

355 South Grand Avenue, Suite 1900 Los Angeles, CA 90071



#### **Testing, Inspection, and Observation Program**

2022 California Building Standards Code - OSHPD 1

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 (2022 CBC 1224.1).

SECTIO	N A	PROJECT INFORMATION					
Facility #:	Fac	Project #:					
11417	Barlow Respiratory Hospital \$241175-19-00						
Street Address:	2000 Stadium Way						
City:	Los Angeles	County: Los Angeles					
Record Name	ISCORD OF PROJECTI:	MATERIAL TESTING & CONDITIONS ASSESSMENT PROGRAM (MTCAP) FOR DINING KITCHEN BUILDING AND ADDITIONS (1902 Bldg) B L D - 0 0 7 3 1					
Abbreviations:							
CAC: California Ad	dministrative 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					
CPC: California Pl	umbing Code				Version: R04.33		

#### Testing, Inspection, and Observation Stages

Stage No. Stage Name Stage Scope / Description

1

#### DESIGN PROFESSIONAL OF RECORD RESPONSIBILITY

The administration of the work of construction, including this TIO, shall be under the responsible charge of an architect and structural engineer. When a structural engineer is not substantially involved, the architect shall be solely responsible. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer registered in the branch of engineering most applicable to the project may be in responsible charge. (CAC 7-141(a))

Note: HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. Field staff will issue subsequent "TIO Program Approval".

The "TIO Program Approval" from HCAI field staff must be obtained and included with the notice of start of construction required by CAC Section 7-137(a)4) and 7-145(a)5.A)

Construction shall not commence until the health facility has obtained from HCAI "TIO Program Approval". (CAC Section 7-135(a)3)



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## **Testing, Inspection, and Observation Program**

SE	SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPC and approved by HCAI prior to proceeding with the related work.							
Facil	lity #:	Facility Name:			Project #:						
114	417	Barlow Respiratory Hospital	S241	175-19-00							
				n "X" or provide PAA information:							
lndex #	Stage 1 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)				
		TESTS									
ounda	tion										
B-F2	X	Soil fill CBC 1705A.6 Compaction test			TBD						
oncret	te										
B-C1	Х	Concrete CBC 1705A.3, 1903A.6 & 1910A.1; ACI 318 1.9.1 & 26.4.1.1 Cementitious materials			TBD						
B-C2	Х	Concrete CBC 1705A.3, 1903A.5; ACI 318 1.9.1 & 26.4.1.2 Aggregates/Reactive aggregates			TBD						
B-C3	Х	Concrete CBC 1705A.3; ACI 318 26.4.1.4; ASTM C1602 Water			TBD						
B-C4	Х	Concrete CBC 1705A.3 & 1905A.1.17; ACI 318 26.12 Strength test			TBD						
B-C15	Х	Bar Coupler Assembly Test per ASTM A370 & ASTM E8			TBD						



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## **Testing, Inspection, and Observation Program**

SE	CT	ION C	NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the land approved by HCAI prior to proceeding with the related work.							
Faci	lity #:	Facility Name:	Project #:							
11	417	Barlow Respiratory Hospital	S242	1175-19-00						
				h "X" or provide PAA information:						
Index # Stage 1 Required (Select with "X")		ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)			
UCTL	JRAL	SPECIAL INSPECTIONS	•							
ounda										
C-F1	Х	Soils CBC 1705A.6 Soil fill			TBD					
Concre	te									
C-C1	Х	Concrete CBC 1705A.3; ACI-318 26.5.2 & 26.13 Placement of concrete			TBD					
C-C2	Х	Concrete CBC 1705A.3; ACI-318 26.4.1.5 Admixtures			TBD					
င်-ငဒ	Х	Concrete CBC 1705A.3; ACI-318 26.4 Mix design			TBD					
C-C16	Х	Concrete CBC 1705A.3 Repair of Rebar and Concrete			TBD					
Nood										
C-W2	Х	Wood CBC 1705A.5.6, 1705A.11.1, & 1705A.12.1 Installation of timber connectors			TBD					
C-W4	Х	Wood CBC 1705A.12.1 & 1705A.13.2 Nailing, screw attachment, bolting, anchoring, field gluing operations, and other fastening			TBD					



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SE	CTI	ON D	NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the and approved by HCAI prior to proceeding with the related work.				ated by the DPOR
Faci	lity #:	Facility Name:	Project #:				
11	417	Barlow Respiratory Hospital	S241175-19-00				
				n "X" or provide PAA information:			
lndex #	Stage 1 Required (Select with "X")	OFF-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)



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## **Testing, Inspection, and Observation Program**

SE	CTI	ON E	REQUIRED COMPLIANCE FORMS			
Faci	lity #:	Facility Name:	Project #:			
11	417	Barlow Respiratory Hospital	S241175-19-00			
Form #	Required (Select with "X")	DOCUMENT NAME	Responsible Designer Or Installing Contractor	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)	



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# **Testing, Inspection, and Observation Program**

	F		C	JINO	IK			IVE	RIF	ICA		N
Facility #:	Facility	Name:								Proje	ct #:	
11417	Barlow Respir	atory Ho	spital					9	52411	75-19	9-00	
	VERIFIED CONSTRUCTION INSI	PECTION	AND C	BSERV	ATION R	EPORTII	NG					
	PROJECT STAGE(S), MILESTONE, OR		VERIF	IED CO	MPLIANG	CE REPO	RT REC	UIRED	AS INDIC	CATED		USE
REFERENCE NUMBER	INTERVAL (Clearly indicate which Stage(s) apply to which	(\$00	"DERSC	NIAI KNI		orm HCA GE" as de			ia Admin	ietrativa	Code	00 (
NOWIBER	Milestone/Interval)	(366	FLNOC	MAL KIN	OVVLLD		7-151)	Callioni	ia Aumin	istiative	Code,	HCAI/FDD USE
		GEOR	AOR	SEOR	MEOR	EEOR	CONT	IOR	SP INSP	TEST LAB		유
	Clear all plan review Outstanding Items List (OIL) Items		х	х			X	х	X	X		
1	Verification of Testing Lab Qualification per PIN 58		Х	Х			Х	Х				
2	Provide completed results of material testing and condition assessment in a summary report to HCAI SCU review for SPC-4D requirements.		Х	х			x	Х		х		
	Installation of Temporary Equipment											
	Removal of Temporary Equipment											
	Substantial Compliance (Remodel, Renovations, Maintenance projects, Equipment Replacement)											
	Certificate of Occupancy (New Buildings, Additions, Changes in Occupancy)											
	Construction Final		Х	х			Х	Х	х	Х		
BBREVIATIONS:	GEOR - Geotechnical Engineer of Record				of Recor					_	eer of Re	
	MEOR - Mechanical Engineer of Record		EEOR -	Electrica	al Engine	er of Red	cord	CONT	D/B - Cor	ntractor o	or Owner	/Builder



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## **Testing, Inspection, and Observation Program**

SECTION G	Inspector of Record (IOR) Responsibility							
Facility #:	Facility Name:	Project #:						
11417	Barlow Respiratory Hospital	S241175-19-00						
construction in all stages of its progress to ens Codes, Referenced Standards, Listings and Manu a project has more than one inspector of record, IOR shall be designated as the 'lead' IOR per CA	CAC 7-145: "The Inspector shall have personal knowledge, obsure that the work is in accordance with the approved constru- facturer's Installation Instructions applicable to the work show the distribution of responsibilities for the work shall be clearly C 7-144(b). One IOR shall be assigned responsibility for "all ot inspection of every part of the work is assigned.	ction documents." This include on in the approved construction of identified for each IOR per CA	es applicable n documents. If IC 7-141(f). One nsibility for the					
INSPECTOR OF RECORD CAC 7-141, 7-145 & 7-151	SCOPE OF INSPECTION		PERFORMED OFF-SITE					
	All other work							



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SECTION H	HCAI REVIEWED						
Facility #:	Facility Name:	Project #:					
11417	Barlow Respiratory Hospital	S241175-19-00					
NOTE: When a structur	ral engineer has been delegated responsibility for	a portion of this project his or her signature is also	required.				
Submitted By:							
I have reviewed the approved co "required" on this form.	onstruction documents for this project and a	Il tests and special inspections required by C	Code are marked as				
Michael Zakian		Jula 31	8.3.24				
Architect/Engineer of Record (Print Nam	ne)	Architect/Engineer of Record (Signature)	Date				
Dhawal Agarwal, S.E.		Jamal ;	8/1/2024				
Structural Engineer of Record (Print Nar	me)	Structural Engineer of Record (Signature)	Date				
	FOR HCAI US	SE					
TIO Program Reviewed by HCAI Plan	Review Staff:						
	TIO REVIEWED						



Note: HCAI plan review staff must provide verification that the TIO program has beeen "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. Field staff will issue subsequent "TIO Program Approval".



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## **Testing, Inspection, and Observation Program**

SECTION I	TIO PROC	TIO PROGRAM APPROVAL						
Facility #:	Facility Name:	Project #:						
11417	Barlow Respiratory Hospital	S241175-19-00						
		projects include all construction and remodel projects for: re hospitals providing only acute medical rehabilitation center 24.1).						
Samples of Test and Inspe	ction Reports are NOT required for tests perfo	rmed by laboratories approved through OPAA Program						
All test and special inspection reportesting agency per CAC 7-149(a).	rts shall be submitted to the IOR, hospital owner,	architect in responsible charge, and the structural engineer by the						
All reports shall clearly state wheth whether the results indicate complia	ance with those documents per CAC 7-149 (a). A	cial inspection(s) as outlined in CAC 7-151 (c).  d in accordance with the HCAI stamped approved documents and  II IORs performing special inspections shall hold the appropriate  of record and HCAI prior to performing such work.						
NOTE: This Test, Inspection, and C	Observation Report shall be approved by HCAI fie	old personnel prior to start of construction.						
MICHAEL ZAKIAN	C17405	MPQ. 3/1						
Architect/Engineer of Record (Print Nan	ne) Professional License #	Architect/Engineer of Record (Signature) Date						
	FOR HCAI FIELD STAF	F USE						
TIO Program Approved by HCAI Field								
Note: HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. HCAI Field staff will issue subsequent "TIO Program Approval".  If "Approved with Comments" is checked the following comments shall be resolved by the designer prior to proceeding with the related construction:								



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## **Testing, Inspection, and Observation Program**

SECT	ION J	SUMMARY OF CHANGES TO THE TIO PROGRAM  NOTE: Note all changes shall be approved as amended construction documents per CAC 7- 153, or "concurred with" as non-material alterations per CAC 7-153(b), by HCAI prior to proceeding with the related work.							
Facility #:	Facility N	lame:		Projec	ct #:				
11417	Barlow Respiratory Hospital \$241175								
TESTING, INSPECTION, AND OBSERVATION PROGRAM NON-MATERIALLY ALTERING CHANGES BY THE ARCHITECT OF RECORD / ENGINEER OF RECORD IN RESPONSIBLE CHARGE									
A signatu	re below indicates that the DPOR has verified the accep agencies/testing laborator			able to any approved	HCAI FDD CONCURRENCE				
REVISION NUMBER	SYNOPSIS OF CHANGE	Architect/Engineer of Record Signature (Initial/date)	Structural Engineer of Record Signature (Initial/date)	DATE of Effective Change	(Initial/date)				