Deliverables for Schematic Submission





					Ambulance access and parking		
					Drop off zones		
					Helipads if provided		
					North arrow		
					Site boundary		
					Surrounding streets and access points		
					Total land area, ground floor footprint area and total building area		
3.1.2 Architectural Floor Plans	5	1/200	S	x	Room names in line with DHA Facility Guideline nomenclature		
					Room number and its metric floor area		
					FPU (Department) names in line with DHA Facility Guideline nomenclature		
					Total FPU (Department) area written within each FPU		
					People, Patient, Staff and Goods Flows At facility level and in the clinical Area		
					Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance and internal size of each lift cabin/car		
					Key plan indicating what portion of the facility is shown on the sheet		
3.1.3 Architectural Sections	6	1/200		x	Metric dimensions of floor to floor heights		
					Metric dimensions of clear ceiling heights		
					Key plan indicating where the section is taken		

Vhere the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed

Car Parking calculation as per Dubai Municipality

Vehicle and pedestrian ramps & Externals steps and stairs

4. Compliance Declaration

Notes

We, the undersigned have compiled the Schematic Submis	ision and we confirm the submission is complete and matches Dubai Health Authority requirements as set out above. We also confirm the design is in co	ompliance with the Standards and Guidelines. Where compliance with the submission					
Standards and Guidelines for the Schematic Submission	DHA Health Facility Guideline - Part A to D						
	Dubai Universal Design Code						
	Al SA'FAT Dubai Green Building Evaluation System						
	Dubai Bullding Codes						
	UAE Fire and Life Safety Code of Practice 2017						
Architect of Record							
Signed:	Organisation						
	Prequalification number						
	Name						
	Position						
	Date						
	Date						
Specialist Health Facility Planner							
Signed:	Organisation						
	Prequalification number						
	Name						
	Position						
	Date						
For DHA use only:							
Signed:	Dubai Health Authority confirms the Schematic Submission was received and verified. In terms of completeness and formatting,	Comments:	7				
-9.00	the submission was found to be:						
	Accepted (1)						
	Accented with comments (2)						
	Accepted with comments (2)						
Stamp:	Rejected with comments						
			_				
		Name DHA Officer:					

(1) Although Dubai Health Authority may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by Dubai Health Authority.

(2) If minor discrepancies are picked up when submitting, at the Dubai Health Authority officers discretion, may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by Dubai Health Authority.

Date: