

**REVISION RECORD FOR THE
STATE OF CALIFORNIA
EMERGENCY SUPPLEMENT**

February 27, 2003

2001 Title 24, Part 1, California Building Standards Administrative Code

**PLEASE NOTE: The date of this Emergency Supplement is for identification purposes only.
See the History Note Appendix for the adoption and effective dates of the provisions.**

It is suggested that the section number as well as the page number be checked when inserting this material and removing the superseded material. In case of doubt, rely on the section numbers rather than the page numbers since the section numbers must run consecutively.

It is further suggested that the superseded material be retained with this revision record sheet so that the prior wording of any section can be easily ascertained.

Please keep the removed pages with this revision page for future reference.

NOTE

Due to the fact that the application date for a building permit establishes the California Building Standards code provisions that are effective at the local level, which apply to the plans, specifications, and construction for that permit, it is strongly recommended that the removed pages be retained for historical reference.

Remove Existing Pages

51 through 56
81 through 84
91 and 92
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119 and 120

Insert Blue Pages

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ADMINISTRATIVE REGULATIONS FOR THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)
CHAPTER 6. SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS

Article 1. Definitions and Requirements

1.0 Scope. The regulations in this article shall apply to the administrative procedures necessary to implement the seismic retrofit requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983.

1.1 Application. The regulations shall apply to all general acute care hospital facilities as defined in Section 1.2 of these regulations.

1.2 Definitions. Unless otherwise stated, the words and phrases defined in this section shall have the meaning stated therein throughout Chapter 6, Part 1, Title 24.

Alternate Analysis means a complete seismic analysis using methodology approved in advance by the Office and meeting the criteria of Article 2, Section 2.7 of these regulations.

Bulk Medical Gas System means an assembly of fixed equipment such as storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a capacity of more than 20,000 cubic feet (NTP) of cryogenic medical gas.

Communications System means the assembly of equipment such as telephone switchgear, computers, batteries, radios, microwave communications systems, towers, and antennas that provide essential internal and external communication links.

Conforming Building means a building originally constructed in compliance with the requirements of the 1973 or subsequent edition of the *California Building Code*.

Critical Care Area means those special care units, intensive care units, coronary care units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, emergency rooms, operating rooms, post-operative recovery rooms and similar areas in which patients are intended to be subjected to invasive procedures and connected to line-operated, electromedical devices.

Emergency Power Supply (EPS) means the source of electric power including all related electrical and mechanical components of the proper size or capacity, or both, required for the generation of the required electrical power at the EPS output terminals. For rotary energy converters, components of an EPS include the prime mover, cooling system, generator, excitation system, starting system, control system, fuel system and lube system (if required).

Essential Electrical Systems means a system as defined in the *California Electrical Code*, Article 517 "Health Care Facilities," Chapter 5, Part 3 of Title 24.

Fire Alarm System means a system or portion of a combination system consisting of components and circuits arranged to monitor and announce the status of fire alarm or supervisory signal initiating devices and to initiate appropriate response to those signals.

Functional Contiguous Grouping means a group of hospital buildings, each of which contains the primary source of one or more basic service that are operationally interconnected in a manner acceptable to the Department of Health Services.

General Acute Care Hospital as used in Chapter 6, Part 1 means a hospital building as defined in Section 129725 of the

Health and Safety Code and that is also licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, but does not include these buildings if the beds licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, as of January 1, 1995, comprise 10 percent or less of the total licensed beds of the total physical plant, and does not include facilities owned or operated, or both, by the Department of Corrections. It also precludes hospital buildings that may be licensed under the above mentioned code sections, but provide skilled nursing or acute psychiatric services only.

Hospital Equipment means equipment permanently attached to the building utility services such as surgical, morgue, and recovery room fixtures, radiology equipment, medical gas containers, food service fixtures, essential laboratory equipment, TV supports, etc.

Hybrid Structure means a structure consisting of an original and one or more additions, constructed at different times, and with lateral-force-resisting systems of different types, or constructed with differing materials or a different design approach. The original building and additions are interconnected and not seismically isolated.

Nonconforming Building means any building that is not a conforming building.

Nonstructural Performance Category (NPC) means a measure of the probable seismic performance of building contents and nonstructural systems critical to providing basic services to inpatients and the public following an earthquake, as defined in Article 11, Table 11.1 of these regulations.

Primary Source means that building or portion of a building identified by the hospital as housing the main or principal source of a basic hospital service, serving the greatest number of patients, providing the greatest number of patient beds, or having the largest/greatest floor space of the specified basic service. The hospital may submit data to substantiate the primary source through alternative criteria if different than above.

Principal Horizontal Directions means the two predominant orthogonal translational modes of vibration with the lowest frequency.

Slender Seismic Resisting System means any vertical system for resisting lateral forces, such as walls, braced frames, or moment frames, with a height to width ratio greater than four for the minimum horizontal dimension at any height.

Structural Performance Category (SPC) means a measure of the probable seismic performance of building structural systems and risk to life posed by a building subject to an earthquake, as defined in Article 2, Table 2.5.3 of these regulations.

1.3 Seismic Evaluation. All general acute care hospital owners shall perform a seismic evaluation on each hospital building in accordance with the Seismic Evaluation Procedures as specified in Articles 2 through 11 of these regulations. By January 1, 2001, hospital owners shall submit the results of the seismic evaluation to the Office for review and approval. By completing this seismic evaluation, a hospital facility can determine its respective seismic performance categories for both the Structural Performance Category (SPC) and the Nonstructural Performance Category (NPC) in accordance with Articles 2 and 11 of these regulations.

1.3.1 Seismic Evaluation Submittal. Hospital owners shall submit the seismic evaluation report to the Office by January 1, 2001. There are no provisions for submittal of the evaluation report after this date. The hospital owners shall submit the evaluation report in accordance with Section 7-113, "Application for Plan Report or Seismic Compliance Extension Review" and Section 7-133, "Fees" of Article 3, Chapter 7, Part 1, Title 24.

EXCEPTIONS: 1. Any hospital facility owner whose building is exempted from the structural evaluation per Section 2.0.1.2 shall not be required to submit a structural evaluation report as specified in Section 1.3.3. In lieu of the structural evaluation report, hospital owners shall submit the matrix of construction information for the specified building(s) as noted in Section 1.3.4.6 to the Office by January 1, 2001;

2. Any hospital facility owner whose building is exempted from the nonstructural seismic evaluation per Section 11.0.1.2 shall not be required to submit a nonstructural evaluation report as specified in Section 1.3.4. In lieu of the nonstructural evaluation report, hospital owners shall submit the matrix of construction information for the specified building(s) as noted in Section 1.3.4.6 to the Office by January 1, 2001.

1.3.2 Seismic Evaluation Format. The evaluation shall consist of the Structural Evaluation and the Nonstructural Evaluation Reports. The reports shall be prepared in conformance with Part 1, Chapter 7, Title 24 and these regulations and prepared as follows:

1. All site, architectural, and engineering plans shall be formatted on 11- by 17-inch sheets (folded to 8¹/₂ by 11 inches);

2. Larger sheets, if required to clearly describe the requested information, shall be appended to the reports; and

3. Other supporting documents in addition to those meeting the minimum requirements of Sections 1.3.3 and 1.3.4 may be appended to the reports.

1.3.3 Structural Evaluation Report. The structural evaluation report shall include the following elements:

1. A description of the building, including photographs of the building, and sketches of the lateral force resisting system;

2. The "General Sets of Evaluation Statements" from the Appendix;

3. A synopsis of the investigation and supporting calculations that were made;

4. A list of the deficiencies requiring remediation to change statement responses from false to true; and

5. The SPC for the building, with comments on the relative importance of the deficiencies.

1.3.4 Nonstructural Evaluation Report. The nonstructural evaluation report shall include the following elements:

1. A written description of the evaluation methods and procedures conducted in conformance with Article 11 of these regulations for the determination of the facilities existing compliance. The description shall include the systems and components required for the planned level of nonstructural performance as identified in Table 11.1;

EXCEPTIONS: 1. Additional evaluations as per Section 11.01.3 will be required for any hospital owner electing to obtain a higher NPC at a future date consistent with an approved compliance plan;

2. A complete nonstructural evaluation up to NPC 5 is required prior to the hospital owner selling or leasing the hospital to another party.

2. Provide single line diagrammatic plans (site plan and floor plans) of the following:

2.1 Location of the following areas/spaces:

(a) Central supply areas;

(b) Clinical laboratory service spaces;

(c) Critical care areas;

(d) Pharmaceutical service spaces;

(e) Radiological service spaces; and

(f) Sterile supply areas.

2.2 Diagrammatic or narrative descriptions of the following major building systems where deficiencies are identified that are within the scope of the evaluation, including primary source location or point(s) of entry into the building and major distribution routes of each utility or system.

(a) Mechanical systems including:

i. Air supply equipment, piping, controls and ducting;

ii. Air exhaust equipment and ducting;

iii. Steam and hot water piping systems, including boilers, piping systems, valving and components, and

iv. Elevators selected to provide service to patient, surgical, obstetrical and ground floors.

(b) Plumbing systems including:

i. Domestic water supply system, including heating equipment, valving, storage facilities and piping;

ii. Medical gas supply system, including storage facilities, manifolding and piping;

iii. Fire protection system, including sprinkler systems, wet and dry standpipes, piping systems, and other fire suppression systems; and

iv. Sanitary drainage system, including storage facilities and piping.

(c) Electrical systems, including:

i. Essential electrical system, including emergency fuel storage;

ii. Internal communication systems;

iii. External communication systems;

iv. Fire alarm systems, and

v. Elevators selected to provide service to patient, surgical, obstetrical and ground floors.

3. A synopsis of the evaluation and all the calculations used in the course of the evaluation for the planned level of nonstructural performance;

4. A list of the deficiencies identified in the course of the evaluation for the planned level of nonstructural performance;

5. Provide an 11- by 17-inch scaled Site Plan which identifies the boundaries of the facility property, locates all buildings, roadways, parking and other significant site features and improvements. Identify boundaries between buildings which were constructed at different times. For all buildings, note the names of the buildings and date of each related building permit. Provide the SPC and NPC for all buildings.

6. Provide the following matrix of construction information for each building of the facility under the acute care license, include the Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) for all hospital buildings (see Tables 2.5.3 and 11.1). Identify each building addition separately. For buildings constructed, reconstructed or remodeled under a

building permit issued by the Office, provide the OSHPD application number and the date of the initial submittal.

Building Name/Designation	OSHPD (or Local Building) Permit Date/Number	Governing Building Code	Construction Completion Date	Building Type (Per Section 2.2.3)	SPC	NPC

1.4 Compliance Plans. A compliance plan shall be prepared and submitted for each building subject to these regulations. All general acute care hospital owners shall formulate a compliance plan which shall indicate the facilities intent to do any of the following:

1. Building retrofit for compliance with these regulations for continued acute care operation beyond 2030;
2. Partial retrofit for initial compliance, with closure or replacement expected by 2002, 2008, 2013 or 2030;
3. Removal from acute care service with conversion to non-acute care health facility use; or
4. No action, building to be closed, demolished, or replaced.

This plan must clearly indicate the actions to be taken by the facility and must be in accordance with the timeframes set forth in Article 2 (Structural Performance Category—"SPC") and Article 11 (Nonstructural Performance Category—"NPC") of the Seismic Evaluation Procedure regulations.

1.4.1 Preparation of the Compliance Plan. The Compliance Plan shall be prepared and submitted in conformance with these regulations in the following format:

1. Compliance Plans shall be submitted in an 8^{1/2}- by 11-inch format;
2. All site, architectural, and engineering plans shall be formatted on 11- by 17-inch sheets (folded to 8^{1/2} by 11 inches);
3. Larger sheets, if required to clearly describe the requested information, shall be appended to the compliance plan; and
4. Other supporting documents in addition to those meeting the minimum requirements of Section 1.4.4 may be appended to the compliance plan.

1.4.2 Compliance Plan Submittal. Hospital owners shall submit the compliance plan to the Office by January 1, 2001, unless the owner requests an extension pursuant to Section 1.4.3. The hospital owners shall submit the compliance plan in accordance with Section 7-113, "Application for Plan or Report Review" and Section 7-133, "Fees" of Article 3, Chapter 7, Part 1, Title 24.

1.4.3 Compliance Plan Submittal Extension. Hospital owners may request an extension from the Office for submission of the compliance plan. Any hospital owner requesting an extension for submittal of the compliance plan shall make such request in writing to the Office up to 180 days prior to, but no later than January 1, 2001. The compliance plan must be submitted no later than January 1, 2002. All hospital owners requesting an extension for submittal of the compliance plan shall certify to OSHPD that all hospital buildings continuing acute care operation beyond January 1, 2002 meet the standards of NPC 2 by January 1, 2002.

1.4.4 Compliance Plan Requirements. Each compliance plan shall contain the following elements:

1. An Existing Site/Campus Description;

2. A Compliance Plan Description;
3. A Compliance Site Plan;
4. A Compliance Plan Schedule; and
5. An Existing and Planned Buildings Matrix.

1.4.4.1 Existing Site/Campus Description. If the compliance plan is submitted separately from the seismic evaluation, it will be necessary to resubmit the information as specified in Section 1.3.4.5, of the Nonstructural Evaluation Report.

1.4.4.2 Compliance Plan Description. Provide a comprehensive narrative description of the Compliance Plan, including the projected schedule for compliance.

1.4.4.3 Compliance Site Plan. Provide Compliance Site Plans, indicating the configuration of the facility at the 2008 and 2030 milestones. The plans shall indicate conforming and nonconforming buildings and identify the final configuration of the facility at each milestone, after completion of compliance measures.

1.4.4.4 Compliance Plan Schedule. Provide a bar graph schedule which describes the schedule for compliance with the SPC and NPC seismic performance categories, indicating the schedule of the following major phases of the plan:

1. Obtain a geotechnical report (if necessary);
2. Architecture and engineering design/construction document preparation;
3. Local approvals;
4. Office review, approval and permitting;
5. Approval of Department of Health Services Licensing and Certification, and any other required licensing;
6. Permanent relocation of acute care services to other buildings or facilities (identify services affected);
7. Temporary/interim relocation of acute care services to other buildings including the duration of the approved program flexibility plan pursuant to Health and Safety Code Section 1276.05;
8. Construction period; and
9. Beneficial occupancy.

1.4.4.5 Existing and Planned Buildings Matrix. Provide the following matrix of construction information for each building of the facility under the acute care license, include the Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) for all hospital buildings (see Tables 2.5.3 and 11.1). Identify each building addition separately.

Building Name/Designation	Building Type (Per Section 2.2.3)	SPC Existing	SPC Planned	NPC Existing	NPC Planned

1.4.5 Compliance Plan Update/Change Notification. Should a hospital owner change an approved Compliance Plan, the hospital shall document any changes and submit for review and approval to the Office an amended Compliance Plan. Changes are defined as alterations to the planned level of seismic performance or compliance schedule. Submittal of an amended compliance plan shall require a hospital owner to comply with one or more of the following provisions, if applicable:

1. A hospital owner shall submit to the Department of Health Services' Seismic Safety Unit (DHS) an Office-approved compliance plan that includes interim relocation of general acute care

services in accordance with a program flexibility plan pursuant to Health and Safety Code Section 1276.05. This submittal by the hospital owner to DHS shall occur within 30 days of the Office's approval.

2. A hospital owner shall comply with the requirements of Section 1.5.2, "Delay in Compliance" for any amended compliance plan.

3. A hospital owner amending a compliance plan to attain a higher NPC level will perform a nonstructural evaluation of the systems and components required for the planned level of nonstructural performance identified in Table 11.1, "Nonstructural Performance Categories."

1.4.5.1 Change in Seismic Performance Category. The SPC or NPC for a hospital building may be changed by the Office from the initial determination in Section 1.3.3 or 1.3.4 provided the building has been modified to comply with the requirements of Chapter 16B, Part 2 of Title 24 for the specified SPC or NPC.

1.4.5.1.1 The SPC or NPC for a hospital building may be changed by the Office from the initial determination made per Sections 2.0.1.2.3 or 11.0.1.2.1 upon the following:

1. A Seismic Evaluation Report shall be submitted and approved which shall include either or both of the following:

1.1 A structural evaluation report in accordance with Section 1.3.3;

1.2 A nonstructural evaluation report in accordance with Section 1.3.4.

EXCEPTION: To change an NPC 1 hospital building to an NPC 2 under this section, the nonstructural evaluation may be limited in scope to the systems and equipment specified in Section 11.2.1.

2. The building has been modified to comply with the requirements of Chapter 16B, Part 2 of Title 24 for the specified SPC or NPC.

1.4.5.1.2 A nonconforming hospital building from which all acute care services have been removed shall no longer be classified as a hospital building. A nonconforming hospital building used only for nonacute hospital purposes shall be classified as an outpatient clinical hospital service building and shall comply with the provisions of Health and Safety Code Section 129725, or shall be classified as a distinct part skilled nursing facility. The provisions of Health and Safety Code Section 129885(f) shall not apply to buildings used for nonacute hospital purposes.

1.4.5.1.3 A hospital building that has been removed from acute care service may not be relicensed as an acute care hospital building unless it has been modified to comply with the requirements of SPC 5 and NPC 4 or 5. Prior to use for acute care service, the SPC and/or NPC of the hospital building shall be changed in accordance with Section 1.4.5.1.1.

1.5 Compliance Requirements. All general acute care hospital owners shall comply with the seismic performance categories, both SPCs and NPCs, established in the seismic evaluation procedures, Articles 2 and 11 and set forth in Tables 2.5.3 and 11.1, respectively.

1.5.1 Compliance Deadlines.

1. After January 1, 2002, any general acute care hospital building which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 2, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

2. After January 1, 2008, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 2, as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.

EXCEPTION: A general acute care hospital may request a delay of SPC 2 requirements if the conditions of Section 1.5.2 are met.

3. After January 1, 2008, any general acute care hospital which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 3, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

EXCEPTION: A general acute care hospital may request an exemption from the anchorage and bracing requirements of NPC 3 if all the conditions of Section 1.5.2, Item 2, are met.

4. After January 1, 2030, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 3, 4 or 5, as defined in Article 2, Table 2.5.3 and the nonstructural requirements of NPC 5, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

1.5.2 Delay in Compliance.

1. The Office may grant the hospital owner an extension to the January 1, 2008 seismic compliance deadline for both structural and nonstructural requirements if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.

1.1 Hospital owners requesting an extension in accordance with Section 1.5.2 must submit an application form to the Office by January 1, 2007. The application form shall be accompanied by a statement explaining why the hospital is seeking the extension to the January 1, 2008 seismic compliance deadline. The statement shall include, at a minimum, the following information:

1.2 The length/duration of the extension request;

1.3 The hospital buildings requiring an extension; and

1.4 The acute care services that will be completely or partially unavailable if the extension is denied.

2. The hospital owner shall request an extension for seismic compliance in one year increments, up to a maximum of five years, beyond the mandated year of compliance. The hospital owner shall also submit an amended compliance plan and schedule in accordance with Section 1.4.5 indicating when compliance will be obtained.

3. Any general acute care hospital located in Seismic Zone 3, as defined by Section 1627A.2 of the 1998 *California Building Code*, may request an exemption from the anchorage and bracing requirements of NPC 3 if all the following conditions are met:

3.1 The hospital must meet the anchorage and bracing requirements for NPC 2 by January 1, 2002;

3.2 The hospital shall submit a site-specific engineering geologic report, prepared in accordance with Section 1634B.1 of the 1998 *California Building Code*. The report shall include estimates of the effective peak ground acceleration (EPA) with a 10 percent probability of exceedance in 50 years;

3.3 The California Division of Mines and Geology (CDMG) reviews and approves the findings of the site-specific engineering geologic report;

3.4 The site-specific engineering geologic report demonstrates that the estimated EPA with a 10 percent probability of exceedance in 50 years is less than 0.25 g;

3.5 The hospital owner requesting the exemption shall pay the actual costs of OSHPD and CDMG for the review and approval of the site-specific engineering geologic report.

4. Any SPC-1 building which is part of the functional contiguous grouping of a general acute care hospital may receive a five-year extension to the January 1, 2008 deadline for both structural and nonstructural requirements under the following conditions:

4.1 The owner must apply for an extension with the Office no later than January 1, 2004;

4.2 The owner must submit an amended compliance plan to the Office by July 1, 2004;

4.3 The buildings must have met the NPC-2 nonstructural requirements by January 1, 2002;

4.4 At least one building within the contiguous grouping shall have obtained a building permit prior to 1973 and shall have been evaluated and classified as SPC-1 in accordance with Section 1.3;

EXCEPTION: Hospital buildings that were classified as SPC-1 under Section 2.0.1.2.3 must submit a structural evaluation report in accordance with Sections 1.3.2 and 1.3.3 by January 1, 2004.

4.5 The basic service(s) from the building shall be:

(a) Relocated to an SPC-3, 4, or 5/NPC-4 or 5 building by January 1, 2013.

i. The building shall not be used for general acute care service after January 1, 2013, unless it has been retrofitted to an SPC-5/NPC-4 or 5 building; or

(b) Continued in building if it is retrofitted to an SPC-5/NPC-4 or 5 building by January 1, 2013;

4.6 Any other SPC-1 building in the contiguous grouping other than the building identified in subsection 1.5.2.3.4 must be retrofitted to at least an SPC-2/NPC-3 by January 1, 2013, or no longer used for acute care hospital inpatient services.

5. A post-1973 building classified as SPC-3 or 4 may receive an extension to the January 1, 2008, deadline for both the structural and nonstructural requirements, provided it will be closed to general acute care inpatient service by January 1, 2013. The basic services in this building shall be relocated to an SPC-5/NPC-4 or 5 building by January 1, 2013;

5.1 Any SPC-1 building in a functional contiguous grouping must be retrofitted to at least an SPC-2/NPC-3 by January 1, 2013, or no longer used for acute care hospital inpatient services. The following conditions apply to these hospital buildings:

(a) The owner must apply for an extension with the Office no later than January 1, 2004;

(b) The owner must submit an amended compliance plan to the Office by July 1, 2004; and

(c) The buildings must have met the NPC-2 nonstructural requirements by January 1, 2002.

6. A single building containing all of the basic services may receive a five-year extension to the January 1, 2008, deadline for both structural and nonstructural requirements under the following conditions:

6.1 The owner must apply for an extension with the Office no later than January 1, 2004;

6.2 The owner must submit an amended compliance plan to the Office by July 1, 2004;

6.3 The building shall have obtained a building permit prior to 1973 and shall have been evaluated and classified as SPC-1 in accordance with Section 1.3;

EXCEPTION: Hospital buildings that were classified as SPC-1 under Section 2.0.1.2.3 must submit a structural evaluation report in accordance with Sections 1.3.2 and 1.3.3 by January 1, 2004.

6.4 The basic services from this building shall be:

(a) Relocated to an SPC-3, 4, or 5/NPC-4 or 5 building by January 1, 2013.

i. The building shall not be used for general acute care service after January 1, 2013, unless it has been retrofitted to an SPC-5/NPC-4 or 5 building; or

(b) Continued in building if it is retrofitted to an SPC-5/NPC-4 or 5 building by January 1, 2013.

1.6 Dispute Resolution/Appeals Process. Dispute resolution and appeals shall be in conformance with Article 5, Chapter 7, Part 1 of Title 24.

1.7 Notification from OSHPD.

1. The Office shall issue written notices of compliance to all hospital owners that have attained the minimum required SPC and NPC performance levels by January 1, 2008, January 1, 2013, and January 1, 2030;

2. The Office shall issue written notices of violation to all hospital owners that are not in compliance with the minimum SPC and NPC performance levels by January 1, 2008, January 1, 2013, and January 1, 2030; and

3. The Office shall notify the State Department of Health Services of the hospital owners which have received a written notice of violation for failure to comply with these regulations.

Article 2. Procedures for Structural Evaluation of Buildings

2.0 General.

2.0.1 Structural Evaluation Procedure.

1. The structural evaluation process shall include the following steps:

1. Site visit and data collection;
2. Identification of building type;
3. Completion of evaluation statements in appendix;
4. Follow-up field work, if required;
5. Follow-up analysis for "False" evaluation statements;

6. Final evaluation for the building;
7. Preparation of the evaluation report, and
8. Submittal of evaluation report to OSHPD.

2. A general acute care hospital facility building may be exempted from a structural evaluation upon submittal of a written statement by the hospital owner to OSHPD certifying the following conditions:

1. A conforming building as defined in Article 1, Section 1.2, may be placed into SPC 5 in accordance with Table 2.5.3 under the following circumstances:

- a. The building was designed and constructed to the 1989 or later edition of Part 2, Title 24, and
 - b. If any portion of the structure, except for the penthouse, is of steel moment resisting frame construction (Building Type 3, or Building Type 4 or 6 with dual lateral system, as defined in Section 2.2.3) and the building permit was issued after October 25, 1994.
2. All other conforming buildings as defined in Article 1, Section 1.2, may be placed into SPC 4 in accordance with Table 2.5.3, except those required by Section 4.2.10 to be placed in SPC 3 in accordance with Table 2.5.3, without the need for any structural evaluation.
 3. Nonconforming buildings as defined in Article 1, Section 1.2 may be placed into SPC 1 in accordance with Table 2.5.3 without any structural evaluation.

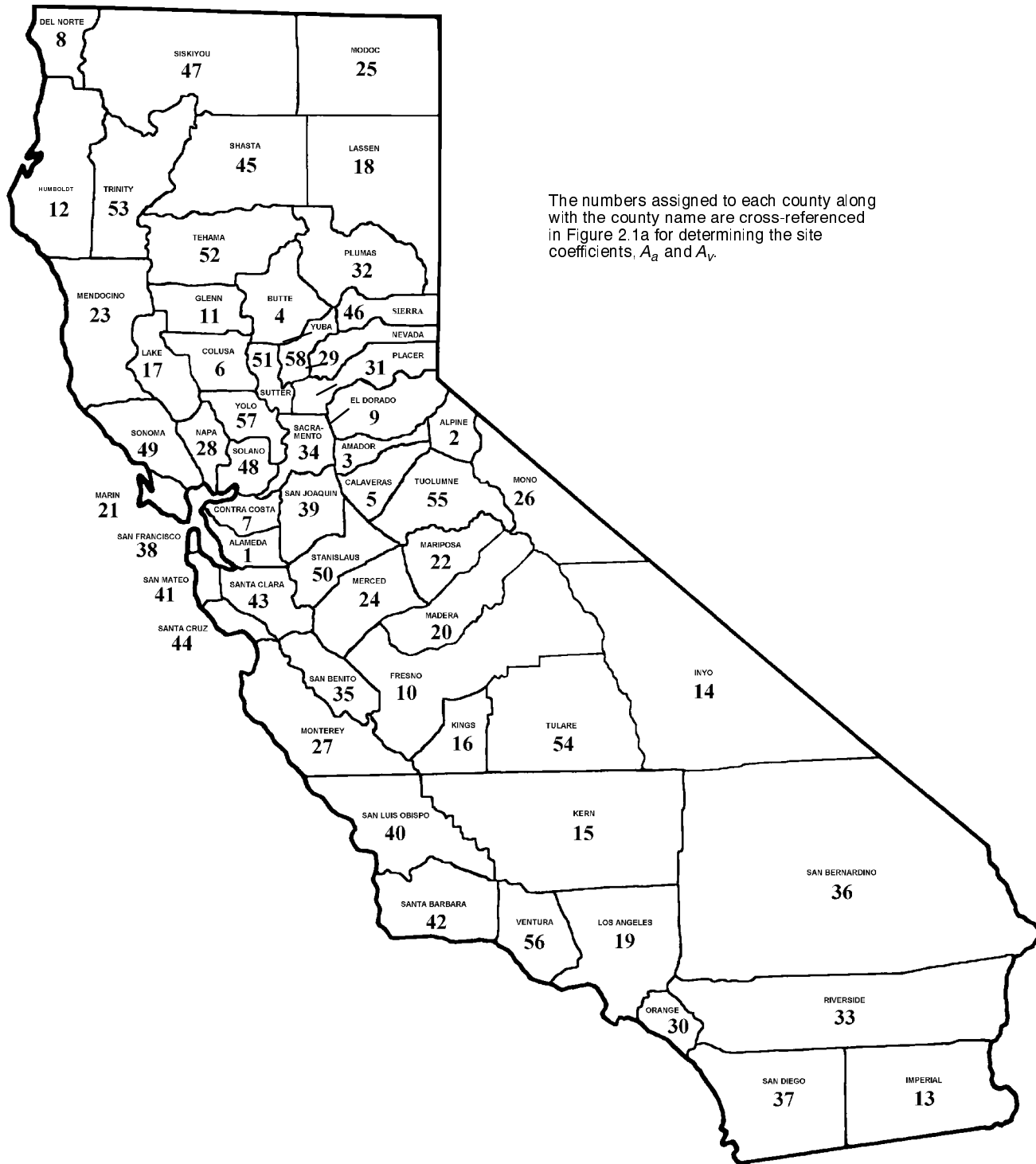
2.1 Site Visit, Evaluation and Data Collection Procedures.

2.1.1 Site Visit and Evaluation.

1. The evaluator shall visit the building to observe and record the type, nature and physical condition of the structure.
2. The evaluator shall review an *Engineering Geological Report* on site geologic and seismic conditions. The report shall be prepared in accordance with Title 24, Section 1634A.

EXCEPTIONS: 1. Reports are not required for one-story, wood-frame and light steel-frame buildings of Type II or Type V construction and 4,000 square feet or less in floor area;

2. A previous report for a specific site may be resubmitted, provided that a reevaluation is made and the report is found by the Office to be currently appropriate.
3. Establish the following *site and soil parameters*:
 - a. The value of the effective peak acceleration coefficient (A_a) from Figure 2.1 and 2.1a;
 - b. The value of the effective peak velocity-related acceleration coefficient (A_v) from Figure 2.1 and 2.1a;
 - c. The soil profile type (S_1 , S_2 , S_3 or S_4) derived from the geotechnical report or from Table 2.1;
 - d. The site coefficient, (S), from Table 2.1; and
 - e. The ground motion parameters and near field effects in strong ground shaking required for the evaluation of welded steel moment frame structures per Sections 4.2.0.1, 4.2.0.2 and 4.2.10.



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10.1.1.2 Structural Separations. At structural separations, partitions in exit corridors have seismic or control joints.

Check that seismic and/or control joints have been provided at structural separations. Conforming buildings that fail this check shall be placed in SPC 4.

10.1.1.3 Partition Bracing. In exit corridors, the tops of partitions that extend only to the ceiling line have lateral bracing.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Partitions extending only to ceilings may overturn or buckle due to the lack of bracing.

10.1.2 Cladding and Veneer. For conforming buildings, the evaluator may consider these conditions as mitigated, and no calculations are necessary. Exterior wall panels or cladding can fall if their connections to the building frames have insufficient strength and/or ductility.

10.1.2.1 Masonry Veneer. Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum with at least one tie for every $2\frac{2}{3}$ square feet.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Check for the presence of the required ties.

10.1.2.2 Cladding Panels in Moment Frame Buildings. For moment frame buildings of steel or concrete, panels are isolated from the structural frame to absorb predicted interstory drift without collapse.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Check the ability of the cladding panels and their connections to tolerate the story drift computed in Section 2.4.4 without an anchorage failure.

10.1.2.3 Cladding Panel Connections. Where bearing connections are required, there are at least two bearing connections for each cladding panel and there are at least four connections for each cladding panel capable of resisting out-of-plane forces.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Verify that an adequate number of the appropriate connection types are present for each cladding panel.

10.1.2.4 Cladding Panel Condition. Cladding panel connections appear to be installed properly. No connection element is severely deteriorated or corroded. There is no cracking in the panel materials indicative of substantial structural distress. There is no substantial damage to exterior cladding due to water leakage. There is no substantial damage to exterior wall cladding due to temperature movements.

Substantial deterioration can lead to loss of cladding elements or panels. Exterior walls shall be checked for deterioration. Damage due to corrosion, rotting, freezing or erosion can be concealed within the wall. Probe into the wall space, if necessary, for signs of water leakage at vulnerable interior spaces (e.g., around windows and at floor areas). Check elements that tie cladding to the back-up structure and that tie the back-up structure to floor and roof slabs. Check exterior walls for cracking due to thermal movements. Check the cladding systems with appropriate reductions in member capacities. Conforming buildings that fail this check shall be placed in SPC 4.

10.1.3 Metal Stud Back-up Systems.

10.1.3.1 General. Additional steel studs frame window and door openings. Corrosion of veneer ties, tie screws, studs and stud

tracks is minimal. Stud tracks are adequately fastened to the structural frame.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Verify that adequate framing has been provided around openings in the exterior walls. Check the cladding systems with appropriate reductions in member capacities. Check the adequacy of the connection to the structural frame using the forces specified in Section 2.4.6.

10.1.3.2 Masonry Veneer with Stud Back-up. Masonry veneer more than 30 feet above the ground is supported by shelf angles or other elements at each floor level. Masonry veneer is adequately anchored to the back-up at locations of through-wall flashing. Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum and with at least one tie for every $2\frac{2}{3}$ square feet.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Check that adequate supports and ties are provided.

10.1.4 Masonry Veneer with Concrete Block Back-up.

10.1.4.1 General. The concrete block back-up qualifies as reinforced masonry.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Verify that the concrete block back-up meets the requirements of Sections 5.3.2 and 5.3.3.

10.1.4.2 Masonry Veneer Support. Masonry veneer more than 30 feet above the ground is supported by shelf angles or other elements at each floor level. Masonry veneer is adequately anchored to the back-up at locations of through-wall flashing. Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum and with at least one tie for every $2\frac{2}{3}$ square feet. The concrete block back-up is positively anchored to the structural frame at 4-foot maximum intervals along the floors and roofs.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Check that adequate supports and ties are provided.

10.1.5 Other Veneer/Panel Systems.

10.1.5.1 Thin Stone Veneer Panels. Stone anchorages are adequate for computed loads.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. There are no visible cracks or weak veins in the stone. Check the adequacy of the connection to the stone anchorage using the forces specified in Section 2.4.6.

10.1.5.2 Wood/Aggregate Panels. There is no visible deterioration of screws or wood at panel attachment points.

The deficiency is in the strength of the connections. Determine the cause and extent of distress and check the attachment of the panels with appropriate reductions in capacity. Conforming buildings that fail this check shall be placed in SPC 4.

10.1.6 Parapets, Cornices, Ornamentation and Appendages. There are no laterally unsupported unreinforced masonry parapets or cornices above the highest anchorage level with height/thickness ratios greater than 1.5. Concrete parapets with height/thickness ratios greater than 1.5 have vertical reinforcement. Cornices, parapets, signs and other appendages that extend above the highest anchorage level or cantilever from exterior wall faces and other exterior wall ornamentation are reinforced and well anchored to the structural system.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. If any of these items are of insufficient strength and/or are not securely attached to the structural elements, they may break off and fall, becoming significant life-safety hazards. Check the adequacy of these items using the forces specified in Section 2.4.6.

Article 11. Evaluation of Critical Nonstructural Components and Systems

11.0 Introduction. This article covers nonstructural components and systems critical to patient care.

11.01 Nonstructural Evaluation Procedure.

1. The nonstructural performance evaluation shall examine the respective critical nonstructural systems and elements for the planned NPC as specified in Table 11.1, "Nonstructural Performance Categories." The nonstructural evaluation process shall include the following steps:

1. Site visit and data collection;
2. Identification of building SPC;
3. Identification of critical nonstructural systems for the planned NPC;
4. Identification of critical care services housed in the building;
5. Final evaluation for the critical nonstructural elements and systems for the planned NPC;
6. Preparation of evaluation report; and
7. Submittal of evaluation report to OSHPD.

2. A general acute care hospital facility may be exempted from a nonstructural evaluation upon submittal of a written statement by the hospital owner to OSHPD certifying the following conditions:

1. The building is designated "NPC 1" in conformance with Table 11.1 "Nonstructural Performance Categories," or
2. The building is designated "NPC 4" in conformance with Table 11.1 "Nonstructural Performance Categories" and provided:
 - a) The building was designed and constructed under a building permit issued by OSHPD;
 - b) All subsequent repairs, remodels, additions and alterations were performed under a permit issued by OSHPD, and
 - c) Fire sprinkler systems have been retrofitted in conformance with Table 11.1, "Nonstructural Performance Categories."
3. If a hospital owner elects to obtain a higher NPC at a future date, additional nonstructural evaluations as specified in Section 11.01.1 will be required.
4. If a hospital owner sells or leases the hospital to another party, a complete nonstructural evaluation and list of all nonstructural deficiencies to achieve NPC 5 shall be submitted to the Office prior to the completion of the sale or lease.

11.1 Nonstructural Performance Categories. Each building shall be assigned a Nonstructural Performance Category (NPC), based upon the degree of anchorage and bracing of selected nonstructural elements and systems. This includes architectural, me-

10.1.7 Means of Egress. Canopies are anchored and braced to prevent collapse and blockage of building exits.

For conforming buildings, the evaluator may consider this condition as mitigated, and no calculations are necessary. Check canopies for the forces specified in Section 2.4.6.

chanical, electrical and hospital equipment in addition to associated conduit, ductwork, piping and machinery. NPCs are defined in Table 11.1.

11.1.1 Site Visit and Evaluation.

The evaluator shall:

1. Visit the building to observe and record the type, nature, and physical condition of the nonstructural elements and systems for the planned NPC;

2. Note the SPC of the buildings based on procedures followed in Article 2;

3. Assemble building design data including:

- a. Construction drawings, specifications and calculations, and
- b. All drawings, specifications and calculations for remodeling work.

4. During the visit, the evaluator shall:

- a. Verify existing data;
- b. Develop other needed data (e.g., measure and sketch building if necessary);
- c. Verify the critical nonstructural systems of the planned NPC;
- d. Verify the critical care areas/services; and
- e. Identify special conditions which may impact the nonstructural systems or endanger the function of the critical care areas/services.

If drawings are not available, the site visit and evaluation shall be performed as described in this section.

5. Review other data available such as assessments of building performance and function following past earthquakes;

6. Prepare a summary of data using an OSHPD approved format;

7. Perform the evaluation using the procedures in Section 11.2.

8. Prepare a report of the findings of the evaluation using an OSHPD approved format.

11.2 Evaluation of Buildings. Conforming and nonconforming buildings shall be placed in an NPC based upon the degree of anchorage and bracing for those systems and equipment specified in Table 11.1. The scope of the nonstructural evaluation may be limited to the nonstructural systems and elements specified in Table 11.1 for the planned NPC. Buildings which do not meet the requirements for NPC 2 as defined in Table 11.1 shall be placed in NPC 1.

11.2.1 Evaluation Procedures for NPC 2. The following steps shall determine if the building meets the criteria for NPC 2:

- a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 as specified in Table 11.1;

- b) Conduct an inventory of components and equipment, noting whether the items are anchored or braced;

|| c) Determine if the anchorage or bracing of the identified components and equipment complies with the following conditions:

- 1. Installed under a permit issued by OSHPD. Drawings showing the installation and bearing an OSHPD approval stamp are required to show that the installation conforms to Part 2, Title 24; or
- 2. Reviewed and approved by the Department of General Services, Office of Architecture and Construction, Structural Safety Section. Drawings showing: a) the installation; b) bear an Office of Architecture and Construction, Structural Safety Section approval stamp; and c) a five-digit project number on the approval that begins with the "H" prefix, are required to demonstrate that the installation conforms to Part 2, Title 24. It shall also be demonstrated by a written report submitted by the structural engineer, acceptable to the enforcement agency, that an investigation of the anchorage and bracing of components and equipment identified in Section 11.2.1(a) shows it to be constructed in reasonable conformity with these drawings.

> Anchorage and bracing of elements that comply with either of these conditions are considered to meet the requirements of NPC 2.

Installation is defined as that which shows the size and type of material for all components of the system, including the anchor or fastener manufacturer (if proprietary), type, total number, and embedment if connected to structural concrete, masonry, or wood.

> d) If the components and equipment inventoried in 11.2.1(b) is anchored or braced, but does not meet the requirements of Section 11.2.1(c), determine if the bracing and anchorage is sufficient to meet the code requirements specified in Table 11.1. The bracing capacity shall be determined by calculations based upon information shown in the construction documents. If these documents are incomplete or unavailable, the evaluation shall be based on the as-built conditions, with the capacity of fasteners to masonry, concrete or wood determined by approved tests; and

> e) If any of the items inventoried in 11.2.1(b) are unanchored or inadequately braced as determined by Section 11.2.1(d), the building shall be placed in NPC 1.

|| 11.2.2 Evaluation Procedures for NPC 3. The following steps shall determine if the building meets the criteria for NPC 3:

- a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 and NPC 3;
- b) Conduct an inventory of components and equipment specified in Table 11.1, NPC 2 and NPC 3, noting whether the components and equipment are anchored or braced;

EXCEPTION: Any general acute care hospital facility located in both a "rural area" as defined in Section 70059.1, Division 5, Title 22 and Seismic Zone 3 shall comply with the fire sprinkler system anchorage and bracing requirements of NFPA 13, 1994 edition or subsequent standard by January 1, 2013.

> || c) Determine if the anchorage or bracing of the identified components and equipment complies with the following conditions:

- 1. Installed under a permit issued by OSHPD. Drawings showing the installation and bearing an OSHPD approval stamp are required to show that the installation conforms to Part 2, Title 24; or
- 2. Reviewed and approved by the Department of General Services, Office of Architecture and Construction, Structural Safety Section. Drawings showing: a) the installation; b) bear an Office of Architecture and

Construction, Structural Safety Section approval stamp; and c) a five-digit project number on the approval stamp that begins with an "H" prefix, are required to demonstrate that the installation conforms to Part 2, Title 24. It shall also be demonstrated by a written report submitted by the structural engineer, acceptable to the enforcement agency, that an investigation of the anchorage and bracing of components and equipment identified in Section 11.2.2(a) shows it to be constructed in reasonable conformity with these drawings.

> Anchorage and bracing of elements that comply with either of these conditions are considered to meet the requirements of NPC 3.

Installation is defined as that which shows the size and type of material for all components of the system including the anchor or fastener manufacturer (if proprietary), type, total number and embedment if connected to structural concrete, masonry or wood.

> || d) If the components and equipment inventoried in 11.2.2(b) is anchored or braced, but does not meet the requirements of Section 11.2.2(c), determine if the bracing and anchorage is sufficient to meet the code requirements specified in Table 11.1. The bracing capacity shall be determined by calculations based upon information shown in the construction documents. If these documents are incomplete or unavailable, the evaluation shall be based on the as-built conditions, with the capacity of fasteners to masonry, concrete, or wood determined by approved tests, and

> || e) If any of the items inventoried in 11.2.2(b) is inadequately anchored or braced as determined by Section 11.2.2(d), the building shall be placed in NPC 2.

|| 11.2.3 Evaluation Procedures for NPC 4. The following steps shall be followed to determine if the building meets the criteria for NPC 4:

> || a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 through NPC 4;

> || b) Conduct an inventory of components and equipment specified in Table 11.1, NPC 2 through NPC 4, noting whether the components and equipment are anchored or braced;

> || c) Determine if the anchorage or bracing of the identified components and equipment complies with the following conditions:

- 1. Installed under a permit issued by OSHPD. Drawings showing the installation and bearing an OSHPD approval stamp are required to show that the installation conforms to Part 2, Title 24; or
- 2. Reviewed and approved by the Department of General Services, Office of Architecture and Construction, Structural Safety Section. Drawings showing: a) the installation; b) bear an Office of Architecture and Construction, Structural Safety Section approval stamp; and c) a five-digit project number on the approval stamp that begins with an "H" prefix, are required to demonstrate that the installation conforms to Part 2, Title 24. It shall also be demonstrated by a written report submitted by the structural engineer, acceptable to the enforcement agency, that an investigation of the anchorage and bracing of components and equipment identified in Section 11.2.3(a) shows it to be constructed in reasonable conformity with these drawings.

> || Anchorage and bracing of elements that comply with either of these conditions are considered to meet the requirements of NPC 4.

Installation is defined as that which shows the size and type of material for all components of the system including the anchor or

fastener manufacturer (if proprietary), type, total number and embedment if connected to structural concrete, masonry or wood.

d) If the components and equipment inventoried in 11.2.3(b) are anchored or braced, but do not meet the requirements of Section 11.2.3(c), determine if the bracing and anchorage is sufficient to meet the code requirements specified in Table 11.1. The bracing capacity shall be determined by calculations based upon information shown in the construction documents. If these documents are incomplete or unavailable, the evaluation shall be based on the as-built conditions, with the capacity of fasteners to masonry, concrete or wood determined by approved tests; and

e) If any of the items inventoried in 11.2.3(b) is unanchored or inadequately braced as determined by Section 11.2.3(d), the building shall be placed in NPC 3.

11.2.4 Evaluation Procedures for NPC 5. The following steps shall determine if the building meets the criteria for NPC 5:

a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 through NPC 5;

b) Conduct an inventory of components and equipment specified in Table 11.1, NPC 2 through NPC 5, noting whether the components and equipment are anchored or braced;

c) Determine if the anchorage or bracing of the identified components and equipment complies with the following conditions:

1. Installed under a permit issued by OSHPD. Drawings showing the installation and bearing an OSHPD approval stamp are required to show that the installation conforms to Part 2, Title 24; or
2. Reviewed and approved by the Department of General Services, Office of Architecture and Construction, Structural Safety Section. Drawings showing: a) the installation; b) bear an Office of Architecture and Construction, Structural Safety Section approval stamp; and c) a five-digit project number on the approval stamp that begins with an "H" prefix, are required to demonstrate that the installation conforms to Part 2, Title 24. It shall also be demonstrated by a written report submitted by the structural engineer, acceptable to the enforcement agency, that an investigation of the anchorage and bracing of components and equipment identified in Section 11.2.4(a) shows it to be constructed in reasonable conformity with these drawings.

Anchorage and bracing of elements that comply with either of these conditions are considered to meet the requirements of NPC 5.

Installation is defined as that which shows the size and type of material for all components of the system including the anchor or fastener manufacturer (if proprietary), type, total number and embedment if connected to structural concrete, masonry or wood.

d) If the components and equipment inventoried in 11.2.4(b) are anchored or braced, but do not meet the requirements of Section 11.2.4(c), determine if the bracing and anchorage is sufficient to meet the code requirements specified in Table 11.1. The bracing

capacity shall be determined by calculations based upon information shown in the construction documents. If these documents are incomplete or unavailable, the evaluation shall be based on the as-built conditions, with the capacity of fasteners to masonry, concrete or wood determined by approved tests; and

e) If any of the items inventoried in 11.2.4(b) is inadequately anchored or braced as determined by 11.2.4(d), the building shall be placed in NPC 4.

11.3 Testing Requirements for Evaluating the Performance of Existing Mechanical Fasteners. A testing program shall be instituted to determine the capacity of mechanical fasteners used to anchor nonstructural components including the bracing of pipes, ducts and conduit, and the attachment of equipment and other components listed in the 1995 CBC, Part 2, Title 24, Table 16A-O. Anchors shall be categorized as either seismic bracing of pipes ducts or conduit or equipment and other component anchors.

11.3.1 Anchors Used in the Seismic Bracing of Pipes, Ducts or Conduit. For anchors used in the seismic bracing of pipes, ducts or conduit, the following shall apply:

1. Twenty percent of the anchors (20 minimum) of a given size and type (wedge, shell and sleeve for expansion bolts), at each level of the structure shall be tension tested to three times the maximum calculated design load specified in Section 1630B, but not less than 500 pounds. A minimum of one anchor in any 4-bolt group shall be tested assuming an equal distribution of the calculated force to the bolt group. One-quarter ($1/4$)-inch diameter anchors need not be tested. Where none of the anchors in the group have calculated tension, testing shall consist of torque testing.

EXCEPTION: Internally threaded anchors, such as shell-type anchors, shall be tested to four times the maximum calculated design loads. Attachment hardware shall be shimmed or removed prior to testing so that it does not prevent the possible withdrawal of the anchor.

2. If an anchor fails the tension test, 20 anchors, installed by the same trade, in the immediate vicinity of the failed anchor shall be tested prior to resuming to a 20 percent sampling rate for testing.

11.3.2 Anchors Used in the Attachment of Equipment and Other Components. For anchors used in the attachment of equipment and other components listed in the 1995 CBC, Part 2, Title 24, Table 16A-O, the following shall apply:

1. A minimum of one anchor of a given size shall be tension tested for each piece of equipment or other component under consideration. Where the number of anchors for the piece of equipment or component exceeds four, a minimum of 20 percent of the anchors shall be tension tested. Where none of the anchors in the group have calculated tension, testing shall consist of torque testing.
2. The tension test load shall be three times the maximum tension force calculated for an anchor in the attachment group using the design loads specified in Section 1630B or 500 pounds minimum. One-quarter ($1/4$)-inch diameter anchors need not be tested.

(Text continues on page 85.)

**EVALUATION STATEMENTS FOR ELEMENTS
THAT ARE NOT PART OF THE
LATERAL-FORCE-RESISTING SYSTEM**

Address the following evaluation statements, marking each either true (T), false (F) or not applicable (N/A). Statements that are found to be true identify issues that are acceptable according to the criteria of these regulations; statements that are found to be false identify issues that need investigation. For guidance in the investigation, refer to the section number indicated in parentheses at the end of the statement.

NONSTRUCTURAL WALLS

Partitions

- T F N/A MASONRY PARTITIONS:** There are no unbraced unreinforced masonry or hollow clay tile partitions in critical care areas, clinical laboratory service spaces, pharmaceutical service spaces, radiological service spaces, and central and sterile supply areas, exit corridors, elevator shafts or stairwells. (Section 10.1.1.1)
- T F N/A STRUCTURAL SEPARATIONS:** At structural separations, partitions in exit corridors have seismic or control joints. (Section 10.1.1.2)
- T F N/A PARTITION BRACING:** In exit corridors, the tops of partitions that extend only to the ceiling line have lateral bracing. (Section 10.1.1.3)

Cladding and Veneer

- T F N/A MASONRY VENEER:** Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum with at least one tie for every 2²/₃ square feet. (Section 10.1.2.1)
- T F N/A CLADDING PANELS IN MOMENT FRAME BUILDINGS:** For moment frame buildings of steel or concrete, panels are isolated from the structural frame to absorb predicted interstory drift without collapse. (Section 10.1.2.2)
- T F N/A CLADDING PANEL CONNECTIONS:** Where bearing connections are required, there are at least two bearing connections for each cladding panel, and there are at least four connections for each cladding panel capable of resisting out-of-plane forces. (Section 10.1.2.3)
- T F N/A CLADDING PANEL CONDITION:** Cladding panel connections appear to be installed properly. No connection element is severely deteriorated or corroded. There is no cracking in the panel materials indicative of substantial structural distress. There is no substantial damage to exterior cladding due to water leakage. There is no substantial damage to exterior wall cladding due to temperature movements. (Section 10.1.2.4)

Metal Stud Back-up Systems

- T F N/A GENERAL:** Additional steel studs frame window and door openings. Corrosion of veneer ties, tie screws, studs and stud tracks is minimal. Stud tracks are adequately fastened to the structural frame. (Section 10.1.3.1)
- T F N/A MASONRY VENEER WITH STUD BACK-UP:** Masonry veneer more than 30 feet above the ground is supported by shelf angles or other elements at each floor level. Masonry veneer is adequately anchored to the back-up at locations of through-wall flashing. Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum and with at least one tie for every 2²/₃ square feet. (Section 10.1.3.2)
- T F N/A MASONRY VENEER WITH CONCRETE BLOCK BACK-UP—GENERAL:** The concrete block back-up qualifies as reinforced masonry. (Section 10.1.4.1)
- T F N/A MASONRY VENEER SUPPORT:** Masonry veneer more than 30 feet above the ground is supported by shelf angles or other elements at each floor level. Masonry veneer is adequately anchored to the back-up at locations of through-wall flashing. Masonry veneer is connected to the back-up with corrosion-resistant ties spaced 24 inches on center maximum and with at least one tie for every 2²/₃ square feet. The concrete block back-up is positively anchored to the structural frame at 4-foot maximum intervals along the floors and roofs. (Section 10.1.4.2)

Other Veneer/Panel Systems

- T F N/A THIN STONE VENEER PANELS:** Stone anchorages are adequate for computed loads. (Section 10.1.5.1)
- T F N/A WOOD/AGGREGATE PANELS:** There is no visible deterioration of screws or wood at panel attachment points. (Section 10.1.5.2)

Parapets, Cornices, Ornamentation and Appendages

- T F N/A PARAPETS, CORNICES, ORNAMENTATION AND APPENDAGES:** There are no laterally unsupported unreinforced masonry parapets or cornices above the highest anchorage level with height/thickness ratios greater than 1.5. Concrete parapets with height/thickness ratios greater than 1.5 have vertical reinforcement. Cornices, parapets, signs and other appendages that extend above the highest anchorage level or cantilever from exterior wall faces and other exterior wall ornamentation are reinforced and well anchored to the structural system. (Section 10.1.6)
- T F N/A MEANS OF EGRESS:** Canopies are anchored and braced to prevent collapse and blockage of building exits. (Section 10.1.7)

HISTORY NOTE APPENDIX FOR CHAPTER 6

Administrative Regulations for the Office of Statewide Health Planning and Development (Title 24, Part 1, California Code of Regulations)

The format of the history notes has been changed to be consistent with the other parts of the California Building Standards Code. The history notes for prior changes remain within the text of this code.

1. (OSHDP 1/96) Adoption of Chapter 6, Seismic Evaluation Procedures for Hospital Buildings, Part 1, Title 24, C.C.R. Filed with the secretary of state on April 8, 1997, effective April 8, 1997. Approved by the California Building Standards Commission on February 6, 1997.

2. (OSHDP 1/97) New Article 1—Definitions and Requirements based on SB 1953. Approved by the California Building Standards Commission on March 18, 1998. Filed with the Secretary of State on March 25, 1998, effective March 25, 1998.

3. (BSC 2/99) Article 1-7, Conflict of Interest Code. Amend Section 1-701. Approved by the Fair Political Practices Committee on October 29, 1999. Filed with the Secretary of State on December 31, 1999, effective January 30, 2000.

4. (OSHDP EF 1/00) Part 1, Chapter 6, Articles 1, 10, 11 and Appendix. Approved as submitted by the California Building Standards Commission on February 28, 2000. Filed with the Sec-

retary of State on March 3, 2000, effective March 3, 2000. Permanent approval by California Building Standards Commission on May 24, 2000. Certification of Compliance filed with Secretary of State May 26, 2000.

5. (OSHDP EF 2/00) Part 1, Amend Chapter 6, Articles 1, 2, 10 and 11. Emergency approval by the California Building Standards Commission on May 24, 2000. Filed with the Secretary of State on May 26, 2000, effective May 26, 2000. Permanent approval by California Building Standards Commission September 20, 2000. Certification of Compliance filed with Secretary of State November 15, 2000.

6. (OSHDP EF 5/01) Emergency adoption of amendments to hospital seismic safety evaluation regulations contained in Title 24, C.C.R., Part 1, Chapter 6. Approved by the California Building Standards Commission on November 28, 2001. Filed with the Secretary of State on December 4, 2001, effective December 4, 2001.

7. (OSHDP EF 01/02) Amend Chapter 6 and 7 of Part 1. Approved as emergency by the California Building Standards Commission on January 15, 2003, and filed with the Secretary of State on January 16, 2003. Effective January 16, 2003.

Further, notwithstanding Section 13142.6, the Board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for hospital building projects submitted to the Office pursuant to this chapter.

The Board shall consist of 16 members appointed by the Director of the Office. Of the appointive members, two shall be structural engineers, two shall be architects, one shall be an engineering geologist, one shall be a geotechnical engineer, one shall be a mechanical engineer, one shall be an electrical engineer, one shall be a hospital facilities manager, one shall be a local building official, one shall be a general contractor, one shall be a fire and panic safety representative, one shall be a hospital inspector of record and three shall be members of the general public.

There shall be six ex officio members of the Board, who shall be the Director of the Office, the State Fire Marshal, the State Geologist, the Executive Director of the California Building Standards Commission, the State Director of Health Services, and the Deputy Director of the Facilities Development Division in the Office, or their officially designated representatives.

“Hospital Inspector” means an individual who has passed the OSHPD certification examination and possesses a valid Hospital Inspector Certificate (or Construction Inspector for Health Facilities Certificate) issued by the Office.

“Hospital Inspector of Record” means an individual who is:

- (a) An OSHPD certified Hospital Inspector, pursuant to the provisions of these regulations and
- (b) Employed by the hospital governing board or authority and
- (c) Approved by the architect and/or engineer in responsible charge and the Office as being satisfactory to inspect a specified construction project.

“License” means the basic document issued by the Department of Health Services permitting the operation of a health facility under the provisions of Title 22, California Code of Regulations, Division 5.

“Local government entity” means a building department of a city, city and county, or county.

“Maximum probable earthquake” means the maximum probable earthquake-induced ground motion having a 10 percent probability of being exceeded in 50 years.

“Minority, women and disabled veteran business enterprise,” shall have the respective meanings set forth in Section 10115.1 of the Public Contract Code.

“Nonrequired structural alteration” means any alteration of existing structural elements or provision of new structural elements

which is not necessary for vertical or lateral support of other work and is initiated by the applicant primarily for the purpose of increasing the vertical or lateral load carrying strength or stiffness of an existing building.

“Nonstructural alteration” means any alteration which neither affects existing structural elements nor requires new structural elements for vertical or lateral support and which does not increase the lateral force in any story by more than five percent.

“Office” means the Facilities Development Division within the Office of Statewide Health Planning and Development.

“Reconstruction” means the rebuilding of any “existing building” to bring it into full compliance with these regulations and all applicable parts of the California Building Standards Code.

“Site data” means reports of investigation into geology, earthquake ground motion and geotechnical aspects of the site of a health facility construction project.

“Small business” means a firm that complies with the provisions of Government Code Section 14837.

“Structural elements” means floor or roof diaphragms, decking, joists, slabs, beams or girders; columns; bearing walls; retaining walls; masonry or concrete nonbearing walls exceeding one story in height; foundations; shear walls or other lateral force resisting members; and any other elements necessary to the vertical and lateral strength or stability of either the building as a whole or any of its parts including connections between such elements.

“Structural engineer” means a person who is validly certified to use the title structural engineer under Chapter 7 (commencing with Section 6700), Division 3, the Business and Professions Code.

“Structural repairs” means any change affecting existing or requiring new structural elements primarily intended to correct the effects of deterioration or impending or actual failure, regardless of cause.

“Upper bound earthquake” means the ground motion having a 10 percent probability of being exceeded in a 100-year period or maximum level of motion which may be expected at the building site within the known geological framework.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-111. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.
2. (OSHPD 1/96) 1996 Annual Code Adoption Cycle will amend Section 7-111, of Part 1, Title 24, C.C.R. Filed with the secretary of state on March 4, 1997; effective April 3, 1997. Approved by the California Building Standards Commission on February 6, 1997.

Article 3. Approval of Plans and Specifications

7-113. Application for Plan, Report, or Seismic Compliance Extension Review.

(a) Except as otherwise provided in this part, before commencing construction of any health facility, the governing board or authority thereof shall submit an application to the Office for plan review, and shall have obtained the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given. The application shall contain a definite identifying name for the health facility, the name of the architect or registered engineer in general responsible charge of the work, the names of the architects or registered engineers who have been delegated responsibility for portions of the

work, the estimated cost of the project and all such other information required for completion of the application. Refer to Section 7-131 regarding incremental design, bidding and construction.

1. Application for seismic compliance extension requires submission of OSHPD Application Form #OSH-FD-384, “Application for 2008 Extension/Delay in Compliance.”

A. The submittal must comply with the applicable requirements of Chapter 6, Article 1, Section 1.5.2 “Delay in Compliance.”

(b) Submission of documents to the Office may be in three consecutive stages:

1. One application for plan review and when applicable, four copies of the site data must be attached.
 2. One copy of reports, preliminary plans and outline specifications.
 - A. Two copies of preliminary plans and outline specifications must be submitted if additions, structural alterations or new buildings are included.
 3. One copy of final plans and specifications or reports.
 - A. Two copies must be submitted if additions, structural alterations or new buildings are included.
- (c) For every project there shall be an architect or structural engineer in general responsible charge of the preparation of reports or plans and specifications except as set forth in Section 7-115 and Section 129875 of the Health and Safety Code.

1. A project may be divided into parts, provided that each part is clearly defined by a building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of general responsible charge may be made for the parts.

(d) The architect or structural engineer in general responsible charge may delegate responsibility for any portion of the work to, or may employ or retain other architects or registered engineers. No delegation to, or employment or retention of, others shall be construed as relieving the architect or structural engineer in general responsible charge of his rights, duties, and responsibilities under Section 129805 of the Health and Safety Code.

(e) The assumption of general responsible charge or of delegated responsibility for portions of the work shall be clearly designated, accepted and approved by the parties concerned (including the governing board or authority of the hospital). The application for approval of reports or plans and specifications provides for the common conditions of delegation of responsibility, but for unusual cases, or for changes in responsibility taking place after the plans have been submitted for approval, the delegation of responsibility, acceptances and approvals thereof shall be submitted in letter form which if prepared by the architect or structural engineer in general responsible charge, shall include an indication that the owner or governing board has been notified.

Authority: Health & Safety Code Sections 127015 and 129850.
Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-113. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-115. Preparation of Plans and Specifications and Reports.

(a) All plans and specifications or reports, except as provided in (b) below and in Section 129875 of the Health and Safety Code, shall be prepared under the responsible charge, and signed by, the architect or structural engineer or both. The structural plans and specifications or reports shall be prepared and signed by the structural engineer. The responsibility for preparing and signing plans and specifications or reports for the mechanical and electrical portions may be delegated by the architect or structural engineer in general responsible charge, to a professional engineer registered in the appropriate branch of engineering.

(b) For the purposes of this section, a mechanical or electrical engineer may be in general responsible charge of preparation of plans and specifications or reports and may administer the work of construction where the work is predominately of the kind nor-

mally performed by mechanical or electrical engineers. Any architectural or structural work involved shall be the responsibility of an architect or structural engineer, respectively.

EXCEPTION: Plans and specifications for projects identified in Items 1 through 4 below may be prepared under the responsibility of and signed by a licensed specialty contractor subject to the following provisions: (A) the work is performed and supervised by the licensed specialty contractor who prepares the plans and specifications, (B) the work is not ordinarily within the standard practice of architecture and engineering, and (C) the project is not a component of a project prepared pursuant to Section 7-115 (a) and (b).

1. Fire protection systems where none of the fire sprinkler system piping exceeds 2¹/₂ inches (63.5 mm) in diameter.
2. Low voltage systems not in excess of 91 volts. These systems include, but are not limited to, telephone, sound, cable television, closed circuit video, nurse call systems and power limited fire alarm systems.
3. Roofing contractor performing reroofing where minimum ¹/₄ inch (6.4 mm) on 12 inch (305 mm) roof slopes are existing and any roof mounted equipment needing remounting does not exceed 400 pounds.
4. Insulation and acoustic media not involving the removal or penetration of fire-rated walls, or ceiling and roof assemblies.

The contractor responsible for the design and installation shall also be the person responsible for the filing of reports, pursuant to Section 7-151.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-115. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-117. Site Data.

(a) The site data reports shall be required for all proposed construction except:

1. As provided in Part 2, Title 24.
2. One-story, wood-frame or light steel frame buildings of Type V construction and 4,000 square feet or less in floor area.
3. Nonstructural alterations.
4. Structural repairs for other than earthquake damage.
5. Incidental structural additions or alterations.

(b) Three copies of site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7.117. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-121. Preliminary Plans and Outline Specifications.

(a) One copy of the preliminary plans and outline specifications shall be submitted to the Office. Two copies must be submitted if additions, structural alterations or new buildings are included. If applicable, each of the site data reports listed in Section 7-117 (a) 1 shall have been submitted previously. The preliminary design documents will be reviewed by the Office for compliance with

Titles 19 and 24, California Code of Regulations. These documents shall provide the following data:

(b) Architectural, structural or other plans shall include:

1. Plot plan showing roads, fire flow supply and demand cal-

culations, fire hydrants, courses and distances of property lines, existing buildings, proposed buildings, parking areas, sidewalks, topography and any easements of record.

2. Plans of basement, other floors or levels and roof which indicate:

(Text continues on page 97.)

(This page intentionally left blank.)

- I. Emergency electrical system, when required.
- J. Switchboard and panel schedules with tabulated loads.
- K. Single-line diagram(s).
- L. Anchorage of all equipment shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

- 2. Furniture.
- 3. Temporary or movable equipment.
- 4. Equipment weighing less than 20 pounds supported by vibration isolators.
- 5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

6. Architectural, structural, mechanical and electrical specifications which fully describe, except where fully indicated and described on the plans, the materials, workmanship and the kind, sizes, capacities, finishes and other characteristics of all materials, products, articles and devices.

7. Additions to or alterations and repairs of existing structures which include:

- A. Types of activities within the existing buildings, including distribution.
- B. Type of construction of existing buildings and number of stories.
- C. Plans and details showing attachment of new construction to existing structural, mechanical and electrical systems.

8. A title block or strip on each sheet of the construction document plans shall include the following:

- A. Name and address of the architect or engineer.
- B. Name and address of the project.
- C. Number or letter of each sheet.
- D. Date of preparation of each sheet and the date of revision, if any.
- E. The scale of each plan or detail.

9. The north point of reference and the location or reference dimensions of the building, with respect to the site boundaries and property lines, shown on all plot plans and on all floor plans where applicable.

(d) After the Office has made its check of the submitted documents, the marked-up set of plans and specifications will be returned to the architect or engineer. A set of prints from corrected plans and specifications shall be filed for recheck when the original check indicates that extensive changes are necessary. Where necessary corrections are of minor nature, corrected original plans and specifications may be filed for recheck. Changes in plans and specifications, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised plans and specifications identifying those changes. Failure to give such notice voids any subsequent approval given to the plans and specifications.

The Office places its stamp on the original reproducible plans and the master cover sheet of the specifications when they have been corrected to comply with these regulations. This stamp is affixed for identification only and must not be construed as "written approval of plans" required in Section 129810 of the Health and Safety Code.

The prints, specifications, computations and other data filed with the application are the property of, and are retained by, the Office.

(e) Before the Office's written approval of the plans and specifications is issued, a set of prints of the stamped plans and specifications must be submitted to the Office.

Any change, erasure, alteration or modification of any plan or specification bearing the identification stamp of the Office shall void the approval of the application. However, the written approval of plans may be extended to include revised and/or additional plans and specifications after submission for review and approval thereof.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

- 1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-125. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.
- 2. (OSHPD 7/96) 1996 Annual Code Adoption Cycle will amend Section 7-125, of Part 1, Title 24, C.C.R. Filed with the secretary of state on March 4, 1997; effective April 3, 1997. Approved by the California Building Standards Commission on February 6, 1997.

7-129. Time Limitations for Approval.

(a) Final plans and specifications shall be submitted to the Office within one year of the date of the Office's report on preliminary plans and outline specifications or the application shall become void unless an extension has been requested and approved.

(b) The procedures leading to obtaining written approval of final plans and specifications shall be carried to conclusion without suspension or unnecessary delay. The application shall become void when either (1) prints from corrected plans or corrected original plans are not filed for recheck within six months after the date of return of checked plans to the architect or engineer or (2) a set of prints of the stamped plans and specifications are not submitted to the Office within six months after the date shown on the stamp by the Office.

(c) Construction, in accordance with the approved plans and specifications, shall commence within one year after obtaining the written approvals provided in Section 7-135 (a), or this approval shall become void. The Office may require that the plans and specification be revised to meet current regulations before reinstating a voided approval.

(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129 (c) above.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

- 1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-129. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7.131. Incremental Design, Bidding and Construction.

(a) Incremental design, bidding and construction or "fast-tracking" is a process by which construction of a building is commenced prior to completion of the contract documents for the total project. The Office will approve this process contingent upon receipt of application for approval of plans and specifications.

(b) Applicants wishing to employ the incremental process shall notify the Office no later than the date of submission of the application cited (a) above. Increments shall be limited to complete phases of construction, such as foundations and basement walls, structural framing, architectural work, mechanical work, or electrical work. The following supplementary information shall accompany the application:

1. Transmittal letter requesting the use of the incremental or fast-track procedure.

2. The site data reports required in Sections 7-117 and 7-125 (c).

3. A chart showing the proposed coordination of the design, bidding and construction schedules, including state and local plan review time and the estimated date of occupancy of the project.

4. The preliminary plans and outline specifications required in Section 7-121.

(c) The plans of each construction increment shall be sufficiently definitive of the architectural, structural, mechanical and electrical elements, and the loadings thus summarized, to provide identification of the sources of dead, live and lateral loads for the purposes of review of design. Changes to the work done under previously approved increments shall be required if, upon submission of plans of subsequent increments, the summarized loadings are found to be incorrect or connection details are found to be incompatible.

(d) The plans of each construction increment shall clearly identify the scope of the work to be included in that particular increment. All plans are to be complete and thoroughly checked by the project architect or engineers as to design, detailing, dimensions and coordination with other increments before submission to the Office. The Office will return incomplete documents without review and request that the documents be completed and resubmitted.

(e) Time intervals between construction increments shall not be permitted unless specific, written approval is granted by the Office.

(f) Seventy percent of the fee, based upon the estimated construction cost of the entire facility, as calculated in accordance with Section 7-133, shall be paid to the Office upon the submission of the plans of the first construction increment. The final fee shall be based upon the determination of the final actual construction cost.

(g) After the Office has made its check of the submitted documents and the applicant has corrected the originals accordingly, the stamp of the Office of Statewide Health Planning and Development, shall be placed on the original reproducible plans and the master cover sheet of the specifications. The stamp shall indicate the increment being approved. This incremental approval stamp is affixed for identification only and is not the written approval of plans cited in Section 7-125 (d). An Office approval letter shall be issued for each increment which clearly identifies the scope of work involved in the increment being approved. The letter for the final increment shall indicate approval of the entire project.

(h) Verified compliance reports shall be submitted in conformance with Section 7-151; addenda and change orders, as per Section 7-153 for each increment. Where all increments are being constructed under a single general contract or under a designated

agent responsible for the construction of the entire project, the verified reports may cover the work of more than one increment.

(i) Approval of construction will be issued for each increment being constructed under a separate contract. Where all increments are being constructed under a single general contract or where an owner's agent is responsible for the construction of the entire project, final approval of the construction will be issued upon completion of the entire project.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-131. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-133. Fees.

(a) The fee for plan review and field observation shall be based on the estimated cost of construction as follows:

1. The fee for hospital buildings is 1.64 percent of the estimated construction cost;

A. The Office shall charge actual costs for review and approval of seismic evaluations and compliance plans prepared pursuant to Article 8, Chapter 1, Part 7, Division 107, (commencing with Section 130000) of the Health and Safety Code. Total cost paid for these review services shall be nonrefundable and shall be deducted from the fee for a future project involving seismic retrofit or new construction pursuant to the hospital building compliance plan approved by the Office.

2. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost;

3. The minimum filing fee shall be \$250.00.

A. The fee for submitting an amended seismic evaluation report or compliance plan is \$250. The fee for review and approval of the amended report or compliance plan shall be subject to Section 7-133 (a) 1A above.

B. The fee for submitting an application for extension to seismic compliance is \$250.

Authority: Health & Safety Code Sections 127015, 129785 and 129850; and Government Code Section 11152.

Reference: Health & Safety Code Section 129785.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-133. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

Article 4. Construction

7-135. Time of Beginning Construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the plans and specifications.
2. A building permit.
3. Written approval of the inspector of record.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-135. Filed with the secretary

of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-137. Notice of Start of Construction.

(a) As soon as a contract has been awarded, the governing board or authority of the health facility shall provide to the Office, on a form provided by the Office, the following:

1. Name and address of the contractor.
2. Contract price.
3. Date on which contract was awarded.
4. Date of construction start.

Authority: Health & Safety Code Sections 127015, 129785 and 129850; and Government Code, Section 11152.

Reference: Health & Safety Code Section 129785.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-137. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-139. Notice of Suspension of Construction.

(a) When construction is suspended for more than two weeks, the governing board or authority of the hospital shall notify the Office in writing.

(b) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129 (c).

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-139. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-141. Administration of Construction.

(a) The administration of the work of construction shall be under the general responsible charge of an architect or structural engineer. 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 of the administration of the work of construction.

(b) All architects and engineers to whom responsibility has been delegated for preparation of plans and specifications as listed on the application shall observe the work of construction for their portion of the project. They shall consult with the person in general responsible charge in the interpretation of the approved plans and specifications, the preparation of addenda, change orders and deferred approvals, and the selection of inspectors and testing laboratories. By manual signatures they shall indicate their responsibility for and approval of change orders and deferred approvals which affect their portion of the project.

(c) The architect or engineer having general or delegated responsibility may name one or more persons to act as alternate(s) for observation of the work of construction provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

(d) The architect or engineer of record in general responsible charge of the work shall prepare a testing, inspection and observation program which shall be submitted to the Office for approval prior to the issuance of the building permit.

(e) The testing program shall identify materials and tests to be performed on the project. The firm(s) and/or individual(s) to perform each of the required tests shall also be identified. The testing program shall include, at a minimum, those tests required by applicable sections of the California Building Standards Code.

(f) The testing program shall include a completed application for inspector(s) of record for the project. If a project has more than one inspector of record, the distribution of responsibilities for the work shall be clearly identified for each inspector of record. The inspection program shall also identify all special inspections to be performed on the project and the individual(s) to perform the inspections. The special inspections shall include, at a minimum,

those special inspections required by applicable sections of the California Building Standards Code.

(g) The observation program shall identify each professional that must, through personal knowledge as defined in Section 7-151, verify that the work is in compliance with the approved plans and specifications. The contractor or owner/builder and the inspector(s) of record shall verify that the work is in compliance with the approved plans and specifications in accordance with the requirements for personal knowledge as it applies to each participant or discipline. The program shall give specific intervals or project milestones at which such observation is to occur for each affected participant or discipline. Each required observation shall be documented by a compliance verification report prepared by each participant or discipline and submitted to the Office.

(h) The tests, inspection and observation program shall include samples of test and inspection reports and provide time limits for the submission of reports.

(i) All completed test, inspection and observation reports shall be submitted to the Office.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-141. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-143. Responsibility of the Contractor.

(a) The contractor shall complete the work in accordance with the approved plans and specifications. The contractor shall not be relieved of any responsibility by the activities of the architect, engineer, inspector or the Office in the performance of their duties.

(b) The contractor shall submit verified compliance reports to the Office in accordance with Section 7-151.

(c) Where no general contractor is involved, the governing body or authority of a health facility shall designate an agent who shall be responsible for the construction of the project in accordance with the approved contract documents and such agent shall submit the verified reports to the Office.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-143. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more inspectors satisfactory to the architect or structural engineer or both, in responsible charge of the work, or the engineer in responsible charge of the work and the Office.

Authority: Health & Safety Code Sections 127015, 129825 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-144. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.
2. (OSHPD 1/96) 1996 Annual Code Adoption Cycle will amend Section 7-144, of Part 1, Title 24, C.C.R. Filed with the secretary of state on March 4, 1997; effective April 3, 1997. Approved by the California Building Standards Commission on February 6, 1997.

7-145. Continuous Inspection of the Work.

(a) The general duties of the inspector shall be as follows:

1. The inspector shall have personal knowledge, obtained by continuous inspection of all parts of the work of construction in all stages of its progress to ensure that the work is in accordance with the approved plans and specifications.

2. Continuous inspection means complete inspection of every part of the work. Work, such as concrete or masonry work which can be inspected only as it is placed or assembled, shall require the constant presence of the inspector. Other types of work which can be completely inspected after the work is installed may be carried on while the inspector is not present. In no case shall the inspector have or assume any duties which will prevent continuous inspection.

3. The inspector shall work under the direction of the architect or engineer. All inconsistencies or seeming errors in the approved plans and specifications shall be reported promptly to the architect or engineer for interpretation and instructions. In no case, however, shall the instructions of the architect or engineer be construed to cause work to be done which is not in conformity with the approved plans and specifications.

4. The inspector shall maintain a file of approved plans and specifications on the job at all times including all reports of tests and inspections required by the plans and specifications and shall immediately return any unapproved documents to the architect or engineer for proper action. The inspector shall also maintain on the job at all times, all codes and regulations referred to in the approved plans and specifications.

5. The inspector shall notify the Office:

- A. When the work is started or resumed on the project.
- B. At least 48 hours in advance of the time when foundation trenches will be complete, ready for footing forms.
- C. At least 48 hours in advance of the first pour of concrete.
- D. When work has been suspended for a period of more than two weeks.

6. The inspector shall maintain a record of certain phases of construction procedure as follows:

- A. The record shall include the time and date of placing concrete; time and date of removal of forms and shoring in each portion of the structure; location of defective concrete; and time, date and method of correction of defects.
- B. The record shall include identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.
- C. The record shall include a list of test reports of all non-conforming materials or defective workmanship and shall indicate the corrective actions taken.
- D. When driven piles are used for foundations, the record shall include the location, length and penetration under the last ten blows for each pile. It shall also include a description of the characteristics of the pile driving equipment.
- E. All records of construction procedure shall be retained on the job until the completion of the work. See Section 7-155.

(b) The inspector shall notify the contractor, in writing, of any deviations from the approved plans and specifications or new construction not in compliance with California Building Standards Code, which have not been immediately corrected by the contractor. Copies of such notice shall be forwarded immediately to the architect, engineer, owner and to the Office.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-145. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-147. Observation by the Office.

(a) During the construction, of any health facility, the Office shall make such observation as in its judgment is necessary or proper for the enforcement of these regulations and all applicable parts of the California Building Standards Code.

Whenever the Office finds a violation of these regulations and/or applicable parts of the California Building Standards Code that requires correction, the citation of the violation shall be issued to the hospital governing board or authority in writing and shall include a proper reference to the regulation or statute being violated.

Authority: Health & Safety Code Sections 127015, 129825 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-147. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-149. Tests.

(a) Pursuant to Section 7-141, the architect or engineer in charge shall establish and administer the testing program. Where job conditions warrant, the architect or engineer may waive certain specified tests contingent upon the approval of the Office. The Office shall be notified as to the disposition of materials noted on laboratory reports. One copy of all test reports shall be forwarded to the Office by the testing agency. The reports shall state definitely whether the material tested complies with the approved contract documents.

(b) The governing board or authority of a health facility shall select a qualified person or testing laboratory as the testing agency to conduct the tests. The selected person or testing laboratory must be approved by the architect or engineer. The governing board or authority shall pay for all tests.

Authority: Health & Safety Code Sections 127015 and 129850.

Reference: Health & Safety Code Sections 129675-129998.

HISTORY:

1. (OSHPD 2/95) Regular order by the Office of Statewide Health Planning and Development to amend Section 7-149. Filed with the secretary of state on August 14, 1996, becomes effective September 13, 1996. Approved by the California Building Standards Commission on March 19, 1996.

7-151. Verified Compliance Reports.

(a) In accordance with Section 7-151 (e), or when required by the Office, the architect(s), engineers(s), inspector(s) of record, special inspector(s) and contractor or owner/builder shall each submit to the Office a verified compliance report, with their original signature and based on their own personal knowledge, as defined by this section. The report shall:

1. Verify that the work during the period, or a portion of the work, covered by the report has been performed and materials used and installed are in accordance with the approved plans and specifications.

2. Set forth detailed statements of fact as are required by the Office.

(b) The term "personal knowledge," as used in this section and as applied to the licensed architect or engineer or both, means per-

HISTORY NOTE APPENDIX FOR CHAPTER 7

Administrative Regulations for the Office of Statewide Health Planning and Development (Title 24, Part 1, California Code of Regulations)

The format of the history notes has been changed to be consistent with the other parts of the California Building Standards Code. The history notes for prior changes remain within the text of this code.

1. (OSHPD 1/97) Regular order by the Office of Statewide Health and Planning and Development to amend Chapters 6 and 7 as a result of SB 1953. Filed at the secretary of state on March 25, 1998; effective March 25, 1998. Approved by the California Building Standards Commission on March 18, 1998.

2. (OSHPD-EF 1/98) Emergency order by the Office of Statewide Health Planning and Development to adopt administrative regulations specific to Hospital Inspector Citizenship/Alien Certification. Filed at the secretary of state on March 25, 1998; effective March 25, 1998. Approved by the California Building Standards Commission on March 18, 1998.

3. BSC 1997 Triennial Code Adoption Cycle (OSHPD 1/97, OSHPD 2/97, OSHPD 3/97). Approved by the California Building Standards Commission on May 6, 1998. Filed at the secretary of state's office on September 29, 1998, effective October 29, 1998.

4. Erratum to correct printing errors. Correction to Section 7-101 to change the date of the Alfred E. Alquist Act to 1983. Correction of grammatical error in Section 7-111. Publication date February 15, 2001.

5. (OSHPD 9/99) Testing, Inspection, and Observation Program. Various sections in Chapter 7. Approved as submitted by the California Building Standards Commission on May 24, 2000. Filed with the Secretary of State on June 8, 2000, effective July 7, 2000.

6. (OSHPD 10/99) Filing Fee/Personal Knowledge Verified Reports. Amend Sections 7-103, 7-111, 7-113, 7-133, 7-151. Approved as submitted by the California Building Standards Commission on May 24, 2000. Filed with the Secretary of State on June 8, 2000, effective July 7, 2000.

7. (OSHPD 3/99) Class C Hospital Inspector. Amend Sections 7-200, 7-204, 7-206. Approved as submitted by the California Building Standards Commission on May 24, 2000. Filed with the Secretary of State on June 8, 2000, effective July 7, 2000.

8. (OSHPD 01/01) 7-115 Preparation of Plans and Specifications. 7-152 Supplantation of an Architect, Engineer or Inspector of Record, Special Inspector or Contractor. Approved as submitted by the California Building Standards Commission on September 25, 2001. Filed with the Secretary of State on November 6, 2001, effective December 6, 2001.

9. October 1, 2002 Errata adding Number 8 above.

10. (OSHPD EF 01/02) Amend Chapter 6 and 7 of Part 1. Approved as emergency by the California Building Standards Commission on January 15, 2003, and filed with the Secretary of State on January 16, 2003. Effective January 16, 2003.

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