




OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

| APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL)   |  | For Office Use Only                             |                    |
|--|--|---|--------------------|
|  |  | Application #                                   | OPL -0011-14       |
| Name of Approved Agency/Laboratory<br>United Inspection & Testing  | City<br>Moreno Valley  | County<br>Riverside                             | State<br>CA        |
| <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 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               |                    |
| <b>APPLICANT INFORMATION</b>   |  |   |                    |
| Applicant Name<br>Martin B. Lowenthal  | Signature<br> | Position in the Organization<br>General Manager |                    |
| Agency/Laboratory Name<br>United Inspection & Testing  |  | Application Date<br>09/15/14                    |                    |
| Phone Number<br>951.697.4777   |  | E-Mail<br>mlowenthal@uit-inc.us                 |                    |
| Address of Facility Location (Each facility location requires separate application.)<br>22620 Goldencrest Drive, Suite 114 |  |   |                    |
| Street   |  |   |                    |
| City:<br>Moreno Valley   | County<br>Riverside  | State:<br>California                            | Zip Code:<br>92553 |
| Facility Mailing Address (If different from facility address above.)<br>Same as above                                      |  |   |                    |
| Street   |  |   |                    |
| City:  |  | State:  | Zip Code:          |
| <b>KEY PERSONNEL</b> (Attach additional pages if needed.)  |  |   |                    |
| Engineering Manager (or equivalent) – Name<br>Kourosh Dan Daneshfar, P.E.  | CA Registration Number<br>CE68377  | Expiration Date<br>09/30/2015                   |                    |
| Title in the Organization<br>Managing Engineer   | Phone Number<br>951.697.4777   |   |                    |
| FAX Number<br>951.697.4770   | E-Mail<br>kdaneshfar@uit-inc.us  |   |                    |
| Alternate to Engineering Manager (if any) – Name<br>Eric Swenson, G.E., C.E.G.   | CA Registration Number<br>GE2474   | Expiration Date<br>12/31/2014                   |                    |
| Title in the Organization<br>Principal Engineer  | Phone Number<br>925.314.7180   |   |                    |
| FAX Number<br>951.697.4770   | E-mail<br>eswenson@geosphereinc.net  |   |                    |



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

|  |                                 |                 |
|--|---------------------------------|-----------------|
| Laboratory Supervisor -- Name<br>Steve Lindquist | CA Registration Number (if any) | Expiration Date |
| Title in the Organization<br>Laboratory Manager  | Phone Number<br>951.697.4777    |                 |
| FAX Number<br>951.697.4770                       | E-Mail<br>slindquist@uit-inc.us |                 |
| Field Supervisor -- Name                         | CA Registration Number (if any) | Expiration Date |
| Title in the Organization                        | Phone Number                    |                 |
| FAX Number                                       | E-mail                          |                 |

**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 checked="" type="checkbox"/> Other <u>CCRL, LADBS</u>           |  |

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: 09/10/2017

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 checked="" 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>   |

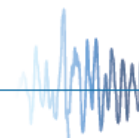


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**STANDARDS**

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.**

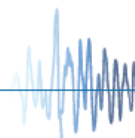
| 1  | SOILS AND FOUNDATIONS |             |   |                                     |          |             |  |
|--|-----------------------|-------------|---|-------------------------------------|----------|-------------|--|
| Tests  |                       |             |   |                                     |          |             |  |
| Yes  | Standard              |             | Test Procedure                              | Yes                                 | Standard |             | Test Procedure                                       |
| <input checked="" type="checkbox"/>  | a.                    | ASTM D 2487 | Classification of Soils                     | <input type="checkbox"/>            | b.       | ASTM D 422  | Particle Size Analysts                               |
| <input checked="" type="checkbox"/>  | c.                    | ASTM D 2216 | Moisture Content                            | <input type="checkbox"/>            | d.       | ASTM D 4318 | Liquid / Plastic Limit                               |
| <input type="checkbox"/>   | e.                    | ASTM D 2850 | Unconsolidated, Undrained Triaxial          | <input type="checkbox"/>            | f.       | ASTM D 4767 | Triaxial Compression                                 |
| <input type="checkbox"/>   | g.                    | ASTM D 2166 | Unconfined Compressive Strength             | <input type="checkbox"/>            | h.       | ASTM D 7012 | Triaxial Compressive Strength of Rock Core Specimens |
| <input type="checkbox"/>   | i.                    | ASTM D 5778 | Friction Cone and Pizocone Penetration Test | <input type="checkbox"/>            | j.       | ASTM D 3441 | Cone Penetration Test (CPT)                          |
| <input type="checkbox"/>   | k.                    | ASTM D 1140 | No. 200 Wash                                | <input type="checkbox"/>            | l.       | ASTM D 4829 | Expansion Index                                      |
| <input checked="" type="checkbox"/>  | m.                    | ASTM D 2419 | Sand Equivalent Value                       | <input checked="" type="checkbox"/> | n.       | ASTM D 1557 | Soil Compaction – Modified                           |
| <input type="checkbox"/>   | o.                    | ASTM D 3080 | Direct Shear                                | <input checked="" type="checkbox"/> | p.       | ASTM D 6938 | Density of Soils – Nuclear Gage                      |
| <input checked="" type="checkbox"/>  | q.                    | ASTM D 1556 | Density of Soils – Sand Cone                | <input type="checkbox"/>            | r.       | ASTM D 1143 | Deep Foundations – Static Compression                |
| <input type="checkbox"/>   | s.                    | ASTM D 4945 | Deep Foundations – Dynamic Testing          | <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 checked="" type="checkbox"/>  | aa.                   | ASTM D 698  | Soil Compaction                             | <input checked="" type="checkbox"/> | bb.      |             |  |
| <input type="checkbox"/>   | cc.                   | ASTM D 3744 | Durability Index                            | <input type="checkbox"/>            | dd.      |             |  |
| <input type="checkbox"/>   | ee.                   |             |   | <input type="checkbox"/>            | ff.      |             |  |





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| 2  |          | CONCRETE       |                                     |          |                                 |
|--|----------|----------------|-------------------------------------|----------|---------------------------------|
| Tests  |          |                |                                     |          |                                 |
| Yes  | Standard | Test Procedure | Yes                                 | Standard | Test Procedure                  |
| <input type="checkbox"/>   | a.       | ASTM D 75      |                                     | b.       | ASTM C 702                      |
| <input checked="" type="checkbox"/>  | c.       | ASTM C 40      | <input checked="" type="checkbox"/> | d.       | ASTM C 29                       |
| <input type="checkbox"/>   | e.       | ASTM C 88      | <input checked="" type="checkbox"/> | f.       | ASTM C 566                      |
| <input checked="" type="checkbox"/>  | g.       | ASTM C 142     | <input checked="" type="checkbox"/> | h.       | ASTM C 127                      |
| <input checked="" type="checkbox"/>  | i.       | ASTM C 128     | <input checked="" type="checkbox"/> | j.       | ASTM C 117                      |
| <input type="checkbox"/>   | k.       | ASTM C 136     | <input checked="" type="checkbox"/> | l.       | ASTM C 131                      |
| <input checked="" type="checkbox"/>  | m.       | ASTM D 2419    | <input checked="" type="checkbox"/> | n.       | ASTM C 31, C 172, CBC 1905A.1.2 |
| <input type="checkbox"/>   | o.       | ASTM C 192     | <input checked="" type="checkbox"/> | p.       | ASTM C 173                      |
| <input type="checkbox"/>   | q.       | ASTM C 1602    | <input type="checkbox"/>            | r.       | ASTM C1604                      |
| <input type="checkbox"/>   | s.       | ACI 355.2      | <input checked="" type="checkbox"/> | t.       | ASTM C 231                      |
| <input checked="" type="checkbox"/>  | u.       | ASTM C 143     | <input checked="" type="checkbox"/> | v.       | ASTM C 1064                     |
| <input checked="" type="checkbox"/>  | w.       | ASTM C 617     | <input checked="" type="checkbox"/> | x.       | ASTM C 1231                     |
| <input checked="" type="checkbox"/>  | y.       | ASTM C 39      | <input type="checkbox"/>            | z.       | ASTM C 157                      |
| <input checked="" type="checkbox"/>  | aa.      | ASTM C 78      | <input type="checkbox"/>            | bb.      | ASTM C 496                      |
| <input type="checkbox"/>   | cc.      | ASTM C 42      | <input checked="" type="checkbox"/> | dd.      | ASTM C 138                      |
| <input type="checkbox"/>   | ee.      | ASTM C 495     | <input type="checkbox"/>            | ff.      | ASTM C 567                      |
| <input type="checkbox"/>   | gg.      | ASTM E 488     | <input type="checkbox"/>            | hh.      | ACI 355.4                       |
| <input type="checkbox"/>   | ii.      | ACI 374.1      | <input type="checkbox"/>            | jj.      | ASTM C 1260                     |
| <input type="checkbox"/>   | kk.      | ASTM C 1293    | <input type="checkbox"/>            | ll.      | ACI ITG-5.1                     |
| <input type="checkbox"/>   | mm.      | ASTM C 42      | <input type="checkbox"/>            | nn.      | ASTM D 3039                     |
| <input type="checkbox"/>   | oo.      | ASTM D4541     | <input type="checkbox"/>            | pp.      | ASTM A 1034                     |
| <input type="checkbox"/>   |          |                |                                     |          |                                 |
| <input type="checkbox"/>   |          |                |                                     |          |                                 |
| 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 checked="" type="checkbox"/>  | aa.      | ASTM C 535     | <input checked="" type="checkbox"/> | bb.      | ASTM C 566                      |
| <input checked="" type="checkbox"/>  | cc.      | ASTM C 702     | <input type="checkbox"/>            | dd.      |                                 |
| <input type="checkbox"/>   | ee.      |                | <input type="checkbox"/>            | ff.      |                                 |





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|  |                         |                   |                             |                                     |                         |                   |                            |
|--|-------------------------|-------------------|-----------------------------|-------------------------------------|-------------------------|-------------------|----------------------------|
| <b>3</b>   | <b>MASONRY</b>          |                   |                             |                                     |                         |                   |                            |
| <b>Tests</b>   |                         |                   |                             |                                     |                         |                   |                            |
| Yes  | Standard/Code Reference |                   | Test Procedure              | Yes                                 | Standard/Code Reference |                   | Test Procedure             |
| <input checked="" type="checkbox"/>  | a.                      | ASTM C 140        | Dimensions                  | <input checked="" type="checkbox"/> | b.                      | ASTM C 140        | Compressive Strength       |
| <input checked="" type="checkbox"/>  | c.                      | ASTM C 140        | Absorption                  | <input checked="" type="checkbox"/> | d.                      | ASTM C 140        | Unit Weight                |
| <input checked="" type="checkbox"/>  | e.                      | ASTM C 140        | Moisture Content            | <input type="checkbox"/>            | f.                      | ASTM C 426        | Linear Drying Shrinkage    |
| <input type="checkbox"/>   | g.                      | CBC 2105A.2.2.1.4 | Mortar Sampling             | <input type="checkbox"/>            | h.                      | CBC 2105A.2.2.1.4 | Grout Sampling             |
| <input checked="" type="checkbox"/>  | i.                      | ASTM C 1314       | Prism Compressive Strength  | <input checked="" type="checkbox"/> | j.                      | ASTM C 1019       | Grout Compressive Strength |
| <input type="checkbox"/>   | k.                      | ASTM C 780        | Mortar Compressive Strength | <input checked="" type="checkbox"/> | l.                      | ASTM C 39         | Core Compressive Strength  |
| <input type="checkbox"/>   | m.                      | CBC 2105A.4       | Core Shear                  | <input type="checkbox"/>            | n.                      | ASTM C 1314       | Prism 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 checked="" type="checkbox"/>  | aa.                     | ASTM C 511        | Moist Rooms                 | <input checked="" type="checkbox"/> | bb.                     | ASTM C 1552       | Capping Masonry            |
| <input type="checkbox"/>   | cc.                     |                   |                             | <input type="checkbox"/>            | dd.                     |                   |                            |
| <input type="checkbox"/>   | ee.                     |                   |                             | <input type="checkbox"/>            | ff.                     |                   |                            |

|  |                         |                     |                         |                                     |                         |                     |  |
|--|-------------------------|---------------------|-------------------------|-------------------------------------|-------------------------|---------------------|--|
| <b>4</b>   | <b>STEEL</b>            |                     |                         |                                     |                         |                     |  |
| <b>Tests</b>   |                         |                     |                         |                                     |                         |                     |  |
| Yes  | Standard/Code Reference |                     | Test Procedure          | Yes                                 | Standard/Code Reference |                     | Test Procedure                                       |
| <input checked="" type="checkbox"/>  | a.                      | ASTM A 370          | Tension Test            | <input checked="" type="checkbox"/> | b.                      | ASTM A 370          | Bend   |
| <input type="checkbox"/>   | c.                      | ASTM E 10           | Brinell Hardness        | <input type="checkbox"/>            | d.                      | ASTM E 18           | Rockwell Hardness                                    |
| <input type="checkbox"/>   | e.                      | ASTM E 190          | Guided Bend             | <input type="checkbox"/>            | f.                      | ASTM E 23           | Charpy V - Notch                                     |
| <input type="checkbox"/>   | g.                      | ASTM A 90           | Weight of Coating       | <input type="checkbox"/>            | h.                      | AISC 341 Section K2 | Beam to Column Moment & EBF Connections Cyclic Tests |
| <input type="checkbox"/>   | i.                      | AISC 341 Section K3 | BRBF Cyclic Tests       | <input type="checkbox"/>            | j.                      | ASTM E 165          | Liquid Penetrant                                     |
| <input type="checkbox"/>   | k.                      | ASTM E 1444         | Magnetic Particle       | <input type="checkbox"/>            | l.                      | ASTM E 94           | Radiographic   |
| <input type="checkbox"/>   | m.                      | ASTM E 164          | Ultrasonic              | <input type="checkbox"/>            | n.                      | ASTM E 605          | Density of SFRM                                      |
| <input type="checkbox"/>   | o.                      | CBC 2203A.1         | Material Identification | <input type="checkbox"/>            | P                       | ASTM F 606          | Bolt Tension Test                                    |
|  |                         |                     |                         |                                     |                         |                     |  |
|  |                         |                     |                         |                                     |                         |                     |  |
|  |                         |                     |                         |                                     |                         |                     |  |
|  |                         |                     |                         |                                     |                         |                     |  |
| 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 checked="" type="checkbox"/>  | aa.                     | ASTM E 290          | Bend Test               | <input type="checkbox"/>            | bb.                     |                     |  |
| <input type="checkbox"/>   | cc.                     |                     |                         | <input type="checkbox"/>            | dd.                     |                     |  |
| <input type="checkbox"/>   | ee.                     |                     |                         | <input type="checkbox"/>            | ff.                     |                     |  |



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| 5  | Wood and Roof Assemblies |             |                                      |                          |          |             |                          |
|--|--------------------------|-------------|--------------------------------------|--------------------------|----------|-------------|--------------------------|
| 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"/> | b.       | ASTM D 4442 | Moisture Content of Wood |
| <input type="checkbox"/>   | c.                       | ASTM C 67   | Brick and Structural Clay Roof Tiles |                          |          |             |                          |
|  |                          |             |                                      |                          |          |             |                          |
|  |                          |             |                                      |                          |          |             |                          |
|  |                          |             |                                      |                          |          |             |                          |
|  |                          |             |                                      |                          |          |             |                          |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |                          |             |                                      |                          |          |             |                          |
| <input type="checkbox"/>   | aa.                      |             |                                      | <input type="checkbox"/> | bb.      |             |                          |
| <input type="checkbox"/>   | cc.                      |             |                                      | <input type="checkbox"/> | dd.      |             |                          |
| <input type="checkbox"/>   | ee.                      |             |                                      | <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"/> | b.                      | ICC-ES AC 156 | Shake Table Test           |
| <input type="checkbox"/>   | c.  | AAMA 501.6 | Dynamic Test for Curtain Wall and Storefront Systems | <input type="checkbox"/> | d.                      | FM 1950       | Seismic Sway Brace Testing |
|  |   |            |  |                          |                         |               |                            |
|  |   |            |  |                          |                         |               |                            |
|  |   |            |  |                          |                         |               |                            |
|  |   |            |  |                          |                         |               |                            |
| Tests that are in the lab's scope but are not listed above should be provided in the space(s) below. |   |            |  |                          |                         |               |                            |
| <input type="checkbox"/>   | aa.                                       |            |  | <input type="checkbox"/> | bb.                     |               |                            |
| <input type="checkbox"/>   | cc.                                       |            |  | <input type="checkbox"/> | dd.                     |               |                            |
| <input type="checkbox"/>   | ee.                                       |            |  | <input type="checkbox"/> | ff.                     |               |                            |





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**List of Attachments Supporting the Testing Agency/Laboratory Approval (Submit Each Attachment as Separate PDF)**

| 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 checked="" 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 checked="" 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"/> | Latest copy of DSA acceptance (letter) of the Lab. into the LEA program.  |
| <input checked="" type="checkbox"/> | Current Accreditation Certificate(s) including List of Tests for which Laboratory is Accredited   |
| <input checked="" type="checkbox"/> | Other (Please Specify): Response to DSA LEA On-Site Assessment Report   |

**OSHPD Approval**

(For Office Use Only)

Signature:

Approval Date: 11/20/2014

Print Name: James C. Pan

Approval Expiration Date: 09/10/2017

Title: District Structural Engineer

Condition of approval (if applicable):