The Hospital Building Safety Board and the Office of Statewide Health Planning and Development Facilities Development Division present:

Remodel PLUS...
Clear Paths to Success & Working with Unknowns

FOCUS:

Project Initiation
- Defining Project Intent
- Assessing Existing Conditions
- Assembling the Project Team
- Project Constraints and Opportunities

Impacts and Resources
- Identify Project Drivers
- Available OSHPD Resources

Intro to Remodel CAN 2-102.6
- Defining a Remodel Project
- Define Change of Use, Function and Occupancy

Project Scoping, Design and Permitting
- Fire/Life Safety in Design
- Including Accessibility
- Energy Code for Remodels
- Review OSHPD 1R

Construction
- Starting Construction
- Inspections
- Compliant vs Non-Compliant
- Construction in an Operating Facility
- Project Closeout

Wednesday, November 6
Crowne Plaza Sacramento
5321 Date Avenue
Sacramento, CA 95841
(916) 338-5800

Thursday, November 14
Embassy Suites Santa Ana
Orange County Airport
1325 East Dyer Road
Santa Ana, CA 92705
(714) 241-3800

SEMINAR INFORMATION:

$170 per person Includes breakfast, buffet lunch, with morning and afternoon refreshments
7:30 am–8:30 am Registration & Breakfast
8:30 am–4:00 pm Seminar (incl. one-hour lunch)

REGISTER ONLINE:

https://payments.oshpd.ca.gov/hbsb/

- No refunds for cancellations received less than one week prior to the event or for no-shows.
- Registered attendees will receive an email with a link to the seminar materials approximately one week before the seminar. Please note: Hard copies/binders will not be provided at the seminar.
- Questions: FDD.Seminar@oshpd.ca.gov or (916)440-8453
Three ways to Register:

Online:
https://payments.oshpd.ca.gov/hbsb/

Mail:
OSHPD – Hospital Building Safety Board
Attention: Evett Torres
2020 West El Camino Avenue, Ste. 800
Sacramento, CA 95833

Questions:
email hbssupportstaff@oshpd.ca.gov
or call (916) 440-8453

Payment:
❏ Check Enclosed. Make check payable to OSHPD
❏ Credit Card (check one): □ VISA □ MC □ AMEX

Card Number: ___________________________________________
NAME on Card): _________________________________________
Expiration Date: _____________________ Security Code:
Billing Address: __________________________________________
City: _______________________________ State: ___________ Zip:
Authorizing Signature: ________________________________

WHICH SEMINAR DO YOU PLAN TO ATTEND?

☐ Sacramento—November 6, 2019
Crowne Plaza Hotel Sacramento
5321 Date Ave, Sacramento, CA

☐ Santa Ana—November 14, 2019
Embassy Suites Santa Ana Orange Co. Airport
1325 East Dyer Rd., Santa Ana, CA

Registration Fee: $170 per person
TOTAL FEE (All Registrants): $ ____________

Registrant Information:

Registrant 1:
Name: ___________________________________________________
Organization: _____________________________________________
Address: _________________________________________________
City: _______________________________ State: ___________ Zip:
Telephone: _______________________________________________
Email (required): __________________________________________

Please select which most closely describes you:
☐ Hospital Owner
☐ Architect
☐ Structural Engineer
☐ MEP Engineer
☐ Construction
☐ IOR
☐ Other _____________

Registrant 2:
Name: ___________________________________________________
Organization: _____________________________________________
Address: _________________________________________________
City: _______________________________ State: ___________ Zip:
Telephone: _______________________________________________
Email (required): __________________________________________

Please select which most closely describes you:
☐ Hospital Owner
☐ Architect
☐ Structural Engineer
☐ MEP Engineer
☐ Construction
☐ IOR
☐ Other _____________

Seating is limited to the first 150 paid attendees. Registration fees will not be refunded for “No Shows.”