



REQUEST FOR WAIVER OF LICENSING RULE OR CONSTRUCTION STANDARD

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION
SFN 19751 (09-2022R)

INSTRUCTIONS: Complete one form for each waiver you are requesting. Additional documentation may be attached to this form. The Department reserves the right to deny or terminate a waiver. The granting of a waiver does not mean the requirement has been met. Your facility will be considered deficient until the requirement has been met.

Name of Facility		Type of Facility	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Basic Care Facility	
Street Address	City	State	ZIP Code	

In order to consider your request for waiver, a satisfactory response to the four criteria below is required.

1. Identify the state rule or construction standard relevant to this request for waiver:	
2. Provide evidence that compliance with the requirement will result in an unreasonable hardship:	
3. Describe how the facility will assure the health and safety of the residents/patients until the condition has been corrected:	
4. Describe the action plan to resolve the condition which requires the waiver, including an anticipated date the condition will be resolved. Include any interim measures to address the intent of the licensing rule or construction standard:	
Signature of Administrator:	Date:

FOR OFFICE USE ONLY

Comments	Send This Completed Form To: Life Safety & Construction ND Dept. Of Health & Human Services 1720 Burlington Dr, Ste A Bismarck ND 58504-7736
For Period Of ___/___/_____ to ___/___/_____	
Signature	Date