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Request for Integrated Review

Facility

Facility # _____ Facility Name _____
HCAI Building # BLD - Building Name _____
Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility
 Correctional Treatment Center Licensed Clinic

Record Detail

Record/Project Name _____
Detailed Description _____

Application Specific Information

Type of Review Requested: Integrated Review (1.95% Fee)
Kind of Project New Building Addition Remodel/Structural Alteration
Specify proposed increments:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____
Estimated construction cost \$ _____
(including fixed equipment, excluding radiology equipment, design and inspection fees and off-site improvements)

Additional Information Checklist

Provide a separate sheet of paper that includes the information below.

1. Identify major participants and specify who will have overall project coordination responsibility and who will have project responsibility from each of the major entities, such as owner, designers, contractor, etc.
2. Contract/Project Delivery Model to be used. Contractor must be contracted with owner for projects over \$100 million.
3. Describe the manner in which the design team will involve owners in decision making and at what phases and/or milestones will binding sign-offs occur.
4. Describe how changes in scope, schedule or organization will be handled.
5. Describe the manner disputes will be resolved between disciplines, with OSHPD reviewers, etc.
6. In what manner will the owner verify that the budget for the project can meet future construction costs, fees, entitlements?
7. Describe the manner and at what intervals the contractor and/or major subcontractors will be involved in the process.
8. Describe the manner, if any, that major suppliers and/or vendors be involved in the process.
9. What items will require peer review, Program Flex or Alternate Method of Construction/Protection?
10. Describe the quality control program.
11. Identify any known significant project risks, such as geotechnical approval, entitlement approval from local jurisdiction, funding, etc. and the plan for mitigation of each.



**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT**

Provide a Reverse Phase Schedule

Milestone	Start Date	Completion Date
Occupancy		
Equipment Anchorage		
Tenant Improvements		
Structural Frame		
Foundation and Underground Utilities		
Order Steel		
Excavation and Mass Grading		
Contractor and Major Subs On Board		
Owner Signs-off Program – No Further Changes		
Geotechnical Report Submitted		
Entitlements Obtained		
Project Scope and Design Finalized		

Applicant

Printed Name _____ Title _____ Phone _____
Signature _____ Date _____

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- Request Granted
- Request Denied

Remarks _____

HCAI Assigned Staff:

Senior Architect: _____

Senior Mechanical: _____

Senior Electrical: _____

Senior Structural: _____

Fire and Life Safety Officer: _____

Reviewed by _____ Title _____

Signature _____ Date _____



INSTRUCTIONS FOR REQUEST FOR INTEGRATED REVIEW (HCAI-OSH-122)

Facility

- Enter the HCAI facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the HCAI building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

Application Specific Information

- Enter type of review type.
- Enter the kind of project.
- List all proposed increments.
- Enter the construction cost

Additional Information Checklist

- Attach a separate piece of paper to include the information on the checklist.

Reverse Phase Schedule

- Provide an estimated reverse phase schedule using the template provided, or one similar, and utilizing a realistic time frame.

Applicant

- Indicate if this application is being submitted by the Administrator, Architect, Facility Representative, or the Legal Owner, and print, sign and date.

For construction in [Northern California](#), and Seismic Compliance Review submit to:

Email: OSHPDSacProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
2020 W. El Camino Avenue, Suite 800
Sacramento, CA 95833
Phone: (916) 440-8300
Fax: (916) 274-0102

For construction in [Northern California](#), submit to:

Email: OSHPDLAProjectSupport@hcai.ca.gov

"or by mail"

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
Phone: (213) 897-0166
Fax: (916) 274-0102