



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 _____
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

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

