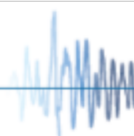




NON-MATERIAL ALTERATION CHANGE FORM (HCAI-OSH-103)		
NMA #	Facility ID #	
Client Document(s) Name:	Facility Name and Address:	
	Issue Date:	
	HCAI/OSHPD Project Name and Number:	
Issued by:	DPOR Stamp:	OSHPD Concurrence Stamp:
	Field Condition	
	Owner Request	
	DPOR Revision	
Subject and Description of NMA (If NMA is clearing outstanding item(s), provide details):		
List of Attached Drawing/Sketches:		
Check the type of Non-Materially Altered Change this NMA represents – Reference CAC 1-7-153(b):		
1. Clarification/interpretation of plans and specifications without structural calculations.		
2. Construction means and methods.		
3. Substitutions of equipment, products, or materials without increasing loads to MPE systems, or increasing lateral or gravity loads.		
4. New details that are based on other approved details, in whole or in part, including referenced standards or preapproved details. Reference to the approved details must be shown.		
5. Final routing configurations of ducts, conduits, pipes, etc., where shown diagrammatically on the approved plans.		
6. Dimensional changes to rooms that do not affect code required minimums or space requirements.		
7. Relocation of doors, windows, switches, outlets, plumbing fixtures, etc., without code implications.		
8. Cabinetry relocation/reconfiguration without code implications.		
Signature of Submitter:		Date:





INSTRUCTIONS FOR NON-MATERIAL ALTERATION CHANGE FORM (HCAI-OSH-103)

Facility

- Enter the HCAI facility identification number.
- Enter the name of the facility as it appears on the facility license.

Project Details

- Provide the NMA#.
- Provide Issued By and Issue Date.
- Provide Project Name and Number.

Non-Material Alteration

- Check if Contractor RFI or Field Condition or Owner Request or DPOR Revision.
- Provide NMA subject and description.
- Provide list of attached drawings/sketches.
- Indicate type of NMA (Select one of eight).

Signature

- Submitter shall sign and date form.

Submission

Submit this Non-Material Alteration Change Form to the HCAI Compliance Officer assigned to your facility. The assigned HCAI Field Staff to your facility can be obtained at: <https://hcai.ca.gov/construction-finance/facility-detail/>. Enter your facility ID number or name of your facility to access the information for your facility.

For questions in **Northern California**, contact:

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
(916) 440-8300 phone
(916) 274-0102 fax

For questions in **Southern California**, contact:

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 217-8511 fax

