

Plan Review - Post Approval Documents Reminder List

Instructions: The following items are to be verified for completeness prior to submitting to OSHPD field staff for triage plan review

- | <u>CHK</u> | <u>N/A</u> | |
|--------------------------|--------------------------|--|
| | | I. Change Orders and Bulletins |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provide name and address of the facility as it appears on the facility license and approved |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Indicate whether the PAD is a Change Order, Bulletin, or Addenda and provide a sequential number. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide a complete description and scope of the change. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Describe the reason for the change. Do not refer to OSHPD personnel or RFI's as the reason for a change. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Provide a complete list of enclosures. Do not state "refer to attached or enclosed" documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Enclosures must include documents describing the proposed changes |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If the PAD is a Change Order, provide the dollar amount of the change and the signature of the owner. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The Designer of Record shall sign the PAD in the appropriate signature |
| | | II. Deferred Approvals |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provide name and address of the facility as it appears on the facility license and the approved permit. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Indicate that the PAD is a Deferred Approval, what type, and provide a sequential number. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide a complete description and scope of the deferred approval. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Provide a complete list of enclosures. Do not state "refer to attached or enclosed" documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The Designer of Record shall sign the PAD in the appropriate signature block. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The enclosures must include documents which clearly describe the proposed change |
| | | III. Drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Clearly identify any changes to the original contract documents .
note: New drawings need not be clouded but shall be identified as new in an appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. All non-relevant notes, clouding, and details should be removed from the submittal drawings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Clearly identify all rooms within the scope of work as well as areas adjacent to the scope of work. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Identify the location of all fire rated walls and smoke barriers within and adjacent to the scope of work |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Verify all sheets identified on the PAD list of enclosures are included in the submittal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Coordinate backgrounds and details - Architectural, Electrical, Mechanical & Structural. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Identify all listed assemblies and indicate currently approved design numbers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Clearly indicate equipment weights. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Identify ceiling systems: manufacturer, model numbers, listings, and details of installation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Verify legend symbols utilized on the PAD are the same as those used on the approved |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Provide reference drawings relevant to the change. Identify drawings "FOR REFERENCE ONLY" |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Work involving existing electrical panels must include load verification per PIN 3-220. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. When required, provide anchorage details and calculations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Indicate the OSHPD project number and whether it is an IB, CO or DA on all drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Provide TI&O form if the change requires a special test inspection or observation not previously approved. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Provide fire rated corridor design details when any change effects a fire rated corridor system. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. A/E must stamp and sign each drawing prepared under their direction & Designer of Record must sign all drawings |

NOTE:

The purpose of this list is to reduce oversights and to achieve minimum levels of uniformity and completeness. The use of this reminder list does not constitute a complete plan review. Compliance with all items on this list does not necessarily assure compliance with all provisions of the applicable codes and standards. This reminder list should be used only by persons with a comprehensive knowledge of the applicable codes and standards.

OSHPD Reference Material Available on the Internet**OSHPD Architectural, Mechanical, Electrical, and Structural Standard Plan Review Comments.**

http://www.oshpd.ca.gov/FDD/Plan_Review/PlnAppComments.html#standard

OSHPD Policy Intent Notices and Code Application Notices.

<http://www.oshpd.ca.gov/FDD/Regulations/pinscans.html>

OSHPD Project Review Status

http://www.oshpd.ca.gov/FDD/Project_Tracking/index.asp

OSHPD Public Use Forms

<http://www.oshpd.ca.gov/FDD/Forms/index.html>