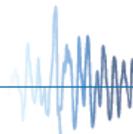




**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

| APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL) | | For Office Use Only | |
|--|--|--|--------------------|
| | | Application # | OPL-0043-16 |
| Name of Approved Agency/Laboratory GEOCON WEST, INC. | City MURRIETA | County RIVERSIDE | State CA |
| APPLICATION TYPE / FEE | | | |
| Application is based on: | New Application Fee (Fees are Nonrefundable) | Renewal Fee (Fees are Nonrefundable) | |
| <input type="checkbox"/> DSA-LEA Approved Only | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$250.00 | |
| <input type="checkbox"/> Accreditation Only | <input type="checkbox"/> \$500.00 | <input type="checkbox"/> \$250.00 | |
| <input checked="" type="checkbox"/> Both DSA-LEA Approved and Accreditation | <input checked="" type="checkbox"/> \$500.00 | <input type="checkbox"/> \$250.00 | |
| APPLICANT INFORMATION | | | |
| Applicant Name JASON BULSKOV | Signature  | Position in the Organization LABORATORY MANAGER | |
| Agency/Laboratory Name GEOCON WEST, INC. | | Application Date 2-9-16 | |
| Phone Number (951) 304-2300 | E-Mail bulskov@geoconinc.com | | |
| Address of Facility Location <i>(Each facility location requires separate application.)</i> | | | |
| Street 41571 CORNING PLACE, SUITE 101 | | | |
| City: MURRIETA | County RIVERSIDE | State: CA. | Zip Code: 92562 |
| Facility Mailing Address <i>(If different from facility address above.)</i> SAME AS ABOVE | | | |
| Street | | | |
| City: | | State: | Zip Code: |
| KEY PERSONNEL <i>(Attach additional pages if needed.)</i> | | | |
| Engineering Manager <i>(or equivalent)</i> – Name CHET ROBINSON | CA Registration Number GE 2890 & CE 73595 | Expiration Date 12-31-16 (BOTH) | |
| Title in the Organization SR. PROJECT ENGINEER 1 | Phone Number (951) 304-2300 | | |
| FAX Number (951) 304-2392 | E-Mail robinson@geoconinc.com | | |
| Alternate to Engineering Manager <i>(if any)</i> – Name LISA BATTIATO | CA Registration Number GEO 7512 & EG 2316 | Expiration Date 6 / 2016 | |
| Title in the Organization SENIOR GEOLOGIST / OFFICE MANAGER | Phone Number (951) 304-2300 | | |
| FAX Number (951) 304-2392 | E-mail battiato@geoconinc.com | | |





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| KEY PERSONNEL (Attach additional pages if needed.) | | |
|---|---|-------------------------------------|
| Laboratory Supervisor -- Name JASON BULSKOV | CA Registration Number (if any) ***** | Expiration Date ***** |
| Title in the Organization LABORATORY MANAGER | Phone Number (951) 304-2300 | |
| FAX Number (951) 304-2392 | E-Mail bulskov@geoconinc.com | |
| Field Supervisor -- Name PAUL THERIAULT | CA Registration Number (if any) EG 2374 & GEO 7700 | Expiration Date 9-30-16 (BOTH) |
| Title in the Organization PROJECT GEOLOGIST 1 | Phone Number (951) 304-2300 | |
| FAX Number (951) 304-2392 | E-mail theriault@geoconinc.com | |

| ACCREDITATION |
|--|
| <p>This laboratory currently holds accreditation by: (Attach a copy of current accreditation details.)</p> <p> <input checked="" type="checkbox"/> AASHTO Accreditation Program (AAP) <input type="checkbox"/> National Voluntary Laboratory Accreditation Program (NVLAP) <input type="checkbox"/> International Accreditation Service (IAS) <input type="checkbox"/> American Association of Laboratories Program (A2LA) <input type="checkbox"/> Laboratory Accreditation Program (LAB) <input type="checkbox"/> Construction Materials Engineering Council (CMEC) <input checked="" type="checkbox"/> Other <u>_CALTRANS, DSA</u> </p> <p>Latest Expiration Date (if any) <u>5-27-16 (CALTRANS)</u></p> |
| <p>Is this laboratory accepted in the Division of the State Architect Laboratory Evaluation and Acceptance Program, DSA-LEA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Expiration Date: <u>_8-14-16</u></p> |
| <p>Basis for accreditation:</p> <p> <input type="checkbox"/> ISO/IEC 17025: General requirements for competence of testing and calibration laboratories <input type="checkbox"/> NISTIR 7012: Technical requirements for construction materials testing <input checked="" type="checkbox"/> AASHTO R18: Standard Recommended Practice for Establishing and Implementing a Quality System for Construction Materials Testing Laboratories <input type="checkbox"/> ASTM E 329: Specification for Agencies Engaged in the Testing and/or Inspection of Materials Used in Construction <input type="checkbox"/> ASTM C 1077: Practice for Laboratories Testing Concrete and Concrete Aggregates for Use in Construction and Criteria for Laboratory Evaluation <input type="checkbox"/> ASTM D 3666: Specification for Minimum Requirements for Agencies Testing and Inspecting Bituminous Paving Materials <input type="checkbox"/> ASTM D 3740: Practice for Evaluation of Agencies Engaged in Testing and/or Inspections of Soils and Rock as Used Engineering Design and Construction <input type="checkbox"/> ASTM C 1093: Practice for Accreditation of Testing Agencies for Unit Masonry <input type="checkbox"/> ASTM E 1212: Practice for Quality Management Systems for <i>Nondestructive Testing (NDT)</i> Agencies <input type="checkbox"/> ASTM E 543: Specification for Agencies Performing <i>Nondestructive Testing (NDT)</i> </p> |





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

STANDARDS

By checking "yes" in Tables 1 through 6 below, the applicant verifies that the laboratory has the equipment and qualified personnel to perform the indicated testing. **ONLY mark tests that are listed in accreditation certificate or DSA-LEA.**

1 SOILS AND FOUNDATIONS

| Tests | | | | | | | |
|-------------------------------------|----------|----------------|---|-------------------------------------|----------------|-------------|--|
| Yes | Standard | Test Procedure | Yes | Standard | Test Procedure | | |
| <input checked="" type="checkbox"/> | a. | ASTM D 2487 | Classification of Soils | <input checked="" type="checkbox"/> | b. | ASTM D 422 | Particle Size Analysts |
| <input checked="" type="checkbox"/> | c. | ASTM D 2216 | Moisture Content | <input checked="" type="checkbox"/> | d. | ASTM D 4318 | Liquid / Plastic Limit |
| <input type="checkbox"/> | e. | ASTM D 2850 | Unconsolidated, Undrained Triaxial | <input type="checkbox"/> | f. | ASTM D 4767 | Triaxial Compression |
| <input type="checkbox"/> | g. | ASTM D 2166 | Unconfined Compressive Strength | <input type="checkbox"/> | h. | ASTM D 7012 | Triaxial Compressive Strength of Rock Core Specimens |
| <input type="checkbox"/> | i. | ASTM D 5778 | Friction Cone and Pizocone Penetration Test | <input type="checkbox"/> | j. | ASTM D 3441 | Cone Penetration Test (CPT) |
| <input checked="" type="checkbox"/> | k. | ASTM D 1140 | No. 200 Wash | <input checked="" type="checkbox"/> | l. | ASTM D 4829 | Expansion Index |
| <input checked="" type="checkbox"/> | m. | ASTM D 2419 | Sand Equivalent Value | <input checked="" type="checkbox"/> | n. | ASTM D 1557 | Soil Compaction – Modified |
| <input checked="" type="checkbox"/> | o. | ASTM D 3080 | Direct Shear | <input checked="" type="checkbox"/> | p. | ASTM D 6938 | Density of Soils – Nuclear Gage |
| <input checked="" type="checkbox"/> | q. | ASTM D 1556 | Density of Soils – Sand Cone | <input type="checkbox"/> | r. | ASTM D 1143 | Deep Foundations – Static Compression |
| <input type="checkbox"/> | s. | ASTM D 4945 | Deep Foundations – Dynamic Testing | <input type="checkbox"/> | t. | ASTM D 3689 | Deep Foundations – Axial Tension |
| <input type="checkbox"/> | u. | ASTM D 3966 | Deep Foundations –Lateral Loads | | | | |
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Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.

| Yes | Standard | Test Procedure | Yes | Standard | Test Procedure | | |
|-------------------------------------|----------|----------------|-----------------------------------|-------------------------------------|----------------|-------------|---|
| <input checked="" type="checkbox"/> | aa. | ASTM D 421 | Dry Preparation | <input checked="" type="checkbox"/> | bb. | ASTM D 2435 | One-Dimensional Consolidation |
| <input checked="" type="checkbox"/> | cc. | ASTM D 698 | Compaction (Standard Effort) | <input checked="" type="checkbox"/> | dd. | ASTM D 2488 | Description & ID of Soils |
| <input checked="" type="checkbox"/> | ee. | ASTM D 854 | Specific Gravity (Soils) | <input checked="" type="checkbox"/> | ff. | ASTM D 4546 | One-Dimensional Swell/Collapse |
| <input checked="" type="checkbox"/> | gg. | ASTM D 4643 | Moisture Content / Microwave Oven | <input checked="" type="checkbox"/> | hh. | ASTM D 4718 | Oversize Particles (Correction) |
| <input checked="" type="checkbox"/> | ii. | ASTM D 6913 | Shrinkage Factors / Wax Method | <input checked="" type="checkbox"/> | jj. | ASTM D 6913 | Gradation of Soils Using Sieve Analysis |





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| 2 CONCRETE | | | | | | | |
|---|----------|----------------|---|-------------------------------------|----------------|---------------------------------|--------------------------------------|
| Tests | | | | | | | |
| Yes | Standard | Test Procedure | Yes | Standard | Test Procedure | | |
| <input checked="" type="checkbox"/> | a. | ASTM D 75 | Sampling Aggregate | <input checked="" type="checkbox"/> | b. | ASTM C 702 | Reducing Aggregate Samples |
| <input checked="" type="checkbox"/> | c. | ASTM C 40 | Organic Impurities | <input checked="" type="checkbox"/> | d. | ASTM C 29 | Unit Weight / Voids |
| <input type="checkbox"/> | e. | ASTM C 88 | Sodium Sulfate Soundness | <input checked="" type="checkbox"/> | f. | ASTM C 566 | Moisture Content |
| <input type="checkbox"/> | g. | ASTM C 142 | Clay / Friable Particles | <input checked="" type="checkbox"/> | h. | ASTM C 127 | Specific Gravity - Coarse |
| <input checked="" type="checkbox"/> | i. | ASTM C 128 | Specific Gravity - Fine | <input checked="" type="checkbox"/> | j. | ASTM C 117 | No. 200 Wash |
| <input checked="" type="checkbox"/> | k. | ASTM C 136 | Sieve Analysis Course / Fine | <input type="checkbox"/> | l. | ASTM C 131 | Degradation of Aggregate |
| <input checked="" type="checkbox"/> | m. | ASTM D 2419 | Sand Equivalent Value | <input type="checkbox"/> | n. | ASTM C 31, C 172, CBC 1905A.1.2 | Concrete Sampling - Field |
| <input type="checkbox"/> | o. | ASTM C 192 | Making / Curing Specimens - Lab | <input type="checkbox"/> | p. | ASTM C 173 | Air Content (V) |
| <input type="checkbox"/> | q. | ASTM C 1602 | Water | <input type="checkbox"/> | r. | ASTM C1604 | Shotcrete Core |
| <input type="checkbox"/> | s. | ACI 355.2 | Mechanical Anchors | <input type="checkbox"/> | t. | ASTM C 231 | Air Content (P) |
| <input type="checkbox"/> | u. | ASTM C 143 | Slump | <input type="checkbox"/> | v. | ASTM C 1064 | Temperature |
| <input type="checkbox"/> | w. | ASTM C 617 | Capping Concrete Specimens | <input type="checkbox"/> | x. | ASTM C 1231 | Unbonded Caps |
| <input type="checkbox"/> | y. | ASTM C 39 | Compressive Strength | <input type="checkbox"/> | z. | ASTM C 157 | Length Change |
| <input type="checkbox"/> | aa. | ASTM C 78 | Flexural Strength | <input type="checkbox"/> | bb. | ASTM C 496 | Splitting Tensile |
| <input type="checkbox"/> | cc. | ASTM C 42 | Drilled Cores / Beams | <input type="checkbox"/> | dd. | ASTM C 138 | Weight / Yield / Air Content |
| <input type="checkbox"/> | ee. | ASTM C 495 | Lightweight Concrete | <input type="checkbox"/> | ff. | ASTM C 567 | Density of Lightweight Aggregate |
| <input type="checkbox"/> | gg. | ASTM E 488 | Strength of Anchors | <input type="checkbox"/> | hh. | ACI 355.4 | Adhesive Anchors |
| <input type="checkbox"/> | ii. | ACI 374.1 | Moment Frames | <input type="checkbox"/> | jj. | ASTM C 1260 | Alkali Reactivity of Aggregate |
| <input type="checkbox"/> | kk. | ASTM C 1293 | Length Change due to Alkali-Silica Reaction | <input type="checkbox"/> | ll. | ACI ITG-5.1 | Post-Tensioned Precast Special Walls |
| <input type="checkbox"/> | mm. | ASTM C42 | Concrete Core | <input type="checkbox"/> | nn. | ASTM D3039 | Tensile Strength of FRP |
| <input type="checkbox"/> | oo. | ASTM D 4541 | Pull of Strength of FRP | <input type="checkbox"/> | pp. | ASTM A1034 | Rebar Mechanical Splices |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> | | | | | | | |
| Yes | Standard | Test Procedure | Yes | Standard | Test Procedure | | |
| <input checked="" type="checkbox"/> | aa. | ASTM C 1252 | Uncompacted Void Content | <input type="checkbox"/> | bb. | | |
| <input type="checkbox"/> | cc. | | | <input type="checkbox"/> | dd. | | |
| <input type="checkbox"/> | ee. | | | <input type="checkbox"/> | ff. | | |





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| 3 MASONRY | | | | | | | |
|--------------------------|-------------------------|-------------------|-----------------------------|--------------------------|-------------------------|-------------------|----------------------------|
| Tests | | | | | | | |
| Yes | Standard/Code Reference | | Test Procedure | Yes | Standard/Code Reference | | Test Procedure |
| <input type="checkbox"/> | a. | ASTM C 140 | Dimensions | <input type="checkbox"/> | b. | ASTM C 140 | Compressive Strength |
| <input type="checkbox"/> | c. | ASTM C 140 | Absorption | <input type="checkbox"/> | d. | ASTM C 140 | Unit Weight |
| <input type="checkbox"/> | e. | ASTM C 140 | Moisture Content | <input type="checkbox"/> | f. | ASTM C 426 | Linear Drying Shrinkage |
| <input type="checkbox"/> | g. | CBC 2105A.2.2.1.4 | Mortar Sampling | <input type="checkbox"/> | h. | CBC 2105A.2.2.1.4 | Grout Sampling |
| <input type="checkbox"/> | i. | ASTM C 1314 | Prism Compressive Strength | <input type="checkbox"/> | j. | ASTM C 1019 | Grout Compressive Strength |
| <input type="checkbox"/> | k. | ASTM C 780 | Mortar Compressive Strength | <input type="checkbox"/> | l. | ASTM C 39 | Core Compressive Strength |
| <input type="checkbox"/> | m. | CBC 2105A.4 | Core Shear | <input type="checkbox"/> | n. | ASTM C 1314 | Prism Sampling |
| | | | | | | | |
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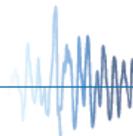
Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.

| Yes | Standard/Code Reference | | Test Procedure | Yes | Standard/Code Reference | | Test Procedure |
|--------------------------|-------------------------|--|----------------|--------------------------|-------------------------|--|----------------|
| <input type="checkbox"/> | aa. | | | <input type="checkbox"/> | bb. | | |
| <input type="checkbox"/> | cc. | | | <input type="checkbox"/> | dd. | | |
| <input type="checkbox"/> | ee. | | | <input type="checkbox"/> | ff. | | |

| 4 STEEL | | | | | | | |
|--------------------------|-------------------------|---------------------|-------------------------|--------------------------|-------------------------|---------------------|--|
| Tests | | | | | | | |
| Yes | Standard/Code Reference | | Test Procedure | Yes | Standard/Code Reference | | Test Procedure |
| <input type="checkbox"/> | a. | ASTM A 370 | Tension Test | <input type="checkbox"/> | b. | ASTM A 370 | Bend |
| <input type="checkbox"/> | c. | ASTM E 10 | Brinell Hardness | <input type="checkbox"/> | d. | ASTM E 18 | Rockwell Hardness |
| <input type="checkbox"/> | e. | ASTM E 190 | Guided Bend | <input type="checkbox"/> | f. | ASTM E 23 | Charpy V - Notch |
| <input type="checkbox"/> | g. | ASTM A 90 | Weight of Coating | <input type="checkbox"/> | h. | AISC 341 Section K2 | Beam to Column Moment & EBF Connections Cyclic Tests |
| <input type="checkbox"/> | i. | AISC 341 Section K3 | BRBF Cyclic Tests | <input type="checkbox"/> | j. | ASTM E 165 | Liquid Penetrant |
| <input type="checkbox"/> | k. | ASTM E 1444 | Magnetic Particle | <input type="checkbox"/> | l. | ASTM E 94 | Radiographic |
| <input type="checkbox"/> | m. | ASTM E 164 | Ultrasonic | <input type="checkbox"/> | n. | ASTM E 605 | Density of SFRM |
| <input type="checkbox"/> | o. | CBC 2203A.1 | Material Identification | <input type="checkbox"/> | P | ASTM F606 | Bolt Tension Test |
| | | | | | | | |
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Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.

| Yes | Standard/Code Reference | | Test Procedure | Yes | Standard/Code Reference | | Test Procedure |
|--------------------------|-------------------------|--|----------------|--------------------------|-------------------------|--|----------------|
| <input type="checkbox"/> | aa. | | | <input type="checkbox"/> | bb. | | |
| <input type="checkbox"/> | cc. | | | <input type="checkbox"/> | dd. | | |
| <input type="checkbox"/> | ee. | | | <input type="checkbox"/> | ff. | | |

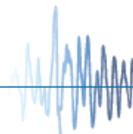




**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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| 5 | | Wood and Roof Assemblies | | | | | |
|---|----------|--------------------------|--------------------------------------|--------------------------|----------|-------------|--------------------------|
| Tests | | | | | | | |
| Yes | Standard | | Test Procedure | Yes | Standard | | Test Procedure |
| <input type="checkbox"/> | a. | ASTM D 3617 | Analysis of Built-Up Roof Systems | <input type="checkbox"/> | b. | ASTM D 4442 | Moisture Content of Wood |
| <input type="checkbox"/> | c. | ASTM C 67 | Brick and Structural Clay Roof Tiles | | | | |
| | | | | | | | |
| | | | | | | | |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> | | | | | | | |
| <input type="checkbox"/> | aa. | | | <input type="checkbox"/> | bb. | | |
| <input type="checkbox"/> | cc. | | | <input type="checkbox"/> | dd. | | |
| <input type="checkbox"/> | ee. | | | <input type="checkbox"/> | ff. | | |

| 6 | | COMPONENT, ASSEMBLY AND PROTOTYPE TESTING | | | | | |
|---|-------------------------|---|--|--------------------------|-------------------------|---------------|----------------------------|
| Tests | | | | | | | |
| Yes | Standard/Code Reference | | Test Procedure | Yes | Standard/Code Reference | | Test Procedure |
| <input type="checkbox"/> | a. | AAMA 501.4 | Static Test for Curtain Wall and Storefront Systems | <input type="checkbox"/> | b. | ICC-ES AC 156 | Shake Table Test |
| <input type="checkbox"/> | c. | AAMA 501.6 | Dynamic Test for Curtain Wall and Storefront Systems | <input type="checkbox"/> | d. | FM 1950 | Seismic Sway Brace Testing |
| | | | | | | | |
| | | | | | | | |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> | | | | | | | |
| <input type="checkbox"/> | aa. | | | <input type="checkbox"/> | bb. | | |
| <input type="checkbox"/> | cc. | | | <input type="checkbox"/> | dd. | | |
| <input type="checkbox"/> | ee. | | | <input type="checkbox"/> | ff. | | |





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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List of Attachments Supporting the Testing Agency/Laboratory Approval (Submit Each Attachment as Separate PDF)

| Yes | Enclosure Type |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | OSHPD Facilities Development Division (FDD) Payment Form (OSH-AD-367): http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf |
| <input checked="" type="checkbox"/> | DSA-LEA Laboratory Qualification as posted at DSA website: https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx |
| <input checked="" type="checkbox"/> | Latest Copy of DSA 100: LEA Program Application as Submitted to DSA |
| <input checked="" type="checkbox"/> | Latest copy of DSA 220: LEA Program On-Site Assessment Report |
| <input checked="" type="checkbox"/> | Latest copy of DSA acceptance (letter) of the Lab. into the LEA program. |
| <input checked="" type="checkbox"/> | Current Accreditation Certificate(s) including List of Tests for which Laboratory is Accredited |
| <input type="checkbox"/> | Other (Please Specify): |

OSHPD Approval (For Office Use Only)

Signature:  Approval Date: 03/01/2016

Print Name: James C. Pan Approval Expiration Date: 08/14/2016

Title: District Structural Engineer

Condition of approval (if applicable):

