

**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  
2016 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	S170603-37-00	
<b>Street Address:</b>	4002 Vista Way		
<b>City:</b>	Oceanside	<b>County:</b>	San Diego
<b>Record Name (Scope of Project):</b>	TCMC Angio to Cath Lab Renovation		
Abbreviations: CAC: California Administrative Code    CBC: California Building Code    RDP: Registered Design Professional			
			Version: R02.3



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<b>SECTION B</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	S170603-37-00	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>ELECTRICAL TESTS</b>						
B-E10	X	Conductor Insulation Resistance Test CEC 110.3(A)(4) & 110.7				CO
B-E11	X	Continuity, Polarity, and Retention Test - Receptacles CEC 200.11, 2015 NFPA 99 6.3.2.2.6.3				CO
<b>MECHANICAL TESTS</b>						
B-ME7	X	Hydronics CMC 1205.2, 1220.3.6 & 1221.3 Pressure test of steam and water piping				CO
B-ME9	X	Ventilation system CMC 407.3.1 & Table 4-A Areas tested and balanced				CO
<b>PLUMBING TESTS</b>						
B-P1	X	Disinfection of potable water systems CPC 609.9				CO
B-P2	X	Medical gas and vacuum NFPA 99-2015 § 5.1.12 Gas and vacuum system performance testing				CO
B-P3	X	Medical gas and vacuum NFPA 99-2015 § 5.1.12 Gas and vacuum system verification testing				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-P7	X	Building sewer CPC 105.3, 712.0 & 723.0 Water or air tested prior to use, covering or concealment				CO
B-P16	X	Backflow prevention devices and assemblies CPC 603.2 & 603.4.2 Assembly tested				CO
B-P20	X	Joints and connections CPC 105.3. Pressure Tested for gas and water tightness.				
<b>FIRE PROTECTION EQUIPMENT TESTS</b>						
B-FP1	X	Fire Alarm CFC 901.5 & CFC 907.7 NFPA 72-2016 §14.4 Acceptance and Reacceptance Testing				FLSO
B-FP3	X	Duct Detectors CFC 901.5, NFPA 72-2016 §14.4 Differential Pressure Test				FLSO



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<b>SECTION C</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		S170603-37-00		0	
<b>DURING CONSTRUCTION DOCUMENT SUBMITTAL</b>			<b>DURING CONSTRUCTION</b>				
Index #	REQUIRED (Select)	<b>SPECIAL INSPECTIONS</b>		PERFORMED OFF-SITE	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL	COMPLIANCE VERIFICATION BY IOR	OSHPD/FDD USE
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & Post-Installed anchors					DSE:
<b>Nonstructural components, supports and attachments</b>							
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:
C-N6	X	Special Seismic Certification CBC 1705A.12.4 Special Seismic Certification label, anchorage and mounting					CO:
C-N7	X	Glass and glazing Identification CBC 2403.1 Manufacturer's material mark inspection.					
<b>MECHANICAL SPECIAL INSPECTIONS</b>							
C-M1	X	Mechanical and Electrical components CBC 1705.11.6, Anchorage, Bracing and Vibration Isolators					CO:
<b>FIRE PROTECTION SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration firestops CBC 1705A.17.1 Penetration firestop systems that are tested and listed					FLSO:
<b>OTHER SPECIAL INSPECTIONS</b>							
C-OT3	X	Radiation Shielding Verification CBC 3102C Radiation Protections					
C-OT4	X	Continuity Polarity & Retention Test Receptacles CEC 200.11					
C-OT5	X	Effective ground - Fault Current Path CEC 250.4(A)(5)					
C-OT6	X	Signs and/or identification devices CBC 11B-703.1.1.2 Information, appearance, location and Braille					



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SECTION D		CONSTRUCTION VERIFICATION									
Facility #:	Facility Name:							Project #:			Sub #:
12372	Tri-City Medical Center							S170603-37-00			
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	
	PROJECT COMPLETION		X	X	X	X	X	X			



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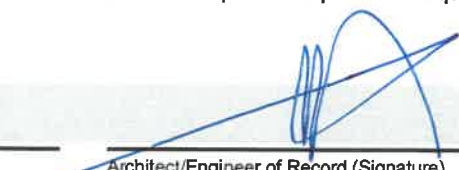
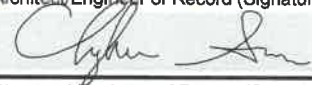

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<b>SECTION F</b>	<b>PLAN REVIEW APPROVAL</b>		
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri-City Medical Center	S170603-37-00	
NOTE: For testing, inspection and observation program instructions, visit our website: <a href="http://oshpd.ca.gov/FDD/Plan_Review/TIO.htm#TIO">http://oshpd.ca.gov/FDD/Plan_Review/TIO.htm#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			10/27/17
Architect/Engineer of Record (Print Name)	Architect/Engineer of Record (Signature)		Date
Changhua Sun			10/27/17
Structural Engineer of Record (Print Name)	Structural Engineer of Record (Signature)		Date
<b>FOR OSHPD USE ONLY</b>			
<b>OSHPD Plan Approval:</b>			
Name	 REVIEWED IN ACCORDANCE WITH THE REQUIREMENTS OF T24, CCR <b>APPROVED</b>		Date
Comments:	<b>KC Huang, Sr. Architect</b> <b>November 29, 2017</b> Office of Statewide Health Planning & Development FACILITIES DEVELOPMENT DIVISION		<input type="checkbox"/> A <input type="checkbox"/> AC <input type="checkbox"/> D



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<b>SECTION G</b>		<b>BUILDING PERMIT APPROVAL</b>	
Facility #: 12372	Facility Name: Tri-City Medical Center	Project #: S170603-37-00	Sub #:
<b>NOTE: For testing, inspection and observation program instructions, visit our website: <a href="http://oshpd.ca.gov/FDD/Plan_Review/TIO.htm#TIO">http://oshpd.ca.gov/FDD/Plan_Review/TIO.htm#TIO</a></b>			
<p><b>Examples 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). Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.</p> <p><input type="checkbox"/> Not applicable. Project has no required tests or special inspections.</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	10/27/2017	
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"/> <b>A</b>	<input type="checkbox"/> <b>AC</b>
<input type="checkbox"/> <b>D</b>			
<b>Comments:</b>			