FACILITY DOCUMENT WORKSHEET

Blueprint Preliminary Review Section (BCA)

Date Rec'd. _____ Est. Name & No. _____
Premise Address _____
Document(s)/Bldg. ID's _____

Blueprint(s)	Yes	No	**Blueprint Legend(s)**	Yes	No
Bldg. or floor identified	____	____	Bldg. or floor identified	____	____
Rooms identified	____	____	Pages numbered	____	____
Compass points	____	____	Rooms identified	____	____
Scale indicated	____	____	Supersedes date	____	____
Date of preparation	____	____	Two copies	____	____
Signature	____	____			
Supersedes date	____	____			
Two copies	____	____			

Comments _____
_____

Return to firm for corrections _____ Submit to Biologics Specialist _____
BCA _____ Date _____

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