



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**FACILITIES DEVELOPMENT DIVISION** – www.oshpd.ca.gov/fdd

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**CERTIFICATION FOR RADIATION PROTECTION**

**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

**Address**

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State CA Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Record Detail**

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

Detailed Description

Based on my assumption and calculations, I declare under penalty of perjury that the radiation protection specified for the above project shall conform to the applicable provisions of Chapter 31C, California Building Code (Title 24, California Code of Regulations), relating to radiation protection. I further declare that I am a certified radiation physicist, health physicist, or

(Specify) \_\_\_\_\_

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

**Certifying Individual**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Comments**

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