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| 年　　月　　日  品川区保健所長　殿  開設者　住　所  氏　名  電話番号　　　（　　　　　）  ﾌｧｸｼﾐﾘ番号　　　（　　　　　）  法人にあっては、名称、主たる  事務所の所在地および代表者の氏名  診療所開設許可申請書  診療所の開設の許可を受けたいので、医療法第7条第1項の規定により、下記のとおり申請します。  記 | | | | | | | | | | | | | | | | | | |
| １　名称 | | | |  | | | | | | | | | | | | | | |
| ２　開設の場所 | | | | 電話番号　　（　　　　　）　　　　　ﾌｧｸｼﾐﾘ番号　　（　　　　　） | | | | | | | | | | | | | | |
| ３　診療科目 | | | |  | | | | | | | | | | | | | | |
| ４　開設の目的 | | | |  | | | | | | | | | | | | | | |
| ５　維持の方法 | | | |  | | | | | | | | | | | | | | |
| ６　開設予定年月 | | | | 上  　　　　　　年　　　月　　　　　中　　　旬  下 | | | | | | | | | | | | | | |
| ７　従業者定員 | | | | | | | | | | | | | | | | | | |
| 医師 | 薬剤師 | 看護師 | | 准看護師 | 助産師 | | （エックス線）技師  診療放射線 | 看護補助者 | 事務員 |  | |  | 歯科医師 | | 歯科衛生士 | 歯科技工士 |  | 計 |
| 名 |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  | 名 |
| ８　敷地の面積 | | | | ㎡（平面図は、別添のとおり） | | | | | | | | | | | | | | |
| ９　交通機関および敷地周囲の見取図 | | | | | | | | | | | | | | | | | | |
| 交通機関 | | | 線　　　　　駅下車　　　　　口徒歩　　　分 | | | | | | | | | | | | | | | |
| 駅　　　　口からバス(　　　　行)　　　　　下車徒歩　　分 | | | | | | | | | | | | | | | |
| 敷地の条件 | | | 用途地域 | | |  | | | | | 防火地域 | | |  | | | | |
| 見取図 | | | 別添のとおり | | | | | | | | | | | | | | | |

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| １０　建物の構造概要および平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | 建築面積 | | | | | | | | | 延面積 | | | |
|  | | | 造　　　　　　階建て | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | ㎡ | | | |
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| 住宅と併設の場合またはビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅と併設の場合 | | | | | | | | | | | 造　　　階建てのうち　　　階　　　　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ビルディングの一部を使用する場合 | | | | | | | | | | | 造　　　階建てのうち　　　階　　　号室　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平面図 | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １１　廊下の幅 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | 片側廊下 | | | | | | | 中廊下 | | | | | 建物別名称 | | | | | | | | | 片側廊下 | | | | | | | | | | 中廊下 | | | |
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| １２　２階以上に病室を有する建物別の階段数およびその構造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別  の名称 | | | 患者の使用する屋内直通階段 | | | | | | | | | | | | | | | | | | | | 病室の  あ　る  最上階 | | | | | | | | | 避難階段  の　　数 | | | | 備　考 | |
| 用途 | | | | 幅 | | | 踊り場  の　幅 | | | 蹴上げ | | 踏面 | | | 手すり  の有無 | | | | |
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|  | | | エレベーターの有無 | | | | | | | | | | | | | | | | | | | | 有　・　無 | | | | | | | | | | | | |  | |
| １３　病室の構造概要　　　　　　　　　室　　　　　　　床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 棟別 | 階別 | | 病室  番号 | | | | 病床  種別 | | | 一室の  病床数 | | | 一室の  床面積 | | 一人当た  り床面積 | | | | | 一室の  採光面積 | | | | 一室の  直接外気  開放面積 | | | | | | | 天井の  高さ | | | | 換気の  方法 | | |
|  | 階 | |  | | | |  | | | 床 | | | ㎡ | | ㎡ | | | | | ㎡ | | | | ㎡ | | | | | | | ｍ | | | |  | | |
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| １４　診 察 室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室名 | | 室面積 | | | | | | | 処置室兼用の場合  は、その部分の面積 | | | | | | | | 診察室名 | | | | | 室面積 | | | | | | 処置室兼用の場合  は、その部分の面積 | | | | | | | | |
| 科 | | ㎡ | | | | | | | ㎡ | | | | | | | | 科 | | | | | ㎡ | | | | | | ㎡ | | | | | | | | |
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| １５　処置室（診察室兼用の場合を除く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置室名 | | | | | | | | 室面積 | | | | | | | | 処置室名 | | | | | | | | | | | 室面積 | | | | | | | | | |
|  | | | | | | | | ㎡ | | | | | | | |  | | | | | | | | | | | ㎡ | | | | | | | | | |
| １６　歯科治療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | 治療椅子 | | | | | | | | 防火設備 | | | | | | | | | | | その他必要な設備 | | | | | | | | | |
| ㎡ | | | | | | | | 台 | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| １７　歯科技工室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | 防じん設備 | | | | | | | | 防火設備 | | | | | | | | | | | その他必要な設備 | | | | | | | | | |
| ㎡ | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| １８　検　査　室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | 室面積 | | | | | | | | 防火設備 | | | | | | | 検査器具、器械等 | | | | | | | | | | | | | | | | | |
| 臨床検査室 | | | | ㎡ | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |
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| １９　調 剤 所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | 鍵のかかる  貯蔵設備 | | | | | | | | | 冷暗所の  有無 | | | | | | | 備付けてんびん | | | | | | | | 備考 | | | | | | | |
| ㎡ | | | | |  | | | | | | | | |  | | | | | | | 10㎎ 台  感量500㎎ 台  ㎎ 台 | | | | | | | |  | | | | | | | |
| ２０　手術室および準備室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | 面積 | | | | 構造設備 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | 床 | | 壁 | | | 天井 | | | | 照明 | | | | 暖房 | | | | 滅菌手洗い設備 | | | | | | |
| 手術室 | | | | | | ㎡ | | | | 台 | | |  | |  | | |  | | | |  | | | |  | | | |  | | | | | | |
| 準備室 | | | | | | ㎡ | | | |  | | |  | |  | | |  | | | |  | | | |  | | | |  | | | | | | |
| その他の施設 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ２１　分べん室および新生児入浴施設 | | | | | | | | | | | | | | |
| 分べん室 | 室面積 | | | | 構造設備 | | 入浴施設  新生児 | | 室面積 | | | 構造概要 | | |
| ㎡ | | | |  | | ㎡ | | |  | | |
| ２２　エックス線装置および診療室 | | | | | | | | | | | | | | |
| クス線装置  予定のエッ  開設時設置 | | 固定、携帯の別 | | | | 用途 | | | | 製作者名および型式 | | | | |
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| 診療室  エックス線 | | 室面積 | | | | 室内の構造概要 | | | | 操作室の面積 | | | 暗室 | |
| 面積 | 設備 |
| ㎡ | | | |  | | | | ㎡ | | | ㎡ |  |
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| ２３　その他の施設 | | | | | | | | | | | | | | |
| 看護師勤務室 | | | | 階 　㎡ | | | | 待合室 | | | ㎡ | | | |
| 事務室 | | | | ㎡ | | | | 新生児室 | | | ㎡ | | | |
| 宿直室 | | | | ㎡ | | | |  | | |  | | | |
| 消毒施設 | | | | ㎡ | | | |  | | |  | | | |
| 給食設備 | | | | ㎡ | | | |  | | |  | | | |
| 洗濯室 | | | | ㎡ | | | |  | | |  | | | |
| ２４　建築確認 | | | 年 月 日 第 号 | | | | | | | | | | | |
| ２５　添付書類 | | | | | | | | | | | | | | |
| （１）開設者が法人であるときは、定款、寄附行為または条例および登記事項証明書  （２）土地および建物の登記事項証明書（土地または建物を賃借する場合は、賃貸借契約書の写しも添付すること。)  （３）敷地の平面図  （４）敷地周囲の見取図  （５）建物の平面図（縮尺100分の1以上のもの）  （６）エックス線診療室放射線防護図（平面図および立面図。縮尺50分の1のものとし、壁および鉛の厚さを記入すること。）  （７）案内図 | | | | | | | | | | | | | | |