



**Construction Review Services Program (CRS)
Acknowledgement of Risk Form**
[WAC 246-320-505](#) (2)(f)

This form is provided for use by hospitals and must be signed and submitted to CRS if construction will start before CRS has given approval.

Note: An application and fee must be received prior to submitting this form.

By completing and submitting this form, the Architect, Hospital CEO, COO or designee, and the Hospital facilities director all acknowledge, and take full responsibility, for any risks and liability associated with beginning construction before completing the CRS plan review process.

CRS #:

Facility Name:

Project Title:

Address:

City:

State:

Zip Code:

The following signatures are required:

Architect:

Signed By (please print)

X _____
Signature

Hospital CEO, COO or Designee:

Signed By (please print)

X _____
Signature

Hospital Facilities Director:

Signed By (please print)

X _____
Signature

Please return the completed and signed form to:

Mail: Construction Review Services
Attn: Permit Technician
111 Israel Rd SE, MS: 47852
Tumwater, WA. 98501

Email: fslcrs@doh.wa.gov