

OSHPD



**ADVISORY GUIDE
FOR FIRE SPRINKLER
INSTALLATION FOR
CDPH/CMS
COMPLIANCE**

A1

**FOR SINGLE STORY
WOOD FRAME
SKILLED NURSING
FACILITIES &
INTERMEDIATE
CARE FACILITIES
(OSHPD 2 Buildings)**

**Advisory Guide
Series**

May 2015

ADVISORY GUIDE

On August 13, 2008 the Centers for Medicare & Medicaid Services (CMS) published a final rule requiring all long term care facilities to have automatic sprinkler systems installed throughout the building (73 FR 47075) no later than August 13, 2013

While CMS is not requiring any special surveys focused on the sprinkler requirement, a life-safety code (LSC) inspection is part of each facility's recertification survey. LSC surveys continue to occur as part of a normally-scheduled annual survey, or as part of a complaint visit in which LSC deficiencies are noted or referred. Surveys finding a facility without a complete automatic sprinkler system installed in accordance with NFPA 101, LSC, 2000 Edition and NFPA 13, Installation of Sprinkler Systems, 1999 edition are cited on the CMS Form 2567 at deficiency tag K056 as not in compliance with CMS requirements at 42 CFR 483.70(a)(8).

Facilities that are cited for not meeting the sprinkler requirement are required to submit a plan of correction (POC) to correct the deficiency.

OSHPD, in an effort to facilitate the most rapid improvement in fire protection safety as well as provide timely service, has established a process which is outlined in this *Advisory Guide* to assist its SNF constituency striving to meet the CMS requirements.

Fire Sprinkler Installation Project of Limited Scope of Work

Fire Sprinkler Installation requires a Building Permit.

Construction documents for new work or for alterations to an existing fire sprinkler system shall be submitted for review to the Rapid Review Unit or a Regional Architectural & Engineering Unit. Pursuant to the California Administrative Code, plans may be prepared, sealed and signed by a Registered Mechanical Engineer or by a C-16 Specialty Contractor.

Inspections – The approved Inspector of Record (IOR) must inspect the work. Interim inspection will be required when walls, ceilings or other construction materials will cover the finished work. Any deficiencies identified through inspection shall be corrected before use of the affected area is permitted. A "Construction Final," issued by the OSHPD Compliance Officer, is required upon completion of the subject work. Responsible parties shall file Verified Compliance Reports with OSHPD in accordance with the requirements of the Testing, Inspection, and Observation (TIO) Program. (See Appendix)

Request to OSHPD for facilitating a Predesign/Presubmittal meeting by a SNF facility required to mitigate fire sprinkler deficiencies cited by CDPH/CMS

A request for a Predesign/Pre-submittal meeting must be submitted to the Office in writing not later than 3 days after a citation for fire sprinkler noncompliance issues has been issued to the facility by CDPH and prior to submitting any construction documents to OSHPD for review. The meeting attendees, at a minimum, shall be comprised of:

1. Facility owner or designee,
2. OSHPD/FDD Regional Supervisor having jurisdiction of the geographic Plan Review Region where the facility is located or Rapid Review Unit Supervisor,
3. CDPH representative,
4. (optional) Licensed Specialty Contractor (if allowed per CAC 7-115 (c)) *or other* Licensed Design Professional (Architect / Engineer)

The purpose of the Predesign/Pre-submittal meeting is to assess a Review/Construction *Project Schedule* for a project proposed by the facility to correct fire sprinkler noncompliance issues as well as the subject project submittal requirements prepared by the facility owner and his or her representative(s), outlining all specific tasks from design through the construction final. See the checklist on the following pages for fire sprinkler design drawing requirements.

Specifically, the Review/Construction *Project Schedule* is a chart or bar-graph style schedule that will be the basis for a plan for the entire review and construction process and will include the following items: tasks, responsible parties, milestones, design times, review times, comment response times, and construction times. The components of the schedule comprise considerations required for a well-thought-out and achievable project to be completed in a most expeditious way. See Appendix for example *Fire Sprinkler Remediation Project Schedule*.

At the completion of the meeting the participants will have established clear understanding of their roles, responsibilities, and an action plan for completing the proposed project within the established schedule.

Failure of the SNF facility to adhere to and meet the agreed project schedule established by the subject Review/Construction *Project Schedule* will result in a status of noncompliance.

**SKILLED NURSING FACILITY
FIRE SPRINKLER PROJECT TO
MITIGATE SPRINKLER DEFICIENCIES
CITED BY CDPH/CMS**

**All References to NFPA 13 Standard for the Installation of Sprinkler Systems are based
on the 2013 edition**

PROJECT DESCRIPTION	Compliance		
	Yes	No	NA
1. The fire sprinkler addition is required to mitigate deficiencies cited by CDPH/CMS.	<input type="checkbox"/>	<input type="checkbox"/>	
2. The project is only to correct fire sprinkler non-compliance issues.	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL REQUIREMENTS			
3. Contractor. The contractor shall be a California licensed C-16 specialty contractor.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Contractor. Every contractor shall be registered with the Department of Labor and Industries before installing, making repairs, or modifications to any fire sprinkler system.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Location. All fire sprinkler work shall be capable of being performed without removing or adding a permanent portion of the building structure.	<input type="checkbox"/>	<input type="checkbox"/>	
PLAN SUBMITTAL REQUIREMENTS			
6. Plans. Plans are to be prepared by an architect or mechanical engineer in responsible charge. A licensed C-16 specialty contractor may prepare construction documents and administer the work of construction, subject to the requirements of CAC 7-115(c).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire Protection Drawings. Drawings for the fire protection system shall be submitted to OSHPD for review to determine conformance with the California Building Standards Code and shall be approved by the OSHPD prior to the start of system installation. Drawings shall contain, at a minimum, all information required by the referenced installation standards (NFPA 13).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Building Information. The plans shall include a building code analysis including type of construction, number of stories, occupancy group(s), year of construction, and the location of the sprinkler installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Location. The cover sheet shall provide a map of the physical property location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Applicable codes. The plans shall indicate the adopted codes for which the project is submitted under. Refer to OSHPD Code Application Notice (CAN) 1-0.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Project scope. The plans shall include a defined project scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN REQUIREMENTS	Compliance		
	Yes	No	NA
<p>12. Floor Plan. The floor plan shall include:</p> <ul style="list-style-type: none"> ▪ Enough of existing system on plans to make all conditions clear ▪ Nominal pipe type/size and cutting lengths ▪ Location and size of pipe rises ▪ Type and location of hanger braces and restraint ▪ Control valves, check valves, drain pipes, auxiliary drain valves ▪ Type of fittings and joints 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. Cross Section. In addition to the floor plan, the drawings shall include a cross section including ceiling information. The cross section shall include ceiling slope, sprinkler location and deflector orientation with relation to ceiling, NFPA 13, 23.1.3(4).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Sprinkler Legend. The plans shall include a sprinkler legend which includes make, type, model, k-factor, SIN and temperature rating, NFPA 13, 23.1.3(12).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Details. The plans shall include installation details for hangers, restraint and bracing, NFPA 13, 23.1.3(22) and 23.1.3(39).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Freeze Protection. Where any portion of the system is subject to freezing and the temperatures cannot be maintained at or above 40°F, the system shall be installed as a dry pipe or pre-action system or meet one of the requirements of NFPA 13, 8.16.4.1.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Protection from Earthquakes. The plans shall include information on the following items to protect the system from damage due to earthquakes (NFPA 13):</p> <ul style="list-style-type: none"> ▪ 9.3.2 – Couplings ▪ 9.3.4 – Clearance ▪ 9.3.5 – Sway Bracing w/ calculations ▪ 9.3.6 – Restraint 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. System Impairments. Plans shall note the following: O.S.H.P.D. field staff and the local fire department shall be made aware of any work, before it is initiated, that presents a hazard to life or property as the result of construction, alteration, or demolition. Additionally, when any fire protection equipment / system have been rendered inoperable, as a result of such work, a fire watch shall be implemented. The sole responsibility of the Fire Watch personnel shall be to continuously patrol the building or premises for the purpose of detecting fires and transmitting an immediate alarm to the building occupants and Fire Department. Refer to OSHPD Code Application Notice (CAN).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>19. Material Submittal. Manufacturer data sheets shall be provided for specially listed equipment, NFPA 13, 23.1.4.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HYDRAULIC CALCULATIONS	Compliance		
	Yes	No	NA
20. Hydraulic calculations are required when there is an addition to the sprinkler system not within the original hydraulic design or a modification to a pipe schedule system that does not meet the requirements of NFPA13, 23.5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A water supply test or other approved method is required to document the available water supply. The test shall be conducted no more than 12 months prior to plan submittal, NFPA 13, 23.1.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The plans/calculations shall include: <ul style="list-style-type: none"> ▪ Size of city main in street ▪ System elevation relative to test hydrant ▪ Pressure loss for backflow preventer ▪ Hydraulic reference points ▪ Hydraulic data nameplate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hydraulic calculation forms shall meet the requirements of NFPA 13, 23.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODIFICATIONS TO PIPE SCHEDULE SYSTEMS			
24. Where sprinklers are to be installed as an addition to an existing pipe schedule system, enough of the existing system shall be shown on the plans to make all conditions clear, NFPA 13, 23.3.1(30).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Where sprinklers are added to existing branch lines it will need to be shown that the permissible number of sprinklers is not exceeded. NFPA 13, 23.5.1.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Pipe sizes shall be in accordance with NFPA 13, 23.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX

- 1. Testing Inspection and Observation Program Form**
- 2. Application for New Project /Building Permit**
- 3. Fire Sprinkler Remediation Project Schedule**
- 4. Example of Completed Fire Sprinkler Remediation Project Schedule**



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

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

400 R Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300

FAX (916) 324-9188

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

Phone (213) 897-0166

FAX (213) 897-0168

Testing, Inspection and Observation Program
2013 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				
Fire sprinkler CFC 901.5 & NFPA 13-2013 Chapter 25 Acceptance testing – Aboveground piping								FLSO:				
Post-installed anchors CBC 1909.2 Installation verification test if used								DSE:				
C	REQUIRED SPECIAL INSPECTIONS			RESPONSIBLE INDIVIDUAL			*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE			
Fire-resistant penetrations CBC 1705.16.1 Penetration firestop systems where occurs								FLSO:				
Sprinkler system piping CFC 901.5 & NFPA 13-2013 § 6.5.2 Welded pipe and fittings where occurs								FLSO:				
Concrete CBC 1705.3 Post-installed anchors installed in concrete if used								DSE:				
D	CONSTRUCTION OBSERVATION AND REPORTING								FOR OFFICE USE ONLY			
	REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>			VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED (Form OSH-FD-123)								
Ref. No.	**MILESTONES			GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD
	FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION				(x)*		(x)*		x		x	

* NOTE: To Be Determined (TBD) – 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.

** NOTE: Construction observation may be scheduled at project milestones, at specific intervals, or a combination of both.

ABBREVIATIONS: Architect of Record (AOR), Structural Engineer of Record (SEOR), Mechanical Engineer of Record (MEOR), Electrical Engineer of Record (EEOR), Contractor or Owner/Builder (CONT), Special Inspector (SP. INSP), and Inspector of Record (IOR).



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
 FAX (213) 897-0168

Testing, Inspection and Observation Program
 2013 California Building Standards Code – OSHPD 2

E	<p>Samples of Test and Inspection Reports are:</p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> To be provided following determination of the responsible firm(s) or individual(s). <i>Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.</i></p> <p><input type="checkbox"/> Not applicable. <i>Project has no required tests or special inspections.</i></p> <p>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.</p> <p>In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated:</p> <p><input type="checkbox"/> Other Tests</p> <p><input type="checkbox"/> Other Special Inspections</p> <p><input type="checkbox"/> See Attachment</p> <p>This program has been prepared and submitted for an OSHPD 2 project. OSHPD 2 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals. OSHPD 2 projects also include construction and remodel of skilled nursing facilities and/or intermediate care facilities except those of single-story, Type V, wood or light steel-frame construction.</p> <p>Submitted by:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Architect/Engineer of Record (Print Name) Professional License # Architect/Engineer of Record (Signature) Date </p>
----------	---

FOR OFFICE USE ONLY

OSHPD Plan Approval:	OSHPD Field Acceptance:
Name	Name
Date	Date
Date	A AC D

Comments:

NOTE: For Testing, Inspection and Observation Program Instructions, visit our website:http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO.



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

RECEIVED

OFFICE USE ONLY	
Project #	Increment #

Project Application

Project

Type

- Alternate Method of Compliance
- Annual Building Permit
- Application for Building Permit
- Application for New Project

Application for Seismic Extension (select one)

- NPC
 - SPC
- Incremental (select one)
- Increment
 - Master
 - Phase Segment

Seismic Retrofit Program (select one)

- Application for Seismic Evaluation Report
 - Compliance Plan Review
 - Request for NPC or SPC Upgrade
- Removal of Acute Care Services (select one)
- OSHPD Jurisdiction
 - Local Jurisdiction

Facility

Project # _____

Facility # _____ Facility Name _____

OSHPD Building # BLD - Building Name _____

OSHPD Building # BLD - Building Name _____

OSHPD 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

Address

Street Address _____

Address Line 2 _____

City _____ County _____ State CA Zip Code _____

Phone _____

Contact

Primary Type Legal Owner / Administrator (Required for all applications)

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Signature _____ Date _____ Email _____

Notes _____

Primary Type Authorized Agent (Authorization must be attached)

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

Signature _____ Date _____ Email _____

Notes _____





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

OFFICE USE ONLY

Project Application

Project # _____

Increment # _____

Professionals

Responsible Primary Type Architect License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type Architect License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type Civil License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type Civil License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type Contractor License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type Contractor License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____





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

OFFICE USE ONLY

Project #

Increment #

Project Application

Professionals

Responsible Primary Type Electrical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type Electrical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type GeoTechnical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type GeoTechnical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Responsible Primary Type Mechanical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Designated Alternate Type Mechanical License/Certificate Number _____

First Name _____ M.I. _____ Last Name _____

Phone _____ Phone 2 _____ Email _____ Fax _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____





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

Responsible Primary Type Structural License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Designated Alternate Type Structural License/Certificate Number _____
First Name _____ M.I. _____ Last Name _____
Phone _____ Phone 2 _____ Email _____ Fax _____
Organization Name _____
Street Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____





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

OFFICE USE ONLY	
Project #	Increment #

Project Application

Costs

- Cost Type Contract
 Estimated

Construction Costs
*(excluding fixed equipment, imaging equipment,
 design fees, inspection fees, and off-site improvements)*
Note: For SB 1838 projects, this amount must not exceed \$50,000 \$ _____

Fixed Equipment Costs
(sterilizers, chillers, boilers, etc., excluding installation) \$ _____

Cost of Imaging Equipment
(X-ray, MRI, CT Scan, etc., excluding installation cost) \$ _____

Note: See Instructions for Fee Information

Reason

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Application for New Project	_____	Plans
_____	Building Permit Form	_____	Project Schedule
_____	Certificate of Insurance	_____	Site Data Reports
_____	Contract Information	_____	Specifications
_____	Demolition Plans	_____	Structural Calculations
_____	Design Program	_____	Testing, Inspection and Observation Program (TIO)
_____	Equipment Anchorage Calculations	_____	Transmittal Letter (Section 7-131)
_____	Geotechnical Reports (for Buildings and Additions)	_____	Verification of Conformance to Local Codes
_____	Inspector Qualification Form	_____	Other _____
_____	Letter of Authorization		





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

**INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT
(OSH-FD-121)**

This form is required for all application submittals and is to be accompanied by all required project specific forms.

Note: If licensure by the California Department of Public Health is not required by your facility, review by OSHPD is not required; therefore this application is not required. Contact the local jurisdiction for submittal requirements.

Project

The selected box indicates the type of application for submittal.

Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) facility identification number. If this application is for construction of a new facility and an OSHPD facility identification number has not yet been assigned, contact the office for this number.
- Enter the name of the facility as it appears on the facility license.
- Enter the building number and name which the requested work is to be performed.
- Check the box for the type of facility as it is licensed.

Address

- Enter the facility street address, city, county, zip code and phone number.

Contact

Note: Copies of all correspondence will be sent to the facility representative. If a facility representative address is not entered, copies of all correspondence will be sent to the facility address as indicated on the license, to the attention of Facility Administrator.

- Enter the contact information for the legal owner / administrator (this information is required for all applications) , authorized agent, and facility representative. Include the name, organization name, street address, city, state, zip code, phone number, fax number and email address. Information for accounting, applicant, and billing is optional. If additional space is needed, duplicate this page.
- A signature and date are required for the legal and authorized agent. If an authorized agent is signing on behalf of the legal owner /administrator, the authorization must be attached.
- Indicate who will be the primary contact for this project.
- Provide any additional information in the notes area, as necessary.

Record Detail

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

Application Specific Information – Plan Review

- Indicate the type of submittal for this project by placing a check in the appropriate box. If selecting a collaborative review, phased review or collaborative phased review, complete the Phase Master Plan section.
- Indicate if a managed project review is requested. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- If preliminary or final is checked as the type of submittal, enter the date of the presubmittal meeting (for projects with an estimated construction cost greater of \$20 million and above).
- Check the box for the kind of project. Refer to Title 24, California Administrative Code, Section 7-111, Definitions.
- Enter the total bed count before construction and after construction. If the bed count is not being affected by this project, this information is not required.





INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

- Enter the square footage of the project. For new building construction and additions, the square footage shall be the total building area as defined in the California Building Code, Section 502.1 for AREA, BUILDING for all floors, including basements, penthouses, canopies, etc. For remodels, the square footage shall be the total building area included within the scope of the work. For example, if a unit is being converted from Acute Care to Skilled Nursing, the square footage will include the total building area of the unit, not just the area of the rooms or spaces in which actual construction work occurs. Equipment replacements shall be considered remodels and the square footage shall be the building area within the room, space, or equipment pad, as applicable to accommodate the replacement. For example, if you are replacing a CT Scanner, the square footage is the area of the CT Scan Room. If a chiller is being added or replaced, the square footage would be the area of the chiller pad and not of the entire central plant. If additional related work is included in the scope of work, include the building area within the scope boundaries. The square footage for maintenance work shall be zero.
- Indicate if the project includes primary gravity and/or lateral load elements/systems.
- Indicate if the project is a Seismic Compliance Construction Project. **If yes, the Seismic Compliance section must be completed.**
- Indicate if the project is billed to an Annual Permit.

Professionals

Note: Plans returned for correction or stamping will be sent to the responsible primary, as indicated in this section.

- Enter the contact information for the professionals responsible for this project. Include the license/certificate number, name, alternate contact, organization name, street address, city, state, zip code, phone number, fax number and email address.
- Indicate the discipline in responsible charge of the project by selecting Responsible Primary. If plans need to be returned, they will be sent to this individual. A licensed specialty contractor can only be responsible on projects pursuant to Title 24, California Administrative Code, Section 7-115 (c).
- If additional space is necessary, duplicate the page.

Costs

- Select whether the costs indicated are contract or estimated.
- Enter the construction cost of the project excluding fixed equipment to be permanently attached (electrically, mechanically or structurally) to the building, imaging equipment, design fees, inspection fees, and off-site improvements. For SB 1838 projects, this amount must not exceed \$50,000.
- Enter the cost or value of fixed equipment (items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment), excluding installation costs.
- Enter the cost or value of imaging equipment (X-ray, MRI, CT Scan, etc.), excluding installation cost.

Fee Information:

Acute Care Hospital fees shall be 1.64% of the contract/estimated construction cost, including fixed equipment. Imaging equipment shall be 0.164% of the contract/estimated cost or value.

Skilled Nursing Facility fees shall be 1.5% of the contract/estimated construction cost, including fixed equipment.





INSTRUCTIONS FOR APPLICATION FOR NEW PROJECT (continued) (OSH-FD-121)

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

Note: Submit two (2) sets of plans, specifications, structural calculations, and equipment anchorage calculations.

Submit three (3) sets of geotechnical reports for projects involving new facilities and additions to existing facilities.

Submit two (2) copies of the Testing, Inspection, and Observation Program (TIO).

Submit one (1) copy of the design program (optional).

Submit one (1) copy of the required verification of conformance to local code.

Seismic Compliance

This section must be completed when submitting Seismic Compliance Construction Projects.

- Provide the following information for each building in this project:
 - Building number and name
 - Deficiencies mitigated by this project
 - Enter the Structural Performance Category (SPC) before and after construction, and if this is full or partial compliance.
 - Enter the Nonstructural Performance Category (NPC) before and after construction, and if this is full or partial compliance.

Note: Full Compliance should only be chosen if this Seismic Compliance Construction Project meets all requirements for SPC/NPC compliance for the listed building as designated in the Seismic Compliance section.

Phase Master Plan

This section must be completed when submitting Phased and Collaborative review projects.

Deferred Items

Note: Where a portion of the design cannot be fully detailed on the approved construction documents because of variations in product design and manufacture, the approval of the construction documents for such portion may be deferred until the material suppliers are selected. OSHPD has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by OSHPD must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

Structural Analysis Software

- Indicate the type of structural design software used in the preparation of the design.

Note: If your designs were not prepared using software listed in this area, please be advised that plan review may be delayed while OSHPD develops a work-around, or purchases the software indicated.





Letter of Authorization (If application is made by an Agent on behalf of the Legal Owner/Administrator)

Project #:

To: Office of Statewide Health Planning and Development

I hereby authorize:

_____ (Name) _____ (Title)

To be known as the "Agent for Legal Applicant" in accordance with the Application for New Project and as the "Legal Owner, or Authorized Agent" on Building Permit, Post Approval Document, Notice of Start of Construction and other OSHPD FDD forms and required documents, for the facility known as

_____, Facility # _____

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____



Fire Sprinkler Remediation Project Schedule

(due to CMS citation)

Facility Name: _____

Facility ID No. _____

OSHPO Project No. _____

Step No.	Responsibility	Activity	Start Time	Finish Time	Duration (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	Facility	Receipt of CMS deficiency letter			0																								
2	Facility	Engage licensed design professional or specialty contractor																											
3	Design Professional	Survey existing conditions, including any available hydraulic information																											
4	Design Professional	Prepare and submit construction documents																											
5	OSHPO FDD	RRU plan review			3																								
6	Design Professional	Address plan review corrections and resubmit																											
7	OSHPO FDD	RRU plan review			3																								
8	OSHPO FDD	Printing			0.5																								
9	Design Professional	Prepare and submit Application for Building Permit																											
10	OSHPO FDD	Issue Building Permit			1																								
11	Design Professional/ICR	Construction and Inspection																											
12	OSHPO FDD	Final Inspection and Acceptance			1																								

TOTAL OSHPO WEEKS REQUIRED

8.5

TOTAL FACILITY/DESIGN PROFESSIONAL WEEKS REQUIRED



TOTAL PROJECT WEEKS REQUIRED





Fire Sprinkler Remediation Project Schedule

(due to CMS citation)

Facility Name: _____

Facility ID No. _____

OSHPD Project No. _____

Step No.	Responsibility	Activity	Start Time	Finish Time	Duration (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	Facility	Receipt of CMS deficiency letter			0																								
2	Facility	Engage licensed design professional or specialty contractor			2																								
3	Design Professional	Survey existing conditions, including any available hydraulic information			2																								
4	Design Professional	Prepare and submit construction documents			1																								
5	OSHPD FDD	RRU plan review			3																								
6	Design Professional	Address plan review corrections and resubmit			2																								
7	OSHPD FDD	RRU plan review			3																								
8	OSHPD FDD	Printing			0.5																								
9	Design Professional	Prepare and submit Application for Building Permit			0.5																								
10	OSHPD FDD	Issue Building Permit			1																								
11	Design Professional/IDR	Construction and inspection			4																								
12	OSHPD FDD	Final Inspection and Acceptance			1																								

TOTAL OSHPD WEEKS REQUIRED 8.5

TOTAL FACILITY/DESIGN PROFESSIONAL WEEKS REQUIRED 11.5

TOTAL PROJECT WEEKS REQUIRED 17