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Project #	Increment #
AMC -	

Alternate Method of Compliance

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

Record Detail

Record/Project Name _____

Detailed Description _____

Application Specific Information – Alternate Method of Compliance

Applicant Tracking Number _____

Submittal Type Alternate Method of Compliance Design Criteria Unreasonable Hardship (complete Application for Unreasonable Hardship Exception)
 Alternate Method of Protection Program Flexibility

Description of Proposal _____

Reason _____

Applicable Codes

California Building Standards Code Year: 2013 2016 2019 2022

Code: CAC CBC CEC CFC CMC CPC Other

Code Section: _____

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Design Program	_____	Site Data Reports
_____	Equipment Anchorage Calculations	_____	Specifications
_____	Geotechnical Reports (for Buildings and Additions)	_____	Structural Calculations
_____	Letter of Authorization	_____	Testing, Inspection and Observation Program (TIO)
_____	Plans	_____	Other _____
_____	Project Schedule		



Alternate Method of Compliance

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HCAI RECOMMENDATIONS

OK NO N/A Remarks

Architectural Date

Electrical Date

FLSO Date

Mechanical Date

Structural Date

HCAI APPROVAL

Approved Conditional Approval Denied

Printed Name _____ Title _____

Signature _____ Date _____



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

INSTRUCTIONS FOR ALTERNATE METHOD OF COMPLIANCE
(HCAI-OSH-126)

This form must be accompanied by a Project Information form HCAI-OSH-100.

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.

Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

Application Specific Information – Alternate Method of Compliance

- Provide an applicant tracking number, if applicable.
- Indicate the type of Alternate Method of Compliance being submitted. If an Unreasonable Hardship is being requested, an Application for Unreasonable Hardship Exception to Accessibility Requirements HCAI-OSH-800 must be submitted.
- Provide a description of the proposal.
- Provide a reason the alternate is being requested.

Applicable Codes

- Enter the year, code, and section of code that the alternate applies to.

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

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
Los Angeles, CA 90071
Phone: (213) 897-0166
Fax: (916) 274-0102