

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

FACILITIES DEVELOPMENT DIVISION

1600 9th Street, Room 420 ~ Sacramento, California 95814
 1831 9th Street ~ Sacramento, California 95814
 700 N. Alameda Street, Suite 2-500, Los Angeles, California 90012

Phone (916) 654-3362 FAX (916) 654-2973
 Phone (916) 324-9090 FAX (916) 324-9145 (North and Central Region)
 Phone (213) 897-0166 FAX (213) 897-0168

www.oshpd.state.ca.us/fdd



Post Approval Documents

A	Name of Facility: _____ Address - Street: _____ City: _____ County: _____ Zip: _____ Title of Project (45 Characters max.) _____ Applicant Job #: _____	OSHPD # _____ Office Use Only FACILITY I.D. # _____ DATE: _____
B	<input type="checkbox"/> Change Order CO# _____ <input type="checkbox"/> Addendum AD # _____ <input type="checkbox"/> Instruction Bulletin IB# _____ <input type="checkbox"/> Deferred Item DA # _____ IB must be confirmed by change order <input type="checkbox"/> _____	
C	Description/Scope of Change: Reason for Change: List of Enclosures:	
D	CHANGE ORDER ONLY	
	Total contract amount prior to this change\$ _____ Amount of this change\$ _____ <input type="checkbox"/> Add <input type="checkbox"/> Deduct Revised contract amount to date\$ _____ Owner: _____ Signature: _____	By reason of this modification the contract completion date is changed: From: _____ To: _____ Contractor: NOT REQUIRED FOR OSHPD Signature: _____
E	Architect or Engineer in responsible charge of project: Signature: _____ Firm Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Structural Engineer (if applicable): Signature: _____ Firm Name: _____ Address: _____ City: _____ State: _____ Zip: _____
F	OSHPD APPROVAL OFFICE USE ONLY Signature: _____ Date: _____	

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INSTRUCTIONS FOR POST APPROVAL DOCUMENTS (OSH-FD-125)

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

- A Enter name as it appears on the facility license. Enter street address, city, county and zip code (five or nine digit zip code as applicable).

Title of project - enter a brief (45 keystrokes or less) descriptive statement of the work to be performed.

Enter number OSHPD project number, and applicants job number - if the facility or architect has a numbering system for projects, enter that project number.

- B Check appropriate box and enter sequential number. The term "Instruction Bulletin" is generally used for any submission, which is not a change order or an addendum. This OSHPD form may cover a single pre-change order document or several pre-change order documents, thus unifying them together until approved. "Deferred Items," refers to any items listed as deferred on the cover sheet of the approved drawings, including fire sprinkler and fire alarm submittals.

- C Description/Scope of change - List or describe the changes to the approved contract documents.

Reason for change - List or describe the reasons the items above are requested.

List of enclosures - List the enclosures or attachments, which change the contract documents. Such enclosures must include architect's title block, facility name, and drawings of changes.

- D If this is a change order, complete Section D and sign by owner and contractor; otherwise leave blank.

- E The architect or engineer in charge and any other design professional involved in the change should enter the address, city, state, zip code and sign the document in the appropriate signature block.

- F Leave blank. When returned by OSHPD, staff action taken will be indicated.