



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (916) 440-8300

Phone (213) 897-0166

FAX (916) 324-9188

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Testing, Inspection and Observation Program

2010 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 (TB) – 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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Facility #:	Facility Name:	Project #:	Sub #:
E Samples of Test and Inspection Reports are: <input type="checkbox"/> Attached <input type="checkbox"/> Deferred Approval. <i>Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.</i> <input type="checkbox"/> Not applicable. <i>Project has no required tests or special inspections.</i> 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. This program is prepared and submitted for an OSHPD 2 project. OSHPD 2 projects are limited to construction and remodel projects for skill facilities and/or intermediate-care facilities of single-story, Type V, wood or light steel-frame construction. Submitted by: <hr/> <div style="display: flex; justify-content: space-between;"> Architect/Engineer of Record (Print Name) Professional License # Architect/Engineer of Record (Signature) Date </div>			
FOR OFFICE USE ONLY			
OSHPD Plan Approval:		OSHPD Field Acceptance:	
<hr/> Name	<hr/> Date	<hr/> Name	<hr/> Date
Architectural	Date	A	AC
Structural	Date	A	AC
Mechanical	Date	A	AC
Electrical	Date	A	AC
Fire and Life Safety	Date	A	AC
Comments:			

NOTE: For Testing, Inspection and Observation Program Instructions, visit our [website](#).