



# 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

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## ing, Inspection and Observation Program California Building Standards Code – OSHPD 1

*This program is 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.*

SECTION A		PROJECT INFORMATION	
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>	<b>Sub #:</b>
12372	Tri-City Medical Center	S171386-37-00	
<b>Street Address:</b>	4002 Vista Way		
<b>City:</b>	Oceanside	<b>County:</b>	San Diego
<b>Record Name (Scope of Project):</b>	TCMC Retail Pharmacy		
Abbreviations: CAC: California Administrative Code    CBC: California Building Code    RDP: Registered Design Professional			
			Version: R02.1



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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		S171386-37-00		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>Foundation</b>						
B-F1	X	Soil fill CBC 1705A.6 Fill material acceptance test				DSE:
B-F3	X	Soil and rock anchors CBC 1811A Load test				DSE:
<b>Concrete</b>						
B-C1	X	Concrete CBC 1705A.3, 1903A.6 & 1910A.1; ACI 318 1.9.1 & 26.4 Cementitious materials				DSE:
B-C4	X	Concrete CBC 1705A.3 & 1905A.1.16; ACI-318 26.12 Strength test				DSE:
B-C5	X	Concrete CBC 1705A.3 & 1910A.2; & ACI-318 20.2, 25.4.5.1 & 26.6.1.2 Metal reinforcement (including welded wire fabric and headed rebar)				DSE:
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 110.3 (A)(4) & 110.7		CEC		CO:
B-E11	X	Continuity, Polarity and Retention Test - Receptacles 200.11, NFPA 99-2012 6.3.2.2.6.3		CEC		CO:
<b>MECHANICAL TESTS</b>						
B-ME9	X	Ventilation system CMC 407.3.1 & Table 4-A Areas tested and balanced				CO:
<b>PLUMBING TESTS</b>						
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:



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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>FIRE PROTECTION EQUIPMENT TESTS</b>							
B-FP1	X	Fire and smoke dampers CFC 901.5 & CFC 907.8 Acceptance testing					FLSO:



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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		S171386-37-00		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-C1	X	Concrete CBC 1705A.3; ACI 318 26.5.2 & 26.13 Placement of concrete				DSE:
C-C3	X	Concrete CBC 1705A.3; ACI 318 26.4 Mix Design				DSE:
C-C4	X	Concrete CBC 1705A.3; ACI 318 26.13 Reinforcing steel & prestressing steel				DSE:
C-C5	X	Concrete CBC 1705A.3 CIP & Post-installed anchors				DSE:
C-C8	X	Concrete CBC 1705A.3.3 Batch plant inspection				DSE:
Steel						
C-S3	X	Steel CBC 1705A.2.5 & 1705A.12.1 Shop and field welding				DSE:
Other Structural Materials						
C-N1	X	Architectural components CBC 1705A.12.5 & 1705A.16 Cladding, nonbearing walls and veneer				CO:
C-N2	X	Ceiling CBC 1705A.12.5 Suspended ceiling systems and their anchorage				CO:
FIRE PROTECTION SPECIAL INSPECTIONS						
C-FP3	X	Penetration firestops CBC 1705A.17.1 Penetration firestop systems that are tested and listed				FLSO:
FP8	X	Fire Alarm Reacceptance Testing per CFC 901.5				



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SECTION D		CONSTRUCTION VERIFICATION										
Facility #:	Facility Name:							Project #:			Sub #:	
12372	Tri-City Medical Center							S171386-37-00				
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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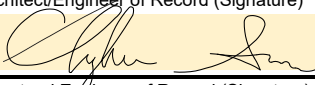
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SECTION F		PLAN REVIEW APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S171386-37-00	
NOTE: For testing, Inspection and Observation Program Instructions, visit our website: <a href="http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO">http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO</a>			
<b>Submitted by:</b> 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			8/8/2017
Architect/Engineer of Record (Print Name)		Architect/Engineer of Record (Signature)	Date
Changhua Sun			8/8/2017
Structural Engineer of Record (Print Name)		Structural Engineer of Record (Signature)	Date
<b>FOR OSHPD USE ONLY</b>			
<b>OSHPD Plan Approval:</b>			
Name	Date	<input type="checkbox"/>	<input type="checkbox"/>
		<b>A</b>	<b>AC</b>
			<input type="checkbox"/>
			<b>D</b>
<b>Comments:</b>			



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<b>SECTION G</b>	<b>BUILDING PERMIT APPROVAL</b>		
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S171386-37-00	
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>			
<p><b>Samples of Test and Inspection Reports are:</b> <i>(NOT required for tests performed by laboratories approved through OPAA Program)</i></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>			
Joseph Sfeir	C28543	8/8/2017	
Architect/Engineer of Record (Print Name)	Professional License #	Architect/Engineer of Record (Signature)	Date
<b>FOR OSHPD USE ONLY</b>			
OSHPD TI&O Program Approval:			
Name	Date	<input type="checkbox"/> A	<input type="checkbox"/> AC
<input type="checkbox"/> D			
Comments:			