

Hospital Inspector Recertification Program

Changes to the Testing, Inspection and Observation TIO Form

Tab A Project Info.

Updated Header to reflect the new Los Angeles location:

OSHDP Office of Statewide Health Planning and Development		
Facilities Development Division www.oshpd.ca.gov/fdd	2020 West El Camino Avenue, Suite 800 Sacramento, CA 95833 (916) 440-8300	355 South Grand Avenue, 19th Floor Los Angeles, California 90071 (213) 897-0166
Testing, Inspection and Observation Program 2019 California Building Standards Code – OSHPD 1		
<i>This program is prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for : general acute care hospitals, acute psychiatric hospitals, and general acute care hospitals providing only acute medical rehabilitation center services.</i>		

Tab A Project Info.

Included commonly used abbreviations.

Abbreviations:	
CAC: California Administrative Code	AAMA: American Architectural Manufacturers Association
CBC: California Building Code	NFPA: National Fire Protection Association
CEC: California Electrical Code	FM: FM Approval Standards
CMC: California Mechanical Code	DPOR: Design Professional of Record

Version: R03.1

Tab B Test.

- Included “initial/date” in Compliance Verification by IOR signature box
- Included “initial/date” in Compliance Verification by OSHPD/FDD signature box
- Removed “Performed Off-Site” Column

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.		
Facility #:		Facility Name:		Project #:	
DURING CONSTRUCTION DOCUMENT			DURING CONSTRUCTION		
Index #	REQUIRED (Select)	TESTS	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL	COMPLIANCE VERIFICATION BY IOR (Initial/Date)	OSHPD/FDD USE (Initial/Date)

Tab B

Test – Electrical (new).

<u>Name</u>	<u>Code Reference</u>
Isolate Power Systems – Impedance of Isolated Wiring Test	2018 NFPA 99 6.3.2.9.2.1
Emergency Stored Electrical Energy System Test	NFPA 110-2016 Section 7.6
Torque Electrical Connections	CEC 110.3(B) & 110.14(D)
Selective Coordination Study and Testing	CEC 240.12 & 700.27
Nurse call system	CEC 517.123
Arc Energy Reduction	CEC 240.67 & 240.87
Short-Circuit Current Calculations	CEC 110.24(A), 409.22, 430.99, 440.10(B)
Essential Electrical System Coordination Study	CEC 517.31(G) & 700.32
Elevator Selective Coordination Study	CEC 620.62

Tab B

Test – Mechanical (new).

<u>Name</u>	<u>Code Reference</u>
Pre-demolition Air Flow Test and Report	CMC 407.3
Post-demolition Air Flow Test and Report	CMC 407.3

When precautionary testing and air balance is required prior to demolition work commencing and after the completion of demolition work to demonstrate that air flows to areas outside the scope of work are maintained select these tests in the TIO.

Tab C

On-site Special Inspections (new)

The DPOR shall identify all specific special inspections required to be performed for the project (see Title 24, Part 1, Section 7-141(d) & (g)). On this portion of the form, the DPOR shall identify specifically which required special inspections shall be performed on-site.

SECTION C		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.	
Facility #:	Facility Name:	Project #:	Sub #:
DURING CONSTRUCTION DOCUMENT		DURING CONSTRUCTION	
Index #	REQUIRED (Select)	ON-SITE SPECIAL INSPECTIONS	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL (IDENTIFY SPECIAL INSPECTOR) COMPLIANCE VERIFICATION BY IOR (Initial/Date) OSHPD/FDD USE (Initial/Date)

Tab C

On-site Special Inspections (new)

General areas of special inspection:

Foundation	Alternative Systems
Concrete	Nonstructural Components, Supports and Attachments
Masonry	Mechanical Special Inspections
Steel	Plumbing Special Inspections
Wood	Fire Protection Special Inspections
Other Structural Materials	Other Special Inspections

Note: the project may contain additional special inspections other than those listed above

Tab D

Off-site Special Inspections (new)

The DPOR, prior to commencement of related fabrication/construction, shall identify all special inspections to be performed off-site. It is intended that the DPOR consult with the contractor and identify all fabrication/construction requiring tests which will be performed at off-site locations.

SECTION D		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by OSHPD prior to proceeding with the related work.		
Facility #:		Facility Name:		Project #:
				Sub #:
DURING CONSTRUCTION DOCUMENT		DURING CONSTRUCTION		
Index #	REQUIRED (Select)	OFF-SITE SPECIAL INSPECTIONS	RESPONSIBLE APPROVED AGENCY AND/OR INDIVIDUAL (IDENTIFY SPECIAL INSPECTOR)	COMPLIANCE VERIFICATION BY IOR (Initial/Date)
				OSHPD/FDD USE (Initial/Date)

Tab D

Off-site Special Inspections (new)

General areas of special inspection:

Concrete	Nonstructural Components, Supports and Attachments
Masonry	Mechanical Special Inspections
Steel	Plumbing Special Inspections
Wood	Fire Protection Special Inspections
Other Structural Materials	Other Special Inspections
Alternative Systems	

Note: the project may contain additional special inspections other than those listed above

Tab E

Required Compliance Forms (new)

The DPOR shall identify the name of all the 2019 California Energy Code Non-Residential forms required for the project (see Title 24, Part 1 Section 7-118 and 7-141(d) & (g)). This includes documentation required by the 2019 California Building Standards Code (CBSC), Title 24, Parts 2, 3, 4, 5, 6 and 9. Some documents referenced by the designer (e.g. pre-approvals, manufacturer's instructions, etc.) may require testing not identified by the CBSC, these tests shall also be referenced and included.

Instructions on which forms are required may be found on the “Instructions” tab on the Excel version of the TIO

Note: some forms may not be required to be completed in its entirety. Local AJH forms may be identified here when required.

Tab E

Required Compliance Forms (continued)

- IOR will not be required to complete these forms
- IOR will be required to collect forms
- For detailed instructions on the CEC forms visit www.oshpd.ca.gov

Testing, Inspection, and Observation (TIO) Program

Section 7-141, 2016 California Building Standards Code, requires the architect or engineer in responsible charge of a project to submit a Testing, Inspection and Observation (TIO) program to the Office of Statewide Health Planning and Development (Office) for approval prior to issuance of a building permit. To assist the industry with preparation and implementation of the TIO program, the Office has developed the following resources:

OSHDP 1 Buildings

Testing, Inspection and Observation Program for OSHDP 1 projects (OSH-FD-303A) (OSHDP 1 projects include all construction and remodel projects for general acute-care hospitals and acute psychiatric hospitals. OSHDP 1 projects also include construction and remodel of skilled nursing facilities and/or intermediate care facilities except those of single-story, Type V, wood or light steel-frame construction.)

OSHDP 2 Buildings

Testing, Inspection and Observation Program for OSHDP 2 projects (OSH-FD-303B) (OSHDP 2 projects are limited to construction and remodel projects for skilled nursing facilities and/or intermediate care facilities of single-story, Type V, wood or light steel-frame construction.)

[Instructions for preparing the TIO Form](#)

Tab E

Required Compliance Forms (continued)

**FOR MORE INFORMATION ON THE 2019 CALIFORNIA ENERGY CODE FORMS
CONTACT THE ENERGY COMMISSION BUILDING ENERGY EFFICIENCY STANDARDS AT:**

**TOLL-FREE HOT LINE AT 800-772-3300
OUTSIDE OF CALIFORNIA 916-654-5106
EMAIL AT title24@energy.ca.gov**

Tab F

Construction Verification

- Added “Staff and Stock”
- Added “Substantial Completion”
- Renamed “Project Completion” to “Construction Final”
- Added “Certificate of Occupancy”

Tab G

Inspector of Record

- Added “to make sure responsibility for the inspection of every part of the work is assigned.”

SECTION G		Inspector of Record (IOR) Responsibility	
Facility #:	Facility Name:	Project #:	Sub #:
This Section only required when more than one IOR will share responsibility on the project.			
INSPECTOR OF RECORD RESPONSIBILITIES. Per CAC 7-145: “The Inspector shall have personal knowledge, obtained by continuous inspection of all work of construction in all stages of its progress to ensure that the work is in accordance with the approved construction documents.” This includes applicable Codes, Referenced Standards, Listings and Manufacturer’s Installation Instructions applicable to the work shown in the approved construction documents. If a project has more than one inspector of record, the distribution of responsibilities for the work shall be clearly identified for each IOR per CAC 7-141(f). One IOR shall be designated as the ‘lead’ IOR per CAC 7-144(b). One IOR shall be assigned responsibility for “all other work” to make sure responsibility for the inspection of every part of the work is assigned.			
INSPECTOR OF RECORD CAC 7-141, 7-145 & 7-151	SCOPE OF INSPECTION		PERFORMED OFF-SITE

Tab H

Plan Review Approval

- Reworded note at the top to say “NOTE: When a structural engineer has been delegated responsibility for a portion of this project his or her signature is also required. For testing, Inspection and Observation Program Instructions visit:...”
- Reworded note from “For OSHPD Use Only” to “For OSHPD Use”
- Enlarged the Signature and Date box to allow for reviewer stamp of approval
- Renamed “A”, “AC” and “D” to “Approved”, “Approved with Comments” and Denied”

Tab I Building Permit Approval

From

SECTION G		BUILDING PERMIT APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
<p>NOTE: For testing, Inspection and Observation Program Instructions, visit our website: http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO</p> <p>Samples of Test and Inspection Reports are: <i>(NOT required for tests performed by laboratories approved through OPAA Program)</i></p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> To be provided following determination of the responsible firm(s) or individual(s). <i>Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.</i></p> <p><input type="checkbox"/> Not applicable. <i>Project has no required tests or special inspections.</i></p> <p>Required test and inspection reports shall be prepared and submitted to OSHPD/FDD within ____ days of the completion of all tests and inspections. If not designated, all reports shall be submitted to the Office within 15 calendar days.</p> <p>In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated:</p> <p><input type="checkbox"/> Other Tests</p> <p><input type="checkbox"/> Other Special Inspections</p> <p><input type="checkbox"/> See Attachment</p> <p>Verification that approved test and inspection agencies are objective, competent and independent as required by the CBC 2016 Section 1703A.1.1:</p> <p><input type="checkbox"/> Verification of independence and acceptance of test and inspection agencies by Registered Design Professional (RDP) in responsible charge in accordance with the CAC Section 7-141.</p> <p><input type="checkbox"/> Testing agency qualification for approval or approval of testing agencies through OPAA program.</p> <p><input type="checkbox"/> Inspection agency qualification for approval.</p> <p>This program has been prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals. OSHPD 1 projects also include construction and remodel of skilled nursing facilities and/or intermediate care facilities except those of single-story, Type V, wood or light steel-frame construction. Submitted by:</p>			

To

SECTION I		BUILDING PERMIT APPROVAL	
Facility #:	Facility Name:	Project #:	Sub #:
<p>NOTE: For testing, Inspection and Observation Program Instructions visit: www.oshpd.ca.gov</p> <p>Samples of Test and Inspection Reports are: <i>(NOT required for test performed by laboratories approved through OPAA Program)</i></p> <p><i>Testing agency qualification for approval or approval of testing agencies through OPAA program.</i></p> <p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> To be provided following determination of the responsible firm(s) or individuals. <i>Samples shall be submitted to and approved by the Office prior to proceeding with the work that requires test or special inspections.</i></p> <p><input type="checkbox"/> Not applicable. <i>Project has no required test or special inspections.</i></p> <p>This program has been prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for general acute care hospitals and acute psychiatric hospitals.</p> <p>The qualifications, certifications, experience and independence of the approved agencies and individuals named on this form have been evaluated and accepted by the undersigned in accordance with CAC Section 7-141, 7-144 & 7-149; CBC 1703A.1.1 & 1704A.2.1; and ISO 17025 Section 4.1.4 as applicable. Approved agencies and individuals named for structural tests and special inspections have been evaluated and accepted by the structural engineer delegated responsibility for the design and administration of construction of the structural aspects (when such delegation has been made).</p> <p>All test and special inspection reports shall be submitted to the IOR, hospital owner, architect in responsible charge, and the structural engineer by the testing agency per CAC 7-149(a) within seven (7) calendar days of the test or special inspection.</p> <p>Special inspection reports shall be signed by the individual who performed the special inspection.</p> <p>All reports shall clearly state whether the tests or special inspections were performed in accordance with the OSHPD stamped approved documents and whether the results indicate compliance with those documents.</p> <p>Samples of test and special inspection reports are either attached, or shall be submitted to OSHPD for review prior to start of related construction.</p>			
Architect/Engineer of Record (Print Name)	Professional License #	Architect/Engineer of Record (Signature)	Date

Tab I

Building Permit Approval (continued)

From				To			
<div>Architect/Engineer of Record (Print Name)</div> <div>Professional License #</div> <div>Architect/Engineer of Record (Signature)</div> <div>Date</div>				<div>Architect/Engineer of Record (Print Name)</div> <div>Professional License #</div> <div>Architect/Engineer of Record (Signature)</div> <div>Date</div>			
FOR OSHPD USE ONLY				FOR OSHPD USE			
OSHPD TIO Program Approval:				OSHPD TIO Program Approval:			
Name		Date		<div>Signature</div> <div>Date</div>		<div>APPROVED</div> <div>APPROVED WITH COMMENTS</div> <div>DENIED</div>	
<div><input type="checkbox"/> A</div> <div><input type="checkbox"/> AC</div> <div><input type="checkbox"/> D</div>				<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>			
Comments:				Comments (If Approved with comments or Denied is checked the following comments shall be resolved by the designer prior to proceeding with the related construction):			

Tab J

Summary of Changes

- “X” is no longer acceptable when identifying the DPOR has verified the acceptance statements. Reworded to read as follows:

“A signature in column F and/or G indicates the indicated DPOR has verified the acceptance statements in Section G of this Form are applicable to any approved agencies/testing laboratories and special inspectors added.”

TESTING, INSPECTION, OBSERVATION PROGRAM NON-MATERIALLY ALTER CHANGES BY THE ARCHITECT OF RECORD / ENGINEER OF RECORD IN RESPONSIBLE CHARGE					OSHPD FDD CONCURRENCE (Initial/date)
A signature in column F and/or G indicates the indicated DPOR has verified the acceptance statements in Section G of this Form are applicable to any approved agencies/testing laboratories and special inspectors added.					
REVISION NUMBER	SYNOPSIS OF CHANGE	Architect/Engineer of Record Signature (Initial/date)	Structural Engineer of Record Signature (Initial/date)	DATE of Effective Change	

Tab J

Summary of Changes

- Reworded “Revision #” to “Revision Number”
- Added “Initial/date” to the architect/engineer of record signature box
- Added “Initial/date” to the Structural Engineer of record signature box
- Reworded “DATE” to “DATE of Effective Change”
- Added “Initial/date” to the OSHPD FDD Concurrence signature box

