

Facility Requesting Exception _____
Facility Street Address _____
Facility Contact Name _____
Contact Mailing Address _____
Contact Email Address _____
Contact Phone Number _____ **Facility License #** _____
Surveyor Name _____

Please provide name and address for the facility to which the exception will be applied if different than above.

Check if a Rural Health Model Hospital

*For FGI exceptions, please attach the construction narrative & floor plans. Include building address, floor and/or room.
Date of Preliminary Plan Review: _____ DSI Plan Reviewer: _____ DSI Plan #: _____

Select book: 2018 – Guidelines for Design and Construction of Hospitals
 2018 – Guidelines for Design and Construction of Outpatient Facilities
 2022 – Guidelines for Design and Construction of Hospitals
 2022 – Guidelines for Design and Construction of Outpatient Facilities

1. List the specific regulation or FGI Construction Guideline for which the facility is requesting an exception and why this is being requested.

2. Provide supporting rationale for the exception request.

3. Describe how the facility will assure that this exception will not adversely affect patient care.

Signature of individual appointed by the Governing Body*

Printed Name of individual appointed by the Governing Body

Title

*The person appointed by the Governing Body of the facility who is responsible for the management & operations of the facility must sign the Exceptions Request form.