



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

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

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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>Architect/Engineer of Record (Print Name) Professional License # Architect/Engineer of Record (Signature) Date</p>
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FOR OFFICE USE ONLY

OSHPD Plan Approval:	OSHPD Field Acceptance:
Name _____ Date _____	Name _____ Date _____
Architectural _____ Date _____	A AC D
Structural _____ Date _____	A AC D
Mechanical _____ Date _____	A AC D
Electrical _____ Date _____	A AC D
Fire and Life Safety _____ 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.