OSHPD

State of California - Health and Human Services Agency

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT



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Phone (916) 654-3362 FAX (916) 654-2973 (South and Coastal Regions) Phone (213) 897-0166 FAX (213) 897-0168 (LA/Orange Counties)

This pro	gram	ı is p	repa	red a	nd su	ıbmitte	ed for	an (OSHPD	1 project	. (OSHPD 1	projects	include	all c	onstruc	tion	and r	remod	lel project	s for	general	acute-	
	-:						:		ACLIDD 4	:	- 1.	المنتام مناسمة		-4:			4 -1-:1				/	:	! !	

TESTING, INSPECTION AND OBSERVATION PROGRAM - 2001 CALIFORNIA BUILDING STANDARDS CODES - OSHPD 1

The program to propared and education are even 2. Projecti 2. Projecti metade an economical and remodel projects to general	~~~~
are hospitals and acute psychiatric hospitals. OSHPD 1 projects also include construction and remodel of skilled nursing facilities and/or interm	nediate
care facilities except those of single-story, Type V, wood or light steel-frame construction.	

A	Facility Name	Project Number
	Address – Street	Sub Number
	City	Facility ID Number
	Title of Project	

В	TESTS – DOCUMENTATION / CE		CONSTRUCTION VERIFICATION	OFFICE USE ONLY	
	REQUIRED TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	TBD	IOR	FDD CONST. ACCEPTANCE

С	SPECIAL INSPECTIONS – DOCUMENTA	SPECIAL INSPECTIONS – DOCUMENTATION/CERTIFICATION REQUIRED								
	REQUIRED SPECIAL INSPECTIONS	RESPONSIBLE INDIVIDUAL	TBD	IOR	FDD CONST. ACCEPTANCE					

TBD To Be Determined -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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Fac	lity Nam	ne					Project Nun	nber		Sub numbe	r
D											
	Ref. No.	REQUIRED CONSTRUCTION OBSERVATION (See "PERSONAL KNOWLEDGE" as defined in CCR T-24 Section 7-151)	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED (OSH-FD-123)							FOR OFFICE USE ONLY	
		MILESTONES/INTERVALS	GEOR	AOR	SEOR	MEOR	R EEOR	CONT	SP INSF		OSHPD FDD
		FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION									
Engin	eer of R	ct of Record CONT: Contractor or Owner/Build Record SEOR: Structural Engineer of Record truction observation may be scheduled at speci	GEOR: 0	Geotechni	cal Engine	er of Re	ecord SP IN	SP: Speci	al Inspe	MEOR: Me ector	chanical
REG	UIREI	D SAMPLES OF REPORTS									
Sam	ples o	f test and inspection reports are:									
[] A	ttache	d									
		d Approval – Samples shall be submit stests or special inspections.	ted to ar	nd appro	oved by	the Of	fice prior to	o procee	ding v	with the w	ork that
[] N	lot App	olicable – Project has no required tests	or spec	cial insp	ections.						
	equired test and inspection reports shall be prepared and submitted to OSHPD FDD within days of the completion f all tests and inspections. If not designated, all reports shall be submitted to the Office within 15 calendar days.										

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Facility Name			Project Number	Sub number					
This program has been prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction ar 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, Typ V, wood or light steel-frame construction.									
E SUBMIT	ΓED BY:	OSHPD P	LAN APPROVAL:						
Architect/E	ngineer of Record Date AME:		IELD APPROVAL:	Date					
		Name		Date					
FDD COMMEI	NTS:	<u> </u>	DD STAMP OFFICE US	SE ONLY					

		Α	D
Architectural	Date		
		Α	D
Structural	Date		
		Α	D
Mechanical	Date		
		Α	D
Electrical	Date		
		Α	D
Fire Marshal	Date		