

## Department of Health Care Access and Information

OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

 2020 W. El Camino Ave., Suite 800, Sacramento, California 95833
 Phone
 (916) 440-8300

 355 South Grand Avenue, Suite 1900, Los Angeles, CA 90071
 Phone
 (213) 897-0166

FAX (916) 274-0102 www.hcai.ca.gov/oshpd

## Verified Compliance Report (VCR)

If Final Report, Place "F" in Box  $\rightarrow$ 

NOTE: Required at specific intervals or project milestones as indicated in the Testing, Inspection, and Observation Program approved by the Office (See CCR, Title 24, Part 1, Section 7-151)

Α	Facility Information	Facility Information							
	Facility #:	Facility Name:					HCAI P	roject #:	
	Street Address:				Phone:				
				Fax:					
	City:		County:				Zip:		
	Record Name (Project Sco	pe):							
В	Interval/Milestone*: Ref. No.*:								
	This report includes cons	truction work to the	day	of		, 20	_		
	* As identified on the approx	ved Testing Inspection and	d Observation Proc	ıram					
С	* As identified on the approved Testing, Inspection and Observation Program Observed or Inspected (by Inspectors) Elements of Construction: See attached for more detail								
	I have exercised reasonable diligence to obtain the facts for my personal knowledge that includes: (Check only those applicable Continuous physical presence on-site Periodic physical presence on-site Review of reports submitted								
	Continuous physi	•	submitted by others <pre>those applicable below</pre>						
	Test Reports		Inspection Re			or run <mark>(on</mark>			
D	Compliance Statement: By signature below, I hereby declare that, to the best of my personal knowledge**, the work performed, and the materials used and installed this report, are in compliance with the approved drawings and specifications and any approved Post Approval Documents/Amended Constru Documents. If applicable, a tentative list of items to be completed or corrected is given on the attached hereto. This list may not be all-inclus to include an item in it does not alter the responsibility of the Contractor/Builder to complete all of the work in accordance with the approved and specifications and all applicable building codes. (**As defined in CCR, Title 24, Part 1, Section 7-151)								
Е	Comments and/or Except		for more detail	,					
-	•								
F	Print Name: Registration #:								
•									
	Firm Name:			1					
	Address:			City:	S	tate:		Zip:	
	Drimony Deciso	Architect	Civil Eng	Mech Eng	Contractor	Insp	ector	Special Inspector	
	Primary Design Professional of Record	Struct Eng	Geotech Eng	Elect Eng	Owner Builder		Agncy	Other	
	Signature:				D	ate:			
	, , , , , , , , , , , , , , , , , , ,								



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## **INSTRUCTIONS FOR VERIFIED COMPLIANCE REPORT (HCAI-OSH-123)**

A Enter the Department of Health Care Access and Information (HCAI) facility identification number, if unknown leave blank. Enter the name of the facility as it appears on the facility license. Enter the HCAI project number. If unknown refer to the facility's Application for New Project or Building Permit.

Enter the facility street address, city, county, zip code, phone number and fax number.

Enter the record name - the description statement of the work to be performed. The title should match the title on the Application for New Project and/or Building Permit form.

- B This section identifies and links this report with the Intervals or Milestones defined on the approved Testing, Inspection, and Observation (TIO) Program. Interval/Milestone descriptions are per the approved TIO Program. The reference number is the same reference number used in the TIO Program. Enter the last date of construction covered by this report.
- C This section identifies specifically what elements of construction were observed or inspected (by Inspectors). Enter either 1) all work done on the project to that date or during the INTERVAL, or 2) all work done on this MILESTONE or element of construction, to that date.

If reporting on an INTERVAL basis, list all elements of construction in the area under observation or inspection (by Inspectors), completed or in progress, since the last report by the specified individual or discipline. Architects or Structural Engineers in Responsible Charge have overall responsibility and must report on all work. Engineers and Special Inspectors need only report on their areas of responsibility.

Structural Engineer of Record (SEOR) shall explicitly state that test results for structural tests performed during the interval covered by the report are acceptable, as required by Policy Intent Notice (PIN) 58 Item #3.

If reporting on a MILESTONE basis, list all elements of construction related to the specific MILESTONE completed or in progress, since the last report by the specified individual or discipline. Projects may use milestones or intervals or a combination of both.

- D This section is a declaration of observed or inspected (by Inspectors) compliance, based upon personal knowledge as defined in the CCR, Title 24, Part 1, Section 7-151. Architects, Professional Engineers, Licensed Contractors (or Owner/Builders), Inspectors of Record, and Special Inspectors are required to file VERIFIED COMPLIANCE Reports in coordination with the approved TIO Program.
- E This section is used to list comments about the observed or inspected (by Inspectors) construction, or exceptions taken to the observed or inspected (by Inspectors) construction. Additional sheets may be referenced and attached.
- F This section identifies the individual completing the report. The Architect or Engineer of Record may name alternates to observe the work, but these alternates must be equally licensed. (CCR, Title 24, Part 1, Section 7-141).