**Ventilator Unit Request Form**

Submit this form to Licensure.Health@tn.gov or the following address: 665 Mainstream Drive, 2nd Floor; Nashville, TN 37243. The addition of ventilator beds and services will require a health survey and may be subject to a life safety survey. Completion of this form serves as notice to the Health Facilities Commission.

**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Number of ventilator beds \_\_\_\_\_\_\_
2. Piped oxygen? Circle one: Yes No
3. Emergency receptacles? Circle one: Yes No
4. Emergency generator? Circle one: Yes No
5. Indicate the type of ventilator service to be provided. You may choose more than one.

\_\_\_\_\_\_weaning \_\_\_\_\_temporary \_\_\_\_\_chronic/permanent

1. Indicate the type of ventilator to be utilized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the ventilator indicated above portable, stationary, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe patient population to be served.

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1. Please list the effective opening date for ventilator unit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_