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Project #	Increment #
AMC -	

Alternate Method of Compliance

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

Record Detail

Record/Project Name _____

Detailed Description _____

Application Specific Information – Alternate Method of Compliance

Applicant Tracking Number _____

Submittal Type Alternate Method of Compliance Design Criteria Unreasonable Hardship (complete Application for Unreasonable Hardship Exception)
 Alternate Method of Protection Program Flexibility

Description of Proposal _____

Reason _____

Applicable Codes

Code Section _____

Code Section _____

Code Section _____

Enclosures

Number of Copies	Enclosure Type	Number of Copies	Enclosure Type
_____	Design Program	_____	Site Data Reports
_____	Equipment Anchorage Calculations	_____	Specifications
_____	Geotechnical Reports (for Buildings and Additions)	_____	Structural Calculations
_____	Letter of Authorization	_____	Testing, Inspection and Observation Program (TIO)
_____	Plans	_____	Other _____
_____	Project Schedule		





Alternate Method of Compliance

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OSHDP RECOMMENDATIONS

	OK	NO	N/A	Remarks
Architectural _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FLSO _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OSHDP APPROVAL

Approved Conditional Approval Denied

Printed Name _____ Title _____

Signature _____ Date _____





OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT FACILITIES DEVELOPMENT DIVISION

INSTRUCTIONS FOR ALTERNATE METHOD OF COMPLIANCE (OSH-FD-126)

This form must be accompanied by a Project Information form **OSH-FD-100**.

Facility

- Enter the Office of Statewide Health Planning and Development (OSHPD) project number.
- Enter the OSHPD facility identification number.
- Enter the name of the facility as it appears on the facility license.
- Enter the OSHPD building number and building name where the work is to be performed.
- Indicate the type of facility as it is licensed.

Record Detail

- Enter the record/project name.
- Enter a detailed description of the work to be performed.

Application Specific Information – Alternate Method of Compliance

- Provide an applicant tracking number, if applicable.
- Indicate the type of Alternate Method of Compliance being submitted. If an Unreasonable Hardship is being requested, an Application for Unreasonable Hardship Exception to Accessibility Requirements OSH-FD-800 must be submitted.
- Provide a description of the proposal.
- Provide a reason the alternate is being requested.

Applicable Codes

- Enter the year and section of code that the alternate applies to.

Enclosures

- Indicate the number of copies enclosed in the space provided, next to the applicable enclosure type.

**For construction in Northern California,
Seismic Review and Clinics, submit to:**

Office of Statewide Health Planning and Development
Facilities Development Division
2020 W. El Camino Ave., Suite 800
Sacramento, CA 95833
(916) 440-8300 phone
(916) 324-9188 fax

For construction in Southern California, submit to:

Office of Statewide Health Planning and Development
Facilities Development Division
355 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
(213) 897-0166 phone
(213) 897-0168 fax

