



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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Testing, Inspection and Observation Program

16 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	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S170375-37-00	
Street Address:	4002 Vista Way		
City:	Oceanside	County:	San Diego
Record Name (Scope of Project):	Tri-City Medical Center OR3 light Replacement		
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		S170375-37-00		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
STRUCTURAL TESTS						
Concrete						
B-C15	X	Post-installed anchors CBC 1910A.5 Installation verification test				DSE:
Steel						
B-S2	X	Steel CBC 2213A.1 & 1705A.13.1 High strength bolts, nuts, and washers				DSE:
ELECTRICAL TESTS						
B-E7	X	ESS Insulation Resistance 2015 NFPA 99 6.4.4.1.2.				CO:
OTHER TESTS						
B-OT1	X	Receptacle Polarity Test 2012 NFPA 99 6.3.3.2				



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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		S170375-37-00		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-S4	X	Steel AWS D1.1 3 & 4 and AWS D1.8 6.1 Shop and field welding - WPS / WPQR				DSE:
C-S5	X	Steel CBC 1705A.2 & 1705A.12.1 High strength bolt installation				DSE:
FIRE PROTECTION SPECIAL INSPECTIONS						
C-FP3	X	Penetration firestops CBC 1705A.17.1 Penetration firestop systems that are tested and listed				FLSO:



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SECTION D		CONSTRUCTION VERIFICATION									
Facility #:	Facility Name:							Project #:		Sub #:	
12372	Tri-City Medical Center							S170375-37-00			
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			



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SECTION F		PLAN REVIEW APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S170375-37-00	
NOTE: For testing, Inspection and Observation Program Instructions, visit our website: 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.			
Changhua Sun			3-1-2017
Architect/Engineer of Record (Print Name)		Architect/Engineer of Record (Signature)	Date
Structural Engineer of Record (Print Name)		Structural Engineer of Record (Signature)	Date
FOR OSHPD USE ONLY			
OSHPD Plan Approval:			
Name	 REVIEWED IN ACCORDANCE WITH THE REQUIREMENTS OF T24, CCR APPROVED		<input type="checkbox"/> A <input type="checkbox"/> AC <input type="checkbox"/> D
Comments	Laura Baldrati, Senior Architect May 01, 2017 Office of Statewide Health Planning & Development FACILITIES DEVELOPMENT DIVISION		Date



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SECTION G		BUILDING PERMIT APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S170375-37-00	
NOTE: For testing, Inspection and Observation Program Instructions, visit our website: http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO			
<p>Samples of Test and Inspection Reports are: <i>(NOT required for tests performed by laboratories approved through OPAA Program)</i></p> <p><input type="checkbox"/> Attached</p> <p><input checked="" 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>Verification that approved test and inspection agencies are objective, competent and independent as required by the CBC 2016 Section 1703A.1.1:</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>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.</p> <p>Submitted by:</p>			
Changhua Sun	S4609		3-1-2017
Architect/Engineer of Record (Print Name)	Professional License #	Architect/Engineer of Record (Signature)	Date
FOR OSHPD USE ONLY			
OSHPD TI&O Program Approval:			
Name	Date	<input type="checkbox"/> A	<input type="checkbox"/> AC
<input type="checkbox"/> D			
Comments:			