



RECEIVED

Application for Inspector of Record

Facility

Project # _____
Facility # _____ Facility Name _____
HCAI Building # BLD - _____ Building Name _____
Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility
 Correctional Treatment Center Licensed Clinic

Applicant

First Name _____ M.I. _____ Last Name _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Phone _____ Phone 2 _____ Fax _____
Email _____

Application Specific Information – Inspector of Record

HCAI Certification Number _____ Class A B C
Are you engaged in a business or other employment that requires a portion of your time? Yes No
If yes, describe _____

CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Department of Health Care Access and Information, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature _____ Date _____

LEGAL OWNER

This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer, and HCAI, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name _____ Title _____
Signature _____ Date _____

PROFESSIONAL

This person known to me, is qualified, and is satisfactory to me as an Inspector of Record on this project.

Signature of Architect or Engineer in Responsible Charge _____ Date _____
Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)

OFFICE USE ONLY

HCAI APPROVAL

Printed Name _____ Title _____
Signature _____ Date _____



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

**INSTRUCTIONS FOR APPLICATION FOR INSPECTOR OF RECORD
(HCAI-OSH-124)**

Facility

- Enter the Department of Health Care Access and Information (HCAI) project number.
- Enter the HCAI facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the HCAI building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

Applicant

- Enter the Inspector of Record applicant's name, organization name (if applicable), street address, city, state, zip code, phone number, fax number and email address.

Application Specific Information – Inspector of Record

- Enter the applicant's HCAI Certificate number.
- Indicate if the Certificate is Class A, B, or C.
- Indicate if the applicant is in a business or other employment which requires a portion of their time. If so, provide detail in the space provided. If additional space is needed, attach a separate sheet to the application.
- Provide the signature of the applicant, and date.
- Provide the name, title, and signature of the Legal Owner, and date.
- Provide the signature of the Architect or Engineer in responsible charge, and date. If this application is for a project that includes primary gravity and/or lateral load elements/systems, provide the signature of the Structural Engineer, and date.

For construction in [Northern California](#) and Seismic Compliance Review submit to:

Email: OSHPDSacProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
2020 W. El Camino Avenue, Suite 800
Sacramento, CA 95833
Phone: (916) 440-8300
Fax: (916) 274-0102

For construction in [Southern California](#), submit to:

Email: OSHPDLAProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
355 South Grand Avenue, Suite 1900
Sacramento, CA 95833
Phone: (213) 897-0166
Fax: (916) 274-0102