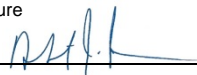
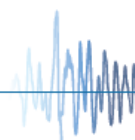




OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL)		For Office Use Only	
		Application #	OPL -0003-14
Name of Approved Agency/Laboratory CHJ	City VICTORVILLE	County SAN BERNARDINO	State CA
APPLICATION TYPE / FEE			
Application is based on:	New Application Fee (Fees are Nonrefundable)	Renewal Fee (Fees are Nonrefundable)	
<input type="checkbox"/> DSA-LEA Approved Only	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00	
<input type="checkbox"/> Accreditation Only	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$250.00	
<input checked="" type="checkbox"/> Both DSA-LEA Approved and Accreditation	<input checked="" type="checkbox"/> \$500.00	<input type="checkbox"/> \$250.00	
APPLICANT INFORMATION			
Applicant Name ROBERT J. JOHNSON	Signature 	Position in the Organization ENGINEERING MANAGER	
Agency/Laboratory Name CHJ		Application Date 08-12-2014	
Phone Number (760) 243-0506		E-Mail rjohnson@chjconsultants.com	
Address of Facility Location (Each facility location requires separate application.)			
Street 15345 ANACAPA ROAD, UNIT D			
City: VICTORVILLE	County SAN BERNARDINO	State: CA	Zip Code: 92392
Facility Mailing Address (If different from facility address above.)			
Street			
City:		State:	Zip Code:
KEY PERSONNEL (Attach additional pages if needed.)			
Engineering Manager (or equivalent) – Name ROBERT J. JOHNSON	CA Registration Number 27060	Expiration Date 03-31-2015	
Title in the Organization ENGINEERING MANAGER	Phone Number (760) 243-0506		
FAX Number (909) 503-1136	E-Mail rjohnson@chjconsultants.com		
Alternate to Engineering Manager (if any) – Name GEORGE BATTEY III	CA Registration Number 34323	Expiration Date 09-30-2015	
Title in the Organization ENGINEERING MANAGER	Phone Number (760) 243-0506		
FAX Number (909) 503-1136	E-mail gbattey@chjinc.com		





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

Laboratory Supervisor -- Name CHARLES NIETO	CA Registration Number ---	Expiration ---
Title in the Organization LABORATORY MANAGER	Phone Number (760) 243-0506	
FAX Number (909) 503-1136	E-Mail cnieto@chjconsultants.com	
Field Supervisor -- Name BRANDON ROSE	CA Registration Number (if any) ---	Expiration Date ---
Title in the Organization INSPECTION SUPERVISOR	Phone Number (760) 243-0506	
FAX Number (909) 503-1136	E-mail brose@chjconsultants.com	

ACCREDITATION

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

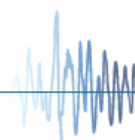
- | | |
|--|--|
| <input checked="" type="checkbox"/> AASHTO Accreditation Program (AAP) | <input type="checkbox"/> National Voluntary Laboratory Accreditation Program (NVLAP) |
| <input type="checkbox"/> International Accreditation Service (IAS) | <input type="checkbox"/> American Association of Laboratories Program (A2LA) |
| <input type="checkbox"/> Laboratory Accreditation Program (LAB) | <input type="checkbox"/> Construction Materials Engineering Council (CMEC) |
| <input type="checkbox"/> 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: 03-30-2016

Basis for accreditation:

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



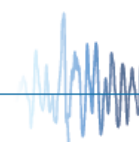


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STANDARDS

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.**

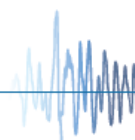
1	SOIL AND ROCK						
Tests							
Yes	Standard	Test Procedure	Yes	Standard	Test Procedure		
<input type="checkbox"/>	a.	ASTM D 2487	Classification of Soils	<input type="checkbox"/>	k.	ASTM D 1140	No. 200 Wash
<input type="checkbox"/>	b.	ASTM D 422	Particle Size Analysts	<input type="checkbox"/>	l.	ASTM 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"/>	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.							
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.			





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2 CONCRETE / AGGREGATE							
Tests							
Yes	Standard		Test Procedure	Yes	Standard		Test Procedure
<input type="checkbox"/>	a.	ASTM D 75	Sampling Aggregate	<input checked="" type="checkbox"/>	t.	ASTM C 231	Air Content (P)
<input checked="" type="checkbox"/>	b.	ASTM C 702	Reducing Aggregate Samples	<input checked="" type="checkbox"/>	u.	ASTM C 143	Slump
<input checked="" type="checkbox"/>	c.	ASTM C 40	Organic Impurities	<input checked="" type="checkbox"/>	v.	ASTM C 1064	Temperature
<input checked="" type="checkbox"/>	d.	ASTM C 29	Unit Weight / Voids	<input checked="" type="checkbox"/>	w.	ASTM C 617	Capping Concrete Specimens
<input type="checkbox"/>	e.	ASTM C 88	Sodium Sulfate Soundness	<input checked="" type="checkbox"/>	x.	ASTM C 1231	Unbonded Caps
<input checked="" type="checkbox"/>	f.	ASTM C 566	Moisture Content	<input checked="" 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 checked="" type="checkbox"/>	j.	ASTM C 117	No. 200 Wash	<input type="checkbox"/>	cc.	ASTM C 42	Drilled Cores / Beams
<input checked="" type="checkbox"/>	k.	ASTM C 136	Sieve Analysis Course / Fine	<input checked="" 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 checked="" type="checkbox"/>	m.	ASTM 2419	Sand Equivalent Value	<input type="checkbox"/>	ff.	ASTM C 567	Density of Lightweight Aggregate
<input checked="" 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 checked="" type="checkbox"/>	o.	ASTM C 192	Making / Curing Specimens - Lab	<input type="checkbox"/>	hh.	ACI 355.4	Adhesive Anchors
<input checked="" 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.		

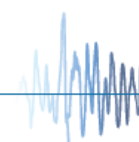




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3		MASONRY					
Tests							
Yes	Standard/Code Reference		Test Procedure	Yes	Standard/Code Reference		Test Procedure
<input type="checkbox"/>	a.	ASTM C 140	Dimensions	<input type="checkbox"/>	i.	ASTM C 1314	Prism Compressive Strength
<input type="checkbox"/>	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.		



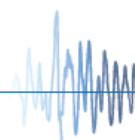


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5	LUMBER / ROOFING						
Tests							
Yes	Standard		Test Procedure	Yes	Standard		Test Procedure
<input type="checkbox"/>	a.	ASTM D 3617	Analysis of Built-Up Roof Systems	<input type="checkbox"/>	c.	ASTM C 67	Brick and Structural Clay Roof Tiles
<input 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 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): http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf
<input checked="" type="checkbox"/>	DSA-LEA Laboratory Qualification as posted at DSA website: https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx
<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 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
FACILITIES DEVELOPMENT DIVISION**

OSHPD Approval

(For Office Use Only)

Signature: _____ 

Approval Date: _____ 8/14/2014

Print Name: _____ M. R. Karim

Approval Expiration Date: 3/30/2016

Title: _____ SHFR

Condition of approval (*if applicable*)

