

**Rule Change**

**Proposal Form**

**Community Health Systems**

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| P.O. Box 47852Olympia, Washington 98504-7852Telephone: (360) 236-2944Fax: (360) 236-2321Internet: [www.doh.wa.gov/crs](http://www.doh.wa.gov/crs)Email: fslcrs@doh.wa.gov |  |  |
| FOR OFFICE USE ONLY |
|  | Motion      | YES      | NO      | Comm. Action      | Proposal #      |

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| --- | --- | --- |
| 1 | Date (mm/dd/yyyy)      | Name of Submitter      |
| **Submitter** | Mailing Address      | City      | County      | State      | Zip+4      |
| Telephone      | Fax      | Email Address      |

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| 2 | **Document:** | **Enter specific section:** (e.g. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) |
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| 3 | **Proposal** Include proposed new or revised wording, or identification of wording to be deleted. Please use underscore to denote working to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word max – attach additional pages as needed. |

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| **Proposal** | Enter text here: |

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| 4 | **Statement of Problem and Substantiation for Proposal**State the problem that will be resolved by your recommendation addresses; give specific reason for your proposal. 200 word max – attach additional pages as needed. |

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| **Substantiation** | Enter text here: |

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| 4 | **Continued - Statement of Problem and Substantiation for Proposal** |
| **Substantiation** | [ ]  This proposal is original material (Original material based on the submitter’s own idea or as a result of his/her own experience, thought, or research and, to the best of his/her knowledge, is not copied from another source.)[ ]  This proposal is not original material; its source (if known) is as follows:      |

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| 5 | **Cost Impacts**Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate. |
| **Cost and Benefits** | **This change will**  construction cost. |
| **Describe** cost impact in $ per square foot, or other unit data.      |
| **Describe** operating cost impact. Include cost of operations, maintenance and testing in $ per year.      |
| **Describe** benefits of this change. 100 words or less.      |

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| 6 | **Signature:** | **Title:** | **Date:** |