

**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

Verified Compliance Report

If Final Report, Place "F" in Box →

NOTE: Required at specific intervals or project milestones as indicated in the Testing, Inspection and observation Program approved by the Office (See CCR, Title 24, Part 1, Section 7-151)

VR

A	Facility Information				
	Facility #:		Facility Name:		
	OSHPD #:				
	Street Address:		Phone:		
			Fax:		
City:		County:		Zip:	
Record Name (Project Scope):					
B	Interval/Milestone*: _____		Ref. No.*: _____		
This report includes construction work to the _____ day of _____, 20____					
* As identified on the approved Testing, Inspection and Observation Program					
C	Observed Elements of Construction this reporting interval or project milestone:				
D	Area Under Observation Compliance Statement:				
I hereby declare that, to the best of my personal knowledge*, the work performed and the materials used and installed covered by this report, are in compliance with the approved drawings and specifications and any approved Post Approval Documents/Amended Construction Documents. If applicable, a tentative list of items to be completed or corrected is given herein below or attached hereto. This list may not be all-inclusive. Failure to include an item in it does not alter the responsibility of the Contractor/Builder to complete all of the work in accordance with the approved drawings and specifications and all applicable building codes. (*As defined in CCR, Title 24, Part 1, Section 7-151)					
E	Comments and/or Exception List: (attach additional sheets if necessary)				
F	Print Name:			Registration #:	
	Firm Name:				
	Address:		City:	State:	Zip:
	<input type="checkbox"/> AOR	<input type="checkbox"/> CIVIL	<input type="checkbox"/> Contractor/Owner-Builder	<input type="checkbox"/> EEOR	<input type="checkbox"/> GEOR
	<input type="checkbox"/> IOR	<input type="checkbox"/> MEOR	<input type="checkbox"/> SEOR	<input type="checkbox"/> Special Inspector	<input type="checkbox"/> Other: _____
	Signature:			Date:	



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

**INSTRUCTIONS FOR
VERIFIED COMPLIANCE REPORT
(OSH-FD-123)**

- A Enter the Office of Statewide Health Planning and Development (OSHPD) facility identification number, if unknown leave blank. Enter the name of the facility as it appears on the facility license. Enter the OSHPD number, if unknown refer to the facility's Application for New Project or Building Permit.

Enter the facility street address, city, county, zip code, phone number and fax number.

Enter the record name - the description statement of the work to be performed. The title should match the title on the Application for New Project and/or Building Permit form.

- B This section identifies and links this report with the Intervals or Milestones defined on the approved Testing, Inspection, and Observation (TIO) Program. Interval/Milestone descriptions are per the approved TIO Program. The reference number is the same reference number used in the TIO Program. Enter the last date of construction covered by this report.

- C This section identifies specifically what elements of construction were observed. Enter either 1) all work done on the project to that date or during the INTERVAL, or 2) all work done on this MILESTONE or element of construction, to that date.

If reporting on an INTERVAL basis, list all elements of construction in the area under observation, completed or in progress, since the last report by the specified individual or discipline. Architects or Structural Engineers in Responsible Charge have overall responsibility and must report on all work. Engineers and Special Inspectors need only report on their areas of responsibility.

If reporting on a MILESTONE basis, list all elements of construction related to the specific MILESTONE, completed or in progress, since the last report by the specified individual or discipline.

Projects may use milestones or intervals or a combination of both.

- D This section is a declaration of observed compliance, based upon personal knowledge as defined in the CCR, Title 24, Part 1, Section 7-151. Architects, Professional Engineers, Licensed Contractors (or Owner/Builders), Inspectors of Record, and Special Inspectors are required to file VERIFIED COMPLIANCE Reports in coordination with the approved TIO Program.

- E This section is used to list comments about the observed construction, or exceptions taken to the observed construction. Additional sheets may be referenced and attached.

- F This section identifies the individual completing the report. The Architect or Engineer of Record may name alternates to observe the work, but these alternates must be equally licensed. (CCR, Title 24, Part 1, Section 7-141).