



Testing, Inspection, and Observation Program

2022 California Building Standards Code - OSHPD 1

| SECTION B | | NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work. | | | | | |
|-------------------------|------------------------------------|---|---|------------------------------|---|---|-----------------------------|
| Facility #: | Facility Name: | Project #: | | | | | |
| 11417 | Barlow Respiratory Hospital | S241175-19-00 | | | | | |
| | | Select with "X" or provide required OPAA information: | | | | | |
| Index # | 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) |
| STRUCTURAL TESTS | | | | | | | |
| Foundation | | | | | | | |
| B-F2 | X | Soil fill CBC 1705A.6 Compaction test | | | TBD | | |
| Concrete | | | | | | | |
| B-C1 | X | Concrete CBC 1705A.3, 1903A.6 & 1910A.1; ACI 318 1.9.1 & 26.4.1.1 Cementitious materials | | | TBD | | |
| B-C2 | X | Concrete CBC 1705A.3, 1903A.5; ACI 318 1.9.1 & 26.4.1.2 Aggregates/Reactive aggregates | | | TBD | | |
| B-C3 | X | Concrete CBC 1705A.3; ACI 318 26.4.1.4; ASTM C1602 Water | | | TBD | | |
| B-C4 | X | Concrete CBC 1705A.3 & 1905A.1.17; ACI 318 26.12 Strength test | | | TBD | | |
| B-C15 | X | Bar Coupler Assembly Test per ASTM A370 & ASTM E8 | | | TBD | | |



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| SECTION C | | NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work. | | | | | |
|---------------------------------------|------------------------------------|---|---|------------------------------|--|---|-----------------------------|
| Facility #: | Facility Name: | Project #: | | | | | |
| 11417 | Barlow Respiratory Hospital | S241175-19-00 | | | | | |
| | | Select with "X" or provide required OPAA 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) |
| STRUCTURAL SPECIAL INSPECTIONS | | | | | | | |
| Foundation | | | | | | | |
| C-F1 | X | Soils CBC 1705A.6 Soil fill | | | TBD | | |
| Concrete | | | | | | | |
| C-C1 | X | Concrete CBC 1705A.3; ACI-318 26.5.2 & 26.13 Placement of concrete | | | TBD | | |
| C-C2 | X | Concrete CBC 1705A.3; ACI-318 26.4.1.5 Admixtures | | | TBD | | |
| C-C3 | X | Concrete CBC 1705A.3; ACI-318 26.4 Mix design | | | TBD | | |
| C-C16 | X | Concrete CBC 1705A.3 Repair of Rebar and Concrete | | | TBD | | |
| Wood | | | | | | | |
| C-W2 | X | Wood CBC 1705A.5.6, 1705A.11.1, & 1705A.12.1 Installation of timber connectors | | | TBD | | |
| C-W4 | X | Wood CBC 1705A.12.1 & 1705A.13.2 Nailing, screw attachment, bolting, anchoring, field gluing operations, and other fastening | | | TBD | | |



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|------------------|---------------------------------------|---|---|------------------------------|---|--|--------------------------------|
| SECTION D | | NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work. | | | | | |
| Facility #: | Facility Name: | Project #: | | | | | |
| 11417 | Barlow Respiratory Hospital | S241175-19-00 | | | | | |
| | | Select with "X" or provide required OPAA information: | | | | | |
| Index # | 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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| SECTION E | | REQUIRED COMPLIANCE FORMS | | | |
|------------------|-------------------------------|----------------------------------|---|---|--------------------------------|
| Facility #: | Facility Name: | Project #: | | | |
| 11417 | 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) |



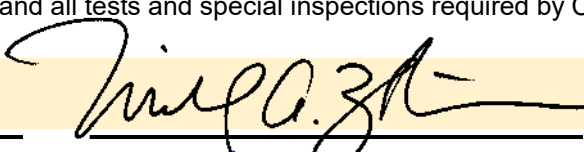
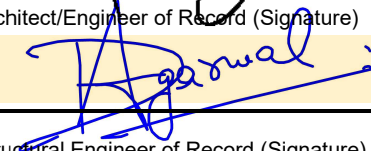

2020 West El Camino Avenue,
Suite 800
Sacramento, CA 95833

355 South Grand Avenue,
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Los Angeles, CA 90071



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| SECTION H | HCAI REVIEWED | |
|--|--|---------------|
| Facility #: | Facility Name: | Project #: |
| 11417 | Barlow Respiratory Hospital | S241175-19-00 |
| NOTE: When a structural 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 construction documents for this project and all tests and special inspections required by Code are marked as "required" on this form. | | |
| Michael Zakian |  | 8.3.24 |
| Architect/Engineer of Record (Print Name) | Architect/Engineer of Record (Signature) | Date |
| Dhawal Agarwal, S.E. |  | 8/1/2024 |
| Structural Engineer of Record (Print Name) | Structural Engineer of Record (Signature) | Date |
| FOR HCAI USE | | |
| TIO Program Reviewed by HCAI Plan Review Staff: | | |
| <div style="border: 2px solid #0070C0; padding: 10px; width: fit-content; margin: auto;">  <p style="font-size: 24px; color: red; margin: 0;">TIO REVIEWED</p> <p style="margin: 0;">Department of Health Care Access & Information Office of Statewide Hospital Planning & Development</p> <p style="color: red; margin: 0;">10/28/2024, 8:16:27 AM S241175-19-00 Lynn Wang</p> </div> | | |
| <p>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".</p> | | |



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| SECTION I | | TIO PROGRAM APPROVAL | |
|---|-----------------------------|--|--------|
| Facility #: | Facility Name: | Project #: | |
| 11417 | Barlow Respiratory Hospital | S241175-19-00 | |
| <p style="text-align: center;">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).</p> | | | |
| <p style="text-align: center;">Samples of Test and Inspection Reports are <i>NOT</i> required for tests performed by laboratories approved through OPAA Program</p> | | | |
| <p><i>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).</i></p> | | | |
| <p><i>Verified compliance reports shall be signed by the individual who performed the special inspection(s) as outlined in CAC 7-151 (c). All reports shall clearly state whether the tests or special inspections were performed in accordance with the HCAI stamped approved documents and whether the results indicate compliance with those documents per CAC 7-149 (a). All IORs performing special inspections shall hold the appropriate certification and equipment, and shall obtain approval from the design professional of record and HCAI prior to performing such work.</i></p> | | | |
| <p><i>NOTE: This Test, Inspection, and Observation Report shall be approved by HCAI field personnel prior to start of construction.</i></p> | | | |
| MICHAEL ZAKIAN | C17405 | | 8/5/24 |
| Architect/Engineer of Record (Print Name) | Professional License # | Architect/Engineer of Record (Signature) | Date |
| FOR HCAI FIELD STAFF USE | | | |
| <p>TIO Program Approved by HCAI Field Staff:</p> | | | |
| <p>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".</p> <p>If "Approved with Comments" is checked the following comments shall be resolved by the designer prior to proceeding with the related construction:</p> | | | |

