



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**FACILITIES DEVELOPMENT DIVISION** – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300

FAX (916) 324-9188

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (213) 897-0166

FAX (213) 897-0168

**Testing, Inspection and Observation Program**  
**2013 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.*

<b>A</b>	<b>Facility #:</b> 10810	<b>Facility Name:</b> San Mateo Medical Center	<b>Project #:</b> S150566-41-00		
Street Address: 222 W 39th Avenue			Sub #:		
City: San Mateo			County: San Mateo		
Record Name (Scope of Project): San Mateo Medical Center Controls Upgrades					
<b>B</b>	<b>TESTS – DOCUMENTATION / CERTIFICATION REQUIRED</b>			<b>CONSTRUCTION VERIFICATION</b>	<b>OFFICE USE ONLY</b>
	<b>REQUIRED TESTS</b>	<b>RESPONSIBLE FIRM OR INDIVIDUAL</b>	<b>*TBD</b>	<b>IOR</b>	<b>FDD CONSTRUCTION ACCEPTANCE</b>
	<b>Post-installed anchors</b> CBC 1913A.7 Installation verification test		X		
	<b>Equipment and components</b> CBC 1705A.12.4 Special Seismic Certification		X		
<b>C</b>	<b>REQUIRED SPECIAL INSPECTIONS</b>	<b>RESPONSIBLE INDIVIDUAL</b>	<b>*TBD</b>	<b>IOR</b>	<b>FDD CONSTRUCTION ACCEPTANCE</b>
	<b>Special Seismic Certification</b> CBC 1705A.11.4 Special Seismic Certification label and anchorage or mounting		X		
	Concrete, CBC 1705A.3 CIP & Post-Installed Bolts in Conc.		X		

\* NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office, prior to proceeding with the work that requires this test or special inspection.



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D CONSTRUCTION OBSERVATION AND REPORTING										
REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>		VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <i>(Form OSH-FD-123)</i>								FOR OFFICE USE ONLY
Ref. No.	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD
	<b>FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION</b>			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>	

\* NOTE: Construction observation may be scheduled at project milestones, at specific intervals, or a combination of both.

ABBREVIATIONS: Geotechnical Engineer of Record (GEOR), Architect of Record (AOR), Structural Engineer of Record (SEOR), Mechanical Engineer of Record (MEOR), Electrical Engineer of Record (EEOR), Contractor or Owner/Builder (CONT), Special Inspector (SP. INSP), and Inspector of Record (IOR).



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**E**

Samples of Test and Inspection Reports are:

- Attached
- 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.*
- Not applicable. *Project has no required tests or special inspections.*

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.

In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated:

- Other Tests
- Other Special Inspections
- See Attachment

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Submitted by:

**Brian Provencal**

**M-030446**

Revised

4/29/16

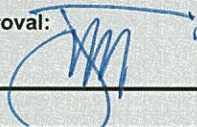
Architect/Engineer of Record (Print Name)

Professional License #

Architect/Engineer of Record (Signature)

Date

**FOR OFFICE USE ONLY**

OSHPD Plan Approval:  6/2/16

Name \_\_\_\_\_ Date \_\_\_\_\_


OSHPD Field Acceptance:

Name \_\_\_\_\_ Date \_\_\_\_\_

~~Architectural~~ \_\_\_\_\_ Date \_\_\_\_\_

~~Structural~~ \_\_\_\_\_ Date \_\_\_\_\_

~~Mechanical~~ \_\_\_\_\_ Date \_\_\_\_\_

Electrical  8-2-16 \_\_\_\_\_ Date \_\_\_\_\_

~~Fire and Life Safety~~ \_\_\_\_\_ Date \_\_\_\_\_

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Comments:

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).