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| 様式第１号の４（第２条関係）（用紙　日本産業規格Ａ４縦型）  病院開設許可申請書  年　　月　　日  　　　　静岡県知事　氏　　　　名　様  　法人にあっては、その  　主たる事務所の所在地  住　所  開設者  　法人にあっては、その  　名称及び代表者の氏名  氏　名  　　　　　　　　　　　　　　　　　　　　　　　　　　 電話番号  　　　　次のとおり医療法第7条第1項の規定により病院の開設の許可を受けたいので、関係書類を添えて申請します。   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 病院の名称 |  | | | | | | | | 開設の場所 |  | | | | | | | | 病床数 | 精神 | 感染症 | | 結核 | 療養 | 一般 | 計 | | 床 | 床 | | 床 | 床 | 床 | 床 | | 診療科目 |  | | | | | | | | 開設者が医師又は歯科医師以外の者である場合 | 開設の目的 | |  | | | | | | 維持の方法 | |  | | | | | | 開設者が医師又は歯科医師である場合 | 現に他の病院若しくは診療所を開設若しくは管理し、又は病院若しくは診療所に勤務しているときは、その旨 | |  | | | | | | 同時に２以上の病院又は診療所を開設しようとするときは、その旨 | |  | | | | | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 臨床検査  施設 | 名称 | | | | 階 | | | 室面積 | | | | | | | 検査設備 | | | | | | | |  | | | |  | | | ㎡ | | | | | | |  | | | | | | | |  | | | |  | | |  | | | | | | |  | | | | | | | |  | | | |  | | |  | | | | | | |  | | | | | | | |  | | | |  | | |  | | | | | | |  | | | | | | | | エックス線装置及び  エックス線  診療室 | エックス線診療  室の面積 | | | | 操作室の面積 | | | | | | 暗室の  有無 | | | | | エックス線診療質の防護の状況 | | | | | | | ㎡ | | | | ㎡ | | | | | |  | | | | |  | | | | | | | 透視、撮  用途　影又は治  　　　療の別 | | | | 製作者 | | | | | | 型式 | | | | | | | | | エックス線管  回路最大電圧 | | |  | | | |  | | | | | |  | | | | | | | | |  | | | 調剤所 | 階 | | 室面積 | | | 麻薬金庫の有無 | | | | 冷暗所の有無 | | | | 調剤に必要  な器具 | | | | | | | 投薬瓶の消毒設備 | |  | | ㎡ | | |  | | | |  | | | |  | | | | | | |  | | 消毒施設 | 階 | | 室面積 | | | 消毒室の概要 | | | | | | | | | | | | 消毒方法及び設備 | | | | |  | | ㎡ | | |  | | | | | | | | | | | |  | | | | | 給食施設 | 調理室 | 階 | | 面積 | | | | | ㎡ | | | | 特別調理室 | | | | | | ㎡ | | | | 床の構造 | | | | |  | | | | | | 事務室 | | | | | | ㎡ | | | | 採光通風の状況 | | | | |  | | | | | | 従業者更衣室及  び休憩室 | | | | | | ㎡ | | | | かまどの周囲の  防火設備 | | | | |  | | | | | | 従業者専用便所 | | | | | | ㎡ | | | | 冷蔵庫 | | | | |  | | | | | | 食品倉庫 | | | | | | ㎡ | | | | 配ぜん室 | 配ぜん室の名称  及び設置場所 | | | | 室面積 | | | | | | 食器消毒  設備 | | | | | 食器格納設備 | | | | | |  | | | | ㎡ | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | | 最大給食能力 | | | | | 食／日 | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 洗濯施設 | | 階 | | 室面積 | | | | | | 構造概要 | | | | | | | | 洗濯設備 | | | | | | 乾燥設備  その他 | | | | |  | | ㎡ | | | | | |  | | | | | | | |  | | | | | |  | | | | | 診療に関する諸記録の保管場所 | | | | | | | | 階 | | | | | | 室名 | | | | | | | | 室面積 | | | | | | |  | | | | | |  | | | | | | | | ㎡ | | | | | | | 分べん室及び  新生児の入浴  施設 | | | 分べん室 | | | | | | | | | | | | | 新生児入浴施設 | | | | | | | | | | | | | 階 | | 室面積 | | | | 構造設備 | | | | | | | 階 | | | | | 室面積 | | | | 構造設備 | | | |  | | ㎡ | | | |  | | | | | | |  | | | | | ㎡ | | | |  | | | | 機能訓練室 | | | 階 | | 室面積 | | | | | | | | 設備概要（主な器械又は器具） | | | | | | | | | | | | | | | |  | | ㎡ | | | | | | | |  | | | | | | | | | | | | | | | | 談話室 | | | 階 | | 室面積 | | | | | | | | 専用又は  共用の別 | | | | 共用している場合の施設名 | | | | | | | | | | | |  | | ㎡ | | | | | | | |  | | | | と共用 | | | | | | | | | | | | 食堂 | | | 階 | | 室面積 | | | | | | | |  | | | | | | | | | | | | | | | |  | | ㎡ | | | | | | | | | 浴室 | | | 階 | | 室面積 | | | | | | | | 浴室の概要 | | | | | | | | | | | | | | | |  | | ㎡ | | | | | | | |  | | | | | | | | | | | | | | | | 歯科治療室 | | | 階 | | 室面積 | | | | | | | | 治療用子 | | | | | | | | | | | | | | | |  | | ㎡ | | | | | | | | 台 | | | | | | | | | | | | | | | | 歯科技工室 | | | 階 | | 室面積 | | | | | | | | 防設備 | | | | | | 火器設備及び  防火設備 | | | | | | | 機械器具  その他設備 | | |  | | ㎡ | | | | | | | |  | | | | | |  | | | | | | |  | | | 病室等の概要 | 室番号 | | 病床数 | | | 面積 | 内法面積 | | | | 採光面積 | | | | 開放面積 | | | | | １人当たりの面積 | | | 病床の  種類 | | | | 経過措置  適用の有無 | |  | | 床 | | | ㎡ | ㎡ | | | | ㎡ | | | | ㎡ | | | | | ㎡ | | |  | | | |  | |  | |  | | |  |  | | | |  | | | |  | | | | |  | | |  | | | |  | |  | |  | | |  |  | | | |  | | | |  | | | | |  | | |  | | | |  | |  | |  | | |  |  | | | |  | | | |  | | | | |  | | |  | | | |  | | 第3階以上の病室 | | | | | | | | | | | 有・無 | | | | | | | | 室 | | | | | | | | | 小児を入院させる病室の床面積 | | | | | | | | | | | 室　　　　　　　　　　床 | | | | | | | | | | | | | | | | | 感染症病室、結核病室又は  病理細菌検査室がある場合の  機械換気設備の構造 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 精神病室がある場合の  患者の保護のための方法 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 感染症病室又は結核病室が  ある場合の病院の他の部分  及び外部に対する感染予防の  ための遮断その他の方法 | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 階段の構造 | エレベーター | 直通階段の数 | | | | 避難階段の数 | | | 幅内法 | | 踊り場 | | | 蹴上げ | | | 踏み面 | | | 手すりの有無 | | 基 | か所 | | | | か所 | | | ｍ | | ｍ | | | ｍ | | | ｍ | | |  | | 廊下の幅  （最も狭い廊下  幅） | 一般病床 | | 片廊下 | | | | ｍ | | | 中廊下 | | | ｍ | | | 手すりの有無 | | |  | | | 療養病床 | | 片廊下 | | | | ｍ | | | 中廊下 | | | ｍ | | | 手すりの有無 | | |  | | | 防火上必要な設備の状況 | | | | |  | | | | | | | | | | | | | | | | | 消火用の機械又は器具の状況 | | | | |  | | | | | | | | | | | | | | | | | その他の  施設 | 区分 | | | 室面積 | | | | 区分 | | | | 室面積 | | | 区分 | | | 室面積 | | | | 聴力検査室 | | | ㎡ | | | | 眼科暗室 | | | | ㎡ | | | 小児科特別  診察室 | | | ㎡ | | | | 区分 | | | 室面積 | | | | 区分 | | | | 室面積 | | | 区分 | | | 室面積 | | | |  | | | ㎡ | | | |  | | | | ㎡ | | |  | | | ㎡ | | | | 開設予定  年月日 | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | |   　　（注）　１　開設者が、法人であるときは定款、寄附行為又は条例の写しを、医師又は歯科医師であるときは、免許証の写しを添付すること。  ２　敷地の平面図及び敷地周囲の見取図を添付すること。  ３　建物の平面図及び面積一覧表（各室の用途（病室にあっては、病床数を含む。）を明示し、精神病室、感染症病室、結核病室又は療養病床に係る病室があるときは、これを明示したもの）を添付すること。  ４　病院の汚水(河川法施行令(昭和40年政令第14号)第16条の5第1項に規定する汚水をいう。）を水質汚濁防止法（昭和45年法律第138号）第2条第1項に規定する公共用水域に排出しようとする場合は、別紙汚水排出状況を添付すること。 |