第１号様式（第１条関係）

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| 令和年月日    （宛先）大田区保健所長   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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  事務所の所在地及び代表者の氏名 | | |   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 | | | | | 大田区 | | | | | | | | | | |
| 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 | | | | | 令和年月 上・中・下旬 | | | | | | | | | | |
| ７　従事者定員 | | | | | | | | | | | | | | | |
| 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 | 事務員 | |  | 歯科医師 | 歯科衛生士 | 歯科技工士 |  | 計 |
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| ８ 敷地の面積 | | | |  | | | | | | | | | | | | | | | | | | | | ㎡（平面図は、別添のとおり） | | | | | | | | | | |
| ９ 交通機関及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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 建物の構造概要及び平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | 構 造 概 要 | | | | | | | | | | | | | | | | | | | | 建築面積 | | | | | | | 延面積 | | | | |
|  | | |  | | | | | | | | | | 造 | | | |  | | 階建て | | | |  | | | | ㎡ | | |  | | ㎡ | | |
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| 住宅と併設の場合又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　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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及びその構造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | け上げ | | | | | | | 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 | |  | | ㎡ | | | |  | | | | ㎡ | |  | | | ㎡ |  | | | | | ㎡ | |  | ㎡ |  | | | |
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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 | | | | | | |
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| 16 歯 科 治 療 室 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室 面 積 | | | | | | | | 治 療 い す | | | | | | | | | | | 防火設備 | | | | | | その他必要な設備 | | |
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| 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 | | |
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| 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 | | | かぎのかかる  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 手術室及び準備室 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区　　 分 | | 面　積 | | | | | | | 構 造 設 備 | | | | | | | | | | | | | | | | | | |
| 手術台 | | | 床 | | | | | | 壁 | | 天井 | | | 照明 | 暖房 | | | 簡単な手洗い設備 |
| 手 術 室 | |  | | | | | ㎡ | |  | 台 | |  | | | | | |  | |  | | |  |  | | |  |
| 準 備 室 | |  | | | | | ㎡ | |  | | |  | | | | | |  | |  | | |  |  | | |  |
| その他の施設 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21　分べん室及び新生児入浴施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | |  | | | | | | | | | ㎡ | | | 構造設備 | | | | | | | |  | | | | | |
| 新生児入浴室 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | |  | | | | | | | | | ㎡ | | | 構造設備 | | | | | | | |  | | | | | |

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| 22 エックス線装置及び診療室 | | | | | | | | | | | | | | | |
| 開設時設置予定のエックス線装置 | | | | | | | | | | | | | | | |
| 固定、携帯の別 | | | 用　途 | | | | 製作者名及び型式 | | | | | | | | |
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| エックス診療室 | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | ㎡ | 消毒施設 | |  | | | | ㎡ |
|  | |  | | | | | | ㎡ |  | |  | | | | ㎡ |
| 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、寄附行為又は条例及び登記事項証明書  2)土地及び建物の登記事項証明書（土地又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（平面図及び立面図。縮尺５０分の１のものとし、壁  　　　及び鉛の厚さを記入すること。）  7)案内図 | | | | | | | | | | | | | | | |