



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

| <b>APPLICATION FOR OSHPD PREAPPROVED LABORATORY (OPL)</b>   |  | <b>For Office Use Only</b>                                |                           |
|---|--|---|---------------------------|
|   |  | Application #   | OPL-0023-15               |
| Name of Approved Agency/Laboratory<br><b>Kleinfelder</b>  | City<br><b>Hayward</b>   | County<br><b>Alameda</b>                                  | State<br><b>CA</b>        |
| <b>APPLICATION TYPE / FEE</b>   |  |   |                           |
| Application is based on:  | New Application Fee<br>(Fees are Nonrefundable)  | Renewal Fee<br>(Fees are Nonrefundable)                   |                           |
| <input type="checkbox"/> DSA-LEA Approved Only  | <input type="checkbox"/> \$250.00  | <input type="checkbox"/> \$250.00                         |                           |
| <input type="checkbox"/> Accreditation Only   | <input type="checkbox"/> \$500.00  | <input type="checkbox"/> \$250.00                         |                           |
| <input checked="" type="checkbox"/> Both DSA-LEA Approved and Accreditation                                       | <input checked="" type="checkbox"/> \$500.00   | <input type="checkbox"/> \$250.00                         |                           |
| <b>APPLICANT INFORMATION</b>  |  |   |                           |
| Applicant Name<br><b>Aaron Kidd</b>   | Signature<br> | Position in the Organization<br><b>Laboratory Manager</b> |                           |
| Agency/Laboratory Name<br><b>Kleinfelder</b>  |  | Application Date<br><b>3/10/2015</b>                      |                           |
| Phone Number<br><b>925-225-4580</b>   | E-Mail<br><a href="mailto:akidd@kleinfelder.com">akidd@kleinfelder.com</a>                     |   |                           |
| Address of Facility Location <i>(Each facility location requires separate application.)</i><br><b>Kleinfelder</b> |  |   |                           |
| Street<br><b>2601 Barrington Court</b>  |  |   |                           |
| City:<br><b>Hayward</b>   | County<br><b>Alameda</b>   | State:<br><b>CA</b>                                       | Zip Code:<br><b>94545</b> |
| Facility Mailing Address <i>(If different from facility address above.)</i>                                       |  |   |                           |
| Street  |  |   |                           |
| City:   |  | State:  | Zip Code:                 |
| <b>KEY PERSONNEL</b> <i>(Attach additional pages if needed.)</i>  |  |   |                           |
| Engineering Manager <i>(or equivalent)</i> – Name<br><b>Fernando J. Silva, CE, GE</b>                             | CA Registration Number<br><b>2519</b>  | Expiration Date<br><b>6/30/16</b>                         |                           |
| Title in the Organization<br><b>Senior Project Manager</b>  | Phone Number<br><b>925-427-6477</b>  |   |                           |
| FAX Number<br><b>925-427-6478</b>   | E-Mail<br><a href="mailto:fsilva@kleinfelder.com">fsilva@kleinfelder.com</a>                   |   |                           |
| Alternate to Engineering Manager <i>(if any)</i> – Name<br><b>John Nicolini</b>                                   | CA Registration Number   | Expiration Date   |                           |
| Title in the Organization<br><b>Principal Materials Engineer</b>  | Phone Number<br><b>925-225-4581</b>  |   |                           |
| FAX Number<br><b>510-887-5932</b>   | E-mail<br><a href="mailto:inicolini@kleinfelder.com">inicolini@kleinfelder.com</a>             |   |                           |





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| <b>KEY PERSONNEL</b> <i>(Attach additional pages if needed.)</i> |  |                 |
|--|--|-----------------|
| Laboratory Supervisor – Name<br>Aaron Kidd                       | CA Registration Number <i>(if any)</i>   | Expiration Date |
| Title in the Organization<br>Laboratory Manager                  | Phone Number<br>925-225-4580   |                 |
| FAX Number<br>510-887-5932                                       | E-Mail<br><a href="mailto:akidd@kleinfelder.com">akidd@kleinfelder.com</a>       |                 |
| Field Supervisor – Name<br>Kimberly Simmons                      | CA Registration Number <i>(if any)</i>   | Expiration Date |
| Title in the Organization<br>Supervisory Technician              | Phone Number<br>925-225-4592   |                 |
| FAX Number<br>510-887-5932                                       | E-mail<br><a href="mailto:ksimmons@kleinfelder.com">ksimmons@kleinfelder.com</a> |                 |

| <b>ACCREDITATION</b>   |
|--|
| <p>This laboratory currently holds accreditation by: <i>(Attach a copy of current accreditation details.)</i></p> <p> <input checked="" type="checkbox"/> AASHTO Accreditation Program (AAP)      <input type="checkbox"/> National Voluntary Laboratory Accreditation Program (NVLAP)<br/> <input checked="" type="checkbox"/> International Accreditation Service (IAS)      <input type="checkbox"/> American Association of Laboratories Program (A2LA)<br/> <input type="checkbox"/> Laboratory Accreditation Program (LAB)      <input type="checkbox"/> Construction Materials Engineering Council (CMEC)<br/> <input checked="" type="checkbox"/> Other <u>USACE, USDA, Caltrans</u> </p> <p>Latest Expiration Date <i>(if any)</i> _____</p>  |
| <p>Is this laboratory accepted in the Division of the State Architect Laboratory Evaluation and Acceptance Program, DSA-LEA?    <input type="checkbox"/> No      <input checked="" type="checkbox"/> Yes      Expiration Date: <u>9/26/2016</u></p>  |
| <p>Basis for accreditation:</p> <p> <input checked="" type="checkbox"/> ISO/IEC 17025: General requirements for competence of testing and calibration laboratories<br/> <input type="checkbox"/> NISTIR 7012: Technical requirements for construction materials testing<br/> <input checked="" type="checkbox"/> AASHTO R18: Standard Recommended Practice for Establishing and Implementing a Quality System for Construction Materials Testing Laboratories<br/> <input checked="" type="checkbox"/> ASTM E 329: Specification for Agencies Engaged in the Testing and/or Inspection of Materials Used in Construction<br/> <input checked="" type="checkbox"/> ASTM C 1077: Practice for Laboratories Testing Concrete and Concrete Aggregates for Use in Construction and Criteria for Laboratory Evaluation<br/> <input checked="" type="checkbox"/> ASTM D 3666: Specification for Minimum Requirements for Agencies Testing and Inspecting Bituminous Paving Materials<br/> <input checked="" type="checkbox"/> ASTM D 3740: Practice for Evaluation of Agencies Engaged in Testing and/or Inspections of Soils and Rock as Used Engineering Design and Construction<br/> <input checked="" type="checkbox"/> ASTM C 1093: Practice for Accreditation of Testing Agencies for Unit Masonry<br/> <input type="checkbox"/> ASTM E 1212: Practice for Quality Management Systems for <i>Nondestructive Testing (NDT)</i> Agencies<br/> <input type="checkbox"/> ASTM E 543: Specification for Agencies Performing <i>Nondestructive Testing (NDT)</i> </p> |





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**STANDARDS**

By checking "yes" in Tables 1 through 6 below, the applicant verifies that the laboratory has the equipment and qualified personnel to perform the indicated testing. **ONLY mark tests that are listed in accreditation certificate or DSA-LEA.**

| 1 SOILS AND FOUNDATIONS             |          |                |   |                                     |                |             |  |
|-------------------------------------|----------|----------------|---|-------------------------------------|----------------|-------------|--|
| Tests                               |          |                |   |                                     |                |             |  |
| Yes                                 | Standard | Test Procedure | Yes   | Standard                            | Test Procedure |             |  |
| <input checked="" type="checkbox"/> | a.       | ASTM D 2487    | Classification of Soils                     | <input checked="" type="checkbox"/> | b.             | ASTM D 422  | Particle Size Analysts                               |
| <input checked="" type="checkbox"/> | c.       | ASTM D 2216    | Moisture Content                            | <input checked="" type="checkbox"/> | d.             | ASTM D 4318 | Liquid / Plastic Limit                               |
| <input checked="" type="checkbox"/> | e.       | ASTM D 2850    | Unconsolidated, Undrained Triaxial          | <input checked="" type="checkbox"/> | f.             | ASTM D 4767 | Triaxial Compression                                 |
| <input checked="" type="checkbox"/> | g.       | ASTM D 2166    | Unconfined Compressive Strength             | <input type="checkbox"/>            | h.             | ASTM D 7012 | Triaxial Compressive Strength of Rock Core Specimens |
| <input type="checkbox"/>            | i.       | ASTM D 5778    | Friction Cone and Pizocone Penetration Test | <input type="checkbox"/>            | j.             | ASTM D 3441 | Cone Penetration Test (CPT)                          |
| <input checked="" type="checkbox"/> | k.       | ASTM D 1140    | No. 200 Wash                                | <input checked="" type="checkbox"/> | l.             | ASTM D 4829 | Expansion Index                                      |
| <input checked="" type="checkbox"/> | m.       | ASTM D 2419    | Sand Equivalent Value                       | <input checked="" type="checkbox"/> | n.             | ASTM D 1557 | Soil Compaction – Modified                           |
| <input checked="" type="checkbox"/> | o.       | ASTM D 3080    | Direct Shear                                | <input checked="" type="checkbox"/> | p.             | ASTM D 6938 | Density of Soils – Nuclear Gage                      |
| <input type="checkbox"/>            | q.       | ASTM D 1556    | Density of Soils – Sand Cone                | <input type="checkbox"/>            | r.             | ASTM D 1143 | Deep Foundations – Static Compression                |
| <input type="checkbox"/>            | s.       | ASTM D 4945    | Deep Foundations – Dynamic Testing          | <input type="checkbox"/>            | t.             | ASTM D 3689 | Deep Foundations – Axial Tension                     |
| <input type="checkbox"/>            | u.       | ASTM D 3966    | Deep Foundations –Lateral Loads             |                                     |                |             |  |
|                                     |          |                |   |                                     |                |             |  |
|                                     |          |                |   |                                     |                |             |  |
|                                     |          |                |   |                                     |                |             |  |
|                                     |          |                |   |                                     |                |             |  |

Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.

| Yes                      | Standard | Test Procedure | Yes                      | Standard | Test Procedure |
|--------------------------|----------|----------------|--------------------------|----------|----------------|
| <input type="checkbox"/> | aa.      |                | <input type="checkbox"/> | bb.      |                |
| <input type="checkbox"/> | cc.      |                | <input type="checkbox"/> | dd.      |                |
| <input type="checkbox"/> | ee.      |                | <input type="checkbox"/> | ff.      |                |





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| 2 CONCRETE  |          |                |   |                                     |                |                                 |                                      |
|---|----------|----------------|---|-------------------------------------|----------------|---------------------------------|--------------------------------------|
| Tests   |          |                |   |                                     |                |                                 |                                      |
| Yes   | Standard | Test Procedure | Yes   | Standard                            | Test Procedure |                                 |                                      |
| <input checked="" type="checkbox"/>   | a.       | ASTM D 75      | Sampling Aggregate                          | <input checked="" type="checkbox"/> | b.             | ASTM C 702                      | Reducing Aggregate Samples           |
| <input checked="" type="checkbox"/>   | c.       | ASTM C 40      | Organic Impurities                          | <input checked="" type="checkbox"/> | d.             | ASTM C 29                       | Unit Weight / Voids                  |
| <input checked="" type="checkbox"/>   | e.       | ASTM C 88      | Sodium Sulfate Soundness                    | <input checked="" type="checkbox"/> | f.             | ASTM C 566                      | Moisture Content                     |
| <input checked="" type="checkbox"/>   | g.       | ASTM C 142     | Clay / Friable Particles                    | <input checked="" type="checkbox"/> | h.             | ASTM C 127                      | Specific Gravity - Coarse            |
| <input checked="" type="checkbox"/>   | i.       | ASTM C 128     | Specific Gravity - Fine                     | <input checked="" type="checkbox"/> | j.             | ASTM C 117                      | No. 200 Wash                         |
| <input checked="" type="checkbox"/>   | k.       | ASTM C 136     | Sieve Analysis Course / Fine                | <input checked="" type="checkbox"/> | l.             | ASTM C 131                      | Degradation of Aggregate             |
| <input checked="" type="checkbox"/>   | m.       | ASTM D 2419    | Sand Equivalent Value                       | <input checked="" type="checkbox"/> | n.             | ASTM C 31, C 172, CBC 1905A.1.2 | Concrete Sampling - Field            |
| <input checked="" type="checkbox"/>   | o.       | ASTM C 192     | Making / Curing Specimens - Lab             | <input checked="" type="checkbox"/> | p.             | ASTM C 173                      | Air Content (V)                      |
| <input type="checkbox"/>  | q.       | ASTM C 1602    | Water                                       | <input type="checkbox"/>            | r.             | ASTM C1604                      | Shotcrete Core                       |
| <input type="checkbox"/>  | s.       | ACI 355.2      | Mechanical Anchors                          | <input checked="" type="checkbox"/> | t.             | ASTM C 231                      | Air Content (P)                      |
| <input checked="" type="checkbox"/>   | u.       | ASTM C 143     | Slump                                       | <input checked="" type="checkbox"/> | v.             | ASTM C 1064                     | Temperature                          |
| <input checked="" type="checkbox"/>   | w.       | ASTM C 617     | Capping Concrete Specimens                  | <input checked="" type="checkbox"/> | x.             | ASTM C 1231                     | Unbonded Caps                        |
| <input checked="" type="checkbox"/>   | y.       | ASTM C 39      | Compressive Strength                        | <input checked="" type="checkbox"/> | z.             | ASTM C 157                      | Length Change                        |
| <input checked="" type="checkbox"/>   | aa.      | ASTM C 78      | Flexural Strength                           | <input type="checkbox"/>            | bb.            | ASTM C 496                      | Splitting Tensile                    |
| <input checked="" type="checkbox"/>   | cc.      | ASTM C 42      | Drilled Cores / Beams                       | <input checked="" type="checkbox"/> | dd.            | ASTM C 138                      | Weight / Yield / Air Content         |
| <input checked="" type="checkbox"/>   | ee.      | ASTM C 495     | Lightweight Concrete                        | <input type="checkbox"/>            | ff.            | ASTM C 567                      | Density of Lightweight Aggregate     |
| <input type="checkbox"/>  | gg.      | ASTM E 488     | Strength of Anchors                         | <input type="checkbox"/>            | hh.            | ACI 355.4                       | Adhesive Anchors                     |
| <input type="checkbox"/>  | ii.      | ACI 374.1      | Moment Frames                               | <input checked="" type="checkbox"/> | jj.            | ASTM C 1260                     | Alkali Reactivity of Aggregate       |
| <input checked="" type="checkbox"/>   | kk.      | ASTM C 1293    | Length Change due to Alkali-Silica Reaction | <input type="checkbox"/>            | ll.            | ACI ITG-5.1                     | Post-Tensioned Precast Special Walls |
| <input checked="" type="checkbox"/>   | mm.      | ASTM C42       | Concrete Core                               | <input type="checkbox"/>            | nn.            | ASTM D3039                      | Tensile Strength of FRP              |
| <input type="checkbox"/>  | oo.      | ASTM D4541     | Pull of Strength of FRP                     | <input type="checkbox"/>            | pp.            | ASTM A1034                      | Rebar Mechanical Splices             |
| <input type="checkbox"/>  |          |                |   |                                     |                |                                 |                                      |
| <input type="checkbox"/>  |          |                |   |                                     |                |                                 |                                      |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |          |                |   |                                     |                |                                 |                                      |
| Yes   | Standard | Test Procedure | Yes   | Standard                            | Test Procedure |                                 |                                      |
| <input type="checkbox"/>  | aa.      |                | <input type="checkbox"/>                    | bb.                                 |                |                                 |                                      |
| <input type="checkbox"/>  | cc.      |                | <input type="checkbox"/>                    | dd.                                 |                |                                 |                                      |
| <input type="checkbox"/>  | ee.      |                | <input type="checkbox"/>                    | ff.                                 |                |                                 |                                      |





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| 3 MASONRY   |                         |                   |                             |                                     |                         |                   |                            |
|---|-------------------------|-------------------|-----------------------------|-------------------------------------|-------------------------|-------------------|----------------------------|
| Tests   |                         |                   |                             |                                     |                         |                   |                            |
| Yes   | Standard/Code Reference |                   | Test Procedure              | Yes                                 | Standard/Code Reference |                   | Test Procedure             |
| <input checked="" type="checkbox"/>   | a.                      | ASTM C 140        | Dimensions                  | <input checked="" type="checkbox"/> | b.                      | ASTM C 140        | Compressive Strength       |
| <input checked="" type="checkbox"/>   | c.                      | ASTM C 140        | Absorption                  | <input checked="" type="checkbox"/> | d.                      | ASTM C 140        | Unit Weight                |
| <input checked="" type="checkbox"/>   | e.                      | ASTM C 140        | Moisture Content            | <input checked="" type="checkbox"/> | f.                      | ASTM C 426        | Linear Drying Shrinkage    |
| <input type="checkbox"/>  | g.                      | CBC 2105A.2.2.1.4 | Mortar Sampling             | <input checked="" type="checkbox"/> | h.                      | CBC 2105A.2.2.1.4 | Grout Sampling             |
| <input type="checkbox"/>  | i.                      | ASTM C 1314       | Prism Compressive Strength  | <input checked="" type="checkbox"/> | j.                      | ASTM C 1019       | Grout Compressive Strength |
| <input type="checkbox"/>  | k.                      | ASTM C 780        | Mortar Compressive Strength | <input checked="" type="checkbox"/> | l.                      | ASTM C 39         | Core Compressive Strength  |
| <input checked="" type="checkbox"/>   | m.                      | CBC 2105A.4       | Core Shear                  | <input type="checkbox"/>            | n.                      | ASTM C 1314       | Prism Sampling             |
|   |                         |                   |                             |                                     |                         |                   |                            |
|   |                         |                   |                             |                                     |                         |                   |                            |
|   |                         |                   |                             |                                     |                         |                   |                            |
|   |                         |                   |                             |                                     |                         |                   |                            |
|   |                         |                   |                             |                                     |                         |                   |                            |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |                         |                   |                             |                                     |                         |                   |                            |
| Yes   | Standard/Code Reference |                   | Test Procedure              | Yes                                 | Standard/Code Reference |                   | Test Procedure             |
| <input type="checkbox"/>  | aa.                     |                   |                             | <input type="checkbox"/>            | bb.                     |                   |                            |
| <input type="checkbox"/>  | cc.                     |                   |                             | <input type="checkbox"/>            | dd.                     |                   |                            |
| <input type="checkbox"/>  | ee.                     |                   |                             | <input type="checkbox"/>            | ff.                     |                   |                            |

| 4 STEEL   |                         |                     |                         |                                     |                         |                     |  |
|---|-------------------------|---------------------|-------------------------|-------------------------------------|-------------------------|---------------------|--|
| Tests   |                         |                     |                         |                                     |                         |                     |  |
| Yes   | Standard/Code Reference |                     | Test Procedure          | Yes                                 | Standard/Code Reference |                     | Test Procedure                                       |
| <input checked="" type="checkbox"/>   | a.                      | ASTM A 370          | Tension Test            | <input checked="" type="checkbox"/> | b.                      | ASTM A 370          | Bend   |
| <input type="checkbox"/>  | c.                      | ASTM E 10           | Brinell Hardness        | <input type="checkbox"/>            | d.                      | ASTM E 18           | Rockwell Hardness                                    |
| <input type="checkbox"/>  | e.                      | ASTM E 190          | Guided Bend             | <input type="checkbox"/>            | f.                      | ASTM E 23           | Charpy V - Notch                                     |
| <input type="checkbox"/>  | g.                      | ASTM A 90           | Weight of Coating       | <input type="checkbox"/>            | h.                      | AISC 341 Section K2 | Beam to Column Moment & EBF Connections Cyclic Tests |
| <input type="checkbox"/>  | i.                      | AISC 341 Section K3 | BRBF Cyclic Tests       | <input type="checkbox"/>            | j.                      | ASTM E 165          | Liquid Penetrant                                     |
| <input type="checkbox"/>  | k.                      | ASTM E 1444         | Magnetic Particle       | <input type="checkbox"/>            | l.                      | ASTM E 94           | Radiographic   |
| <input type="checkbox"/>  | m.                      | ASTM E 164          | Ultrasonic              | <input checked="" type="checkbox"/> | n.                      | ASTM E 605          | Density of SFRM                                      |
| <input type="checkbox"/>  | o.                      | CBC 2203A.1         | Material Identification | <input type="checkbox"/>            | P                       | ASTM F606           | Bolt Tension Test                                    |
|   |                         |                     |                         |                                     |                         |                     |  |
|   |                         |                     |                         |                                     |                         |                     |  |
|   |                         |                     |                         |                                     |                         |                     |  |
|   |                         |                     |                         |                                     |                         |                     |  |
|   |                         |                     |                         |                                     |                         |                     |  |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |                         |                     |                         |                                     |                         |                     |  |
| Yes   | Standard/Code Reference |                     | Test Procedure          | Yes                                 | Standard/Code Reference |                     | Test Procedure                                       |
| <input type="checkbox"/>  | aa.                     |                     |                         | <input type="checkbox"/>            | bb.                     |                     |  |
| <input type="checkbox"/>  | cc.                     |                     |                         | <input type="checkbox"/>            | dd.                     |                     |  |
| <input type="checkbox"/>  | ee.                     |                     |                         | <input type="checkbox"/>            | ff.                     |                     |  |





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| 5   |          | Wood and Roof Assemblies |                                      |                          |          |             |                          |
|---|----------|--------------------------|--------------------------------------|--------------------------|----------|-------------|--------------------------|
| Tests   |          |                          |                                      |                          |          |             |                          |
| Yes   | Standard |                          | Test Procedure                       | Yes                      | Standard |             | Test Procedure           |
| <input type="checkbox"/>  | a.       | ASTM D 3617              | Analysis of Built-Up Roof Systems    | <input type="checkbox"/> | b.       | ASTM D 4442 | Moisture Content of Wood |
| <input type="checkbox"/>  | c.       | ASTM C 67                | Brick and Structural Clay Roof Tiles |                          |          |             |                          |
|   |          |                          |                                      |                          |          |             |                          |
|   |          |                          |                                      |                          |          |             |                          |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |          |                          |                                      |                          |          |             |                          |
| <input type="checkbox"/>  | aa.      |                          |                                      | <input type="checkbox"/> | bb.      |             |                          |
| <input type="checkbox"/>  | cc.      |                          |                                      | <input type="checkbox"/> | dd.      |             |                          |
| <input type="checkbox"/>  | ee.      |                          |                                      | <input type="checkbox"/> | ff.      |             |                          |

| 6   |                         | COMPONENT, ASSEMBLY AND PROTOTYPE TESTING |  |                          |                         |               |                            |
|---|-------------------------|---|--|--------------------------|-------------------------|---------------|----------------------------|
| Tests   |                         |   |  |                          |                         |               |                            |
| Yes   | Standard/Code Reference |   | Test Procedure                                       | Yes                      | Standard/Code Reference |               | Test Procedure             |
| <input type="checkbox"/>  | a.                      | AAMA 501.4                                | Static Test for Curtain Wall and Storefront Systems  | <input type="checkbox"/> | b.                      | ICC-ES AC 156 | Shake Table Test           |
| <input type="checkbox"/>  | c.                      | AAMA 501.6                                | Dynamic Test for Curtain Wall and Storefront Systems | <input type="checkbox"/> | d.                      | FM 1950       | Seismic Sway Brace Testing |
|   |                         |   |  |                          |                         |               |                            |
|   |                         |   |  |                          |                         |               |                            |
| <i>Tests that are in the lab's scope but are not listed above should be provided in the space(s) below.</i> |                         |   |  |                          |                         |               |                            |
| <input type="checkbox"/>  | aa.                     |   |  | <input type="checkbox"/> | bb.                     |               |                            |
| <input type="checkbox"/>  | cc.                     |   |  | <input type="checkbox"/> | dd.                     |               |                            |
| <input type="checkbox"/>  | ee.                     |   |  | <input type="checkbox"/> | ff.                     |               |                            |





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**List of Attachments Supporting the Testing Agency/Laboratory Approval (Submit Each Attachment as Separate PDF)**

| Yes                                 | Enclosure Type  |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | OSHPD Facilities Development Division (FDD) Payment Form (OSH-AD-367):<br><a href="http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf">http://www.oshpd.ca.gov/FDD/Forms/eSPForms/OSH-AD_367%20Facilities%20Development%20Division%20Payment%20Form.pdf</a> |
| <input checked="" type="checkbox"/> | DSA-LEA Laboratory Qualification as posted at DSA website:<br><a href="https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx">https://www.apps.dgs.ca.gov/tracker/ApprovedLabs.aspx</a>   |
| <input checked="" type="checkbox"/> | Latest Copy of DSA 100: LEA Program Application as Submitted to DSA   |
| <input checked="" type="checkbox"/> | Latest copy of DSA 220: LEA Program On-Site Assessment Report   |
| <input checked="" type="checkbox"/> | Latest copy of DSA acceptance (letter) of the Lab. into the LEA program.  |
| <input checked="" type="checkbox"/> | Current Accreditation Certificate(s) including List of Tests for which Laboratory is Accredited   |
| <input checked="" type="checkbox"/> | Other (Please Specify): USDA Application for Permit to Receive Soil   |

**OSHPD Approval** (For Office Use Only)

Signature:  Approval Date: 04/17/2015

Print Name: James C. Pan Approval Expiration Date: 09/26/2016

Title: District Structural Engineer

Condition of approval (if applicable):

