

Request for Inspection

Purpose:

The purpose of this Registration Form is to request SHCC to conduct a comprehensive Site Inspection against the Standards and Guidelines and the Assessment Report issued at various approval stages, namely AIP-S (Approval in Principle – Schematic) and Building Permit. The notification will allow SHCC to streamline requests and ensure adequate staffing is available for the inspection process.

Prerequisites:

Prior to lodging this Registration Form, we advise the Applicant to prepare a Progress Report listing all outstanding non-compliances from the Assessment Report (received from SHCC with the Building Permit) and their answers/solutions and status and progress onsite, all in the format prescribed by SHCC. Further information on the licensing process is available through the [Guidelines – Part A Administrative Provisions](#).

Process to Lodge this Registration Form:

Fill out this form on screen – print – lodge without signature online* – sign the printed copy and lodge it to SHCC together with the Progress Report. By return email, SHCC will confirm the date and time when the progress report can be lodged at the SHCC office.

***NOTE: The online submission is not enabled until further notice. The applicant is to submit the signed hard copy only, together with all required documents. An appointment with SHCC is to be made prior to the submission.**

AIP-S and Building Permit Approval Numbers (1):		AIP-S:	Building Permit:
Is this a 90% or 100% Completion Inspection:			
Project:	Name		
	Location/Address		
	Legal Plot Number		
	Size (Gross Floor Area in m2)		
Applicant: (2)	Company Name		
	Name and Surname Executive		
	Role Executive		
	Business Address		
	Business Phone Number		
	Business Email		
	Prequalification Number (3)		
Date the Progress Report will be ready: (4)			

(1) This is the Approval Number on the AIP-S and AIP-D Form received from SHCC when receiving Approval for the Schematic and Detailed Submissions.

(2) This is the Owner/Operator of the health facility. This section is to be filled out by a Senior Executive.

(3) This is the number for all SHCC prequalified Owners/Operators.

(4) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:

.....

Date:

.....