

# CONSTRUCTION PROJECT GUIDE

FOR HEALTH, MENTAL HEALTH, AND RESIDENTIAL CARE  
TREATMENT AND TRAINING FACILITIES LICENSED BY THE

OREGON DEPARTMENT OF HUMAN SERVICES

## 2008 EDITION

*A descriptive guide for administrators, architects, engineers  
and code compliance agencies involved in construction projects.*

- *Facility Types*
- *Applicable Codes*
- *Enforcement Agencies*
- *Plans Submission*
- *Project Inspection Requirements*

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**With the assistance and cooperation of the  
Oregon Building Codes Division and  
Office of State Fire Marshal**

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# INTRODUCTION

This guide is designed to provide administrators, architects, engineers, and governmental agencies with information needed for design and approval of health, mental health, and special residential facilities licensed by the Department of Human Services. It identifies rules which are enforced by various state and local agencies.

**NEW FACILITIES.** The described rules, standards and approval procedures are applicable to all project types, including new buildings, alterations, remodels, additions and conversions.

**EXISTING FACILITIES.** Minimum physical requirements for pre-existing licensed care facilities may differ, and questions relative to such minimum standards should be directed to the Department of Human Services Program having licensure authority.

Since new licensure categories may be developed and changes in rules can occur at any time, this guide may not be fully accurate following its date of publication. We recommend that project sponsors verify requirements with licensure agencies or plans review staff with Facilities Planning and Safety. This Construction Project Guide is updated every two years.

The following address will get you to the Oregon State Legislature.  
You may obtain current copies of the  
**Oregon Revised Statutes, and other Government Documents**  
directly from the Internet without charge at:

**<http://www.leg.state.or.us/ors/>**

The Oregon Administrative Rules and OAR Tables are  
now available via a link from our website at:

**<http://oregon.gov/dhs/ph/hsp/plansrev/index.shtml>**

Or the direct electronic address is:

**<http://arcweb.sos.state.or.us/banners/rules.htm>**

# CHAPTER 1

## DEPARTMENT OF HUMAN SERVICES, CATEGORIES OF HEALTH AND RESIDENTIAL CARE, TREATMENT AND TRAINING FACILITIES LICENSED BY EACH PROGRAM

THIS CHAPTER INCLUDES A TABLE OF INFORMATION FOR EACH DEPARTMENT OF HUMAN SERVICES PROGRAM AS NOTED ON THE FOLLOWING PAGES.

- COLUMN ONE**            **Facility Categories** provides a list of those programs within the Department of Human Services (DHS). Also provided are categories, names, addresses and telephone numbers of contact persons.
- COLUMN TWO**            **Applicable Construction Related Administrative Rules** indicates construction-related Oregon Administrative Rule Reference Sections.
- COLUMN THREE**        **Plans Submission Approval/Inspection** indicates plans submission, inspection and project approval requirements.
- COLUMN FOUR**        **Building Code Occupancy Classification** provides information regarding building code occupancy classifications which may be applied to each facility category. Building size, configuration, evacuation capability and other factors may impact a decision on classification. Actual classification is the responsibility of the building code agency having jurisdiction. At the back of this chapter is an appendix of building code occupancy classifications from the Oregon Structural Specialty Code.

It is recommended that project sponsors consider potential future uses, as well as immediate intended uses for a facility, when selecting a building code occupancy classification. Failure to do so could require costly future changes to meet required codes.

**CHILDREN, ADULTS AND FAMILIES**

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FACILITY CATEGORIES	APPLICABLE CONSTRUCTION RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
<p><b>RESIDENTIAL CARE AND RESIDENTIAL TREATMENT</b></p> <p><i>(Typically more than 5 residents that may be in controlled egress facilities on a 24-hour basis)</i></p>	<p><b>OAR 413-210-0000 through 0250</b></p>	<p>One copy of plans and specifications must be submitted to the Children, Adult &amp; Families Program and the local building department having jurisdiction for approval as follows:</p> <ul style="list-style-type: none"> <li>• Prior to construction of a new building;</li> <li>• Prior to construction of any addition to an existing building;</li> <li>• Prior to remodeling, modification or conversion; and</li> <li>• In support of any initial license application of any child caring agency not previously licensed, unless an exception is granted by the Children, Adult &amp; Families Program.</li> </ul> <p><i>(Submission to state or local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>R-2</b> See Oregon Structural Specialty Code -Current Edition.</p>
<p><b>DAY TREATMENT</b></p> <p><i>(Provides daytime school and treatment to emotionally disturbed children)</i></p>	<p><b>OAR 413-210-0000 through 0250</b></p>		<p><b>Group E</b> See Oregon Structural Specialty Code - Current Edition</p>

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<p><b>PRIVATE RESIDENTIAL SCHOOLS</b></p> <p><i>(Unlocked, typically more than 5 students) Provides care and schooling for children on a 24-hour basis.</i></p>	<p><b>OAR 413-210-0000 through 0250 and OAR 413-210-0500 through 0620</b></p>	<p>One copy of plans and specifications must be submitted to the Children, Adult &amp; Families Program and the building codes agency having jurisdiction for approval as follows:</p> <ul style="list-style-type: none"> <li>• Prior to construction of a new building;</li> <li>• Prior to construction of any addition to an existing building;</li> <li>• Prior to remodeling, modification or conversion; and</li> <li>• In support of any initial license application of any child caring agency not previously licensed unless an exception is granted by the Children, Adult &amp; Families Program.</li> </ul>	<p><b>R-2</b> See Oregon Structural Specialty Code - Current Edition.</p> <p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>SR-3</b> Special residence uses for five or fewer residents.</p> <p><b>R-2 or R-3</b> See Oregon Structural Specialty Code - Current Edition.</p>
<p><b>OTHER SIMILAR SERVICES</b></p> <p><i>(Unlocked, typically more than 5 residents.)</i></p> <p><i>May include runaway shelters, independent living apartments and transitional housing, etc.</i></p>	<p><b>OAR 413-210-0000 through 0250</b></p>	<p><i>(Submission to state or local building code agencies are also typically required when a building permit is required.)</i></p>	<p><b>R-1 or R-2</b> See Oregon Structural</p> <p><b>R-3</b> See Oregon Structural Specialty Code - Current Edition.</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>R-2 or R-3</b> See Oregon Structural Specialty Code - Current Edition.</p>

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FACILITY CATEGORIES	APPLICABLE CONSTRUCTION RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/ INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
<b>GENERAL HOSPITAL</b>	<p><b>OAR 333, Division 535</b> applies to new construction and alterations.</p> <p><b>OAR 333, Division 530</b> applies to existing hospital facilities.</p>	<p><b>Submit to Facilities Planning and Safety</b> (See Chapter 6)</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation.***</p>
<p><b>MENTAL HOSPITAL OR PSYCHIATRIC HOSPITAL</b></p> <p>(Licensed as a General Hospital)</p>	<p><b>OAR 333-525-0000</b> states that the standards of subject health care facilities apply except that surgical services and a portable X-ray machine shall not be required if surgical requirements are readily available in a General Hospital and radiological services for the Mental Hospital are provided either with a fixed X-ray unit or by a written agreement with a resource within the community. Maternity facilities also are not required.</p>	<p><b>Submit to Facilities Planning and Safety</b> (See Chapter 6)</p>	<p><b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation.***</p>
<p><b>ORTHOPEDIC HOSPITAL</b></p> <p><i>(Acute 24-hour care for orthopedic patients)</i></p> <p><i>(Licensed as a General Hospital)</i></p>	<p><b>OAR 333-525-0010</b> Orthopedic Hospitals shall meet requirements for a health care facility.</p>	<p><b>Submit to Facilities Planning and Safety</b> (See Chapter 6)</p>	<p><b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). ***</p>
<p>*** <b>NFPA 101, 2000 Ed., 3.3.134.7 Occupancy, Healthcare. An occupancy used for purposes of medical or other treatment or care of four or more persons where such occupants are mostly incapable of self-preservation due to age, physical or mental disability or because of security measures not under the occupants controls.</b></p>			

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<b>ALCOHOL INPATIENT CARE FACILITY*</b>  <i>(Acute 24-hour care in a locked or unlocked facility)</i>	<b>OAR 333-076-0000</b>		<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing homes, Mental Hospitals & detoxification facilities. ***
<b>AMBULATORY HEALTH CARE FACILITY</b>  <i>(Services not provided on a 24-hour basis.)</i>	<b>OAR 333-071-0185</b>	See Chapter 2 of this publication for CMS Certification Requirements.	<b>I-2</b> Ambulatory Health Care Clinics (where five or more patients are incapable of self-preservation). ***  <b>B</b> See Oregon Structural Specialty Code-Current Edition.***
<b>CHIROPRACTIC FACILITY *</b>  <i>(24-hour inpatient care)</i>	<b>No rules for this category currently exist.</b>		<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)***
<p>* <b>SUBCATEGORIES OF SPECIAL INPATIENT FACILITIES</b></p> <p>*** <b>THE 101 LIFE SAFETY CODE USES THREE (3) OR LESS PATIENTS. SEE ALSO CMS REFERENCE TO NUMBER OF PATIENTS IN CHAPTER 2.</b></p> <p>*** <b>NFPA 101, 2000 Ed., 3.3.134.7 OCCUPANCY, HEALTHCARE. AN OCCUPANCY USED FOR PURPOSES OF MEDICAL OR OTHER TREATMENT OR CARE OF FOUR OR MORE PERSONS WHERE SUCH OCCUPANTS ARE MOSTLY INCAPABLE OF SELF- PRESERVATION DUE TO AGE, PHYSICAL OR MENTAL DISABILITY OR BECAUSE OF SECURITY MEASURES NOT UNDER THE OCCUPANTS CONTROLS.</b></p>			



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<b>CHRISTIAN SCIENCE FACILITY *</b>  <i>(24-hour inpatient care)</i>	<b>OAR 333-071-0105, 0130, 0135</b>	<b>Submit to Facilities Planning and Safety (See Chapter 6)</b>  <i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i>	<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)***
<b>REHABILITATION CENTER *</b>  <i>(24-hour inpatient care)</i>	<b>OAR 333-071-0105, 0130, 0135</b>		<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)***
<b>COLLEGE INFIRMARY*</b>  <i>(24-hour inpatient care)</i>	<b>OAR 333-076-7010</b>		<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)***
<p>* <b>SUBCATEGORIES OF SPECIAL INPATIENT FACILITIES</b>        *** <b>THE 101 LIFE SAFETY CODE USES THREE (3) OR LESS PATIENTS. SEE ALSO CMS REFERENCE TO NUMBER OF PATIENTS IN CHAPTER 2.</b>        *** <b>NFPA 101, 2000 ED., 3.3.134.7 OCCUPANCY, HEALTHCARE. AN OCCUPANCY USED FOR PURPOSES OF MEDICAL OR OTHER TREATMENT OR CARE OF FOUR OR MORE PERSONS WHERE SUCH OCCUPANTS ARE MOSTLY INCAPABLE OF SELF- PRESERVATION DUE TO AGE, PHYSICAL OR MENTAL DISABILITY OR BECAUSE OF SECURITY MEASURES NOT UNDER THE OCCUPANTS CONTROLS.</b></p>			



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<p><b>RESIDENTIAL TREATMENT FACILITIES</b></p> <p><i>(Providing 24-hour residential treatment and care for 6 or more persons with mental illness).</i></p>	<p><b>OAR 309-035-0100 through OAR 309-035-0190</b></p>	<p>One set of construction plans to Office of Mental Health and Addiction Services prior to construction.</p> <p>Approvals by building and fire code agencies having jurisdiction.</p> <p>Application for license shall be submitted and approved prior to occupancy.</p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>R-2</b> See the Oregon Structural Specialty Code-Current Edition.**</p>
<p><b>RESIDENTIAL TREATMENT HOMES</b></p> <p><i>(Providing 24-hour residential treatment and care for 5 or fewer persons with mental illness).</i></p>	<p><b>OAR 309-035-0250 through OAR 309-035-0460</b></p>	<p>One set of construction plans to Office of Mental Health and Addiction Services prior to construction.</p> <p>Application for license shall be submitted and approved prior to occupancy.</p> <p>Approvals by building and fire code agencies having jurisdiction.</p>	<p><b>SR-3</b> Special residence uses for five or fewer residents.</p> <p><b>SR-3</b> Special residence uses for five or fewer residents.</p> <p><b>R-3</b> See the Oregon Structural Specialty Code-Current Edition.**</p>
<p><b>ADULT FOSTER HOMES</b></p> <p><i>(Providing 24-hour residential care for 5 or fewer persons with mental illness)</i></p>	<p><b>OAR 309-040-0300 through OAR 309-040-0455</b></p>	<p>One set of construction plans to Office of Mental Health and Addiction Services, OMHAS, prior to construction.</p> <p>Application for license shall be submitted and approved prior to occupancy.</p>	<p><b>R-3</b> See the Oregon Structural Specialty Code-Current Edition.**</p>

**\*\* PROMPT FACILITIES ARE NO LONGER REGULATED BY THE BUILDING OR FIRE CODES AS SR-3 OCCUPANCIES. FACILITIES OR HOMES WITH RESIDENTS CAPABLE OF 3 MINUTES OR LESS EVACUATION ARE NOW ALLOWED TO BE IN GROUP R OCCUPANCIES.**

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<p><b>SECURE RESIDENTIAL TREATMENT FACILITY</b></p> <p><i>(Providing 24-hour residential treatment and care for 6 or more persons with mental illness in a controlled egress &amp; access facilities.)</i></p>	<p><b>OAR 309-035-0100 through OAR 309-035-0190</b></p> <p><b>OAR 309-033-0700 through OAR 309-033-0740</b></p> <p><b>OAR 309-033-0500 through OAR 309-033-0560</b></p>	<p>One set of construction plans to Office of Mental Health and Addiction Services prior to construction.</p> <p>Application for license submitted and approved prior to occupancy.</p> <p>Approvals by building and fire code agencies having jurisdiction.</p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>I-1 or R-4</b> See Oregon Structural Specialty Code-Current Edition.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>

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<b>FACILITY CATEGORIES</b>	<b>APPLICABLE CONSTRUCTION-RELATED ADMINISTRATIVE RULES</b>	<b>PLANS SUBMISSION APPROVAL/INSPECTION</b>	<b>BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE</b>
<b>NON-MEDICAL DETOXIFICATION</b>  <i>(Provides 24-hours a day emergency evaluation and treatment for persons who are intoxicated or in withdrawal from alcohol or other drugs.)</i>	<b>OAR 415-50-0000 through 415-50-0095</b>	<b>OAR 415-051-0067 (1)(a)</b> requires one set of plans and specifications to be submitted to the Office of the State Fire Marshal.  <i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i>	<b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes; Mental Hospitals; Detoxification Facilities and Outpatient Clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)
<b>ADOLESCENT AMBULATORY</b>  <i>(Ages 12-17, highly structured treatment environment on a 24-hour, 7 days per week basis)</i>	<b>OAR 415-051-0000 through 0155.</b>  Also requires licensure by Children's Services.	One set of construction plans to Office of Mental Health and Addiction Services prior to construction.  Application for license submitted and approved prior to occupancy.  Approvals by building and fire code agencies having jurisdiction.	<b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).  <b>SR-3</b> Special residence uses for five or fewer residents.  <b>SR-1 or SR-4 (SR-1)</b> Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, But not more than 16 residences.  Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.
<b>ADOLESCENT AMBULATORY UNLOCKED</b>  <i>(Ages 12-17, highly structured treatment environment on a 24-hour, 7 days per week basis)</i>	<b>OAR 415-051-0000 through 0155.</b>  Also requires licensure by Children's Services.		<b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).  <b>SR-3</b> Special residence uses for five or fewer residences.  <b>SR-1 or SR-4 (SR-1)</b> Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.

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<b>FACILITY CATEGORIES</b>	<b>APPLICABLE CONSTRUCTION-RELATED ADMINISTRATIVE RULES</b>	<b>PLANS SUBMISSION APPROVAL/INSPECTION</b>	<b>BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE</b>
<b>RESIDENTIAL NON-DETOX</b>  <i>(Adults, 24-hour supervision treatment and care for individuals who are temporarily unable to live independently and maintain abstinence)</i>	<b>OAR 415-051-0000 through 0155.</b>		<b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).  <b>SR-3</b> Special residence uses for five or fewer residents.  <b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.  Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.
<b>ADULT RESIDENTIAL WITH CHILD CARE</b>  <i>(Adults, 24-hour supervision treatment and care for individuals who are temporarily unable to live independently and maintain abstinence)</i>	<b>OAR 415-051-0000 through 0155</b>	<b>OAR 415-051-0067</b> (1)(a) requires one set of plans and specifications to be submitted to the Office of the State Fire Marshal.  <b>NOTE:</b> <i>Submission to state and local building code agencies is also typically required when a building permit is required.</i>	<b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).  <b>SR-3</b> Special residence uses for five or fewer residents.  <b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.  <b>R-2</b> See the Oregon Structural Specialty Code -Current Edition.**  <b>R-3</b> See the Oregon Structural Specialty Code -Current Edition.**  Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.
<b>** PROMPT FACILITIES ARE NO LONGER REGULATED BY THE BUILDING OR FIRE CODES AS SR-3 OCCUPANCIES. FACILITIES OR HOMES WITH RESIDENTS CAPABLE OF 3 MINUTES OR LESS EVACUATION ARE NOW ALLOWED TO BE IN GROUP R OCCUPANCIES.</b>			

<b>HEALTH SERVICES</b> Public Health Systems <b>Office of Mental Health and Addiction Services</b> 500 Summer St., NE, E-86 Salem, Oregon 97301-1118			<b>INFORMATION CONTACT</b> <b>LEN PEAVY</b> <b>Phone: (503) 945-9714</b>
<b>FACILITY CATEGORIES</b>	<b>APPLICABLE CONSTRUCTION-RELATED ADMINISTRATIVE RULES</b>	<b>PLANS SUBMISSION APPROVAL/INSPECTION</b>	<b>BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE</b>
<b>RESIDENTIAL TRANSITION PROGRAMS</b>  <i>(Adults, 24-hour supervision treatment and care for individuals who are temporarily unable to live independently and maintain abstinence)</i>	<b>OAR 415-051-0000 through 0155</b>		<b>R-2</b> See the Oregon Structural Specialty Code -Current Edition.**  <b>R-3</b> See the Oregon Structural Specialty Code -Current Edition.**  Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.
<b>** PROMPT FACILITIES ARE NO LONGER REGULATED BY THE BUILDING OR FIRE CODES AS SR-3 OCCUPANCIES. FACILITIES OR HOMES WITH RESIDENTS CAPABLE OF 3 MINUTES OR LESS EVACUATION ARE NOW ALLOWED TO BE IN GROUP R OCCUPANCIES.</b>			

## SENIORS AND PEOPLE WITH DISABILITIES

Community Housing Section

**HOME & COMMUNITY SUPPORTS: DEVELOPMENTAL**

**DISABILITIES**

P.O. Box 14250

Salem, Oregon 97310

## INFORMATION CONTACT:

**HEBER NELSON**

**PHONE: (503) 945-9785**

FACILITY CATEGORIES	APPLICABLE CONSTRUCTION RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/ INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
<p><b>24-HOUR COMMUNITY RESIDENTIAL SERVICES/ DUPLEXES, APARTMENTS</b></p> <p><i>(5 or fewer mentally retarded or other developmentally disabled individuals who receive care and training in one or more buildings on contiguous property)</i></p>	<p><b>OAR Chapter 411 Div. 325</b></p>	<p>One set of construction plans to SPD prior to construction. Request an inspection from SPD, or its designees, and/or fire authority having jurisdiction prior to occupancy and annually thereafter.</p> <p>At a minimum, SPD conducts review of services every 2 years.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>SR-3</b> Special residence uses for five or fewer residents.</p> <p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>
<p><b>ADULT FOSTER HOMES</b></p> <p><i>(5 or less capacity who are not related to the provider by blood or marriage and may receive residential care and training)</i></p>	<p><b>OAR 309-040-0300 through 309-040-0455 Chapter 411, Div. 360</b></p>	<p>One set of construction plans to SPD prior to construction. Request an inspection from SPD, or its designees, and/or fire authority having jurisdiction prior to occupancy and annually thereafter.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p>



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<p><b>SUPPORTED LIVING SERVICES</b></p> <p><i>(3 or fewer, usually 1, who receive part to full time residential care and support services and training in a private home or apartment)</i></p>	<p><b>OAR 309-041-0550 through 309-041-0830</b></p>	<p>Request an inspection from SPD, or its designee prior to occupancy. SPD conducts review of services every two years. Sampling of service sites occurs as certification.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>R-2</b> See the Oregon Structural Specialty Code - Current Edition.</p> <p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p>
<p><b>SEMI-INDEPENDENT LIVING SERVICES</b></p> <p><i>(2 or fewer who receive no more than 4-6 hours per week of residential care and support services in a private home or apartment)</i></p>	<p><b>OAR 309-041-0015</b></p>	<p>SPD conducts review of services every two years. Sampling of service sites occurs as a course of provider certification.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>R-2</b> See the Oregon Structural Specialty Code - Current Edition.</p> <p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p>
<p><b>24-HOUR COMMUNITY RESIDENTIAL SERVICES - LARGE GROUP FACILITIES</b></p> <p><i>(17 or more mentally retarded or other developmentally disabled individuals who receive care and training in one or more buildings on contiguous property)</i></p>	<p><b>OAR Chapter 411, Div. 325</b></p> <p><b>411-325-0010 through 411-325-0480</b></p>	<p>One set of construction plans to SPD prior to construction. Approval by building and fire code agencies having jurisdiction.</p> <p>At a minimum, SPD conducts review of services every 2 years.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1</b> Special residence uses for more than 16 residents.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>

# SENIORS AND PEOPLE WITH DISABILITIES

Community Housing Section  
**HOME & COMMUNITY SUPPORTS: DEVELOPMENTAL  
 DISABILITIES**  
 P.O. Box 14250  
 Salem, Oregon 97310

## INFORMATION CONTACT:

**HEBER NELSON**  
**PHONE: (503) 945-9785**

FACILITY CATEGORIES	APPLICABLE CONSTRUCTION RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/ INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
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**\*\*Prompt facilities are no longer regulated by the building or fire codes as SR-3 occupancies. Facilities or homes with residents capable of 3 minutes or less evacuation are now allowed to be in Group R Occupancies.**

<p><b>24-HOUR COMMUNITY RESIDENTIAL SERVICES LARGE GROUP HOMES</b></p> <p><i>(6 or more mentally retarded or other developmentally disabled individuals who receive care and training in one or more buildings on contiguous property)</i></p>	<p><b>OAR Chapter 411, Div. 325</b></p>	<p>One set of construction plans to SPD prior to construction. Approval by building and fire code agencies having jurisdiction.</p> <p>At a minimum SPD conducts review of services every 2 years.</p> <p><i>(Submission to state and local building code agencies is also typically required when a building permit is required.)</i></p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4 (SR-1)</b> Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p><b>R-2</b> See the Oregon Structural Specialty Code (Current Edition). **</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>
<p><b>24-HOUR COMMUNITY RESIDENTIAL SERVICES SMALL GROUP HOMES</b></p> <p><i>(5 or fewer mentally retarded or other developmentally disabled individuals who receive care and training in one or more buildings on contiguous property)</i></p>	<p><b>OAR Chapter 411, Div. 325</b></p>	<p>One set of construction plans to SPD prior to construction on group homes. Request an inspection from SPD prior to occupancy.</p> <p>At a minimum, SPD conducts review of services every 2 years.</p>	<p><b>R-3</b> See the Oregon Structural Specialty Code - Current Edition.</p> <p><b>SR-3</b> Special residence uses for five or fewer residences.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>

**SENIORS AND PEOPLE WITH DISABILITIES**

500 Summer Street NE, E13  
Salem, Oregon 97301-1074

**LICENSURE ISSUES AND OBTAINING RULES:**

*Office of Licensing & Quality of Care*

**FOR INFORMATION CONTACT:**

**Nursing Facilities**  
**Residential Care Facilities**  
**Assisted Living Facilities**  
**Alzheimer's Facilities**  
**Adult Foster Homes**

**DAVE ALLM (503) 945-6407**  
**DEBRA CONCIDINE (503) 945-6404**  
**DENNETT TABER (503) 945-5793**  
**JAN KARLEN (503) 945-6918**  
**Local Area on Aging or Seniors & People with Disabilities**  
**(See local phone directory.)**

**GENERAL INFORMATION**

**(503)945-5853**

FACILITY CATEGORIES	APPLICABLE CONSTRUCTION-RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/ INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
<p><b>NURSING FACILITIES</b> <i>(Skilled and Intermediate Care Nursing Homes)</i></p>	<p><b>OAR 411-087-0100</b> <b>Division 87</b></p>	<p><b>Submit to: Facilities Planning and Safety</b> <i>(See Chapter 6)</i> <i>(Submission to state and local building codes agencies is typically required when a building permit is required.)</i></p>	<p><b>I-2</b> Shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care on a 24-hour basis of more than five persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing homes; Mental hospitals; detoxification facilities and Outpatient clinics (where patients are incapable of self-preservation). (A facility such as the above with five or fewer persons shall be classified as Group B.)</p>
<p><b>RESIDENTIAL CARE FACILITIES</b> <i>(6 and greater capacity for seniors and disabled persons requiring personal care services)</i></p>	<p><b>OAR 411-054-0200</b>  <b>OAR 411-057-0040</b> <i>(If also an Endorsed Alzheimer Care Unit.)</i></p>	<p style="text-align: center;">⇓</p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p> <p><i>If endorsed as an Alzheimer Care Unit, an SR-2 occupancy classification is typically required.</i></p>

**SENIORS AND PEOPLE WITH DISABILITIES**

500 Summer Street NE, E13  
Salem, Oregon 97301-1074

**LICENSURE ISSUES AND OBTAINING RULES:**

*Office of Licensing & Quality of Care*

**FOR INFORMATION CONTACT:**

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**Adult Foster Homes**

**Local Area on Aging or Seniors & People with Disabilities  
(See local phone directory.)**

**GENERAL INFORMATION**

**(503)945-5853**

FACILITY CATEGORIES	APPLICABLE CONSTRUCTION-RELATED ADMINISTRATIVE RULES	PLANS SUBMISSION APPROVAL/ INSPECTION	BUILDING CODE OCCUPANCY CLASSIFICATION LANGUAGE FROM STATE OF OREGON STRUCTURAL SPECIALTY CODE
<p><b>ASSISTED LIVING FACILITIES</b></p> <p><i>(For senior and disabled persons receiving personal care services in their own individual apartment)</i></p>	<p><b>OAR 411-056-0300</b></p>	<p><b>Submit to: Facilities Planning &amp; Safety</b></p> <p>(See Chapter 6) (Submission to state and local building codes agencies is typically required when a building permit is required.)</p>	<p><b>SR-2</b> Special residence uses for more than five residents who may require assisted self-preservation (impractical).</p> <p><b>SR-1 or SR-4</b> (SR-1) Special residence uses for more than 16 residents. (SR-4) Special residence uses for more than five, but not more than 16 residents.</p> <p>Controlled egress facilities shall comply with 1008.1.8.6 and App. SR 108.3. Controlled egress shall not be permitted in R occupancies unless licensed by the State of Oregon.</p>
<p><b>FOSTER HOMES</b></p> <p><i>(5 or less capacity for senior and disabled persons requiring personal care services)</i></p>	<p><b>OAR 411-050-0410</b></p>	<p>Submit one copy of floor plans of house showing location, size of rooms, exits, smoke detectors and extinguishers to local licensing unit.</p> <p><i>(Submission to state and local building codes agencies is typically required when a building permit is required.)</i></p>	<p><b>R-3</b> See the Oregon Structural Specialty Code -Current Edition.</p>

**DESCRIPTION OF OCCUPANCIES BY GROUP AND DIVISION  
PER OSSC CURRENT EDITION**

GROUP AND DIVISION	SECTION	DESCRIPTION OF OCCUPANCY
<b>Group B Business</b>	<b>304.1</b>	<b>Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service-type transactions, including storage of records and accounts. Business occupancies shall include lock-up facilities as defined in ORS 169.005(4) and per OSSC 304.2.</b>
<b>Group E Educational</b>	<b>305.1</b>	<b>Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by six or more persons at any one time for educational purposes through the 12<sup>th</sup> grade. Religious educational rooms and religious auditoriums, which are accessory to places of religious worship in accordance with Section 508.3.1 and have occupant loads of less than a 100, shall be classified as A-3 occupancies.</b>
<b>Day Care</b>	<b>305.2</b>	<b>The use of a building or structure, or portion thereof, for educational, supervision or personal care services for more than five children older than 2 ½ years of age, shall be classified as a Group E occupancy.</b>
<b>Group I Institutional</b>	<b>308.1</b>	<b>Group I occupancy includes, among others, the use of a building or structure, or a portion thereof, in which people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment, health care, personal care or other care or treatment, or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted. Institutional occupancies shall be classified as Group I-1, I-2, I-3 or I-4.</b>
<b>I-1</b>	<b>308.2</b>	<b>This occupancy shall include buildings, structures or parts thereof, housing more than 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons live in a supervised residential environment that provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance from staff and are capable of self-preservation. See Section 308.2 of OSSC for a list of occupancies included in Group I-1.</b>
<b>I-2</b>	<b>308.3</b>	<b>This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care for persons who are not capable of self-preservation. This group shall include, but not be limited to, the following: Hospitals, Nursing Homes, Mental Hospitals, Detoxification Facilities, Ambulatory Health care facilities. See OSSC 308.3.2 for definitions of Ambulatory Health Care Facility, Detoxification Facility, Nursing Homes, Hospitals and Mental Hospitals.</b>

**DESCRIPTION OF OCCUPANCIES BY GROUP AND DIVISION  
PER OSSC CURRENT EDITION**

<b>GROUP AND DIVISION</b>	<b>SECTION</b>	<b>DESCRIPTION OF OCCUPANCY</b>
<b>I-3</b>	<b>308.4</b>	<b>This occupancy shall include buildings and structures that are inhabited by more than five persons who are under restraint or security. An I-3 facility is occupied by persons who are generally incapable of self-preservation due to security measures not under the occupants' control. See Section 308.4 of OSSC for a list of occupancies included in Group I-3.</b>
<b>I-4</b>	<b>308.5</b>	<b>This group shall include buildings and structures occupied by persons of any age who receive custodial care for less than 24 hours by individuals other than parents or guardians, relatives by blood, marriage or adoption, and in a place other than the home of the person cared for. A facility such as the above with six or fewer persons, or group or family child care homes (located in private residence) as defined in ORS Chapter 657A, shall be classified as a Group R-3 or shall comply with the Oregon Residential Specialty Code in accordance with Section 101.2. Places of worship during religious functions are not included.</b>
	<b>308.5.1</b>	<b>ADULT CARE FACILITY.</b> A facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and personal care services shall be classified as Group I-4. <i>EXCEPTION: A facility where occupants are capable of responding to an emergency situation without physical assistance from the staff shall be classified as Group A-3.</i>
	<b>308.5.2</b>	<b>CHILD CARE FACILITY.</b> A facility that provides supervision and personal care on less than a 24-hour basis for more than five children 2 ½ years of age or less shall be classified as Group I-4. <i>EXCEPTION: A child care facility that provides care for more than five but not more than 100 children 2 ½ years or less of age, when the rooms where such children are cared for are located on the level of exit discharge and each of these child care rooms has an exit door directly to the exterior shall be classified as Group E.</i>
<b>Group R Residential</b>	<b>310.1</b>	<b>Group R includes, among others, the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I. Residential occupancies shall include the following:</b>
<b>R-1</b>	<b>310.1</b>	<b>Residential occupancies where the occupants are primarily transient in nature, including: Boarding houses (transient), hotels (transient), and motels (transient).</b>

**DESCRIPTION OF OCCUPANCIES BY GROUP AND DIVISION  
PER OSSC CURRENT EDITION**

<b>GROUP AND DIVISION</b>	<b>SECTION</b>	<b>DESCRIPTION OF OCCUPANCY</b>
<b>R-2</b>	<b>310.1</b>	<p><b>Residential occupancies containing sleeping units or more than two dwelling units where the occupants are primarily permanent in nature, including: Apartment houses, boarding houses (not transient), convents, dormitories, fraternities and sororities, monasteries, vacation timeshare properties, hotels (non-transient), motels (non-transient), vacation time share properties.</b></p> <p><b>Congregate living facilities with 16 or fewer occupants are permitted to comply with the construction requirements for Group R-3.</b></p> <p><b>Group R-2 occupancies providing 21 or more housing units for low-income elderly, which are financed in whole or in part by the federal or state fund, shall contain a multi-service room adequate in size to seat all the tenants (see ORS 455,425). The multi-service room shall include adjacent toilet facilities for both sexes; a service area with a kitchen sink, countertop and upper and lower cabinets; and a storage room sized to store tables, chairs or benches and janitorial supplies and tools. The multi-service room and accessory rooms shall be accessible to disabled persons (see Chapter 11).</b></p>
<b>R-3</b>	<b>310.1</b>	<p><b>Residential occupancies where the occupants are primarily permanent in nature and not classified as R-1, R-2, R-4 or I, including: Buildings that do not contain more than two dwelling units.</b></p> <p><b>Adult care facilities that provide accommodations for six or fewer persons of any age for less than 24 hours.</b></p> <p><b>Child care facilities that provide accommodations for six or fewer persons of any age for less than 24 hours.</b></p> <p><b>Congregate living facilities with 16 or fewer persons.</b></p> <p><b>Adult foster homes as defined in ORS Chapter 443, or group and family child care homes (located in a private residence) as defined in ORS Chapter 657A.</b></p> <p><b>A Group R-3 residential occupancy, subject to licensure by the state, where personal care is administered for five or fewer persons, whose occupants may require assisted self-preservation shall be classified as a Group SR-3 occupancy and shall comply with the provisions of appendix SR.</b></p>
<b>R-4</b>	<b>310.1</b>	<p><b>Group R-4 residential occupancies shall include buildings arranged for occupancy as residential care/assisted living facilities including more than five but not more than 16 occupants, excluding staff.</b></p> <p><b>Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3, except as otherwise provided for in this code, or shall comply with the Residential Code.</b></p> <p><b>A Group R-4 residential occupancy shall include buildings, structures or parts thereof housing more than five, but not more than 16 persons, on a 24-hour basis because of age, mental</b></p>

**DESCRIPTION OF OCCUPANCIES BY GROUP AND DIVISION  
PER OSSC CURRENT EDITION**

<b>GROUP AND DIVISION</b>	<b>SECTION</b>	<b>DESCRIPTION OF OCCUPANCY</b>
		<p>disability or other reasons, who live in a supervised residential environment that provides personal care.</p> <p>A Group R-4 residential occupancy, or porting thereof, subject to licensure by the state, where personal care is administered for more than five, but not more than 16 persons, whose occupants may require assisted self-preservation shall be classified as a Group SR-4 occupancy and shall comply with the provisions of Appendix SR.</p>
<b>Group SR Assisted Self-Preservation</b>	<b>Appendix SR 103.2</b>	<p>Special Residence Group SR Occupancy includes, among others, the use of a building or structure, or a portion thereof, for residences where personal care is administered and assisted self-preservation may be required. Group SR occupancies are licensed by, or are subject to licensure by, or under the authority of the Oregon Department of Human Services (DHS) in accordance with ORS Chapter 418 or 443, or any other state agency.</p>
<b>SR-1</b>	<b>SR 103.2 &amp; 101.2.1</b>	<p>Special residence uses for more than 16 residents. Group SR-1 shall comply with Group I-1 occupancy requirements and the supplementary requirements of the SR Appendix. (Under 13 minute evacuations.)</p>
<b>SR-2</b>	<b>SR 103.2 &amp; 101.2.1</b>	<p>Special residence uses for more than five residents who may require assisted self-preservation (Impractical). Group SR-2 shall comply with Group I-2 occupancy requirements and the supplementary requirements of the SR Appendix. (Over 13 minute evacuations.)</p>
<b>SR-3</b>	<b>SR 103.2 &amp; 101.2.1</b>	<p>Special residence uses for five or fewer residents. Group SR-3 shall comply with Group R-3 occupancy requirements and the supplementary requirements of the SR Appendix.</p>
<b>SR-4</b>	<b>SR 103.2 &amp; 101.2.1</b>	<p>Special residence uses for more than five, but not more than 16 residents. Group SR-4 shall comply with Group R-4 occupancy requirements and the supplementary requirements of the SR Appendix.</p>



# CHAPTER 2

## PHYSICAL REQUIREMENTS FOR MEDICARE OR MEDICAID CERTIFICATION

### CERTIFIABLE FACILITY TYPES

Medicare or Medicaid certification is optional for all facilities. Only health care facilities, providers and suppliers are certifiable for such reimbursement. The Oregon Health Services, Health Care Licensure and the Certification Section is the agency responsible for assuring facility conformance to Medicare/Medicaid Standards (971-673-0540). The facility types are:

- **GENERAL HOSPITALS:** Almost all General Hospitals in Oregon are, in addition to being licensed by Oregon Health Services, certified for reimbursement with Federal Medicare and Medicaid funds.
- **MENTAL OR PSYCHIATRIC HOSPITALS:** All private psychiatric hospitals in Oregon are currently certified for Medicare and Medicaid reimbursement. Only some state mental hospitals or parts of those hospitals are certified.
- **SPECIAL INPATIENT CARE FACILITIES:** Facilities under the general category of Special Inpatient Care Facilities may qualify for certification and Medicare or Medicaid reimbursement. Architects should request clarification from project sponsors whether Medicare and/or Medicaid certification will apply.
- **END STAGE RENAL DIALYSIS (*in any setting*):** All existing facilities are required to be Medicare Licensed and Certified.
- **FREESTANDING HOSPICE:** Only three (3) facilities presently exist. A free-standing hospice is licensed as a Special Inpatient Care Facility in Oregon. They must also be certified by Medicare and the COP that provide in-patient care directly. The facility is then certified as a hospice for Medicare/Medicaid patients.
- **LONG TERM CARE FACILITIES:** Certification is not required for nursing homes which do not serve publicly subsidized patients, although most Oregon nursing homes are certified for Medicare and/or Medicaid reimbursement. Seniors & People with Disabilities (503-945-6456) is the agency in Oregon responsible for assuring conformance to both Medicare and Medicaid standards, as well as state licensure rules. Architects should request clarification from project sponsors whether certification will apply.

- **AMBULATORY HEALTH CARE OCCUPANCIES (AMBULATORY SURGERY CENTER-ASC):** Certification is not required for ASC's which do not seek reimbursement from Medicare. Architects should request clarification from project sponsors whether Medicare certification will be sought. To be certified, the Centers for Medicare/Medicaid Services (CMS) has specific requirements regarding physical separation of ASC facilities from a physician's office. The following is a clarification between the requirements of the Oregon Structural Specialty Code and NFPA 101, 2000 Ed which is the rule and guidelines for Ambulatory Health Care Occupancy certifiable for (CMS) funding.

**Ambulatory Health Care Facility** as defined under Section 308.3.2 of the OSSC are classified as I-2 medical outpatient facilities, for more than five patients who are incapable of self-preservation, providing care on a less than 24-hour basis. (For facilities with five or fewer patients, see Clinic-Outpatient in Section 304.1).

**Ambulatory Health Care Occupancies** as defined in Section 3.3.134.1 of NFPA 101, 2000 Ed. are a building or portion thereof used to provide services or treatment simultaneously to four or more patients that (1) provides, on an outpatient basis, treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others; or (2) provides, on an outpatient basis, anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Please note that CMS rectified the number that constitutes an AHCO to one or more. See National Register 42 CFR 416.44(b). Also note that NFPA 101 does not assign an occupancy type. However, AHCO's shall conform with Chapter 20 and 38 of NFPA 101, which ever is stricter governs.

## **PHYSICAL REQUIREMENTS**

Medicare and Medicaid regulations are written as conditions of participation or coverage and include supporting mandated standards which affect the care and safety of patients and control reimbursement. While the regulations include some physical standards directly or indirectly affecting construction, no comprehensive set of construction requirements is included. The Federal Center for Medicare & Medicaid Services relies on individual states to promulgate and enforce their own more detailed physical requirements to assure that facilities adequately support each service and provide a safe infection-control environment. Careful conformance to state licensure rules will in most cases also assure conformance to physical standards mandated for Medicare or Medicaid Certification.

The National Fire Protection Association's 2000 Edition of the Life Safety Code for protection from fire has been adopted by JCAHO & CMS. Also referenced are other NFPA standards, including the NFPA 99 Health Care Facilities Code. Copies of NFPA publications may be obtained by calling NFPA at 1-800-344-3555 or at the Building Tech Bookstore, Inc., on line at [www.buildingtechbooks.com](http://www.buildingtechbooks.com) , phone: 1-800-ASK BOOK (1-800-275-2665) or fax: (503) 641-0770.

DHS subcontracts with the Office of State Fire Marshal for enforcement of NFPA standards.

**OFFICE OF STATE FIRE MARSHAL**  
*Fire & Life Safety Services Unit*  
4760 Portland Road NE.  
Salem, Oregon 97305  
Phone: (503) 373-1540

Following is a partial listing of applicable NFPA codes and standards:

- **NFPA 101, 2000 Ed. - LIFE SAFETY CODE** (also available is the *Life Safety Code Handbook*, which provides additional interpretive information).
- **NFPA 101A - ALTERNATIVE APPROACHES TO LIFE SAFETY** (includes the "Fire Safety Evaluation System"), offering alternative ways to comply with Life Safety Requirements. This is most commonly used in bringing pre-existing buildings into compliance. Also included is the Evacuation Capability for determination of Board and Care, (Special Residence Occupancies).
- **NFPA 70 - NATIONAL ELECTRICAL CODE** (adopted by the State of Oregon as the Oregon Electrical Specialty Code, with some amendments).
- **NFPA 72 - NATIONAL FIRE ALARM CODE.**
- **NFPA 99 - HEALTH CARE FACILITIES** (also available is the *NFPA 99 Health Care Facilities Handbook*, which provides additional interpretive information).
- **NFPA 90A-INSTALLATION OF AIR CONDITIONING AND VENTILATING EQUIPMENT** (Includes regulations for duct systems and attached equipment to restrict the spread of smoke and fire and maintain the fire resistive integrity of the structure.)
- **NFPA 92A - SMOKE CONTROL SYSTEMS** (Supplements NFPA 90A by providing guidelines on smoke control utilizing barriers, airflows and pressure differentials so as to confine smoke of a fire to the zone of origin and thus, maintain a tenable environment in other zones.)
- **NFPA 96 - VENTILATION CONTROL AND FIRE PROTECTION OF COMMERCIAL COOKING OPERATIONS.** (Provide guidelines for the design and installation of exhaust and fire protection systems for commercial installations including cooking equipment, hoods, grease removal devices, exhaust duct systems, fans, fire suppression systems, and clearance to combustibles.)
- **NFPA 110 - EMERGENCY AND STANDBY POWER SYSTEMS.** (Provides regulations for the selection and assembly of the components for emergency and standby power systems including installation criteria, maintenance practices, operation, and testing.)
- **NFPA 13, 13-D AND 13-R - INSTALLATION OF SPRINKLER SYSTEMS.**

## **CHAPTER 3**

### **ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) OR THE COMMITTEE ON HOSPITALS OF THE AMERICAN OSTEOPATHIC ASSOCIATION (CHAOA)**

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is a voluntary private quality assurance corporation specializing in setting standards and monitoring health care quality. Membership is optional. Although such accreditation may extend beyond hospitals, hospitals are the primary facility types in Oregon accredited by JCAHO. Standards are included in their Accreditation Manual for Hospitals. Copies are available from their offices at One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. Other publications and a newsletter are also available.

JCAHO currently accredits 50 of 63 Oregon general hospitals, as well as about half of the mental hospitals and facilities, devoted to chemical dependency treatment. Oregon Health Services typically waives state licensing and Medicare/Medicaid surveys for accredited hospitals, except for occasional validation surveys. Licensure rules of Oregon Health Services, however, apply to all hospitals, regardless of accreditation status.

JCAHO standards include few actual physical requirements for construction, depending largely on each state to promulgate physical standards in their licensure rules for exceptions, refer to the NFPA 101, 2000 Ed. Life Safety Code and other sub-referenced NFPA Publications. These are the same as mandated for Medicare/Medicaid Certification as outlined in Chapter 2.

JCAHO provides no review of construction plans and does not typically provide in-depth written responses to questions regarding projects. NFPA code clarifications, however, may be addressed to Environmental Care, phone (630) 792-5896. JCAHO Standards phone number is (630) 792-5900, and their web site address is: [www.jointcommission.org](http://www.jointcommission.org).

The Committee on Hospitals of the American Osteopathic Association (CHAOA) also is a voluntary quality assurance organization devoted to setting standards and monitoring health care quality. One Oregon hospital is so certified. CHAOA also includes reference to the NFPA 101, 2000 Ed. Life Safety Code fire and life safety requirements. Information regarding certification and standards may be obtained by contacting them at 142 E. Ontario Street, Chicago, Illinois 60611, or by phoning (312) 280-5826.

# **CHAPTER 4**

## **CERTIFICATE OF NEED**

**Certificate of Need approval is required for certain health care facility projects prior to construction. Residential care, treatment, and training projects, including Assisted Living, are not subject to Certificate of Need.**

**Health care project types covered by the Certificate of Need Review Program include new hospitals, new skilled nursing facilities and intermediate care services or facilities, as defined in ORS 442.015(26) and (27).**

**Ruling to determine applicability of projects subject to review under the program are made by first filing a Letter of Intent with the program's coordinator at the address listed below. A prescribed format is required. Project sponsors may obtain program information and rules from:**

**JANA FUSSELL  
CERTIFICATE OF NEED COORDINATOR**

**OREGON HEALTH SERVICES  
800 NE Oregon Street, Suite 930  
Portland, Oregon 97232**

**Phone: (971) 673-1108  
Fax: (971) 673-1299**

# **CHAPTER 5**

## **OTHER STATE PROGRAMS WHICH ADMINISTER RULES AFFECTING CONSTRUCTION**

**COLUMNS ONE AND TWO** of the following chart display a list of state programs, contact people, and administrative rules which are not included in licensure rules, but may also apply. Some requirements are mandated by reference from licensure rules, while others are applicable directly through rules of the administering agency.

**COLUMN THREE** identifies the facility types covered by each rule section.

**COLUMN FOUR** provides information regarding plans submission.

## OTHER STATE PROGRAMS AND AGENCIES

STATE AGENCY	ADMINISTRATIVE RULE	FACILITY TYPES AFFECTED	PLANS REVIEW AND/OR CONSTRUCTION APPROVAL REQUIRED?
<p><b>HEALTH SERVICES</b></p> <p><b>Food Pool and Lodging Health &amp; Safety Section</b>                      State Office Bldg.                      800 NE Oregon St.,                      Suite 608, 6<sup>th</sup> Floor                      Portland OR 97232</p> <p>Phone: (503) 731-4012                      Fax: (503) 731-4077</p>	<p><b>Food Sanitation Rules, OAR 333, Divisions 150-160</b></p> <p><i>(Copies are available from local County Health Departments or by calling (503)731-4012)</i></p>	<p>All health and residential care and treatment facilities which include kitchen facilities, except certain residential care, treatment and training homes with fewer than 17 beds. All, however, must meet this code with respect to preparation, storage and serving of food.</p>	<p>No review is typically provided or required by the Environmental Services &amp; Consultation Unit. When plans review is performed by the Licensing and Plans Review Program, dietary facilities are reviewed for conformance as a part of licensure rules.</p>
<p><b>HEALTH SERVICES</b></p> <p><b>Radiation Protection Services,</b>                      800 NE Oregon St.,                      Rm 640                      Portland OR 97232</p> <p>Phone: (971) 673-0507                      Fax: (971-673-0553</p>	<p><b>Safe Use of X-Ray Machines, Radioactive Materials and Tanning Devices, OAR 333, Divisions 100-120</b></p> <p><i>(Copies are available from The Radiation Protection Services).</i></p>	<p>All facilities that include radiation producing equipment.</p>	<p>No plan review is provided, but inspection and testing prior to licensure of such equipment may be required by Health Services.</p>
<p><b>HEALTH SERVICES</b></p> <p><b>Center for Public Health Laboratories</b>                      1717 SW 10th                      PO Box 275                      Portland OR 97201</p> <p>Phone: (503) 229-5854                      Fax: (503) 229-5682                      Website:                      www.healthoregon.org</p>	<p><b>Licensure Rules for Clinical Laboratories, OAR 333, Chapter 24</b>  <i>(Available from the Center for Public Health Laboratories.)</i></p> <p><b>CMS/Code of Federal Regulation Requirements.</b></p> <p><i>(Call the Center for Public Health Laboratories regarding availability.)</i></p>	<p>All facilities that perform a clinical laboratory test for the purpose of diagnosis and treatment or assessment of health of humans, federal facilities and pure research facilities are exempt.</p>	<p>No plan review on construction approval is required.</p>
<p><b>HEALTH SERVICES</b></p> <p><b>Stephen Keifer</b>  <b>Food Pool &amp; Lodging</b>                      800 NE Oregon, #800                      (#21)                      Portland OR 97232</p> <p>Phone: (503) 731-4012</p>	<p><b>Public Pool &amp; Spa Rules</b></p> <p><b>OAR 333-060</b>  <b>OAR 333-062</b></p>	<p>All public facilities which include swimming pools or spa pools.</p>	<p>Plan review is required for all public pools. Health Services issues construction permits and conducts pre-opening inspection. Plan review authority is delegated to some county health departments.</p>

## OTHER STATE PROGRAMS AND AGENCIES

STATE AGENCY	ADMINISTRATIVE RULE	FACILITY TYPES AFFECTED	PLANS REVIEW AND/OR CONSTRUCTION APPROVAL REQUIRED?
<p><b>MENTAL HEALTH SERVICES</b></p> <p><b>Jerry R. Williams Office of Mental Health &amp; Addiction Services 500 SE Summer St., NE, E-86. Salem OR 97310</b></p> <p><b>Phone: (503) 945-7817</b></p>	<p><b>Approval of Hospitals and Other Facilities to Provide Involuntary Care for Allegedly Mentally Ill Persons. OAR 309-033-0720 (3)(e)</b></p> <p><b>Standards for the Approval of Facilities that Provide Care, Custody and Treatment to Committed Persons or to Persons in Custody or on Diversion OAR 309-033-0500 through OAR 309-033-0560</b></p>	<p><b>General hospitals and psychiatric hospitals which hold allegedly mentally ill persons.</b></p>	<p><b>No. While MHS does not mandate submission of plans, plans forwarded to the Licensing Plans Review Unit in accord with Chapter 6, will be reviewed for conformance.</b></p>
<p><b>BOARD OF PHARMACY/OHD</b></p> <p><b>Gary Schnabel State Office Building #425 800 NE Oregon St., (#9) Portland OR 97232</b></p> <p><b>Phone: (503) 731-4032 Fax: (503) 731-4067</b></p>	<p><b>OAR Chapter 855, Division 41</b></p>	<p><b>All facilities that prepare and/or store prescription medications for use by patients or residents.</b></p>	<p><b>No. While the Board of Pharmacy does not mandate submission of plans, plans submitted to the Licensing Plans Review Unit, in accord with Chapter 6, will be reviewed for conformance.</b></p>
<p><b>DEPT. OF CONSUMER &amp; BUSINESS SERVICES</b></p> <p><b>Building Codes Division 1535 Edgewater St. NW Salem OR 97310 PO Box 14470 Salem OR 97309</b></p> <p><b>Phone: (503) 378-4133 Fax: (503) 378-2322</b></p>	<p><b>Oregon Structural Specialty Code (918-460-0000 through 0020) and Mechanical Specialty Code (918-440-0000 through 0010) as authorized by ORS 455.020 and ORS 455.010 through 455.990</b></p>	<p><b>All types</b></p>	<p><b>Yes. Review is by the Oregon Building Codes Division or by local, county and municipal building departments having jurisdiction.</b></p> <p><b>Responsibility for plans review varies, depending on size and type of project and the certification levels of the local department.</b></p>
<p><b>BUILDING CODES</b></p>		<p><b>All types</b></p>	<p><b>It is suggested that project</b></p>



## OTHER STATE PROGRAMS AND AGENCIES

STATE AGENCY	ADMINISTRATIVE RULE	FACILITY TYPES AFFECTED	PLANS REVIEW AND/OR CONSTRUCTION APPROVAL REQUIRED?
<p><b>DIVISION (cont)</b></p> <p><b>Building Official Plan Review</b></p> <p>Phone: (503) 378-2403</p> <p><b>Richard Rogers Chief, Structural Program</b></p> <p>Phone: (503) 378-4472</p> <p><b>Code Specialist</b></p> <p>Phone: (503) 373-1354 Fax: (503) 378-2322</p>			<p>sponsors first contact the building code authority in the local city or county for clarification.</p> <p>Projects over 4,000 sq. ft. or 20 ft. in height must be stamped and signed by an Oregon licensed architect or engineer.</p> <p>A directory of responsibilities identifying local program authority can be obtained from the Building Codes Division.</p>
<p><b>Dennis Clements Chief Inspector</b></p> <p>Phone: (503) 373-7509 Fax: (503) 378-2322</p>	<p><b>Electrical Specialty Code, OAR 918-305-0000 through 0260</b></p>	<p><b>All types</b></p>	
<p><b>Terry Swisher Chief Inspector</b></p> <p>Phone: (503) 373-7488 Fax: (503) 378-2322</p>	<p><b>Plumbing Specialty Code, OAR 918-750-0100 through 0170</b></p>	<p><b>All types</b></p>	
<p><b>Mike Graham Chief Inspector</b></p> <p>Phone: (503) 373-1216 Fax: (503) 378-4101</p>	<p><b>Boiler and Pressure Vessel Specialty Code, OAR 918-225-0220 through 0790</b></p>	<p><b>All facilities in which boiler or pressure vessels and piping are used.</b></p>	
<p><b>Ron Crabtree Chief Inspector</b></p> <p>Phone: (503) 378-3866 Fax: (503) 378-4101</p>	<p><b>Elevator Specialty Code OAR 918-400-0200 through 0800</b></p>	<p><b>All facilities in which elevators or lifts are installed except Federal Government.</b></p>	<p><b>Review by state &amp; municipal building departments having jurisdiction.</b></p>
<p><b>Chief Inspector</b> Phone: (503) 373-1326 Fax: (503) 378-4101</p>	<p><b>Manufactured Dwellings &amp; Park Standard (OAR 918- 0500 &amp; 0600)</b></p>	<p><b>Limited to R-3 occupancies only, with some exceptions.</b></p>	
<p><b>Policy &amp; Technical Services</b></p> <p>Phone: (503) 378-4472 Fax: (503) 378-2322</p>	<p><b>Fire &amp; Life Safety/ADA</b></p>		

## OTHER STATE PROGRAMS AND AGENCIES

STATE AGENCY	ADMINISTRATIVE RULE	FACILITY TYPES AFFECTED	PLANS REVIEW AND/OR CONSTRUCTION APPROVAL REQUIRED?
<p><b>DEPARTMENT OF LAND CONSERVATION AND DEVELOPMENT (DLCD)</b></p> <p>635 Capital St., NE. Suite 150 Salem OR 97301-2540</p> <p>Phone: (503) 373-0050 Fax: (503) 378-6033</p>	<p><b>ORS Chapter 197 OAR Chapter 660</b></p> <p><i>NOTE: DLCD does not directly regulate any development; it does not directly process or review any of the common permits for land division or development. All such permits typically must be obtained from appropriate city or county building and planning officials. Requirements of DLCD must be reflected in local plans. Development proposals that require amendments to local plans and ordinances may be reviewed by DLCD and occasionally may be appealed to the State Land Use Board of Appeals.</i></p>	<p>All types</p>	<p>Possibly. All zoning requirements are administered through municipal and county jurisdictions. If you are not aware of the appropriate local jurisdiction, you may obtain information by calling the state agency listed in Column 1.</p>
<p><b>DEPARTMENT OF CONSUMER AND BUSINESS SERVICES OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION (OR-OSHA)</b></p> <p>350 Winter St NE, Room 430 Salem OR 97301-3882</p> <p>Phone: (503) 378-3272 or 1-800-922-2689 Fax: (503) 947-7461 Web: <a href="http://www.orosha.org">www.orosha.org</a></p>	<p><b>OAR CHAPTER 437, Oregon Occupational Safety and Health Code</b></p> <p><b>Division 1: General Administrative Rules</b></p> <p><b>Division 2: General Occupational Safety and Health Rules</b></p> <p><b>Division 3: Construction</b></p>	<p>All types of facilities - with employees.</p>	<p>No. Oregon OSHA inspects only facilities which are staffed by workers. No submission of plans is required.</p> <p>OSHA interpretation questions may be addressed to the Oregon OSHA at the phone number listed in column 1.</p>

## OTHER STATE PROGRAMS AND AGENCIES

STATE AGENCY	ADMINISTRATIVE RULE	FACILITY TYPES AFFECTED	PLANS REVIEW AND/OR CONSTRUCTION APPROVAL REQUIRED?
<p><b>OFFICE OF STATE FIRE MARSHAL</b></p> <p>4760 Portland Rd. NE Salem, OR 97305-1760</p> <p>Phone: (305) 373-1540 Fax: (503) 373-1825</p>	<p><b>ORS 479.155 (2)</b></p> <p>Prior to construction or alteration of a hospital, public building as defined in ORS 479.010 (1), as defined in ORS 479-210, or any other building or structure regulated by the State Fire Marshal for use and occupancy or requiring approval by the State Fire Marshal pursuant to statute, the owner shall submit to the director of the Building Codes Division two copies of a plan as the director shall require. Such filing shall not be required with respect to any such building or structure in any area exempt by order of the State Fire Marshal pursuant to ORS 476.030. Approval of such plans by the director shall be considered approval by the State Fire Marshal and shall satisfy any statutory provision requiring approval by the State Fire Marshal..</p>	<p>Hospitals, Nursing Homes, Ambulatory Surgical Centers &amp; SR Occupancies</p>	<p>Plan review input required.</p> <p>Submit to Facilities Planning and Safety (See Chapter 6)</p>

- **Questions regarding projects within delegated local code enforcement areas should be first referred to the local building official in the area. Consult the local phone directory or Building Codes Division Directory of Responsibilities for phone number. See Building Codes Division web page [www.clos.state.or.us/external/bcd](http://www.clos.state.or.us/external/bcd) for information about building codes and the directory of responsibilities.**
- **Most Building Codes Division regulations are available through: Building Tech Bookstore, [www.buildingtechbooks.com](http://www.buildingtechbooks.com) , phone 1-800-ASK BOOK (1-800-275-2665) or Fax (503) 641-0770.**
- **Oregon Building Officials Assoc., Bookstore , P.O. Box 68, Silverton, OR 97381, phone (503) 873-1157.**
- **International Code Council, 2122 - 1012 Avenue, NE, Suite C, Bellevue, WA 98004, Phone (425) 451-9541, Fax (425) 637-8939.**
- **OFMA Bookstore, Fire Service Bookstore, 727 Center Street, NE, Suite #300, Salem, OR 97301, Phone (503) 581-8785, web: <http://fireservicebooks.com/osb/new.cfm>**
- **Chemeketa Community College Bookstore, Salem, Oregon, Phone (503) 399-5131.**

# CHAPTER 6

## FACILITIES PLANNING & SAFETY SUBMISSION, INSPECTION, AND APPROVAL REQUIREMENTS

Facilities Planning and Safety, Health Services, Department of Human Services is a centralized review program responsible for enforcement of construction related standards of both Health Services and Seniors and Peoples with Disabilities. The program also incorporates responsibility for review of projects to standards mandated for Federal Medicare and Medicaid Certification. Fire and Life Safety Standards are enforced through a cooperative effort with the Office of the State Fire Marshal, which subcontracts with DHS agencies to enforce the NFPA (National Fire Protection Association) 101 Code. This code is applicable to health care facilities which seek certification for reimbursement from Medicare and Medicaid. All plans are submitted to Facilities Planning and Safety, Health Services, 3420 Cherry Ave. NE, #110, Keizer, Oregon, 97303. Submission requirements under OAR 333, Division 675, are included at the back of this Chapter. The purposes of this review are:

1. To ensure that newly constructed facilities provide safe and adequate care and lodging for persons who receive services therein;
2. To minimize the need for costly changes and delays, to correct deficiencies in newly constructed facilities; and
3. To promote cost containment through better programming, design and construction.

Following is a sequence of events for project sponsors and their architects and engineers recommended to assure compliance with regulations covered by the review program, avoid unnecessary delays, and minimize required project revisions.

- A. **Determine Applicability of the Project to the Review Program:** OAR 333-675-0000 (2) (See Appendix) provides criteria for determining whether a project must be submitted for plans review. If a sponsor wishes to help assure code compliance prior to construction, a review may be obtained (even when not mandated) by submitting a PR-1 Form and paying the appropriate fee. (See Appendix)
- B. **Determine Licensure Classifications and Building Code Occupancy Type:** With the growth of facility classifications and services offered, it is not always apparent which Oregon State Structural Code occupancy classification should apply. In addition to referring to Chapter 1, it is recommended that project architects contact Facilities, Planning and Safety staff and the local building codes department having jurisdiction to determine the appropriate occupancy classification.
- C. **Project Design Conference:** Questions regarding application of rules, functional design, and other issues may exist which can best be answered through a project

conference. See OAR 333-675-0000(4) for Project Design Conference requirements as part of the Schematic Plans Review.

**Project sponsors should come prepared with the following information:**

- 1. Functional Narrative.** A written program for projects where the type of care and/or procedures involved are complex or innovative may suffice;
  - 2. Schematic Plans.** Drawings need to be sufficiently complete to allow for a meaningful discussion. See OAR 333-675-0000(4) for requirements; and
  - 3. Assumptions regarding licensure classification, building code occupancy classification, need for Medicare/Medicaid certification and JCAHO accreditation.**
- D. Waivers to Health Services or Seniors and People with Disabilities Rules:** Waivers to construction related licensure rules of Health Services or Seniors and People with Disabilities are granted only when health and safety will not be significantly compromised. See OAR 333-675-0000(3) for requirements.
- E. Submitting Schematic Plans:** Schematic plans shall be submitted in accordance with OAR 333-675-0000(4) of the attached rules. A schematic plan submission is for agency input at an early stage and to reduce time-consuming modifications to construction documents later. One-third (1/3) of the total required fee must be submitted at this phase with a copy of the PR-1 Form (See Appendix).

**Project sponsors or their architects are required to respond to any identified deficiencies with a written plan of correction for each.**

- F. Submitting Construction Documents:** Finalized construction plans and specifications must be submitted to Health Services, Facilities Planning and Safety, in accordance with OAR 333-675-0000(5). Please contact Facilities, Planning and Safety staff regarding the number of sets needed, as this may vary dependent on the project type and size. All submissions MUST be accompanied by the appropriate review fee and PR-1 Form. If the project includes conversion of an existing building from a non-licensed or different use to a new category of licensed use or a license revision with minimal construction cost, plan review fees are based on the value of the existing structure plus the estimated cost of improvements. Checks should be made out to Health Services, Facilities, Planning and Safety.
- 1. All drawings should be complete and adequate for both construction and review purposes. Drawings and specifications must include sufficient architectural, mechanical and electrical information.**
  - 2. An Oregon licensed architect or engineer's stamp shall be provided on all construction documents for facilities over 4000 square feet in gross floor space or 20'-0" high in accordance with ORS Chapter 671 and 672.**
  - 3. A written functional narrative shall be included where required by agency licensure rules and when not previously submitted with schematic stage drawings.**

4. **Indicate the building occupancy classification on the drawings in accordance with the Oregon Structural Specialty Code.**
  5. **Submission to Facilities, Planning and Safety does not relieve the need to also submit to the building code authority having jurisdiction. If you are unaware of the proper authority, it is suggested that you contact the local City or County Building Department in the project area or consult the Building Codes Division web page at [www.cbs.state.or.us/bcd/](http://www.cbs.state.or.us/bcd/).**
- G. Written Plan of Corrections and Plans Approval: A written plan of correction for each identified deficiency must be submitted to Facilities, Planning and Safety by the project architect or sponsor. When all such issues are resolved, a "Notice of Construction Plans Approval" will be issued to the project architect or sponsor.**
- **It is recommended that construction not occur prior to Facilities Planning and Safety approval of plans. Failure to receive approval prior to construction may result in costly modifications and inability to receive licensure or certification.**
- H. Change Orders: Submission of change orders for review by Facilities Planning and Safety or Office of State Fire Marshal staff is not typically required unless the modification involves one or more of the following:**
1. **Changes in the proposed use, size or location of rooms in a patient or resident care or treatment area, dietary, or laundry department;**
  2. **Modifications significantly affecting fire and life safety related construction features or systems;**
  3. **Significant revisions to mechanical or electrical systems (changes in ventilation rates, air filters, electrical distribution systems, etc.); or**
  4. **Other modifications which significantly change the proposed method for compliance to licensure or that do not comply with applicable fire and life safety code requirements.**
- If the change order involves modifications to Fire and Life Safety related construction features or systems, submit a copy to the Office of the State Fire Marshal, in addition to Facilities, Planning and Safety. All changes to construction plans should also be submitted to the building department having jurisdiction.**
- I. Plan Review Approval: When responses to all review comments have been received and approved, a "Notice of Construction Plans Approval" will be forwarded to the project architect or sponsor.**
- J. Project Substantial Completion Notice: A "Project Substantial Completion Notice" form will be sent to the project architect or sponsor with the "Notice of Construction Plans Approval". Approximately three (3) weeks prior to intended occupancy of a project area, the completed form should be returned to Facilities, Planning and Safety and other parties as instructed on the form. It is intended to serve as a common notification method for all involved agencies.**

- K. Final Project Inspections:** All or some of the agencies listed on the Substantial Completion form may require an on-site survey of the project prior to occupancy. It is the Architect or Project Sponsors responsibility to determine and arrange for all Final Inspections for Occupancy and Licensing.
- L. Required Reports and Certifications:** The following reports and certifications shall be submitted to Facilities Planning and Safety, Fire Marshal, or licensure staff before project approval can be granted.
- “Certificate of Occupancy” from the Building Official having jurisdiction.
  - HVAC System Balancing Report showing both design and final supply, return and exhaust quantities and resulting pressure gradient.
  - Verification letter from the HVAC Design Engineer confirming the submitted HVAC Balancing Report meets the Engineers Design criteria.
  - Documentation of tests of medical gas piping systems, assuring that outlets are delivering gases as shown on the approved construction documents, correct percent of oxygen, and pressure at each outlet (all tests and certification of these systems must be in accordance with Chapter 4 of NFPA 99 and project specifications).
  - All electrical equipment should be listed as acceptable by the Underwriters Laboratories, Inc., or other equivalent nationally recognized authority or the Building Codes Agency Special Deputy Inspection Program.
  - Report of the patient care electrical testing per NFPA 99 4.3.3 including voltage measurements for fixed electrical equipment with conductive surfaces and receptacle testing of integrity, continuity of grounding, polarity, retention force, voltage and impedance.
  - Emergency generator test report per NFPA 1107.13 and engineer’s review of the report.
  - Contractor's "Material and Test Certificate" for sprinkler and water spray systems.
  - Contractor's "Material and Test Certificate" for fire alarm and fire detection systems.
- M. Correct any Deficiencies Found in On-site Final Inspection:** Within three (3) working days of inspection of a project following construction, Facilities, Planning and Safety will forward a listing of any deficiency items found to the Project Architect or Sponsor.
- N. Notice of Project Approval:** After Facilities, Planning and Safety Inspections have been completed, and any deficiencies have been corrected, Facilities Planning and Safety will issue a “Notice of Project Approval”. Licensing and State Fire Marshal inspections are scheduled after those agencies receive the “Notice of Project Approval” from this office.



- O. Submit Application for a New License, Modification of Licensed Bed Capacity or Changes in Type of License or Certification: Application for licensure, changes in license and Medicare/Medicaid Certification must be made to the appropriate licensing agency listed in Chapter 1. The licensing agency should be contacted approximately three weeks prior to intended occupancy, in writing, in addition to filing the "Notice of Substantial Completion" report.**

**Certain written operational policies and procedures and other materials may also be required prior to issuance of a new license or certification. Questions should be directed to agencies listed in Chapter 1.**

**Changes in licensed capacity, type of services, or number of occupants may also affect building code occupancy and must be reviewed and approved by the building codes agency having jurisdiction prior to license changes.**

# APPENDIX

## OREGON ADMINISTRATIVE RULES 333-675-0000 THROUGH 333-675-0050

### PROJECT PLANS AND CONSTRUCTION REVIEW

#### 333-675-0000

#### SUBMISSION OF PROJECT PLANS AND SPECIFICATIONS FOR REVIEW

- (1) Any party proposing to make certain alterations or additions to an existing health care or residential care facility, or to construct new facilities must, before commencing such alteration, addition or new construction, submit plans and specifications to Department of Human Services, Health Services, Facilities Planning and Safety, 3420 Cherry Ave., NE, Suite #110, Keizer, OR 97303 for inspection and approval or recommendations with respect to compliance with rules authorized by ORS 441.055, ORS 443.420 and for compliance to National Fire Protection Association standards when the facility is also to be Medicare or Medicaid certified.
- (2) Project plans and specifications must be submitted for review to Facilities Planning and Safety when the project conforms to one or more of the following criteria:

  - (a) When a new structure or addition to an existing structure is proposed, regardless of cost;
  - (b) When alterations to a building wing or service area, or a mechanical or electrical system serving it, exceeds either 25 percent of equivalent replacement cost, \$50,000 for a hospital project, or \$25,000 for a nursing home or residential care project;
  - (c) When a clinically-related health or ancillary service, or dietary or laundry service is to be initiated or relocated within the facility; or when significant changes in the use of rooms or corridors within such areas will occur, regardless of cost;
  - (d) When a project involves the correction of licensure or Fire, Life and safety code deficiencies issued by Health Services, Seniors and People with Disabilities, or Office of the State Fire Marshal. Plans shall be submitted to Facilities Planning and Safety prior to making proposed corrections; or
  - (e) When an existing building is to be converted for the first time, used as a licensed facility or changed in its usage from one licensure category to another having differing physical requirements.

- (3) Waivers of Review: Facilities Planning and Safety may waive review of construction plans, and all or part of the review fee, despite criteria of section (2), when rules do not exist for the project type planned; the facilities will be temporary or mobile; or plans have previously been approved for an identical or very similar facility. For projects similar or identical to prior approved projects, the review fee may be reduced up to 50 percent of the normal fee.**
- (4) Schematic Plans Submission and Project Design Conference:**
- (a) Schematic plans must be submitted to Facilities, Planning and Safety for review prior to the production of construction documents when one or more of the following conditions apply:**
- (A) A new licensed facility is proposed;**
  - (B) A new health program, not previously offered, is proposed;**
  - (C) Renovations to an existing licensed facility exceeds \$500,000 for hospitals or \$150,000 for nursing homes or residential care facilities;**
  - (D) An existing unlicensed facility is to be converted for a licensable use or an existing licensed facility is to be converted from one classification of licensed facility to another. Facilities, Planning and Safety may conduct an onsite investigation of existing buildings as a part of this review.**
- (b) Schematic plans submissions must include one copy of the following items (as applicable to the project). Review of the submission will not begin until the required items are received by Facilities, Planning and Safety.**
- (A) Plans Review Input Form PR-1 and a review fee of 1/3 the amount required by Table 1, OAR 333-675-0050;**
  - (B) Functional Program as required by OAR 333-675-0000(6);**
  - (C) Scale drawings, including:**
    - (i) Drawing title showing the name and address of the Oregon licensed architect or engineer, when the project will require an architect or engineer's stamp according to ORS 671.030;**
    - (ii) Site plan, if applicable, showing the location of the building on the site, main roadway and sidewalk approaches, accessibility parking and any major features or restrictions affecting construction;**
    - (iii) Floor plan(s) showing the intended title or use of each room area, plumbing fixtures, doors, windows and exits. For patient or resident bedrooms or apartments, include proposed furnishings and equipment locations with intended licensed capacity for each room and apartment type for patient treatment areas;**
    - (iv) Fire and Life Safety plan of entire floor(s) with project area(s) identified, including building code, occupancy classifications, construction type(s), locations and ratings of smoke barriers, fire walls and other significant structural features affecting compliance to the required codes;**
    - (v) Phasing plan, if applicable; or**
    - (vi) Other drawings, as required, to explain the project.**

**(D) Infection Control Risk Assessment as required by OAR 333-535-0035.**

- (c) Project Design Conference:** A project design conference must be scheduled when schematic plans are submitted according to subsection (4)(a) of this rule. The conference will be attended by Facilities, Planning and Safety staff and the project architect or engineer. Other attendees may include, but not be limited to, the owner's representative, staff from the licensing agency having authority, representatives from the Building Code agency having jurisdiction, Office of the State Fire Marshal representative, and other interested parties, as arranged by project sponsor;
- (d) Waiver of Schematic Plans Submission or Design Conference:** Facilities Planning and Safety may waive in writing schematic design review or the design conference when determined appropriate.

**(5) Construction Document Submission:**

- (a) Finalized construction drawings and specifications must be submitted for review and approval prior to the initiation of related construction. Such submission must be accompanied by payment of the review fee outlined in Table 1, OAR 333-675-0050, and a completed PR-1 submission form.**
- (b) Construction documents submissions must include the following, (as applicable to the project):**

**(A) Scale drawings, including the following:**

- (i) Detailed site plan and civil drawings if applicable;**
- (ii) Complete architectural plans including floor plans, equipment plans, ceiling plans, elevations, details, door and room finish schedules;**
- (ii) Complete mechanical, plumbing and electrical drawings, low voltage drawings, information system drawings, nurse call system, security and alarm drawings;**
- (iv) Other drawings necessary to complete the project; and**
- (iv) Fire and Life Safety drawings and information per subsection (4)(b)(C)(iv) of this rule, and rated wall and ceiling assembly details, door rating schedules, fire stopping details, and other details necessary to describe the Fire and Life Safety plan.**

**(B) Project Specifications;**

**(C) Infection Control Risk assessment as required by OAR 333-535-0035 (if not previously submitted);**

**(D) Functional Program as defined in OAR 333-675-0000, (if not previously submitted);**

**(E) In addition to drawings, electronic files of project drawings (for purposes of read only) must be submitted when available;**

- (c) **Number of Submissions:** It is suggested that project sponsors contact Facilities Planning and Safety regarding the number of plans required to be submitted, which may vary. When the project involves fast track design and construction methods, design build contracts, or other alternatives which do not allow for submission of full contract documents at the same time, Facilities Planning and Safety may allow for such irregularities; but it is the responsibility of the project sponsor to negotiate approval of such submission methods prior to plans approval or the start of construction.
- (6) **Functional Program Requirements (as applicable to the project):** The project sponsor must supply for each project a brief narrative functional program for the facility that describes the following items:
- (a) The purpose of the project;
  - (b) Department relationships and flow of patients, staff, visitors and supplies as applicable;
  - (c) Size and function of each space;
  - (d) Description of those services necessary for the complete operation of the facility;
  - (e) Special design feature(s);
  - (f) Occupant load, numbers of staff, patients or residents, visitors and vendors;
  - (g) Issue of privacy/confidentiality for patient or resident;
  - (h) For hospitals, in treatment areas, describe;
    - (A) Types of procedures;
    - (B) Design considerations for equipment; and
    - (C) Requirements where the circulation patterns are a function of asepsis control.
  - (i) For Ambulatory Surgery facilities, describe;
    - (A) Level of medical gas system per NFPA 99; and
    - (B) Type of central electrical system.
- (7) **Plans of Corrections:** Project sponsors must submit written response to deficiencies identified in construction document reviews, indicating method(s) being used for their correction. When Facilities Planning and Safety determines that a satisfactory response has been received, including revised drawing as appropriate for resolution of all identified deficiencies, a Notice of Construction Plans Approval will be issued by Facilities Planning and Safety.
- (8) **Major Project Changes:** Revised plans and specifications for major project changes must be submitted for review and approval prior to initiation of related work when changes significantly affect the:
- (a) Arrangement or use of rooms in clinically related areas;
  - (b) Provision of mechanical and electrical systems shown on plans; or
  - (c) Major additions or reductions to the project area or bed capacity.

- (9) Time Period for Reviews:** Facilities Planning and Safety will normally issue plan review comments to project sponsors within 15 working days of receipt of plans and the appropriate review fee. When unusual conditions do not allow for review to be completed within this time period, Facilities, Planning and Safety will inform the project sponsor of the approximate date such review will be completed.

**REQUIRED NOTIFICATION AND SURVEYS PRIOR TO TAKING OCCUPANCY  
333-675-0020**

**(1) Notification by the project architect or sponsor prior to taking occupancy of areas which have received major alterations or which involve new construction must be made by filing a "Project Substantial Completion Notice" at least three weeks in advance. A "Project Substantial Completion Notice" form is sent to the project architect with the "Notice of Construction Plans Approval." Facilities Planning and Safety staff will conduct an onsite inspection of projects in conjunction with licensure staff or unilaterally. When deficiencies or incomplete items are found, the architect, engineer and project sponsor will be notified of such issues within 3 working days following the inspection. When deficiencies are corrected, a Notice of Project Approval must be issued by Facilities, Planning and Safety prior to occupancy or use by patients or residents.**

**(2) Project sponsors or their consultants shall make the following available prior to or as part of a final project inspection (as applicable to the project):**

- (a) Certificate of Occupancy from the Building Code agency having jurisdiction;**
- (b) For hospitals and nursing homes, Medical Gas Systems documentation of independent testing and approval and documentation that all brazing is completed by certified personnel when these systems are included;**
- (c) For hospitals and nursing homes, one copy of the heating, ventilation and air conditioning balancing report, showing both design and final supply, exhaust quantities, resulting pressure gradient and design engineers verification that all systems comply with licensing ventilation requirements;**
- (d) Other documentation, as may be requested by Facilities Planning and Safety, to confirm compliance with rules and/or applicable codes.**

**WHEN PLANS ARE NOT SUBMITTED AS REQUIRED  
333-675-0030**

**When a project is implemented which required prior submission of plans with OAR 333-675-0000(2), but such plans were not submitted, Facilities Planning and Safety will, upon learning of the project, require submission of plans and the applicable review fee, and initiate on-site inspection of any completed construction in cooperation with the applicable licensure program staff, or Office of the State Fire Marshal. When a project area has been occupied without a plans approval or a final inspection, the applicable licensure and certification program will be notified.**

**OPTIONAL REVIEWS  
333-675-0040**

- (1) When a project sponsor is not required by rule to file plans and specifications, but wishes to do so to reduce risk of noncompliance with licensure or Fire and Life Safety Standards, the project sponsor may obtain such review by submitting Form PR-1 and a review fee according to Table 1 of OAR 333-675-0050.**
- (2) When a party proposing construction of a residential care facility wishes to also obtain review of the project for conformance to nursing home standards, both reviews may be obtained by paying the review fee for health care facilities according to Table 1 of OAR 333-675-0050.**

**CONSTRUCTION PROJECT REVIEW FEES  
333-675-0050**

- (1) Submission of plans and specifications for project review must be accompanied by payment of a fee according to the schedule contained in Table 1. When schematic plans have previously been reviewed and part of the review fee has been paid, the fee submission shall be only for the amount yet unpaid. Estimated construction costs provided by project sponsors must coincide with amounts reported to the Certificate of Need Program, equal actual building contract amounts, or if neither is applicable, be within the average building cost guidelines of the *Dodge Research Report*, "Hospital/Health Care Building Costs," for the project type planned.**
- (2) When an existing structure, not presently a licensed health or residential care facility, is to be renovated for such use, the review fee shall be based on approximate value of the renovated structure. Approximate value, for purposes of this rule, is calculated as tax assessed value of the structure plus estimated renovation costs.**
  - (3) If major project changes occur during the plan review process, per subsection (8) of OAR 333-675-0000, or construction that alter the design or increase the construction cost of the project, the plan review fee will be reassessed according to Table 1, OAR 333-675-0050.**

**TABLE 1  
(OAR 333-675-0050)**

Estimated Cost Range of Construction Project	Standard Project Review Fee for Health Care Facilities	Standard Project Review Fee for Residential Care/ Assisted Living Facilities
\$ 0 to \$ 499	\$ 34.00	\$ 23.00
500 to 999	56.00	37.00
1,000 to 1,999	84.00	56.00
2,000 to 2,999	113.00	75.00
3,000 to 4,999	169.00	113.00
5,000 to 9,999	225.00	150.00
10,000 to 19,999	281.00	187.00
20,000 to 29,999	366.00	244.00
30,000 to 39,999	450.00	300.00
40,000 to 49,999	534.00	356.00
50,000 to 64,999	623.00	415.00
65,000 to 79,999	703.00	469.00
80,000 to 99,999	788.00	525.00
100,000 to 124,999	872.00	581.00
125,000 to 149,999	956.00	637.00
150,000 to 199,999	1,069.00	712.00
200,000 to 249,999	1,118.00	787.00
250,000 to 324,999	1,264.00	843.00
325,000 to 449,999	1,519.00	1,013.00
450,000 to 574,999	1,744.00	1,163.00
575,000 to 699,999	1,969.00	1,313.00
700,000 to 849,999	2,250.00	1,500.00
850,000 to 999,999	2,531.00	1,687.00
1,000,000 to 1,249,999	2,813.00	1,875.00
1,250,000 to 2,499,999	3,094.00	2,063.00
2,500,000 to 2,999,999	3,375.00	2,250.00
3,000,000 to 3,499,999	3,713.00	2,475.00
3,500,000 to 4,999,999	4,200.00	2,800.00
5,000,000 to 6,999,999	4,500.00	3,000.00
7,000,000 to 9,999,999	5,063.00	3,375.00
10,000,000 to 14,999,999	5,625.00	3,750.00
15,000,000 to 19,999,999	6,188.00	4,125.00
20,000,000 to 29,999,999	6,750.00	4,500.00
30,000,000 to 39,999,999	7,313.00	4,875.00
40,000,000 and over	7,875.00	5,250.00



# PR-1 FORM

## PLAN REVIEW INPUT FORM

(OAR 333-675-0000 through 333-675-0040)

*(To be submitted with Schematic Drawings and Final Construction Documents)*

1. **Facility Name:** \_\_\_\_\_
2. a. Project Description: \_\_\_\_\_  
 b. (IBC) Occupancy Classification: \_\_\_\_\_  
 c. (IBC) Construction Type: \_\_\_\_\_  
 d. Bed Count Alterations: \_\_\_\_\_
3. **Project Address, City & Zip:** \_\_\_\_\_
4. **Local Building Codes Jurisdiction (City or County):** \_\_\_\_\_
5. **State Deputy Fire Marshal Jurisdiction:** \_\_\_\_\_
6. **Date of Submission:** \_\_\_\_\_
7. **Type of Review\* Requested:**     Schematic Documents     Construction Documents

**Project Type, Size and Estimated Costs**

8. New Construction		*9.Existing Building Conversion		10. EXISTING BUILDING REMODEL	
Sq. Ft.		Sq. Ft.		Sq. Ft.	
Cost/Sq. Ft.	\$			Cost/Sq. Ft.	\$
New Constr SUBTOTAL	\$	Building Value SUBTOTAL	\$	Remodel SUBTOTAL	\$
<b>TOTAL PROJECT COST</b> (#8, #9 & #10 Total)					\$

**\*Conversions are reviewed from plans of both the existing building and renovation plans. Review fees are based on the tax assessed value of the existing structure (or prorated part of a structure if not all to be converted) and estimated remodel costs.**

11. **PROJECT SPONSOR'S NAME:** \_\_\_\_\_  
 Project Contact Person (if different from sponsor's name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_
12. **ARCHITECT/ENGINEER:** \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**13. FEES**

- a. **SCHEMATIC DOCUMENT REVIEW FEE INCLUDED.** *(One-third of total review fee indicated on Table 1 of OAR 333-675-0010, and based on initial construction cost estimate):* \$ \_\_\_\_\_
- b. **FINAL CONSTRUCTION DOCUMENT REVIEW FEE INCLUDED.**  
*(Per Table 1 of OAR 333-675-0010 minus any amount previously submitted for schematic review and based on bids or the latest revised construction cost estimate):* \$ \_\_\_\_\_
- c. **TOTAL REVIEW FEE SUBMITTED:** \$ \_\_\_\_\_

**Please Make Checks Payable to:      OCHHP, FACILITIES PLANNING AND SAFETY**

(Checks must be submitted at the time of plan submission.)

Facilities Planning & Safety's address is: 3420 Cherry Ave., NE, #110, Keizer, OR., 97303

