OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION **www.oshpd.state.ca.us/fdd**
1600 9th Street, Room 420 ~ Sacramento, California 95814 Phone (916) 654-3362 FAX (916) 654-2973
1831 9th Street ~ Sacramento, California 95814 Phone (916) 324-9090 FAX (916) 324-9145 (North and Central Region)
700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012 Phone (213) 897-0166 FAX (213) 897-0168

CHECK LIST FOR OSHPD PLAN APPROVAL

_____ Name of facility, index of drawings, project scope and definition of limits of work.
_____ Project location plan showing project location in relation to site with building setbacks and adjacent buildings shown.
_____ Drawing scale and north arrows provided on plans.
_____ Demolition plans.
_____ Architectural, structural, mechanical, and electrical specifications, are required.

ARCHITECTURAL REQUIREMENTS

_____ Site plan and floor plan showing handicapped parking, access and travel path to the project area.
_____ Floor plans drawn to scale showing room names and numbers. Rooms and corridors fully dimensioned, door and window dimensions shown or scheduled.
_____ Reflected ceiling plans showing ceiling types and ceiling construction details and ceiling heights in all areas.
_____ Finish schedule.
_____ Building sections and exterior elevation drawings.
_____ Interior elevation drawings
_____ Wall sections showing finishes, fire rating, stud size and spacing, stud gauge, and wall attachment to supporting structure.
_____ Details of cabinets, windows, doors ceilings and architectural features.
_____ Area and fire separations shown for horizontal and vertical assemblies.

STRUCTURAL REQUIREMENTS

_____ Expansion anchor testing schedule.
_____ Deferred approval list – shown on plan set cover sheet and o a separate 8 ½ X 11 sheet.
_____ Anchorage details for pipes, ducts and conduits or appropriate preapproval reference.
_____ Cabinet anchorage details showing fastener size and spacing.
_____ Grab bar anchorage details.
_____ Shower seat anchorage details.
_____ Television bracket anchorage details, calculations required to justify the adequacy of non preapproved television brackets,

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_____ Backing plate details – minimum 6" X 16 gage required unless calculations are to justify a smaller size and/or gauge.

_____ Equipment anchorage schedule – showing all hospital, mechanical, electrical and other equipment, equipment weight, dimensions and appropriate anchorage detail reference.

_____ Equipment anchorage details and calculations. Locations of seismic separations identified, details of service lines at these locations.

MECHANICAL REQUIREMENTS

_____ Mechanical and plumbing drawings including equipment schedules listing all mechanical equipment including filters, plumbing fixtures and trim

_____ Mechanical and plumbing (M / P) legends and symbols.

_____ Mechanical sections and elevations provided where necessary for clarity. Large-scale plans provided for congested areas such as mechanical rooms.

_____ Ductwork and piping shown and sized.

_____ Location and size of soil, waste and vent stacks with connections to house drains, fixtures and equipment.

_____ Size and location of domestic and HVAC hot and cold water, waste, and vent piping, including branches and risers. (Provider riser diagrams for multi-story buildings).

_____ Medical gas systems identified, sized and specified.

ELECTRICAL REQUIREMENTS

_____ Emergency power system.

_____ Single-line diagram.

_____ Panel schedules with tabulated loads.

_____ Power plans, lighting plans, signal plans.

_____ Load calculations

_____ Symbol and fixture schedules with wattage.