

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd 2020 West El Camino Avenue, Suite 800 Sacramento, CA 95833 355 South Grand Avenue, Suite 1900 Los Angeles, CA 90071

Phone (916) 440-8300 Phone (213) 897-0166 FAX (916) 324-9188 FAX (213) 897-0168

Testing, Inspection and Observation Program

2010 California Building Standards Code - OSHPD 2

This program is prepared and submitted for an OSHPD 2 project.	OSHPD 2 projects are limited to construction and remodel projects for skilled nursing
facilities and/or intermediate-care facilities of single-story. Type V	wood or light steel-frame construction

Α	Facility #:	Facility Name:	Project #:	Project #:			
	Street Address:		Sub #:	Sub #:			
	City:		County:	County:			
	Record Name (Scope of P	Project):					
В	TESTS	CONSTRUCTION VERIFICATION	OFFICE USE ONLY				
	REQUIRED TESTS		RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE	
С	REQUIRED SPEC	IAL INSPECTIONS	RESPONSIBLE INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE	

^{*} NOTE: To Be Determined (TB) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office, prior to proceeding with the work that requires this test or special inspection.



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2010) Calif	ornia Building Standards Code -	- OSHF	PD 2							
	lity #:	t: Facility Name: Project #: Sub #:									
D		REQUIRED CONSTRUCTION OBSERVATION (See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)	ERIFIED COMPLIANCE REPORT REQUIRED AS IND (Form OSH-FD-123)				INDICAT	ED	FOR OFFICE USE ONLY		
ļ	Ref. No.	*MILESTONES / INTERVALS	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD
-											
F											
		-									
-											
		FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION truction observation may be scheduled at project									

NOTE: Construction observation may be scheduled at project milestones, at specific intervals, or a combination of both.

ABBREVIATIONS: Geotechnical Engineer of Record (GEOR), Architect of Record (AOR), Structural Engineer of Record (SEOR), Mechanical Engineer of Record (MEOR), Electrical Engineer of Record (EEOR), Contractor or Owner/Builder (CONT), Special Inspector (SP. INSP), and Inspector of Record (IOR).



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Fac	ility #:	Facility Name:			Project #:	Sub #	# :			
Ε										
	☐ Attached									
	□ Deferred Approval. Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special									
	inspections.	Desirable as an accordant to the								
		Project has no required tests or								
		d inspection reports shall be pot designated, all reports shall				s of the completion	of all tests and			
		orepared and submitted for an ntermediate-care facilities of s					del projects for skille			
	Architect/Engineer	of Record (Print Name)	Profession	al License #	Architect/Engineer of	Record (Signature)	Date			
			FOR OFFIC	E USE ONLY						
OS	HPD Plan Approva	l:		OSHPD Fie	ld Acceptance:					
Nar	me		Date	Name			Date			
۸۳۵	hito otural		Date	Α	AC	D				
AIC	hitectural		Date			_				
Stru	ıctural		Date	Α	AC	D				
				Α	AC	D				
Med	chanical		Date		,	_				
				Α	AC	D				
Ele	ctrical		Date							
Fire	and Life Safety		Date	Α	AC	D				
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Cor	mments:									

NOTE: For Testing, Inspection and Observation Program Instructions, visit our website.