HCAi Department of Health Care Access and Information
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Project Information for Geotechnical and/or Geohazard Report/Site Data Report Review for Projects submitted after 1/1/2023 (under 2022 California Building Code)

Facility and Project

Project #: _____ Project Name: _____

Facility #: _____ Facility Name: _____

HCAI Building #: BLD - _____ Building Name: _____

Facility Type: ☐ Acute Psychiatric Hospital ☐ General Acute Care Hospital
☐ Correctional Treatment Center ☐ Skilled Nursing or Intermediate Care Facility
☐ Licensed Clinic

CBC 2022 Section 1603A.2 (use relevant items for HCAI)

1603A.2 Site data reports. *Geotechnical and geohazard reports for review by the enforcement agency shall be accompanied by a description of the project prepared by the registered design professional (RDP) in responsible charge, which shall include the following:*

1. *Type of service such as general acute care facility, skilled nursing facilities, acute psych, central utility plants, etc.*
2. *Construction materials used for the project such as steel, concrete. masonry, wood, etc.*
3. *Type of construction project such as new, addition, alteration, repair, etc.*
4. *For existing buildings, extent of construction such as incidental, minor, major, and/or voluntary seismic improvements as defined in Section 318, Part 10, Title 24, C.C.R. [California Existing Building Code Section 202A, OSHPD I].*
5. *Seismic force resisting system used for each structure in the project.*
6. *Foundation system that will be used for each structure in the project such as spread footing, drilled piers, etc.*
7. *Analysis procedure used and basis of design such as ASCE 7 Equivalent Lateral Force Procedure, ASCE 41 Nonlinear Dynamic Procedure, etc.*
8. *Building characteristics such as number of stories above and below grade, foot print area at grade, grade slope on site, etc.*
9. *Special features such as requirement for shoring, underpinning, retaining walls, etc.*

Project Description

Description: _____

_____

_____

_____

_____

Type of Service in the Building or Structure for the Project

- ☐ OSHPD 1 (Acute Care Hospital)
- ☐ OSHPD 1R (Non hospital building in HCAI jurisdiction)
- ☐ OSHPD 2 (Skilled Nursing or Intermediate Care Facility Building)
  - ☐ A capacity of 50 or more resident patients
- ☐ OSHPD 3 (Licensed Clinic)
- ☐ OSHPD 5 (Acute Psychiatric Hospital)
  - ☐ A capacity of 50 or more resident patients

Construction Materials Used for the Project

- ☐ Superstructure Gravity System _____
- ☐ Superstructure Lateral Force Resisting System _____
- ☐ Basement _____
- ☐ Foundation _____

Type of Construction

- ☐ New
- ☐ Addition
  - ☐ Structurally Independent
- ☐ Alteration
- ☐ Repair

Construction Condition

- ☐ New acute care building expansion (seismically separate)
- ☐ New SNF or Intermediate Care building expansion (seismically separate)
- ☐ Addition to an existing SNF or Intermediate Care Facility (structurally connected)
- ☐ Alteration or repair of OSHPD 1R Building
- ☐ Addition to an existing SPC-1 or SPC-2 building (structurally connected)
- ☐ Addition to an existing SPC-3 to SPC-5 building (structurally connected)
- ☐ Alteration or repair to an existing SNF or Intermediate Care Facility
- ☐ Alteration or repair to an existing SPC-1 or SPC-2 building
- ☐ Alteration or repair to an existing SPC-3 to SPC-5 building
- ☐ Seismic Upgrade from a nonconforming building to an SPC-4D building
- ☐ Seismic Upgrade from SPC-2, SPC-3, or SPC-4 to an SPC-5 building
- ☐ Non-building structure (on ground)
- ☐ One story wood frame or light steel frame (stud wall), Type V, 4000 sf or less not located in an earthquake fault zone or seismic hazard zones published by CGS.

Extent of Construction for Existing Buildings ONLY

- ☐ Incidental
- ☐ Minor
- ☐ Major

Seismic Force Resisting System

- ☐ Conventional (code approved)

Description of Seismic Force Resisting System: _____

_____

- ☐ Conventional with Base Isolation System
- ☐ Conventional with Damping System (not part of the base isolation)
- ☐ Alternative System (requires Seismic Design Criteria)

Foundation System that will be Used for the Project

Note: Checkmark all systems that are applicable to the project only.

- ☐ Shallow spread footing
- ☐ Mat foundation
- ☐ Drilled piers or driven piles
- ☐ Micropiles for vertical loads only
- ☐ Helical piles for vertical loads only
- ☐ Auger-cast piles
- ☐ Prestressed rock and soil foundation anchors
- ☐ Alternative foundation systems (requires Structural Design Criteria)
  - ☐ Tubex piles
  - ☐ Torque down piles
  - ☐ Others: _____

_____

- ☐ Ground improvement using code based compaction techniques
- ☐ Ground improvement using Vibro Stone Columns (VSC)
- ☐ Alternative ground improvement systems (requires Structural Design Criteria)
  - ☐ Grouted stone columns
  - ☐ Deep soil mixing
  - ☐ Others: _____

_____

Structural Analysis Procedure for Seismic Force Resisting System

☐ New or existing hospital building using CBC 2022 Chapters 16A/CEBC 2022 Chapters 3A:

- ☐ Equivalent Static Analysis
- ☐ Modal Response Spectrum Analysis
- ☐ Linear Response History Analysis
- ☐ Nonlinear Response History Analysis (requires Structural Design Criteria)
- ☐ Alternative analysis procedure not in ASCE 7 (requires Structural Design Criteria)

☐ SPC-4D building using the CBC 1980:

- ☐ Equivalent Static Analysis
- ☐ Dynamic Analysis

☐ Existing hospital building using CEBC 2022 Chapters 3/3A based on ASCE 41:

- ☐ Linear Static Procedure
- ☐ Linear Dynamic Procedure
- ☐ Nonlinear Static Procedure
- ☐ Nonlinear Dynamic Procedure (requires Structural Design Criteria)
- ☐ Alternative analysis procedure not in ASCE 41 (requires Structural Design Criteria)
- ☐ Alternative analysis procedure not in ASCE 7 (requires Structural Design Criteria)

Building Characteristics

☐ *T*, Building Fundamental Period (in secs – provide in each direction if different) _____

☐ Number of stories above grade _____

☐ Number of stories below grade _____

☐ Basement or building provides lateral support for walls retaining earth

- ☐ Earth not at same level on all four sided, creating min 6 feet of unbalanced soil pressure

☐ Grade slope on site: _____

☐ Footprint area at grade: _____

Special Geotechnical and/or Geohazard Features

☐ Building site plans/elevations showing special features included

☐ Retaining walls greater than 6’ in height

☐ Shoring for earth retention supporting or impacting new or existing HCAI buildings

- ☐ Permanent
- ☐ Temporary (less than 1-year)

☐ Slope stabilization _____

Site-Specific Ground Motions Procedures (ASCE 7-16, 11.4.8) where used

☐ $T_S = S_{D1}/S_{DS}$ (secs) _____

☐ Site Response Analysis, Section 21.1

☐ Ground Motion Hazard Analysis, Section 21.2

- ☐ Method 1
- ☐ Method 2

Exceptions Used in lieu of Site-Specific Ground Motions Procedures (ASCE 7-16, 11.4.8)

Site Class D

☐ ASCE 7-16 Section 11.4.8, Exception 2:
Structures on Site Class D sites with S_1 greater than or equal to 0.2, provided the value of the seismic response coefficient C_s is determined by Eq. (12.8-2) for values of $T \leq 1.5T_S$ and taken as equal to 1.5 times the value computed in accordance with either Eq. (12.8-3) for $T_L \geq T > 1.5T_S$ or Eq. (12.8-4) for $T > T_L$

Site Class E

☐ ASCE 7-16 Section 11.4.8, Exception 1:
Structures on Site Class E sites with S_S greater than or equal to 1.0, provided the site coefficient F_a is taken as equal to that of Site Class C.

☐ ASCE 7-16 Section 11.4.8, Exception 3:
Structures on Site Class E sites with S_1 greater than or equal to 0.2, provided that T is less than or equal to T_s and the equivalent static force procedure is used for design.

Site Class F

☐ ASCE 7-16 Section 20.3.1, Item 1 Exception:
For structures that have fundamental periods of vibration equal to or less than 0.5 s, site response analysis is not required to determine spectral accelerations for liquefiable soils. Rather, a site class is permitted to be determined in accordance with Section 20.3 and the corresponding values of F_a and F_v determined from Tables 11.4-1 and 11.4-2.

Note: Other Site Class F exceptions are not applicable in the State of California

Applicant Information

Prepared By: _____ Date: _____

Organization: _____ Email: _____

Phone: _____ Ext.: _____