



# 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

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## ing, Inspection and Observation Program

### California Building Standards Code – OSHPD 1

This program provides and submits to the local health officer. OSHPD 1 projects include all construction and remodel projects for general acute-care hospitals and acute psychiatric hospitals. OSHPD 1 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.

SECTION A		PROJECT INFORMATION	
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>	<b>Sub #:</b>
12372	Tri-City Medical Center	S170837-37-00	
<b>Street Address:</b>	4002 Vista Way		
<b>City:</b>	Oceanside	<b>County:</b>	San Diego
<b>Record Name (Scope of Project):</b>	TCMC Physicians Lounge		
Abbreviations: CAC: California Administrative Code    CBC: California Building Code    RDP: Registered Design Professional			
			Version: R02.1



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**Testing, Inspection and Observation Program**  
 2016 California Building Standards Code – OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.			
Facility #:		Facility Name:		Project #:		Sub #:
12372		Tri-City Medical Center		S170837-37-00		0
DURING CONSTRUCTION DOCUMENT SUBMITTAL			DURING CONSTRUCTION			
Index #	REQUIRED (Select)	TESTS	PERFORMED OFF-SITE	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL	COMPLIANCE VERIFICATION BY IOR	OSHPD/FDD USE
<b>STRUCTURAL TESTS</b>						
<b>Concrete</b>						
B-C15	X	Post-installed anchors CBC 1910A.5 Installation verification test				DSE:
<b>Steel</b>						
B-S1	X	Steel CBC 2203A.1 Identification test for structural steel and cold formed steel				DSE:
<b>ELECTRICAL TESTS</b>						
B-E10	X	Conductor Insulation Resistance Test CEC 100.3(A)(4) & 110.7				CO:
B-E11	X	Continuity, Polarity, and Retention Test - Receptacles CEC 200.11, NFPA 99-2012 6.3.2.2.6.3				CO:
<b>PLUMBING TESTS</b>						
B-P1	X	Disinfection of potable water systems CPC 609.9				CO:
B-P4	X	Existing sewers and drains CPC 102.4.1, 105.3 & 712.0 Tested for conformance with requirements for new work				CO:
B-P5	X	Water supply system CPC 105.3 & 609.4 Pressure tested prior to covering or concealment				CO:
B-P6	X	Plumbing, drainage, and venting systems CPC 105.3 & 712.0 Water or air tested prior to use, covering or concealment				CO:
B-P14	X	Retesting CPC 105.3.2 Retest after corrections				CO:
<b>OTHER TESTS</b>						
B-OT1	X	Fire Alarm CFC 901.5, CFC 907.7, & NFPA 72-2013 Sect 14.4 Acceptance and re-acceptance testing				



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**Permitting, Inspection and Observation Program**

16 California Building Standards Code – CSUHPD 4

SECTION C		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.				
Facility #:	Facility Name:	Project #:	Sub #:			
12372	Tri-City Medical Center	S170837-37-00	0			
DURING CONSTRUCTION DOCUMENT SUBMITTAL		DURING CONSTRUCTION				
Index #	REQUIRED (Select)	SPECIAL INSPECTIONS	PERFORMED OFF-SITE	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL	COMPLIANCE VERIFICATION BY IOR	OSHPD/FDD USE
STRUCTURAL SPECIAL INSPECTIONS						
Concrete						
C-C5	X	Concrete CBC 1705A.3 CIP & Post-installed anchors				DSE:
Steel						
C-S1	X	Steel CBC 1705A.2 & 1705A.12.1 Steel shop fabrication				DSE:
C-S3	X	Steel CBC 1705A.2.5 & 1705A.12.1 Shop and field welding				DSE:
C-S6	X	Steel CBC 1705A.2, 1705A.11.2 & 1705A.12.3 Cold-formed steel light frame construction				DSE:
Other Structural Materials						
C-N1	X	Architectural components CBC 1705A.12.5 & 1705A.16 Cladding, nonbearing walls and veneer				CO:



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## ng, Inspection and Observation Program

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SECTION D				CONSTRUCTION VERIFICATION									
Facility #:	Facility Name:							Project #:			Sub #:		
12372	Tri-City Medical Center							S170837-37-00					
VERIFIED CONSTRUCTION INSPECTION AND OBSERVATION REPORTING													
Reference	PROJECT MILESTONE OR INTERVAL	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED (Form OSH-FD-123) (See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)										FOR OSHPD USE ONLY	
		GEOR	AOR	SEOR	MEOR	EEOR	CONT	IOR	SP INSP	TEST LAB			OSHPD FDD
	PROJECT COMPLETION		X	X	X	X	X	X					



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## Planning, Inspection and Observation Program

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<b>SECTION E</b>		<b>Inspector of Record (IOR) Responsibility</b>	
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>	<b>Sub #:</b>
12372	Tri-City Medical Center	S170837-37-00	
<p><b>INSPECTOR OF RECORD RESPONSIBILITIES.</b> Per CAC 7-145: "The Inspector shall have personal knowledge, obtained by continuous inspection of all work of construction in all stages of its progress to ensure that the work is in accordance with the approved construction documents." This includes applicable Codes, Referenced Standards, Listings and Manufacturer's Installation Instructions applicable to the work shown in the approved construction documents. If a project has more than one inspector of record, the distribution of responsibilities for the work shall be clearly identified for each inspector of record per CAC 7-141(f). One IOR shall be assigned responsibility for "all other work."</p>			
<b>This Section only required when more than one IOR will share responsibility on the project.</b>			
<b>INSPECTOR OF RECORD</b> CAC 7-141, 7-145 & 7-151		<b>SCOPE OF INSPECTION</b>	<b>PERFORMED</b> <b>OFF-SITE</b>

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**ng, Inspection and Observation Program**


**SECTION F PLAN REVIEW APPROVAL**

<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>	<b>Sub #:</b>
12372	Tri-City Medical Center	S170837-37-00	


**NOTE: For testing, Inspection and Observation Program Instructions, visit our website: [http://oshpd.ca.gov/FDD/Plan\\_Review/TIO.html#TIO](http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO)**

**Submitted by:**

I have reviewed the approved construction documents for this project and all tests and special inspections required by Code are marked as "required" on this form.

Joseph Sfeir		8/29/2017
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Architect/Engineer of Record (Print Name)	Architect/Engineer of Record (Signature)	Date
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Changua Sun		8/29/2017
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Structural Engineer of Record (Print Name)	Structural Engineer of Record (Signature)	Date
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**FOR OSHPD USE ONLY**

**OSHPD Plan Approval:**

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Date	<b>A</b>	<b>AC</b>	<b>D</b>

**Comments:**



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<b>SECTION G</b>		<b>BUILDING PERMIT APPROVAL</b>	
Facility #: 12372	Facility Name: Tri-City Medical Center	Project #: S170837-37-00	Sub #:
<b>NOTE: For testing, Inspection and Observation Program Instructions, visit our website: <a href="http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO">http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO</a></b>			
<p><b>Samples of Test and Inspection Reports are: (NOT required for tests performed by laboratories approved through OPAA Program)</b></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><b>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.</b></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><b>Verification that approved test and inspection agencies are objective, competent and independent as required by the CBC 2016 Section 1703A.1.1:</b></p> <p><input type="checkbox"/> Verification of independence and acceptance of test and inspection agencies by Registered Design Professional (RDP) in responsible charge in accordance with the CAC Section 7-141.</p> <p><input type="checkbox"/> Testing agency qualification for approval or approval of testing agencies through OPAA program.</p> <p><input type="checkbox"/> Inspection agency qualification for approval.</p> <p><b>This program has been prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals. OSHPD 1 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. Submitted by:</b></p>			
_____ Architect/Engineer of Record (Print Name)	_____ Professional License #	_____ Architect/Engineer of Record (Signature)	_____ Date
<b>FOR OSHPD USE ONLY</b>			
<b>OSHPD TI&amp;O Program Approval:</b>			
_____ Name	_____ Date	<input type="checkbox"/> <b>A</b>	<input type="checkbox"/> <b>AC</b>
<div style="text-align: right; padding-right: 50px;"><input type="checkbox"/> <b>D</b></div>			
<b>Comments:</b>			