
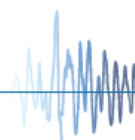




OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

| APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL)                                   |  | For Office Use Only                              |                    |
|--|--|--|--------------------|
|  |  | Application #                                    | OPL -0001-14       |
| Name of Approved Agency/Laboratory<br>Dynamic Certification Laboratories             | City<br>Sparks   | County<br>Washoe                                 | State<br>NV        |
| <b>APPLICATION TYPE / FEE</b>  |  |  |                    |
| <b>Application is based on:</b>  | <b>New Application Fee</b><br>(Fees are Nonrefundable)   | <b>Renewal Fee</b><br>(Fees are Nonrefundable)   |                    |
| <input type="checkbox"/> DSA-LEA Approved Only                                       | <input type="checkbox"/> \$250.00  | <input type="checkbox"/> \$250.00                |                    |
| <input checked="" type="checkbox"/> Accreditation Only                               | <input checked="" type="checkbox"/> \$500.00   | <input type="checkbox"/> \$250.00                |                    |
| <input type="checkbox"/> Both DSA-LEA Approved and Accreditation                     | <input type="checkbox"/> \$500.00  | <input type="checkbox"/> \$250.00                |                    |
| <b>APPLICANT INFORMATION</b>   |  |  |                    |
| Applicant Name<br>Joseph La Brie   | Signature<br> | Position in the Organization<br>Managing Partner |                    |
| Agency/Laboratory Name<br>Dynamic Certification Laboratories                         |  | Application Date<br>08/12/2014                   |                    |
| Phone Number<br>(213) 952-6301   |  | E-Mail<br>labrie@shaketest.com                   |                    |
| Address of Facility Location (Each facility location requires separate application.) |  |  |                    |
| Street<br>1315 Greg Street, Suite 109  |  |  |                    |
| City:<br>Sparks  | County<br>Washoe   | State:<br>NV                                     | Zip Code:<br>89431 |
| Facility Mailing Address (If different from facility address above.)                 |  |  |                    |
| Street   |  |  |                    |
| City:  |  | State:   | Zip Code:          |
| <b>KEY PERSONNEL</b> (Attach additional pages if needed.)                            |  |  |                    |
| Engineering Manager (or equivalent) – Name<br>Joseph La Brie                         | CA Registration Number<br>SE 3566  | Expiration Date<br>03/31/2016                    |                    |
| Title in the Organization<br>Managing Partner  | Phone Number<br>(213) 952-6301   |  |                    |
| FAX Number   | E-Mail<br>labrie@shaketest.com   |  |                    |
| Alternate to Engineering Manager (if any) – Name                                     | CA Registration Number   | Expiration Date                                  |                    |
| Title in the Organization  | Phone Number   |  |                    |
| FAX Number   | E-mail   |  |                    |





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**KEY PERSONNEL** *(Attach additional pages if needed.)*

|  |   |                               |
|--|---|-------------------------------|
| Laboratory Supervisor – Name<br>Joseph La Brie | CA Registration Number<br>SE 3566                 | Expiration<br>03/31/2016      |
| Title in the Organization<br>Managing Partner  | Phone Number<br>(213) 952-6301                    |                               |
| FAX Number<br>(626) 445-2947                   | E-Mail<br>labrie@shaketest.com                    |                               |
| Field Supervisor – Name<br>Joseph La Brie      | CA Registration Number <i>(if any)</i><br>SE 3566 | Expiration Date<br>03/31/2016 |
| Title in the Organization<br>Managing Partner  | Phone Number<br>(213) 952-6301                    |                               |
| FAX Number<br>(626) 445-2947                   | E-mail<br>labrie@shaketest.com                    |                               |

**ACCREDITATION**

This laboratory currently holds accreditation by: *(Attach a copy of current accreditation details.)*

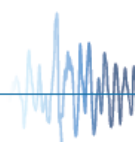
- ☐ AASHTO Accreditation Program (AAP)      ☐ National Voluntary Laboratory Accreditation Program (NVLAP)  
☒ International Accreditation Service (IAS)      ☐ American Association of Laboratories Program (A2LA)  
☐ Laboratory Accreditation Program (LAB)      ☐ Construction Materials Engineering Council (CMEC)  
☐ Other \_\_\_\_\_

Latest Expiration Date *(if any)* \_\_\_\_\_

Is this laboratory accepted in the Division of the State Architect Laboratory Evaluation and Acceptance Program, DSA-LEA?    ☒ No      ☐ Yes      Expiration Date: \_\_\_\_\_

Basis for accreditation:

- ☒ ISO/IEC 17025: General requirements for competence of testing and calibration laboratories  
☐ NISTIR 7012: Technical requirements for construction materials testing  
☐ AASHTO R18: Standard Recommended Practice for Establishing and Implementing a Quality System for Construction Materials Testing Laboratories  
☐ ASTM E 329: Specification for Agencies Engaged in the Testing and/or Inspection of Materials Used in Construction  
☐ ASTM C 1077: Practice for Laboratories Testing Concrete and Concrete Aggregates for Use in Construction and Criteria for Laboratory Evaluation  
☐ ASTM D 3666: Specification for Minimum Requirements for Agencies Testing and Inspecting Bituminous Paving Materials  
☐ ASTM D 3740: Practice for Evaluation of Agencies Engaged in Testing and/or Inspections of Soils and Rock as Used Engineering Design and Construction  
☐ ASTM C 1093: Practice for Accreditation of Testing Agencies for Unit Masonry  
☐ ASTM E 1212: Practice for Quality Management Systems for *Nondestructive Testing (NDT)* Agencies  
☐ ASTM E 543: Specification for Agencies Performing *Nondestructive Testing (NDT)*



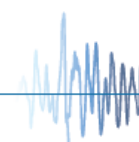


**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**STANDARDS**

By checking "yes" in Tables 1 through 6 below, the applicant verifies that the laboratory has the equipment and qualified personnel to perform the indicated testing. **ONLY mark tests that are listed in accreditation certificate or DSA-LEA.**

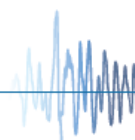
|  |                      |                       |  |                          |                       |             |                                       |
|--|----------------------|-----------------------|--|--------------------------|-----------------------|-------------|---------------------------------------|
| <b>1</b>   | <b>SOIL AND ROCK</b> |                       |  |                          |                       |             |                                       |
| <b>Tests</b>   |                      |                       |  |                          |                       |             |                                       |
| <b>Yes</b>   | <b>Standard</b>      | <b>Test Procedure</b> | <b>Yes</b>   | <b>Standard</b>          | <b>Test Procedure</b> |             |                                       |
| <input type="checkbox"/>   | a.                   | ASTM D 2487           | Classification of Soils                              | <input type="checkbox"/> | k.                    | ASTM D 1140 | No. 200 Wash                          |
| <input type="checkbox"/>   | b.                   | ASTM D 422            | Particle Size Analysts                               | <input type="checkbox"/> | l.                    | ASTM D 4829 | Expansion Index                       |
| <input type="checkbox"/>   | c.                   | ASTM D 2216           | Moisture Content                                     | <input type="checkbox"/> | m.                    | ASTM D 2419 | Sand Equivalent Value                 |
| <input type="checkbox"/>   | d.                   | ASTM D 4318           | Liquid / Plastic Limit                               | <input type="checkbox"/> | n.                    | ASTM D 1557 | Soil Compaction - Modified            |
| <input type="checkbox"/>   | e.                   | ASTM D 2850           | Unconsolidated, Undrained Triaxial                   | <input type="checkbox"/> | o.                    | ASTM D 3080 | Direct Shear                          |
| <input type="checkbox"/>   | f.                   | ASTM D 4767           | Triaxial Compression                                 | <input type="checkbox"/> | p.                    | ASTM D 6938 | Density of Soils - Nuclear Gage       |
| <input type="checkbox"/>   | g.                   | ASTM D 2166           | Unconfined Compressive Strength                      | <input type="checkbox"/> | q.                    | ASTM D 1556 | Density of Soils - Sand Cone          |
| <input type="checkbox"/>   | h.                   | ASTM D 7012           | Triaxial Compressive Strength of Rock Core Specimens | <input type="checkbox"/> | r.                    | ASTM D 1143 | Deep Foundations – Static Compression |
| <input type="checkbox"/>   | i.                   | ASTM D 5778           | Friction Cone and Pizocone Penetration Test          | <input type="checkbox"/> | s.                    | ASTM D 4945 | Deep foundations – Dynamic Testing    |
| <input type="checkbox"/>   | j.                   | ASTM D 3441           | Cone Penetration Test (CPT)                          | <input type="checkbox"/> | t.                    | ASTM D 3689 | Deep Foundations – Axial Tension      |
| <input type="checkbox"/>   |                      |                       |  | <input type="checkbox"/> | u.                    | ASTM D 3966 | Deep Foundations –Lateral Loads       |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |                      |                       |  |                          |                       |             |                                       |
| <b>Yes</b>   | <b>Standard</b>      | <b>Test Procedure</b> | <b>Yes</b>   | <b>Standard</b>          | <b>Test Procedure</b> |             |                                       |
| <input type="checkbox"/>   | aa.                  |                       | <input type="checkbox"/>                             | dd.                      |                       |             |                                       |
| <input type="checkbox"/>   | bb.                  |                       | <input type="checkbox"/>                             | ee.                      |                       |             |                                       |
| <input type="checkbox"/>   | cc.                  |                       | <input type="checkbox"/>                             | ff.                      |                       |             |                                       |





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

| 2  |          |                               |                                 |                          |          | CONCRETE / AGGREGATE |   |  |  |  |  |
|--|----------|-------------------------------|---------------------------------|--------------------------|----------|----------------------|---|--|--|--|--|
| Tests  |          |                               |                                 |                          |          |                      |   |  |  |  |  |
| Yes  | Standard |                               | Test Procedure                  | Yes                      | Standard |                      | Test Procedure                              |  |  |  |  |
| <input type="checkbox"/>   | a.       | ASTM D 75                     | Sampling Aggregate              | <input type="checkbox"/> | t.       | ASTM C 231           | Air Content (P)                             |  |  |  |  |
| <input type="checkbox"/>   | b.       | ASTM C 702                    | Reducing Aggregate Samples      | <input type="checkbox"/> | u.       | ASTM C 143           | Slump                                       |  |  |  |  |
| <input type="checkbox"/>   | c.       | ASTM C 40                     | Organic Impurities              | <input type="checkbox"/> | v.       | ASTM C 1064          | Temperature                                 |  |  |  |  |
| <input type="checkbox"/>   | d.       | ASTM C 29                     | Unit Weight / Voids             | <input type="checkbox"/> | w.       | ASTM C 617           | Capping Concrete Specimens                  |  |  |  |  |
| <input type="checkbox"/>   | e.       | ASTM C 88                     | Sodium Sulfate Soundness        | <input type="checkbox"/> | x.       | ASTM C 1231          | Unbonded Caps                               |  |  |  |  |
| <input type="checkbox"/>   | f.       | ASTM C 566                    | Moisture Content                | <input type="checkbox"/> | y.       | ASTM C 39            | Compressive Strength                        |  |  |  |  |
| <input type="checkbox"/>   | g.       | ASTM C 142                    | Clay / Friable Particles        | <input type="checkbox"/> | z.       | ASTM C 157           | Length Change                               |  |  |  |  |
| <input type="checkbox"/>   | h.       | ASTM C 127                    | Specific Gravity - Coarse       | <input type="checkbox"/> | aa.      | ASTM C 78            | Flexural Strength                           |  |  |  |  |
| <input type="checkbox"/>   | i.       | ASTM C 128                    | Specific Gravity - Fine         | <input type="checkbox"/> | bb.      | ASTM C 496           | Splitting Tensile                           |  |  |  |  |
| <input type="checkbox"/>   | j.       | ASTM C 117                    | No. 200 Wash                    | <input type="checkbox"/> | cc.      | ASTM C 42            | Drilled Cores / Beams                       |  |  |  |  |
| <input type="checkbox"/>   | k.       | ASTM C 136                    | Sieve Analysis Course / Fine    | <input type="checkbox"/> | dd.      | ASTM C 138           | Weight / Yield / Air Content                |  |  |  |  |
| <input type="checkbox"/>   | l.       | ASTM C 131                    | Degradation of Aggregate        | <input type="checkbox"/> | ee.      | ASTM C 495           | Lightweight Concrete                        |  |  |  |  |
| <input type="checkbox"/>   | m.       | ASTM 2419                     | Sand Equivalent Value           | <input type="checkbox"/> | ff.      | ASTM C 567           | Density of Lightweight Aggregate            |  |  |  |  |
| <input type="checkbox"/>   | n.       | ASTM C 31, C 172, CBC 1905A.6 | Concrete Sampling - Field       | <input type="checkbox"/> | gg.      | ASTM E 488           | Strength of Anchors                         |  |  |  |  |
| <input type="checkbox"/>   | o.       | ASTM C 192                    | Making / Curing Specimens - Lab | <input type="checkbox"/> | hh.      | ACI 355.4            | Adhesive Anchors                            |  |  |  |  |
| <input type="checkbox"/>   | p.       | ASTM C 173                    | Air Content (V)                 | <input type="checkbox"/> | ii.      | ACI 374.1            | Moment Frames                               |  |  |  |  |
| <input type="checkbox"/>   | q.       | ASTM C 1602                   | Water                           | <input type="checkbox"/> | jj.      | ASTM C 1260          | Alkali Reactivity of Aggregate              |  |  |  |  |
| <input type="checkbox"/>   | r.       | ASTM E 488                    | Anchors                         | <input type="checkbox"/> | kk.      | ASTM C 1293          | Length Change due to Alkali-Silica Reaction |  |  |  |  |
| <input type="checkbox"/>   | s.       | ACI 355.2                     | Mechanical Anchors              | <input type="checkbox"/> | ll.      | ACI ITG-5.1          | Post-Tensioned Precast Special Walls        |  |  |  |  |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |          |                               |                                 |                          |          |                      |   |  |  |  |  |
| Yes  | Standard |                               | Test Procedure                  | Yes                      | Standard |                      | Test Procedure                              |  |  |  |  |
| <input type="checkbox"/>   | aa.      |                               |                                 | <input type="checkbox"/> | dd.      |                      |   |  |  |  |  |
| <input type="checkbox"/>   | bb.      |                               |                                 | <input type="checkbox"/> | ee.      |                      |   |  |  |  |  |
| <input type="checkbox"/>   | cc.      |                               |                                 | <input type="checkbox"/> | ff.      |                      |   |  |  |  |  |

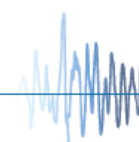




OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

| 3  |                         | MASONRY           |                         |                          |                         |               |                             |
|--|-------------------------|-------------------|-------------------------|--------------------------|-------------------------|---------------|-----------------------------|
| Tests  |                         |                   |                         |                          |                         |               |                             |
| Yes  | Standard/Code Reference |                   | Test Procedure          | Yes                      | Standard/Code Reference |               | Test Procedure              |
| <input type="checkbox"/>   | a.                      | ASTM C 140        | Dimensions              | <input type="checkbox"/> | i.                      | ASTM C 1314   | Prism Compressive Strength  |
| <input type="checkbox"/>   | b.                      | ASTM C 140        | Compressive Strength    | <input type="checkbox"/> | j.                      | ASTM C 1019   | Grout Compressive Strength  |
| <input type="checkbox"/>   | c.                      | ASTM C 140        | Absorption              | <input type="checkbox"/> | k.                      | ASTM C 780    | Mortar Compressive Strength |
| <input type="checkbox"/>   | d.                      | ASTM C 140        | Unit Weight             | <input type="checkbox"/> | l.                      | ASTM C 39     | Core Compressive Strength   |
| <input type="checkbox"/>   | e.                      | ASTM C 140        | Moisture Content        | <input type="checkbox"/> | m.                      | CBC 2105A.3.1 | Core Shear                  |
| <input type="checkbox"/>   | f.                      | ASTM C 426        | Linear Drying Shrinkage | <input type="checkbox"/> | n.                      | ASTM C 1314   | Prism Sampling              |
| <input type="checkbox"/>   | g.                      | CBC 2105A.2.2.1.4 | Mortar Sampling         | <input type="checkbox"/> | o.                      | ASTM C 42     | Drilled Cores Sampling      |
| <input type="checkbox"/>   | h.                      | CBC 2105A.2.2.1.4 | Grout Sampling          |                          |                         |               |                             |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |                         |                   |                         |                          |                         |               |                             |
| Yes  | Standard/Code Reference |                   | Test Procedure          | Yes                      | Standard/Code Reference |               | Test Procedure              |
| <input type="checkbox"/>   | aa.                     |                   |                         | <input type="checkbox"/> | dd.                     |               |                             |
| <input type="checkbox"/>   | bb.                     |                   |                         | <input type="checkbox"/> | ee.                     |               |                             |
| <input type="checkbox"/>   | cc.                     |                   |                         | <input type="checkbox"/> | ff.                     |               |                             |

| 4  |                         | STEEL               |  |                          |                         |                     |                         |
|--|-------------------------|---------------------|--|--------------------------|-------------------------|---------------------|-------------------------|
| Tests  |                         |                     |  |                          |                         |                     |                         |
| Yes  | Standard/Code Reference |                     | Test Procedure                                       | Yes                      | Standard/Code Reference |                     | Test Procedure          |
| <input type="checkbox"/>   | a.                      | ASTM A 370          | Tension Test   | <input type="checkbox"/> | i.                      | AISC 341 Section K3 | BRBF Cyclic Tests       |
| <input type="checkbox"/>   | b.                      | ASTM A 370          | Bend   | <input type="checkbox"/> | j.                      | ASTM E 165          | Liquid Penetrant        |
| <input type="checkbox"/>   | c.                      | ASTM E 10           | Brinell Hardness                                     | <input type="checkbox"/> | k.                      | ASTM E 1444         | Magnetic Particle       |
| <input type="checkbox"/>   | d.                      | ASTM E 18           | Rockwell Hardness                                    | <input type="checkbox"/> | l.                      | ASTM E 94           | Radiographic            |
| <input type="checkbox"/>   | e.                      | ASTM E 190          | Guided Bend  | <input type="checkbox"/> | m.                      | ASTM E 164          | Ultrasonic              |
| <input type="checkbox"/>   | f.                      | ASTM E 23           | Charpy V - Notch                                     | <input type="checkbox"/> | n.                      | ASTM E 605          | Density of SFRM         |
| <input type="checkbox"/>   | g.                      | ASTM A 90           | Weight of Coating                                    | <input type="checkbox"/> | o.                      | CBC 2203A.1         | Material Identification |
| <input type="checkbox"/>   | h.                      | AISC 341 Section K2 | Beam to Column Moment & EBF Connections Cyclic Tests |                          |                         |                     |                         |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |                         |                     |  |                          |                         |                     |                         |
| Yes  | Standard/Code Reference |                     | Test Procedure                                       | Yes                      | Standard/Code Reference |                     | Test Procedure          |
| <input type="checkbox"/>   | aa.                     |                     |  | <input type="checkbox"/> | dd.                     |                     |                         |
| <input type="checkbox"/>   | bb.                     |                     |  | <input type="checkbox"/> | ee.                     |                     |                         |
| <input type="checkbox"/>   | cc.                     |                     |  | <input type="checkbox"/> | ff.                     |                     |                         |



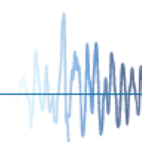


OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

| 5   | LUMBER / ROOFING |             |                                   |                          |          |           |                                      |
|---|------------------|-------------|-----------------------------------|--------------------------|----------|-----------|--------------------------------------|
| Tests   |                  |             |                                   |                          |          |           |                                      |
| Yes   | Standard         |             | Test Procedure                    | Yes                      | Standard |           | Test Procedure                       |
| <input type="checkbox"/>  | a.               | ASTM D 3617 | Analysis of Built-Up Roof Systems | <input type="checkbox"/> | c.       | ASTM C 67 | Brick and Structural Clay Roof Tiles |
| <input type="checkbox"/>  | b.               | ASTM D 4442 | Moisture Content                  |                          |          |           |                                      |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |                  |             |                                   |                          |          |           |                                      |
| <input type="checkbox"/>  | aa.              |             |                                   | <input type="checkbox"/> | dd.      |           |                                      |
| <input type="checkbox"/>  | bb.              |             |                                   | <input type="checkbox"/> | ee.      |           |                                      |
| <input type="checkbox"/>  | cc.              |             |                                   | <input type="checkbox"/> | ff.      |           |                                      |

| 6   | COMPONENT, ASSEMBLY AND PROTOTYPE TESTING |               |   |                          |                         |            |  |
|---|---|---------------|---|--------------------------|-------------------------|------------|--|
| Tests   |   |               |   |                          |                         |            |  |
| Yes   | Standard/Code Reference                   |               | Test Procedure                                      | Yes                      | Standard/Code Reference |            | Test Procedure                                       |
| <input type="checkbox"/>  | a.  | AAMA 501.4    | Static Test for Curtain Wall and Storefront Systems | <input type="checkbox"/> | c.                      | AAMA 501.6 | Dynamic Test for Curtain Wall and Storefront Systems |
| <input checked="" type="checkbox"/>   | b.  | ICC-ES AC 156 | Shake Table Test                                    | <input type="checkbox"/> | d.                      | FM 1950    | Seismic Sway Brace Testing                           |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |   |               |   |                          |                         |            |  |
| <input type="checkbox"/>  | aa.                                       |               |   | <input type="checkbox"/> | dd.                     |            |  |
| <input type="checkbox"/>  | bb.                                       |               |   | <input type="checkbox"/> | ee.                     |            |  |
| <input type="checkbox"/>  | cc.                                       |               |   | <input type="checkbox"/> | ff.                     |            |  |

| List of Attachments Supporting the Agency/Laboratory Approval |   |
|---|---|
| Yes   | Enclosure Type  |
| <input checked="" type="checkbox"/>                           | OSHPD Facilities Development Division (FDD) Payment Form (OSH-AD-367):<br><a href="http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf">http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf</a> |
| <input type="checkbox"/>                                      | DSA-LEA Laboratory Qualification as posted at DSA website:<br><a href="https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx">https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx</a>   |
| <input type="checkbox"/>                                      | Latest Copy of DSA 100: LEA Program Application as Submitted to DSA   |
| <input type="checkbox"/>                                      | Latest copy of DSA 220: LEA Program On-Site Assessment Report   |
| <input checked="" type="checkbox"/>                           | Current Accreditation Certificate(s) including List of Tests for which Laboratory is Accredited   |
| <input type="checkbox"/>                                      | Other (Please Specify):   |
| <input type="checkbox"/>                                      | Other (Please Specify):   |





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
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**OSHPD Approval**

(For Office Use Only)

Signature:

Approval Date: 8/12/2014

Print Name: James C. Pan

Approval Expiration Date: 7/1/2015

Title: District Structural Engineer

Condition of approval *(if applicable)*

