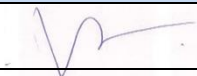
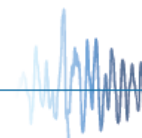




OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL)		For Office Use Only	
		Application #	OPL-0017-15
Name of Approved Agency/Laboratory TECHNICON Engineering Services, Inc.	City Fresno	County Fresno	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 type="checkbox"/> \$500.00	<input checked="" type="checkbox"/> \$250.00	
APPLICANT INFORMATION			
Applicant Name Darren G. Williams	Signature 	Position in the Organization President	
Agency/Laboratory Name TECHNICON Engineering Services, Inc.		Application Date 05/12/16	
Phone Number 559-276-9311		E-Mail darrenw@technicon.net	
Address of Facility Location <i>(Each facility location requires separate application.)</i>			
Street 4539 N. Brawley Suite #108			
City: Fresno	County Fresno	State: CA	Zip Code: 93722
Facility Mailing Address <i>(If different from facility address above.)</i>			
Street			
City:		State:	Zip Code:
KEY PERSONNEL <i>(Attach additional pages if needed.)</i>			
Engineering Manager <i>(or equivalent)</i> – Name Darren G. Williams	CA Registration Number C40007	Expiration Date 07/31/16	
Title in the Organization President, Managing Civil Engineer	Phone Number 559-276-9311		
FAX Number 559-276-9344	E-Mail darrenw@technicon.net		
Alternate to Engineering Manager <i>(if any)</i> – Name	CA Registration Number	Expiration Date	
Title in the Organization	Phone Number		
FAX Number	E-mail		





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KEY PERSONNEL (Attach additional pages if needed.)

Laboratory Supervisor – Name Brian Hall	CA Registration Number (if any)	Expiration Date
Title in the Organization Laboratory Operations Manager	Phone Number 559-276-9311	
FAX Number 559-276-9344	E-Mail brianh@technicon.net	
Field Supervisor – Name Brad Bosworth	CA Registration Number (if any)	Expiration Date
Title in the Organization Materials Inspection Division Operations Manager	Phone Number 559-276-9311	
FAX Number 559-276-9344	E-mail bradb@technicon.net	
Field Supervisor – Name Heather Ragsdale	CA Registration Number (if any)	Expiration Date
Title in the Organization Materials Testing Division Operations Manager	Phone Number 559-276-9311	
FAX Number 559-276-9344	E-mail heatherr@technicon.net	

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 _AMRL, CCRL, Caltrans, Department of Army Corps of Engineers_____

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: ___5/29/2020_____

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)*

OSHPD

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"

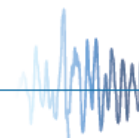


**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

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.**

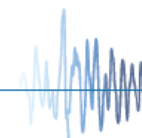
1 SOILS AND FOUNDATIONS							
Tests							
Yes	Standard	Test Procedure	Yes	Standard	Test Procedure		
<input type="checkbox"/>	a.	ASTM D 2487	Classification of Soils	<input checked="" type="checkbox"/>	b.	ASTM D 422	Particle Size Analysts
<input checked="" type="checkbox"/>	c.	ASTM D 2216	Moisture Content	<input checked="" 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 checked="" type="checkbox"/>	k.	ASTM D 1140	No. 200 Wash	<input checked="" 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 checked="" type="checkbox"/>	o.	ASTM D 3080	Direct Shear	<input checked="" type="checkbox"/>	p.	ASTM D 6938	Density of Soils – Nuclear Gage
<input 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 type="checkbox"/>	aa.		<input type="checkbox"/>	bb.			
<input type="checkbox"/>	cc.		<input type="checkbox"/>	dd.			
<input type="checkbox"/>	ee.		<input type="checkbox"/>	ff.			





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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2		CONCRETE			
Tests					
Yes	Standard	Test Procedure	Yes	Standard	Test Procedure
<input checked="" type="checkbox"/>	a. ASTM D 75	Sampling Aggregate	<input checked="" type="checkbox"/>	b. ASTM C 702	Reducing Aggregate Samples
<input checked="" type="checkbox"/>	c. ASTM C 40	Organic Impurities	<input checked="" type="checkbox"/>	d. ASTM C 29	Unit Weight / Voids
<input type="checkbox"/>	e. ASTM C 88	Sodium Sulfate Soundness	<input checked="" type="checkbox"/>	f. ASTM C 566	Moisture Content
<input type="checkbox"/>	g. ASTM C 142	Clay / Friable Particles	<input checked="" type="checkbox"/>	h. ASTM C 127	Specific Gravity - Coarse
<input checked="" type="checkbox"/>	i. ASTM C 128	Specific Gravity - Fine	<input checked="" type="checkbox"/>	j. ASTM C 117	No. 200 Wash
<input checked="" type="checkbox"/>	k. ASTM C 136	Sieve Analysis Course / Fine	<input type="checkbox"/>	l. ASTM C 131	Degradation of Aggregate
<input checked="" type="checkbox"/>	m. ASTM 2419	Sand Equivalent Value	<input checked="" type="checkbox"/>	n. ASTM C 31, C 172, CBC 1905A.1.2	Concrete Sampling - Field
<input checked="" type="checkbox"/>	o. ASTM C 192	Making / Curing Specimens - Lab	<input checked="" type="checkbox"/>	p. ASTM C 173	Air Content (V)
<input type="checkbox"/>	q. ASTM C 1602	Water	<input type="checkbox"/>	r. ASTM C1604	Shotcrete Core
<input type="checkbox"/>	s. ACI 355.2	Mechanical Anchors	<input checked="" type="checkbox"/>	t. ASTM C 231	Air Content (P)
<input checked="" type="checkbox"/>	u. ASTM C 143	Slump	<input checked="" type="checkbox"/>	v. ASTM C 1064	Temperature
<input checked="" type="checkbox"/>	w. ASTM C 617	Capping Concrete Specimens	<input checked="" type="checkbox"/>	x. ASTM C 1231	Unbonded Caps
<input checked="" type="checkbox"/>	y. ASTM C 39	Compressive Strength	<input checked="" type="checkbox"/>	z. ASTM C 157	Length Change
<input checked="" type="checkbox"/>	aa. ASTM C 78	Flexural Strength	<input checked="" type="checkbox"/>	bb. ASTM C 496	Splitting Tensile
<input checked="" type="checkbox"/>	cc. ASTM C 42	Drilled Cores / Beams	<input checked="" type="checkbox"/>	dd. ASTM C 138	Weight / Yield / Air Content
<input type="checkbox"/>	ee. ASTM C 495	Lightweight Concrete	<input checked="" type="checkbox"/>	ff. ASTM C 567	Density of Lightweight Aggregate
<input type="checkbox"/>	gg. ASTM E 488	Strength of Anchors	<input type="checkbox"/>	hh. ACI 355.4	Adhesive Anchors
<input type="checkbox"/>	ii. ACI 374.1	Moment Frames	<input type="checkbox"/>	jj. ASTM C 1260	Alkali Reactivity of Aggregate
<input type="checkbox"/>	kk. ASTM C 1293	Length Change due to Alkali-Silica Reaction	<input type="checkbox"/>	ll. ACI ITG-5.1	Post-Tensioned Precast Special Walls
<input checked="" type="checkbox"/>	mm. ASTM C42	Concrete Core	<input type="checkbox"/>	nn. ASTM D3039	Tensile Strength of FRP
<input type="checkbox"/>	oo. ASTM D4541	Pull of Strength of FRP	<input type="checkbox"/>	pp. ASTM A1034	Rebar Mechanical Splices
<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 type="checkbox"/>	aa.		<input type="checkbox"/>	bb.	
<input type="checkbox"/>	cc.		<input type="checkbox"/>	dd.	
<input type="checkbox"/>	ee.		<input type="checkbox"/>	ff.	





4	STEEL						
	Tests						
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 checked="" 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 checked="" type="checkbox"/>	j.	ASTM E 165	Liquid Penetrant
<input checked="" type="checkbox"/>	k.	ASTM E 1444	Magnetic Particle	<input type="checkbox"/>	l.	ASTM E 94	Radiographic
<input checked="" type="checkbox"/>	m.	ASTM E 164	Ultrasonic	<input checked="" type="checkbox"/>	n.	ASTM E 605	Density of SFRM
<input checked="" type="checkbox"/>	o.	CBC 2203A.1	Material Identification	<input type="checkbox"/>	P	ASTM F606	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 type="checkbox"/>	aa.			<input type="checkbox"/>	bb.		
<input type="checkbox"/>	cc.			<input type="checkbox"/>	dd.		
<input type="checkbox"/>	ee.			<input type="checkbox"/>	ff.		



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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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.		





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

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): 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 checked="" type="checkbox"/>	Latest Copy of DSA 100: LEA Program Application as Submitted to DSA
<input checked="" 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):

OSHPD Approval

(For Office Use Only)

Signature:

Approval Date: 07/15/2016

Print Name: James C. Pan

Approval Expiration Date: 05/29/2020

Title: District Structural Engineer

Condition of approval (if applicable):

