



RECEIVED

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Project #	Increment #
AMC -	

### Alternate Method of Compliance

**Facility**

Project # \_\_\_\_\_

Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

OSHDP 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

**Record Detail**

Record/Project Name \_\_\_\_\_

Detailed Description \_\_\_\_\_

### Application Specific Information – Alternate Method of Compliance

Applicant Tracking Number \_\_\_\_\_

Submittal Type  Alternate Method of Compliance  Design Criteria  Unreasonable Hardship (complete Application for Unreasonable Hardship Exception)  
 Alternate Method of Protection  Program Flexibility

Description of Proposal \_\_\_\_\_

Reason \_\_\_\_\_

### Applicable Codes

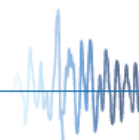
Code Section \_\_\_\_\_

Code Section \_\_\_\_\_

Code Section \_\_\_\_\_

### Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Design Program	_____	Site Data Reports
_____	Equipment Anchorage Calculations	_____	Specifications
_____	Geotechnical Reports (for Buildings and Additions)	_____	Structural Calculations
_____	Letter of Authorization	_____	Testing, Inspection and Observation Program (TIO)
_____	Plans	_____	Other _____
_____	Project Schedule		





## Alternate Method of Compliance

### OFFICE USE ONLY

#### OSHDP RECOMMENDATIONS

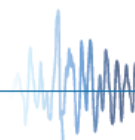
	OK	NO	N/A	Remarks
Architectural _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FLSO _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### OSHDP APPROVAL

Approved     Conditional Approval     Denied

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

### INSTRUCTIONS FOR ALTERNATE METHOD OF COMPLIANCE (OSH-FD-125)

This form must be accompanied by a Project Information form **OSH-FD-100**.

#### 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.

#### Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

#### Application Specific Information – Alternate Method of Compliance

- Provide an applicant tracking number, if applicable.
- Indicate the type of Alternate Method of Compliance being submitted. If an Unreasonable Hardship is being requested, an Application for Unreasonable Hardship Exception to Accessibility Requirements OSH-FD-800 must be submitted.
- Provide a description of the proposal.
- Provide a reason the alternate is being requested.

#### Applicable Codes

- Enter the year and section of code that the alternate applies to.

#### Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

**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

