



Architect or Engineer Certification

Date:
Facility ID:
Facility Name:
Project Name/Description:

Mark below whether the architectural/engineering submission is intended for review by New York State Department of Health (DOH), by Dormitory Authority of the State of New York (DASNY) on behalf of the department, or for self-certification in lieu of formal plan review. Please also acknowledge if the project is for Article 28 certification of an existing space with no proposed construction.

- Choose review option:
Review provided by DOH Architects & Engineers
Review provided by DASNY Architects & Engineers
Self-Certification by Applicant's Architects & Engineers
Complete and include page 3, Eligibility Checklist.

- Mark if applicable:
Existing building inspected with no construction
Drawings must illustrate existing conditions are compliant to current reference standards.

The architect or engineer for the project to complete the following.

I hereby certify to the New York State Department of Health that:

I have been retained by the facility to provide professional architectural/engineering services and have concluded that the project is designed, or has been inspected, in accordance with project definitions, modifications and/or revisions approved or required by the New York State Department of Health.

I have concluded that the project is compliant with all applicable local, state, and federal codes and regulations. This includes the provisions of the State Hospital Code 10 NYCRR Part 711, applicable provisions of Parts 712-717, and the current Article 28 construction standards:

- 2012 NFPA 101 Life Safety Code
2012 NFPA 99 Health Care Facilities Code when required
2014 or 2018 Facility Guidelines Institute, Design and Construction Guidelines
2010 ADA Standards for Accessible Design

I understand that non-Article 28 areas, spaces, rooms and facilities being converted to Article 28 space, as well as renovations to existing Article 28 space shall be evaluated and brought into compliance with new construction standards as indicated within applicable requirements the State Hospital Code.

For projects intending to self-certify, please fill out the following checklist.
 If the answer to any of the questions below is “Yes”, the project is not eligible for self-certification.

Project Eligibility Checklist for Architectural/Engineering Self-Certification

#	Question	Yes	No
1	Is a waiver or an exception to the standards required?	<input type="checkbox"/>	<input type="checkbox"/>
2	Will the project costs exceed \$30,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
3	<p>Is Bulk Oxygen Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:</p> <ul style="list-style-type: none"> a. Hyperbaric Chambers b. Bulk Systems include Nitrous Oxide System and Oxygen System defined below: Bulk Oxygen System: an assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft³ of oxygen including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. Bulk Nitrous Oxide System: an assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb., approximately 28,000 ft³, of nitrous oxide. 	<input type="checkbox"/>	<input type="checkbox"/>
4	<p>Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following:</p> <ul style="list-style-type: none"> a. Observation Units for behavioral health in ED's. b. Behavioral health located within inpatient settings. c. Nursing Homes or other facilities with Dementia Units that are locked. d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided. 	<input type="checkbox"/>	<input type="checkbox"/>
5	<p>Will this project involve construction of new procedure rooms or operating rooms, or the renovation of existing procedure rooms or operating rooms, including modifications to associated support systems such as mechanical, electrical, plumbing, medical gas, fire detection or fire protection systems, within a hospital or ambulatory surgery center? <i>(Projects limited to cosmetic upgrades are eligible for self-certification.)</i> Examples, include but not limited to the following:</p> <ul style="list-style-type: none"> a. Endoscopy Procedure Rooms b. Procedure Rooms c. Operating Rooms d. Interventional Imaging located in procedure rooms or operating rooms 	<input type="checkbox"/>	<input type="checkbox"/>
6	<p>Will this project involve construction that is required to comply with New Ambulatory Health Care Occupancy requirements as indicated in Chapter 20 of NFPA 101, 2012 edition? Examples, include but not limited to the following:</p> <ul style="list-style-type: none"> a. Ambulatory Surgery Centers b. Endoscopy Centers and or other Procedure Rooms c. Free Standing Emergency Departments 	<input type="checkbox"/>	<input type="checkbox"/>
7	Is this project intended to provide Ventilator Units for patients located in nursing homes?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does this project involve Airborne Infection Isolation (Aii) Rooms or Protective Environment (PE) Rooms?	<input type="checkbox"/>	<input type="checkbox"/>