*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.*

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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:** | | | | | | |
|  | ❑ 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  **This program has been prepared and submitted for an OSHPD 2 project. OSHPD 2 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals. OSHPD 2 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.