

21 S. CALIFORNIA STREET
 FOURTH FLOOR
 VENTURA, CALIFORNIA 93001
 805 648-1234 FAX 805 648-4444

Transmittal Letter

Project: SPH PACU Toilet

Project No.: Facility 11175
 OSHPD S141690-56

To: Ronika Lewis, OSHPD
 700 North Alameda Street, Suite 2-500
 Los Angeles, CA 90012

Date: 8-19-14

We Transmit:

Herewith Under Separate Cover Via UPS
 As requested by _____

For Your:

Approval Distribution to Parties Information
 Signature Record Review and Comment
 Use _____

The Following:

Drawings Shop Drawings Samples
 Specifications Correspondence Product Literature
 Change Order _____

<i>Copies</i>	<i>Date</i>	<i>Description</i>
1		Approved Plans (for OSHPD file)
1		Approved TIO for Permit Processing
1		Application for Building Permit
1		Application for IOR

Remarks

Dear Ronika, Please find attached FREER Feild Review for SPH PACU Toilet. Please process the attached Permit Package Submittal. Let me know if you have any questions or concerns.

Copies to:
Leticia Rodriguez, VCMC (via email)
Bill Black, IOR (via email)
Scott Young, VCMC (via email)

Enclosures

By: Loren Evans, AIA (Extension 21)



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300

FAX (916) 324-9188

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (213) 897-0166

FAX (213) 897-0168

Testing, Inspection and Observation Program
2013 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 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.

A	Facility #: 11175	Facility Name: Santa Paula Hospital	Project #: <i>5141690-56</i>		
	Street Address: 825 North 10th Street		Sub #:		
	City: Santa Paula		County: Ventura		
	Record Name (Scope of Project): P.A.C.U. Toilet				
B	TESTS – DOCUMENTATION / CERTIFICATION REQUIRED			CONSTRUCTION VERIFICATION	OFFICE USE ONLY
	STRUCTURAL TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
	Post-installed anchors CBC 1913A.7 Installation verification test		x		DSE: DSE:
	ELECTRICAL TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
					CO:
	MECHANICAL TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
					CO:
					CO:
	Ventilation system CMC 407.3.1 & Table 4-A Areas tested and balanced		x		CO:
					CO:
	PLUMBING TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
	Disinfection of potable water systems CPC 609.9		x		CO:
	Plumbing, drainage, and venting systems CPC 103.5 & 712.0 Water or air tested prior to use, covering or concealment		x		CO:
	Water supply system CPC 103.5 & 609.4 Pressure tested prior to covering or concealment		x		CO:

* NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office, prior to proceeding with the work that requires this test or special inspection.



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300

FAX (916) 324-9188

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (213) 897-0166

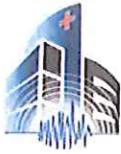
FAX (213) 897-0168

Testing, Inspection and Observation Program

2013 California Building Standards Code – OSHPD 1

FIRE TESTS	RESPONSIBLE FIRM OR INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
Fire alarm CFC 901.5, CFC 907.7, & NFPA 72-2013 § 14.4 Acceptance and reacceptance testing		X		FLSO:
Fire sprinkler CFC 901.5 & NFPA 13-2013 Chapter 25 Acceptance testing – Aboveground piping		X		
C	SPECIAL INSPECTIONS – DOCUMENTATION / CERTIFICATION REQUIRED	CONSTRUCTION VERIFICATION		OFFICE USE ONLY
STRUCTURAL INSPECTIONS	RESPONSIBLE INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
				DSE:
Concrete CBC 1705A.3 CIP & Post-installed Bolts in concrete		X		DSE:
				DSE:
MECHANICAL INSPECTIONS	RESPONSIBLE INDIVIDUAL	*TBD	IOR	FDD CONSTRUCTION ACCEPTANCE
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:
				DSE:

* NOTE: To Be Determined (TBD) – The name of the firm or individual to perform this test or special inspection shall be submitted to and approved by the Office, prior to proceeding with the work that requires this test or special inspection.



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (916) 440-8300

Phone (213) 897-0166

FAX (916) 324-9188

FAX (213) 897-0168

Testing, Inspection and Observation Program

2013 California Building Standards Code – OSHPD 1

D CONSTRUCTION OBSERVATION AND REPORTING											
Ref. No.	REQUIRED CONSTRUCTION OBSERVATION <i>(See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</i>	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <i>(Form OSH-FD-123)</i>								FOR OFFICE USE ONLY	
	*MILESTONES	GEOR	AOR	SEOR	MEOR	EEOR	CONT	SP INSP	IOR	OSHPD FDD	
VR1	Completion of first plumbing fixture rough-in prior to installation of finish or concealment.				X					X	
VR2	Completion of conduit installation at new panels prior to installation of finish or concealment.					X				X	
										X	
VR3	SUBSTANTIAL COMPLETION		X		X	X				X	
VRF	FINAL VERIFIED COMPLIANCE REPORT AT COMPLETION		X		X		X			X	

* NOTE: Construction observation may be scheduled at project milestones, at specific intervals, or a combination of both.

ABBREVIATIONS: Geotechnical Engineer of Record (GEOR), Architect of Record (AOR), Structural Engineer of Record (SEOR), Mechanical Engineer of Record (MEOR), Electrical Engineer of Record (EEOR), Contractor or Owner/Builder (CONT), Special Inspector (SP. INSP), and Inspector of Record (IOR).



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd

400 R Street, Suite 200 ~ Sacramento, California 95811

Phone (916) 440-8300

FAX (916) 324-9188

700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012

Phone (213) 897-0166

FAX (213) 897-0168

Testing, Inspection and Observation Program
2013 California Building Standards Code – OSHPD 1

E Samples of Test and Inspection Reports are:

- Attached
To be provided following determination of the responsible firm(s) or individual(s). Samples shall be submitted to and approved by the Office, prior to proceeding with the work that requires tests or special inspections.
Not applicable. Project has no required tests or special inspections.

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.

In addition to the preprinted tests and special inspections identified on this form, this program includes additional tests and special inspections as indicated:

- Other Tests
Other Special Inspections
See Attachment

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:

Jay Lomagno

C20801

8/8/14

Architect/Engineer of Record (Print Name)

Professional License #

Architect/Engineer of Record (Signature)

Date

FOR OFFICE USE ONLY

OSHPD Plan Approval:

Name

Date

OSHPD Field Acceptance:

Name

Date

Table with 2 columns: Category (Architectural, Structural, Mechanical, Electrical, Fire and Life Safety) and Date.

Table with 3 columns: A, AC, D for each category.

Comments:

NOTE: For Testing, Inspection and Observation Program Instructions, visit our website: http://oshpd.ca.gov/FDD/Plan_Review/TIO.html#TIO.



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

RECEIVED

OFFICE USE ONLY	
Project #	5141690-56 Increment #
BP #	

Application for Building Permit

Facility

Project # 5141690-56

Facility # 11175 Facility Name Santa Paula Hospital

OSHDP Building# BLD - 01241 Building Name Main Building / East & North Addn - Bldg 01

Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility

Correctional Treatment Center Licensed Clinic

Application Specific Information – Building Permit

Construction Performed By (check one)

Licensed Contractor

State of California Contractor's License Number _____ Class _____ Expiration Date _____

First Name _____ M.I. _____ Last Name _____

Organization Name _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Phone 2 _____ Fax _____

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor or Authorized Agent's Name _____

Signature _____ Date _____

Owner/Builder

OWNER-BUILDER DECLARATION

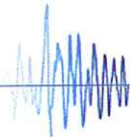
I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) below: (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractors State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500].)

Please **check all that apply** for the following:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).
- I am exempt under Section: _____, Building and Professions Code for this reason: _____.
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.).

By my signature below I acknowledge that, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov>.

Signature of Legal Owner or Authorized Agent Cynthia Wa Date 8/8/14





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

OFFICE USE ONLY	
Project #	5141690 -560 Increment #
BP #	

Application for Building Permit

Application Specific Information – Building Permit

Worker's Compensation Coverage

WORKERS' COMPENSATION DECLARATION (Section 3800, Labor Code):

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

I herby affirm under penalty of perjury one of the following declarations:

Exempt: I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Insured through Carrier: I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Policy # _____ Insurance Carrier _____ Expiration Date _____

Insurance Agent Name _____ Insurance Agent Phone _____ Copy Attached

Self-insured: I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate # #7105 Copy Attached

Applicant's Signature Cynthia Lora Date 8/8/14

Costs

Cost Type Estimated
 Contract

Construction Costs

(excluding fixed equipment, imaging equipment, design fees, inspection fees, and off-site improvements)

Notes: For SB 1838 projects, this amount must not exceed \$50,000
For Incremented projects include the combined costs for all increments

\$ 95,000.00

Fixed Equipment Costs

(sterilizers, chillers, boilers, etc., excluding installation)

\$ _____

Cost of Imaging Equipment

(X-ray, MRI, CT Scan, etc., excluding installation cost)

\$ _____

Note: See Instructions for Fee Information

Reason



5141690-56

county of ventura

COUNTY EXECUTIVE OFFICE
MICHAEL POWERS
County Executive Officer

J. Matthew Carroll
Assistant County Executive Officer

Paul Derse
Assistant County Executive Officer/
Chief Financial Officer

Catherine Rodriguez
Assistant County Executive Officer/
Labor Relations & Strategic Development

October 1, 2013

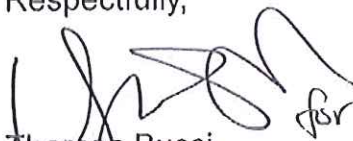
Proof of Workers' Compensation Insurance

TO WHOM IT MAY CONCERN

Please accept this letter in place of a Certificate of Insurance, as the County of Ventura is self-insured for Workers' Compensation.

The County of Ventura has complied with the requirements of the Director of Industrial Relations under the provisions of Section 3700 to 3705 of the Labor Code of the State of California. The County of Ventura has been granted a "Certificate of Consent to Self-Insure" under Number 7015 effective July 1, 2002.

Respectfully,



Theresa Bucci
Subrogation and Insurance Specialist
(805) 654-3127



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

BUILDING PERMIT

This permit shall be posted.

Facility Building Permit

Project # 5141690-56
Facility # 11175 Facility Name Santa Paula Hospital
OSHDP Building # BLD - 01241 Building Name Main Building / East & North Addn - Bldg 01
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 P.A.C.U. Toilet
Detailed Description Remodel Utility Alcove #239 into Toilet Room #239A and Utility Closet #239B.

PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR AFTER OBTAINING THE WRITTEN APPROVAL OF CONSTRUCTION DOCUMENTS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR FOLLOWING ITS COMMENCEMENT.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances, rules, regulations and state laws relating to building construction, and with any and all conditions of permit. I hereby authorize representatives of the OSHPD to enter upon the above-identified property for inspection purposes.

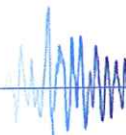
Printed Name Cyndie R Cole Authorized Agent Legal Owner
Signature *Cyndie Cole* Date 8/8/14

OFFICE USE ONLY

Project # _____ Increment # _____
BP # _____
Permit issued on _____
By _____
Regional Compliance Officer, Office of Statewide Health Planning and Development

Special Conditions

[Empty box for Special Conditions]





**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

RECEIVED

Application for Inspector of Record

Facility

Project # 5141690-56 PACU Toilet

Facility # 11175 Facility Name Santa Paula Hospital

OSHPD Building # BLD -01241 Building Name Main Hospital Building #01

Type of Facility Acute Psychiatric Hospital General Acute Care Hospital Skilled Nursing or Intermediate Care Facility
 Correctional Treatment Center Licensed Clinic

Applicant

First Name William M.I. H Last Name Black

Organization Name Alquist Inspection service, Inc.

Street Address P.O. Box 625

Address Line 2 _____

City Santa Paula State CA Zip Code 93061

Phone 805.218.9130 Phone 2 _____ Fax _____

Email iorbill@msn.com

Application Specific Information – Inspector of Record

OSHPD Certification Number 10748 Class A B C

Are you engaged in a business or other employment that requires a portion of your time? Yes No

If yes, describe See attached

CERTIFICATION OF APPLICANT for INSPECTOR OF RECORD

I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal on this project, and possible suspension or revocation of my Hospital Inspector Certification. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/or Engineer, and the Office of Statewide Health Planning and Development, without delay. If appointed, I will accept the responsibilities of Inspector of Record on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.

Signature WH Black Date 8/13/14

LEGAL OWNER

This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer, and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.

Printed Name Cyndie R. Cole Title Hospital Administrator

Signature Cyndie Cole Date 8/8/14

PROFESSIONAL

This person known to me, is qualified, and is satisfactory to me as an Inspector of Record on this project.

Signature of Architect or Engineer in Responsible Charge [Signature] Date 8/13/14

Signature of Structural Engineer _____ Date _____
(Required on projects that include primary gravity and/or lateral load elements/systems)

OFFICE USE ONLY

OSHPD APPROVAL

Printed Name _____ Title _____

Signature _____ Date _____

Current Work Load

William H. Black, A10748

July 1, 2014

Simi Valley Hospital, Simi Valley

Main Building Shell and Build-out

Note: There are two IORs named to each of these SVH projects, myself and Robert Berrington, A20237.

Shell Addition (HL102700) – Exterior wall framing and sheathing completed. Weather protection and plaster accessories installation in-progress. Project is 52% complete. The scheduled completion date is October 2014. Workload approximately 10 hrs./wk.

Emergency Dept. Addition & Remodel (SL073056) – Phase 1 interior framing essentially complete along with MEP rough-in. Project is 32% complete. The scheduled completion date is 2015. Workload approximately 6 hrs./wk.

Surgery Build-out (SL073054) – Phase 1 interior framing essentially complete along with MEP rough-in. Project is 30% complete. The scheduled completion date is 2015. Workload approximately 4 hrs./wk.

Make Ready Work

Mechanical & Med Gas Equipment (P-2012-00954) – Mechanical and plumbing equipment installed and first phase MEP scope is nearly complete. The scheduled completion date is August 2014. Project is 42% complete. Workload periodic.

Chiller Med Gas & O2 Enclosure Upgrade (P-2012-00831) – CMU enclosure is in-progress. The scheduled completion date is August 2014. Project is 25% complete.

Ventura County Medical Center, Ventura

Cerner Monitors (S131945) – Work is essentially complete

AC Unit for 3N IDF (S132355) – Work has not begun, project has very limited scope.

Data Cabling (S132799) – Work has not begun, project has very limited scope.

Pharmacy Pyxis (S132338) – Work is essentially complete.

Santa Paula Hospital, Santa Paula

Cerner Monitors (S131944) – Work is essentially complete

Boiler Gas Meters (S132463) – Work is essentially complete

Data Cabling (S132797) – Punch-list work remains

NPC-3 (P-2012-00364, P-2012-02326, S131177) – Work has not begun

SPH Material Testing (S140909) – Sampling to begin mid-July