*This program is prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute-care hospitals and acute psychiatric hospitals. OSHPD 1 projects also include construction and remodel of skilled nursing facilities and/or intermediate care facilities except those of single-story, Type V, wood or light steel-frame construction.*

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| **A** | **Facility #:** | **Facility Name:** | **Project #:** |
| Street Address: | Sub #: |
| City: | County: |
| Record Name (Scope of Project): |
| **B**  |  **TESTS – DOCUMENTATION / CERTIFICATION REQUIRED** | **CONSTRUCTION** **VERIFICATION** |  **OFFICE USE ONLY** |
|  **REQUIRED TESTS** |  **RESPONSIBLE FIRM OR** **INDIVIDUAL** | **\*TBD** |  **IOR** | **FDD** **CONSTRUCTION**  **ACCEPTANCE** |
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| **c**  |  **REQUIRED SPECIAL INSPECTIONS** |  **RESPONSIBLE INDIVIDUAL** |  **\*TBD**  |  **IOR** |  **FDD** **CONSTRUCTION**  **ACCEPTANCE** |
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| **D** | **CONSTRUCTION OBSERVATION AND REPORTING** | **FOR OFFICE****USE ONLY** |
| **Ref.** **No.** | **REQUIRED CONSTRUCTION OBSERVATION***(See “PERSONAL KNOWLEDGE” as defined in California Administrative Code, Section 7-151)* | **VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED**(Form OSH-FD-123) |
| **\*MILESTONES** | **GEOR** | **AOR** | **SEOR** | **MEOR** | **EEOR** | **CONT** | **SP****INSP** | **IOR** | **OSHPD****FDD** |
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|  | **FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION** |  |  |  |  |  |  |  |  |  |

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| **E** | **Samples of Test and Inspection Reports are: *(NOT required for tests performed by laboratories approved through OPL Program)*** |
|  |  ❑ Attached ❑ To be provided following determination of the responsible firm(s) or individual(s). *Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.* ❑ Not applicable. *Project has no required tests or special inspections.***Required test and inspection reports shall be prepared and submitted to OSHPD/FDD within \_\_\_\_ days of the completion of all tests and inspections. If not designated, all reports shall be submitted to the Office within 15 calendar days.**In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated: ❑ Other Tests ❑ Other Special Inspections ❑ See Attachment**Verification that approved test and inspection agencies are objective, competent and independent as required by the CBC 2013 Section 1703A.1.1:** ❑ Verification of independence and acceptance of test and inspection agencies by Registered Design Professional (RDP) in responsible charge In accordance with the CAC Section 7-141.  ❑ Testing agency qualification for approval or approval of testing agencies through OPL program. ❑ Inspection agency qualification for approval. **This program has been prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals. OSHPD 1 projects also include construction and remodel of skilled nursing facilities and/or intermediate care facilities except those of single-story, Type V, wood or light steel-frame construction.** |
|  | **Submitted by:** |
|  |  |  |  |  |  |  |
| Architect/Engineer of Record (Print Name) |  | Professional License # |  | Architect/Engineer of Record (Signature)  |  | Date |

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| **FOR OFFICE USE ONLY** |

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| **OSHPD Plan Approval:**Name Date | **OSHPD Field Acceptance:**Name Date |
| Architectural Date | **A** |  | **AC** |  | **D** |  |
| Structural Date | **A** |  | **AC** |  | **D** |  |
| Mechanical Date | **A** |  | **AC** |  | **D** |  |
| Electrical Date | **A** |  | **AC** |  | **D** |  |
| Fire and Life Safety Date | **A** |  | **AC** |  | **D** |  |
| **Comments:** |

NOTE: For Testing, Inspection and Observation Program Instructions, visit our website:http://oshpd.ca.gov/FDD/Plan\_Review/TIO.html#TIO.