



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
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 Phone (213) 897-0166

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Testing, Inspection and Observation Program
 2013 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.

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
C	REQUIRED SPECIAL INSPECTIONS	RESPONSIBLE INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE

* NOTE: To Be Determined (TBD) – 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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E	<p>Samples of Test and Inspection Reports are:</p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> To be provided following determination of the responsible firm(s) or individual(s). <i>Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.</i></p> <p><input type="checkbox"/> Not applicable. <i>Project has no required tests or special inspections.</i></p> <p>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.</p> <p>In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated:</p> <p><input type="checkbox"/> Other Tests</p> <p><input type="checkbox"/> Other Special Inspections</p> <p><input type="checkbox"/> See Attachment</p> <p>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.</p> <p>Submitted by:</p> <p>_____</p> <p>Architect/Engineer of Record (Print Name) Professional License # Architect/Engineer of Record (Signature) Date</p>
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FOR OFFICE USE ONLY

OSHPD Plan Approval:	OSHPD Field Acceptance:
Name _____ Date _____	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.