Facilities Development Division
1600 9th Street, Room 420 ~ Sacramento, California 95814 (916) 654-3362 Fax (916) 654-2973
1831 9th Street ~ Sacramento, California 95814 (916) 324-9090 Fax (916) 324-9145
311 South Spring Street, Suite 1001 ~ Los Angeles, California 90013 (213) 897-0166 Fax (213) 897-0168
www.oshpd.ca.gov/fdd

CERTIFICATION FOR RADIATION PROTECTION

Facility Name: _____ OSHPD Application #: _____

Address: _____ Date: _____

_____

Description of Proposed Project:

_____

_____

_____

_____

Based on my assumption and calculations, I declare under penalty of perjury that the radiation protection specified for the above project shall conform to the applicable provisions of Chapter 91, California Building Code (Title 24, California Code of Regulations), relating to radiation protection. I further declare that I am a certified radiation physicist, health physicist, or

_____
(Specify)

Additional Comments:

_____

_____

_____

_____

_____

_____

Name: _____

Title: _____

Signature: _____

Address: _____

Phone: _____

Reset