

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION ~ www.oshpd.state.ca.us/fdd
 400 "R" Street, Suite 200 ~ Sacramento, California 95811
 700 N. Alameda Street, Suite 2-500, Los Angeles, CA 90012

Phone (916) 440-8300 FAX (916) 324-9188
 Phone (213) 897-0166 FAX (213) 897-0168



Application for Inspector of Record

A	Name of Facility: <hr/> Address - Street: <hr/> City: _____ County: _____ Zip: _____ <hr/> Administrator: _____ Phone: _____ _____ FAX: _____ _____ E-mail: _____ Scope of Project (45 Characters max.) _____ Applicant Job #: _____	OSHPD # INCREMENT # <small>(For Designated Incremental Projects Only)</small> FACILITY I.D. #
B	Name (Applicant for Inspector of Record): _____ E-mail: _____ <hr/> Address: _____ <div style="text-align:right;"><input type="checkbox"/> Check here if this is a new address</div> <hr/> City: _____ State: _____ Zip: _____ Phone #: _____ _____ FAX #: _____ Indicate type and certificate number of OSHPD certification, or attach resume: Type A # _____ Type B # _____ Type C # _____ Are you in the employ of the contractor for the above building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C	Are you engaged in a business or other employment, which requires a portion of your time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below: 	
D	<p>CERTIFICATION OF APPLICANT. READ CAREFULLY!</p> <p>I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and/ or Engineer and the Office of Statewide Health Planning and Development without delay. If appointed I will accept the responsibilities of Inspector on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.</p> <p>Signature : _____ Date: _____</p>	
E	This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer and OSHPD, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project. Signature: _____ Date: _____ _____ Legal Signatory Facility Name Printed: _____ Title: _____	This person known to me, is qualified, and is satisfactory to me as an inspector on this project. Signature: _____ Date: _____ _____ Architect or Engineer in charge Signature: _____ Date: _____ _____ Structural Engineer (Required on "H" Projects and some "I" Projects)
F	<p>OFFICE USE ONLY</p> <p>OSHPD APPROVAL:</p> <p>Signature: _____ Date: _____ _____ Regional Compliance Officer, Office of Statewide Health Planning and Development</p>	

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INSTRUCTIONS FOR INSPECTOR OF RECORD (OSH-FD-124)

Do not write in areas designated for "Office Use Only."

- A Enter name as it appears on the facility license. Enter administrator's name, phone, and fax number, e-mail address, street address, city, county and zip code (five or nine digit zip code as applicable).

Scope of project - enter a brief (45 characters or less) description statement of the work to be performed. Applicants job number - if the facility or architect has a numbering system for projects, enter that project number.

Enter OSHPD # if known, Increment # for designated incremental projects only, and Facility I.D. # if known.

- B Enter full name of applicant for Inspector of Record. Enter e-mail address, street address, city, county, state and zip code. Put a check mark in the box if this is a new address since the last formal contact with OSHPD. Enter certificate number as appropriate. If no certification with OSHPD, please attach a resume.
- C If yes, list employers, projects and hours per month required.
- D Sign and date certification.
- E The left block is to be signed by the legal applicant or agent. The right block is to be signed by the Architect or Engineer in charge of the project.

Note: The structural engineer must also sign the right side for all designated "H" Projects and for some designated "I" projects.