



RECEIVED

Application for Inspector of Record

Facility

Project # _____
 Facility # _____ Facility Name _____
 OSHPD Building # BLD - _____ Building Name _____
 Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility
 Correctional Treatment Center Licensed Clinic

Applicant

First Name _____ M.I. _____ Last Name _____
 Organization Name _____
 Street Address _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
 Phone _____ Phone 2 _____ Fax _____
 Email _____

Application Specific Information – Inspector of Record

OSHPD Certification Number _____ Class A B C
 Are you engaged in a business or other employment that requires a portion of your time? Yes No
 If yes, describe _____

CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature _____ Date _____

LEGAL OWNER

This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name _____ Title _____
 Signature _____ Date _____

PROFESSIONAL

This person known to me, is qualified, and is satisfactory to me as an Inspector of Record on this project.

Signature of Architect or Engineer in Responsible Charge _____ Date _____
 Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)

OFFICE USE ONLY

OSHPD APPROVAL

Printed Name _____ Title _____
 Signature _____ Date _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR APPLICATION FOR INSPECTOR OF RECORD (OSH-FD-124)

Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

Applicant

- Enter the Inspector of Record applicant's name, organization name (if applicable), street address, city, state, zip code, phone number, fax number and email address.

Application Specific Information – Inspector of Record

- Enter the applicant's OSHPD Certificate number.
- Indicate if the Certificate is Class A, B, or C.
- Indicate if the applicant is in a business or other employment which requires a portion of their time. If so, provide detail in the space provided. If additional space is needed, attach a separate sheet to the application.
- Provide the signature of the applicant, and date.
- Provide the name, title, and signature of the Legal Owner, and date.
- Provide the signature of the Architect or Engineer in responsible charge, and date. If this application is for a project that includes primary gravity and/or lateral load elements/systems, provide the signature of the Structural Engineer, and date.

For construction in [Northern California](#), Seismic Review and Clinics, submit to:

Office of Statewide Health Planning and Development
Facilities Development Division
400 R Street, Suite 200
Sacramento, CA 95811
(916) 440-8300 phone
(916) 324-9188 fax

For construction in [Southern California](#), submit to:

Office of Statewide Health Planning and Development
Facilities Development Division
700 North Alameda Street, Suite 2-500
Los Angeles, CA 90012
(213) 897-0166 phone
(213) 897-0168 fax

