

6.7 Appendix 07 - Sample - Design Review Report

Sample – Design Review Report

Application Number: xxx123

Facility Name : xxxxx

Facility Address : xxxxx

Date/ Remarks

Design review submission type	Schematic Design Submission	<input type="checkbox"/>
	Detailed Design Submission	<input type="checkbox"/>
Review number	First Review	<input type="checkbox"/>
	Subsequent Review	<input type="checkbox"/>
	Subsequent Review	<input type="checkbox"/>
Location (where applicable)	Zone or Floor	Department or FPU
[eg Inpatient Unit]	[Level 4]	

Architectural/ Medical Planning

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Reviewer)	Applicant's Response
1	General	Compliance with DOH HFG	<input type="checkbox"/>	<input type="checkbox"/>		1.1		
		[Declared non-compliance]	<input type="checkbox"/>	<input type="checkbox"/>		1.2		
		[Acceptable Alternatives]	<input type="checkbox"/>	<input type="checkbox"/>		1.3		
2	Certificate/ Approval from other Authorities (where applicable)	Dubai Economy Initial Registration	<input type="checkbox"/>	<input type="checkbox"/>		2.1		
		Affection Plan	<input type="checkbox"/>	<input type="checkbox"/>		2.2		
		[Other Authorities]	<input type="checkbox"/>	<input type="checkbox"/>		2.3		
3	Sizes	Room and corridor size compliance	<input type="checkbox"/>	<input type="checkbox"/>		3.1		
		Clearance around beds & objects	<input type="checkbox"/>	<input type="checkbox"/>		3.2		
4	Finishes	Correct types	<input type="checkbox"/>	<input type="checkbox"/>		4.1		
5	Ceilings	Correct types	<input type="checkbox"/>	<input type="checkbox"/>		5.1		
6	Furniture, Fittings, Equipment	Correct types	<input type="checkbox"/>	<input type="checkbox"/>		6.1		
7	Sanitary Fixtures	Correct types	<input type="checkbox"/>	<input type="checkbox"/>		7.1		
8	Hand Wash Basins	Correct types	<input type="checkbox"/>	<input type="checkbox"/>		8.1		
9	Doors	Correct types/ clearance	<input type="checkbox"/>	<input type="checkbox"/>		9.1		
10	Windows	Mandatory windows provided?	<input type="checkbox"/>	<input type="checkbox"/>		10.1		
11	Window Treatment	Curtains/ Blinds type/ compliance	<input type="checkbox"/>	<input type="checkbox"/>		11.1		
12	Ergonomics	Complies with ergonomics	<input type="checkbox"/>	<input type="checkbox"/>		12.1		
13	Other items	Compliance	<input type="checkbox"/>	<input type="checkbox"/>		13.1		
14		[Additional items]	<input type="checkbox"/>	<input type="checkbox"/>		14.1		
15		[Additional items]	<input type="checkbox"/>	<input type="checkbox"/>		15.1		

MEP Engineering (only applicable for Detailed Design Submission)

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Reviewer)	Applicant's Response
1	General	General Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	HVAC	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Electrical	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Plumbing	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	ELV	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Nurse Call	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Medical Gases	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Security	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Other	Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			