



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

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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	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri City Medical Center	S171641-37-00	
Street Address:	4002 Vista Way		
City:	Oceanside	County:	San Diego
Record Name (Scope of Project):	USP 800		
Abbreviations: CAC: California Administrative Code CBC: California Building Code RDP: Registered Design Professional			
			Version: R02.3



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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	S171641-37-00	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:
ELECTRICAL TESTS						
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:
MECHANICAL TESTS						
B-ME7	X	Hydronics CMC 1205.2, 1220.3.6 & 1221.3 Pressure test of steam and water piping		TBD		CO:
B-ME9	X	Ventilation system CMC 407.3.1 & Table 4-A Areas tested and balanced		TBD		CO:
PLUMBING TESTS						
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-P7	X	Building sewer CPC 105.3, 712.0 & 723.0 Water or air tested prior to use, covering or concealment				CO:
B-P12	X	Defective systems CPC 105.3.1 Air test of defective drainage and plumbing systems				CO:
B-P13	X	Moved structures CPC 102.7 All parts of plumbing systems tested				CO:
B-P14	X	Retesting CPC 105.3.2 Retest after corrections				CO:
FIRE PROTECTION EQUIPMENT TESTS						
B-FP1	X	Fire Alarm CFC 901.5 & CFC 907.7 NFPA 72-2016 §14.4 Acceptance and Reacceptance Testing				FLSO:
B-FP5	X	Fire sprinkler CFC 901.5 & NFPA 13-2016 Chapter 25 Acceptance testing – Aboveground piping				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	S171641-37-00	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:
Nonstructural components, supports and attachments						
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:
OTHER SPECIAL INSPECTIONS						
C-OT3	X	Signs and/or Identification devices. CBC 11B-703.1.1.2 Information, appearance, location and Braille.				
C-OT4	X	Glass and Glazing identification CBC 2403.1 Material Mark Inspection	Manufacturer's			



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SECTION D		CONSTRUCTION VERIFICATION										
Facility #:	Facility Name:							Project #:			Sub #:	
12372	Tri City Medical Center							S171641-37-00				
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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SECTION F		PLAN REVIEW APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri City Medical Center	S171641-37-00	
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.			
Joseph Sfeir		 10/26/17	10/26/17
Architect/Engineer of Record (Print Name)		Architect/Engineer of Record (Signature)	
Changhua Sun			
Structural Engineer of Record (Print Name)		Structural Engineer of Record (Signature)	
FOR OSHPD USE ONLY			
OSHPD Plan Approval:			
Name	Date	<input type="checkbox"/>	<input type="checkbox"/>
		A	AC
Comments:			



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SECTION G		BUILDING PERMIT APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
12372	Tri City Medical Center	S171641-37-00	
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: (NOT required for tests performed by laboratories approved through OPAA Program)</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>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. Submitted by:</p>			
Joseph Sfeir	C28543		10/17/2017
Architect/Engineer of Record (Print Name)	Professional License #	Architect/Engineer of Record (Signature)	Date
FOR OSHPD USE ONLY			
OSHPD TI&O Program Approval:			
		<input type="checkbox"/>	<input type="checkbox"/>
Name	Date	A	AC
Comments:			