

**2019 CALIFORNIA ADMINISTRATIVE CODE**  
**OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT**  
**STRUCTURAL PACKAGE INDEX**

1. *Preambles for Express Terms*
2. *Chapter 6 – Seismic Evaluation Procedures for Hospital Buildings*
3. *Chapter 7 –Safety Standards for Health Facilities*

**45-DAY EXPRESS TERMS  
FOR  
PROPOSED BUILDING STANDARDS  
OF THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
REGARDING PROPOSED CHANGES TO  
  
THE CALIFORNIA ADMINISTRATIVE CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1**

**LEGEND FOR EXPRESS TERMS**

1. Code language being modified: All such language appears in underlined.
2. Repealed text: Repeal of 2016 CAC language appears in ~~strikeout~~.

**Note:**

Following each chapter of the proposed regulations is a notation that cites specific statute(s) that authorizes the adoption of these regulations and statute that allows for regulations to clarify the subject matter being implemented, interpreted or made specific by the authority statute(s).

The Office of Statewide Health Planning and Development (OSHPD) propose to adopt the 2019 edition of the California Administrative Code, which will be based on the 2016 California Administrative Code with amendments presented on the following pages:

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

**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.

...

**1.2 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.

...

**DAMAGE CONTROL STRUCTURAL PERFORMANCE CATEGORY** is a performance category that has been demonstrated either by analysis or retrofit to satisfy the requirements of Section 1.4.5.1.3 and the ~~2016~~ California Existing Building Code (~~2016~~CEBC) Sections ~~3412A.2.3~~303A.3.4.5, 501A.3.1 and 501A.3.2 or equivalent provisions in later editions of the CEBC. Buildings satisfying this structural performance standard shall be deemed to satisfy the requirements of the Structural Performance Category SPC-4D.

...

**NONSTRUCTURAL PERFORMANCE CATEGORY NPC-4D** is a performance category assigned to existing hospital buildings not designed and constructed under a building permit issued by OSHPD that have been evaluated and or retrofit to satisfy the requirements of NPC 4D for one of the Levels defined in Article 11, Table 11.1 Nonstructural Performance Categories. Level 1 being the minimum level of seismic compliance and Level 3 being the highest level of compliance required for continued operation beyond 2030.

...

**STRUCTURAL PERFORMANCE CATEGORY SPC-4D** is a performance category assigned to previously nonconforming hospital buildings that have been demonstrated either by analysis or retrofit to be equivalent to the minimum prescriptive requirements of the 1979 Uniform Building Code (UBC 1979) including the California amendments, hereafter called the 1980 CBC, in accordance with Section 1.4.5.1.3 and the California Existing Building Code ~~CBC 2016~~ Sections ~~3412A.2.3~~303A.3.4.5, 501A.3.1 and 501A.3.2.

...

**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.

**Exception:** The Structural Performance Category of SPC-4D shall be established in accordance with Section 1.4.5.1.3 and the ~~2016 California Building Code (2016 CBC)~~ California Existing Building Code (CEBC) Sections 3412A.2.3303A.3.4.5, 501A.3.1 and 501A.3.2 or equivalent provisions in later editions of the ~~CBC~~CEBC.

...

**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 34A, the~~ California Existing Building Code (Part 2-10 of Title 24) for the specified SPC or NPC. The SPC of a hospital building shall also be permitted to be changed on the basis of the following:

...

**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:

2. The building has been modified to comply with the requirements of ~~Chapter 34A, the~~ California Existing Building Code (Part 2-10 of Title 24) for the specified SPC or NPC.

...

**1.4.5.1.3 Nonconforming hospital buildings** shall be permitted to be reclassified to SPC-4D, pursuant to Table 2.5.3, in accordance with the ~~CEBC~~ CBC 2016 Sections ~~3412A.2.3303A.3.4.5, 501A.3.1 and 501A.3.2~~ or equivalent provisions in later editions of the ~~CBC~~CEBC.

...

**1.4.5.1.5** A hospital building from which acute care services and beds have been removed *or a* nonconforming hospital building without SPC or NPC rating shall not provide *general acute care* services unless it has been modified to comply with the requirements of SPC-4D or SPC 5 and NPC 4, NPC 4D, 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 or 1.4.5.1.3.

**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~~ 2020, 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 be granted a building permit for construction work in such building except those required for seismic compliance in accordance with the California Administrative Code (Chapter 6), maintenance, and emergency repairs.

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 are met.~~

4.2. 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, 4D 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:~~

- ~~(a) The length/duration of the extension request;~~
- ~~(b) The hospital buildings requiring an extension; and~~
- ~~(c) The acute care services that will be completely or partially unavailable if the extension is denied.~~

~~1.2 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.~~

~~2. Any general acute care hospital located in Seismic Design Category D, as defined by Section 1613A of the 2013 California Building Code, may request an exemption from the anchorage and bracing requirements of NPC 3 for a hospital building if all the following conditions are met:~~

~~2.1 The hospital building shall meet the anchorage and bracing requirements for NPC 2.~~

2.2 After January 1, 2028, buildings with NPC rating less than 4, all remodels/renovations, or other construction work, shall include anchorage and/or bracing of all equipment and services within the boundary of the scope of work that is not in compliance with NPC 4. Any future upgrade of building(s) to SPC 5 shall be accompanied by upgrade of nonstructural components to either NPC 4, or NPC 5.

**Exception 1:** Remodels/renovations, or other construction work, that remove a room or space from service use or occupancy for less than 24 hours.

**Exception 2:** Where 20% or less of the affected existing construction, such as ceilings, walls, ducts, but independent of finishes, is removed to access equipment and services for

anchorage/bracing may be reinstalled as it pre-existed prior to the NPC work, as long as it was in compliance with the code at the time it was installed/constructed.

**Exception 3:** Buildings that have been removed from general acute care service, or have projects to remove the building from acute care services by 2030.

~~2-3~~ 1. By January 1, 2024, the hospital owner shall submit to the Office a complete nonstructural evaluation up to NPC 4 or 4D and NPC 5, for each building.

~~2-4~~ 2. By January 1, 2026, the hospital owner shall submit to the Office construction documents for NPC 4 or 4D and NPC 5 compliance that are deemed ready for review by the Office, for each building that will continue to provide acute care services beyond January 1, 2030.

~~2-5~~ 3. By January 1, 2028, the hospital owner shall obtain a building permit to begin construction, for NPC 4 or 4D and NPC 5 compliance of each building that the owner intends to use as a general acute care hospital building after January 1, 2030. Hospitals not meeting the January 1, 2028 deadline set by this section shall not be issued a building permit for any noncompliant building except those required for seismic compliance in accordance with the California Administrative Code (Chapter 6), maintenance, and emergency repairs until the building permit required by this section is issued.

**Exception:** If the hospital has obtained a building permit(s) for project(s) to relocate all general acute care hospital beds and/or services to SPC 3 or higher, and NPC 5 building(s) within a timeframe which permits such relocation of beds and/or services by January 1, 2030, an extension for SPC compliance, the NPC compliance deadlines shall coincide with the approved SPC extension deadlines and the requirements of Sections 1.5.2.2.3 through 1.5.2.2.5 shall be deemed to be satisfied.

~~3.~~ 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:

~~3.1~~ The owner must apply for an extension with the Office no later than January 1, 2004;

~~3.2~~ The owner must submit an amended compliance plan to the Office by July 1, 2004;

~~3.3~~ The buildings must have met the NPC-2 nonstructural requirements by January 1, 2002;

~~3.4~~ 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.~~

~~3.5~~ 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;~~

~~3.6 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.~~

~~4. 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;~~

~~4.1 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.~~

~~5. 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:~~

~~5.1 The owner must apply for an extension with the Office no later than January 1, 2004;~~

~~5.2 The owner must submit an amended compliance plan to the Office by July 1, 2004;~~

~~5.3 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.~~

~~5.4 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.~~

~~6. Any general acute care hospital that received an approval by the Office to replace all the nonconforming buildings subject to the requirements of Health and Safety Code Section 130060(a) with new buildings by January 1, 2020, may request an exemption from the anchorage and bracing requirements of NPC-3 if all of~~

the following conditions are met:

~~6.1 The hospital shall meet the anchorage and bracing requirements for NPC 2.~~

~~6.2 New building(s) replacing the existing non-compliant building(s) shall be either NPC 4 or NPC 5 building(s).~~

~~7.4. Any general acute care hospital (buildings located in Seismic Design Category D or F) may request an extension from the anchorage and bracing requirements of NPC 3 up to January 1, 2020, if all of the following conditions are met: Any general acute care hospital building (located in Seismic Design Category D or F) granted an extension up to January 1, 2020 or beyond is deemed to comply with the terms of the extension if all of the following conditions are met:~~

~~7.4.1 The hospital shall meet the anchorage and bracing requirements for NPC 2.~~

~~7.4.2 All The building(s) shall be is upgraded to either NPC 3 NPC 4 or NPC 5 by January 1, 2020 in accordance with the compliance timeframes specified in Table 11.1.~~

**Exception:** The building is SPC-2, the method of compliance is to remove the building from general acute care service by 2030, and no SPC-4D projects have been submitted to the Office.

~~7.3 By January 1, 2014, the hospital owner shall submit to the Office a complete nonstructural evaluation up to NPC 5, for each building.~~

~~7.4 By January 1, 2016, the hospital owner shall submit to the Office construction documents for NPC 4 or NPC 5 compliance that are deemed ready for review by the Office, for each building.~~

~~7.5 By January 1, 2018, the hospital owner shall obtain a building permit to begin construction, for NPC 4 or NPC 5 compliance of each building that the owner intends to use as general acute care hospital building after January 1, 2020. Hospitals not meeting the January 1, 2018 deadline set by this section shall not be issued a building permit for any noncompliant building, except those required for seismic compliance in accordance with the California Administrative Code (Chapter 6), maintenance, and emergency repairs until the building permit required by this section is issued.~~

**Exception:** If the hospital has obtained a building permit(s) for project(s) to relocate all general acute care hospital beds and/or services to SPC 3 or higher, and NPC 5 building(s) within a timeframe which permits such relocation of beds and/or services by January 1, 2020, requirements of Sections 1.5.2.7.3 through 1.5.2.7.5 shall be deemed to be satisfied.

...

**2.1.2.1 Building Characteristics.** Characteristics of the building relevant to its seismic performance shall be obtained for use in the building evaluation. This shall include current information on the building's condition, configuration, material strengths, detailing, and foundation type. This data shall be obtained from:

1. Review of construction documents;



2. Destructive and nondestructive testing and examination of selected building components; and
3. Field observation of exposed conditions to verify that field conditions substantially match the construction documents in accordance with data collection requirements in the California Existing Building Code Section ~~3413A.1.3~~3303A.3.5.3, or equivalent provisions in later editions of the CEBC.

...

**2.1.2.2 Material properties.** The building evaluation shall be based on the strength and deformation properties of the existing materials and components. The strength of existing components shall be calculated using data on their configuration, obtained from the original construction documents, supplemented by field observations and the test values of material properties. Where such effects may have a deleterious effect on component or structural behavior, allowances shall be made for the likely effects of strain hardening or degradation. Test values may be obtained from samples extracted from the structure, or from original materials and compliance certificates. The Office will determine the adequacy of the test results based upon the approved material testing program.

The materials testing program shall require approval by the Office prior to testing. Prior to performing destructive materials test and non-destructive tests requiring modification to existing conditions, the owner or the owner's authorized agent shall obtain a building permit.

The materials testing shall be in accordance with the California Existing Building Code ~~2016 (2016 CBC)~~ Section ~~3413A.1.3~~3303A.3.5.3, or equivalent provisions in later editions of the CEBC.

...

**TABLE 2.5.3—STRUCTURAL PERFORMANCE CATEGORIES (SPC)**

...

<i>SPC-4D</i>	Nonconforming hospital buildings satisfying the requirements of Section 1.4.5.1.3 and the <u>California Existing Building Code <del>CBC 2016</del> Sections <del>3412A.2.3</del>3303A.3.4.5, 501A.3.1 and 501A.3.2</u> or equivalent provisions in later editions of the <u>CEBC</u> . These buildings may experience structural damage which may inhibit ability to provide services to the public following strong ground motion. These buildings may be used to January 1, 2030 and beyond.
---------------	--

...

**2.7 Alternative analysis.** The owner of a building may elect to perform an Alternative Analysis, to evaluate a structure in more detail than that provided by the evaluation procedures specified in these regulations. The methodology of an Alternative Analysis must be approved in advance by OSHPD, and shall meet the following criteria:

3. The analysis procedure may consist of a linear or nonlinear analysis. The analytical methods and acceptance criteria shall conform to Chapters ~~34A~~ 3A, 4A and 5A of the California Existing Building Code.

**TABLE 11.1-NONSTRUCTURAL PERFORMANCE CATEGORIES**

TIMEFRAMES	NONSTRUCTURAL PERFORMANCE CATEGORY	DESCRIPTION
	NPC 1	Buildings with equipment and systems not meeting the bracing and anchorage requirements of any other NPC.
January 1, 2002	NPC2	<p>The following systems are braced or anchored in accordance with Part 2, Title 24<sup>1</sup>;</p> <ul style="list-style-type: none"> <li>• communications systems.</li> <li>• emergency power supply.</li> <li>• bulk medical gas systems,</li> <li>• fire alarm systems and</li> <li>• emergency lighting equipment and signs in the means of egress.</li> </ul>
<p><del>January 1, 2008</del></p> <p><u>January 1, 2024 (SDC F),</u></p> <p><u>January 1, 2030 (SDC D),</u></p>	NPC 3/ <del>NPC 3R</del>	<p>The building meets the criteria for NPC “2” and in critical care areas, clinical laboratory service spaces, pharmaceutical service spaces, radiological service spaces, and central and sterile supply areas, the following components meet the bracing and anchorage requirements of Part 2, Title 24<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• <u>“Nonstructural Components,”</u> listed in the 1995 CBC, Part 2, Title 24, Table 16A-0.</li> </ul> <p><b>Exceptions:</b></p> <ol style="list-style-type: none"> <li>1. Lateral bracing of suspended ceiling systems may be omitted in rooms with a floor area less than 300 square feet, provided the room is not an intensive care or coronary care unit patient room, angiography laboratory, cardiac catheterization laboratory, delivery room, operating room or post-operative recovery room. <u>For rooms with a floor area greater than 300 square feet OSHPD pre-approved standard details may be used.</u></li> <li>2. <u>Wall or floor-mounted cabinets, shelves, shelving units, file cabinets, and/or storage racks and rolling carts, unless these components are in a location where they could fall, collapse, or fail in the patient care vicinity as defined in Article 517.2 of the CEC, or could block a required means of egress.</u></li> </ol> <ul style="list-style-type: none"> <li>• “Equipment,” as listed in the 1995 CBC, Part 2, Title 24, Table 16A-O “Equipment,” including equipment in the physical plant that service these areas.</li> </ul>

		<p><b>Exceptions:</b></p> <p>1. Seismic restraints need not be provided for cable trays, conduit and HVAC ducting. Seismic restraints may be omitted from piping systems, provided that an approved method of preventing release of the contents of the piping system in the event of a break is provided.</p> <p><del>2. Only elevator(s) selected to provide service to patient, surgical, obstetrical, and ground floors during interruption of normal power need to meet the structural requirements of Part 2, Title 24.</del></p> <p><u>2. Elevator(s) need not comply with these requirements.</u></p> <p><u>3. Tanks and vessels are connected to the building systems with flexible connectors capable of accommodating minimum 12 inches of movement in any direction and not be dislodged from supports.</u></p> <ul style="list-style-type: none"> <li>• Fire sprinkler systems comply with the bracing and anchorage requirements of NFPA 13, 1994 edition, or subsequent applicable standards.</li> </ul> <p><del><b>Exception:</b> Acute care hospital facilities in both a rural area as defined by Section 70059.1, Division 5 of Title 22 and Seismic Zone 3 shall comply with the bracing and anchorage requirements of NFPA 13, 1994 edition, or subsequent applicable standards by January 1, 2013.</del></p>
<u>January 1, 2030</u>	<u>NPC 4D Levels 1, 2, or 3</u>	<p><u>The building meets the criteria for NPC "3", and for systems listed in Levels 1 to 3 below, meets the bracing and anchorage requirements of Part 2, Title 24<sup>2</sup>.</u></p> <ol style="list-style-type: none"> <li><u>1. Level 1 includes all systems and equipment required to comply with NPC-3. An Operational Plan to repair and bring all systems and services back online, or to provide them in an alternative manner, is filed with the Office in accordance with Section 11.2.3.</u></li> <li><u>2. Level 2 includes Level 1 and all services and utilities from the source to Level 1 areas necessary to accommodate continuation of operations after an event. These services are anchored and braced, and shall include elevator(s) selected to provide service to patient, surgical, obstetrical, and ground floors during interruption of normal power need, to meet the structural requirements of Part 2, Title 24. An Operational Plan to repair and bring all other systems and services back online, or to provide</u></li> </ol>

		<p><u>them in an alternative manner, is filed with the Office in accordance with Section 11.2.3.</u></p> <p>3. <u>Level 3 includes Level 2, and all systems and equipment are anchored and braced so that additional services, as determined by the hospital in its Operational Plan, are functional and available to the public after a seismic event. The Operational Plan to repair and bring all other systems and services back online, or to provide them in an alternative manner, is filed with the Office in accordance with Section 11.2.3.</u></p>
<u>January 1, 2030</u>	NPC4	The building meets the criteria for NPC “3” and all architectural, mechanical, electrical systems, components and equipment, and hospital equipment including all elevator(s) meet the bracing and anchorage requirements of Part 2, Title 24 <sup>2</sup> . This category is for classification purposes of the Office of Emergency Services.
January 1, 2030	NPC5	The building meets the criteria for NPC “4” <u>or NPC “4D”</u> and onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72 hours emergency operations, are integrated into the building plumbing systems in accordance with the <i>California Plumbing Code</i> . An on site emergency system as defined in the <i>California Electrical Code</i> is incorporated into the building electrical system for critical care areas. Additionally, the system shall provide for radiological service and an onsite fuel supply for 72 hours of acute care operation.

1. For the purpose of NPC 2 and NPC 5, all enumerated items within Table 11.1 shall meet the requirements of Section 1632A of 2001 *California Building Code* (CBC) or equivalent provision in later version of the CBC by the specified timeframe as indicated by their respective NPC.

2. For the purposes of NPC 3 and NPC 4 or NPC 4D in SPC 2, SPC 3, SPC 4 or SPC 4D, buildings, all enumerated items within Table 11.1 shall meet the requirements of the 1998 CBC, Section 1630A or equivalent provision in later version of the CBC, by the specified timeframe. ~~For the purposes of NPC 3R, all enumerated items within Table 11.1 shall meet the requirements of the 1995 CBC, Section 1630A, using  $I_p = 1.0$  or equivalent provision in later version of the CBC. By the specified timeframe. The adequacy of anchorage and bracing may be limited to the connection of the component or equipment to the support when the total reaction at the point of support (including the application of  $F_p$ ) less than or equal to the following limits:~~

1. 250 pounds for components or equipment attached to light frame walls. For the purposes of this requirement, the sum of the absolute value of all reactions due to component loads on a single stud shall not exceed 250 pounds.

2. 1,000 pounds for components or equipment attached to roofs, or walls of reinforced concrete or masonry construction.

3. 2,000 pounds for components or equipment attached to floors or slabs-on-grade.

**Exception:** If the anchorage or bracing is configured in a manner that results in significant torsion on a supporting structural element, the effects of the nonstructural reaction force on the structural element shall be considered in the anchorage design.

...

**11.2.2 Evaluation procedures for NPC 3 and NPC 3R.** The following steps shall determine if the building meets the criteria for NPC 3 ~~or NPC 3R~~:

- a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 and NPC 3 ~~or NPC 3R~~;

- b) Conduct an inventory of components and equipment specified in Table 11.1, NPC 3 ~~and NPC 3R~~, 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 pursuant to 1995 California Building Code (CBC) or later version of the CBC 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 the level of NPC 3 conformance desired.
1. Buildings classified as SPC 1 or SPC 2 are permitted to meet the NPC 3 performance level, ~~or the NPC 3R performance level~~. See also Section 11.2.3(c).
  2. Buildings classified as SPC 3 or higher must meet the NPC 3 performance level.
- d) 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 2 and NPC 3 ~~or NPC 3R~~.

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.

- ⇒ If the components and equipment inventoried in 11.2.2(b) are anchored or braced, but do not meet the requirements of Section 11.2.2(d), determine if the bracing and anchorage is sufficient to meet the code requirements specified in Table 11.1 for NPC 3 ~~or NPC 3R~~. 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. ~~For NPC 3R, the investigation of the adequacy of anchorage and bracing may be limited to the connection of the component or equipment to the support when the total reaction at the point of support (including the application of  $F_p$ ) exceeds the following limits:~~

1. ~~250 pounds for components or equipment attached to light frame walls. For the purposes of this requirement, the sum of the absolute value of all reactions due to component loads on a single stud shall not exceed 250 pounds.~~
2. ~~1,000 pounds for components or equipment attached to roofs, or walls of reinforced concrete or masonry construction.~~
3. ~~2,000 pounds for components or equipment attached to floors or slabs on grade.~~

**Exception:** If the anchorage or bracing is configured in a manner that results in significant torsion on a supporting structural element, the effects of the nonstructural reaction force on the structural element shall be considered in the anchorage design.

- f) If any of the items inventoried in 11.2.2(b) are 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 and NPC 4D.** The following steps shall be followed to determine if the building meets the criteria for NPC 4 or NPC 4D:

- a) Identify the specific nonstructural components and equipment that are subject to the requirements of NPC 2 through NPC 4 or NPC 4D;
- b) Conduct an inventory of components and equipment specified in Table 11.1, NPC 2 through NPC 4 or NPC 4D, 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 one of 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. Installation or retrofit of components that were designed to meet NPC 3R requirements must be shown to meet the anchorage and bracing requirements of the *California Building Code* for ~~new construction~~ NPC 3. Buildings where the components are designed to meet NPC 3R requirements that do not meet the anchorage and bracing requirements for ~~new construction~~ NPC 3 shall be retrofitted to meet those requirements; 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 or NPC 4D.

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.

- f) **Nonstructural Performance Category 4D Operational Plan (Operational Plan) for Levels 1, 2, and 3 areas required for continuous operations.** For minimum compliance with NPC 4D the facility must prepare an owner-approved Operational Plan specifying how it will repair nonstructural damage and bring systems and services back on line, or provide them in an alternative manner to accommodate continuation of critical care operations. This plan may include any other units or departments that hospitals may wish to keep operational for minimum of 72-hours after a seismic event or other natural or human-made disaster. The Operational Plan shall be filed with the Office and shall include an executive summary, a detailed narrative of management of utilities, provisions, sustainability, and alternate means. The Operational Plan shall include, but is not limited to, the following topics for each unit or service that is not in compliance with NPC 4:

**1. LEVEL 1 AREAS**

- i. As-built plans, schematic, or other means showing the routing for all utilities serving the areas from their source to the areas they serve.
- ii. Materials on hand to make necessary repairs to these systems in the event of failure, breakage, or other causes of non-operational status.
- iii. Prioritize the restoration of the essential electrical system.
- iv. Facility has a plan to maintain the areas in operation, including all necessary utilities and equipment for functionality.
- v. An arrangement is in place to transfer the services in the event the hospital's services are not operational or cannot be made operational immediately.

2. **CENTRAL AND STERILE SUPPLIES** – Facility has a means to obtain additional medical equipment and supplies for the areas in the event in-house central or sterile supplies storage is damaged or unusable.

3. **DIETARY** – Facility has a means to obtain food service for the areas in the event in-house dietary is damaged or unusable.

4. **PHARMACEUTICAL SERVICES** – Facility has means to obtain pharmaceutical services for the areas in the event in-house pharmaceutical services are damaged or unusable

**5. EMERGENCY POWER**

- i. Reliable emergency power generating capacity for the areas is provided.
- ii. Emergency power is adequate to provide for all essential services for 72 hours of continuous, full-load demand before replenishment is needed.
- iii. Facility has a means for emergency fuel replenishment.

- iv. Facility has a means of providing essential electrical power in the event of its generator(s) failure.
  - v. Stat Lab and blood bank have been identified as essential services.
6. **WATER SUPPLY** - Facility has a means to obtain water service for the areas in the event normal water service is not available.
7. **MEDICAL GASSES** - Facility has a means to obtain medical gases for areas in the event normal medical gas systems and supplies are not available.
8. **VENTILATION**
- i. Facility can isolate and shut down Heating, Ventilation, and Air Conditioning (HVAC) system zones in an emergency.
  - ii. Guidelines are in place for emergency shutdown.
  - iii. Sections of the facility can be isolated.
  - iv. Individuals are identified who have authority for ordering HVAC shutdown 24/7.
  - v. Air intakes are protected from tampering.
  - vi. Facilities and Engineering staff have knowledge of HVAC zones and shutdown procedures.
  - vii. Facility maintains adequate emergency supplies of filters for HVAC systems.
9. **WASTE DISPOSAL**
- i. Procedures for management of increased volume and disposal of contaminated wastes, goods, and fluids for 72 hours are in place.

**Operational Plan update/change notification.** The hospital shall document any changes and file the revised plan with the Office.

**11.2.4 Evaluation procedures for NPC 5.** The following steps shall determine if the building meets the criteria for NPC5:

...

- 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~~ the appropriate NPC category in accordance with Table 11.1.

...

(All existing amendments that are not revised above shall continue without any change)

#### **NOTATION:**

- Authority: Health and Safety Code Section 130005(g) & 130021
- Reference: Health and Safety Code Section 1275, 129850 & 130005(g)



**CALIFORNIA ADMINISTRATIVE CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1**

**CHAPTER 7  
SAFETY STANDARDS FOR HEALTH FACILITIES**

**ARTICLE 1  
GENERAL**

**7-103. Jurisdiction.** The following are within the jurisdiction of Office of Statewide Health Planning and Development:

...

(c) For hospital buildings, skilled nursing facilities and intermediate care facilities, the Office shall also enforce the regulations of the California Building Standards Code as adopted by the California Energy Commission, the Office of the State Fire Marshal and the Division of the State Architect/Access Compliance Section, for Energy Conservation, fire and life safety and accessibility compliance for persons with disabilities, respectively.

...

**ARTICLE 2  
DEFINITIONS**

Unless otherwise stated, the words and phrases defined in this article shall have the meaning stated therein throughout Chapter 7, Part 1, Title 24.

**7-111. Definitions.**

...

~~**EQUIPMENT**~~ (Relocated to Chapter 2 of the California Building Code)

~~Equipment to be used in projects shall be classified as building service equipment, fixed equipment, or movable equipment.~~

~~(a) **BUILDING SERVICE EQUIPMENT** includes items such as heating, ventilating and air conditioning equipment; electrical power distribution equipment; emergency power generation equipment; energy/utility management systems; conveying systems; and other equipment with a primary function of building service. Examples include humidification equipment, filtration equipment, chillers, boilers and fire pumps.~~

~~(b) **FIXED EQUIPMENT** includes items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment.~~

~~1. **FIXED MEDICAL EQUIPMENT** includes, but is not limited to, such items as fume hoods, sterilizers, communication systems, imaging equipment, radiotherapy equipment, lithotripters, hydrotherapy tanks, audiometry testing chambers, and surgical and special procedure lights.~~

~~2. **FIXED NONMEDICAL EQUIPMENT** includes, but is not limited to, items such as walk-in refrigerators, kitchen cooking equipment, serving lines, conveyors, central computer equipment, laundry and similar equipment.~~

~~(c) **MOVABLE EQUIPMENT** includes items that require floor space or electrical and/or mechanical connections but are portable, such as wheeled items, portable items, office-type furnishings, and diagnostic or monitoring equipment.~~

~~1. **MOVABLE MEDICAL EQUIPMENT** includes, but is not limited to, portable X-ray, electroencephalogram (EEG), electrocardiogram (EKG), treadmill and exercise equipment, pulmonary function equipment, operating tables, laboratory centrifuges, examination and treatment tables, and similar equipment.~~

~~2. **MOVABLE NONMEDICAL EQUIPMENT** includes, but is not limited to, personal computer stations, patient room furnishings, food service trucks, case carts and distribution carts, and other portable equipment.~~

...

**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 (IOR)** 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.

...

### ARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTS

...

#### **7 -115. Preparation of construction documents and reports.**

- (a) All construction documents or reports, except as provided in (c) below shall **be** prepared under an architect or engineer in responsible charge. Prior to submittal to the office, the architect or engineer in responsible charge for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. A notation may be provided on the drawings indicating the architect's or engineer's role in preparing and reviewing the documents. Plans/drawings submitted to the office shall not exceed the size and weight described in Section 7-113 (a) (2)

...

- (d) The specification and use of pre-approvals does not preempt the plan approval and building permit process. Construction documents using preapprovals shall be submitted to the Office for review and approval and issuance of a building permit prior to the start of construction.
- (1) The registered design professional, in conjunction with the registered design professional in responsible charge, listed on the plan review application or the building permit application, shall review all qualities, features, and/or properties to ensure code compliance, appropriate integration with other building systems, and proper design for the project-specific conditions and installation. Stamping and signing of construction documents as required in subsection (a) and (b) shall be for this purpose only.
- (2) When pre-approvals are used, they shall be incorporated into the construction documents. Incorporation by reference only is not permitted. Pre-approvals must be incorporated without any modification. This subsection shall not apply if modifications are made to the preapproved details.
- (3) Pre-approvals submitted after the construction documents have been approved and a building permit has been issued shall be incorporated into the construction documents in accordance with Section 7-153.
- (4) The use of pre-approved details must strictly comply with all manufacturer's instructions, conditions, special requirements, etc. which are a part of the pre-approval.
- (5) Conditions not covered by a pre-approval shall be substantiated with calculations, drawings, specifications, etc., stamped and signed by the registered design professional and signed by the registered design professional in responsible charge listed on the plan review application or building permit application and must be submitted to the OSHPD for review and approval prior to construction.

...

#### **7-118. Building Energy Efficiency Program.**

Projects that consist of any new elements related to A thru D shall include a Building Energy Efficiency Program with the submittal. The Program shall describe how the design of the building systems meets the owner's project requirements and include the associated Basis of Design (BOD) document required under Title 24, Part 6. The BOD shall describe the building systems to be commissioned, outline design assumptions, describe how the building systems design meets the owner's project requirements, and why the systems were selected. The BOD shall cover the following systems and components as described in the Building Energy Efficiency Standards, Nonresidential Compliance Manual:

- A. HVAC systems efficiencies.
- B. Indoor lighting systems efficiencies.
- C. Water heating systems efficiencies.
- D. Building envelope considerations.

...

#### **7-128. Work performed without a permit.**

(a) **Compliance examination.** Construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting, and/or observation by the Office when review, permitting and/or observation is required, and without the exemption by the Office provided for in Section 7-127, shall be subject to examination by the Office to assess relevant code compliance.

2. Examination by the Office may include, but is not limited to:

C. Inspection of work for the purpose of determining compliance including destructive demolition as necessary per *California Building Code* Section 110.1 including the removal and/or replacement of any material required to allow inspection, and potentially destructive testing needed to demonstrate compliance with the California Existing Building Code Chapter 34A; and

...

#### 7-133. Fees.

...

**(I) OSHPD Special Seismic Certification preapproval (OSP).** The Office shall charge fee for review of a new OSP application for actual review time of new and renewal OSPs at prevailing hourly rates applicable for the review personnel. shall be \$5,000.00. The fee for review of a renewal OSP is \$1,000.00. In addition, the minimum filing fee of \$250.00 shall apply to each new and renewal application, pursuant to Section 129785 (a) of the Health and Safety Code. The total cost paid for these services shall be nonrefundable.

...

### ARTICLE 4 CONSTRUCTION

...

#### 7-141. Administration of Construction.

(a) The administration of the work of construction, including the testing, inspection and observation program, shall be under the responsible charge of an architect and structural engineer. When a structural engineer is not substantially involved, the architect shall be solely responsible. 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.

(b) All architects and engineers to whom responsibility has been delegated for preparation of construction documents as listed on the application shall observe the work of construction for their portion of the project. They shall consult with the architect or engineer in responsible charge in the interpretation of the approved construction documents, the preparation of changes to the approved construction documents and deferred submittals and the selection of inspectors and testing laboratories approved agencies.

...

(e) The testing program shall identify materials and tests to be performed on the project. The ~~firm(s)~~ approved agency 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 inspection 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 inspection program shall also identify all special inspections to be performed on the project along with approved agency 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*.

(h) 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 construction documents.

(i) The design professionals, contractor or owner/builder, approved agency, and the inspector(s) of record shall verify that the work is in compliance with the approved construction documents in accordance with the requirements for personal knowledge as it applies to each participant. The program shall give specific intervals or project milestones at which such reporting is to occur for each affected participant. Each required observation report shall be documented by a Verified Compliance Report form prepared by each participant and submitted to the office.

(j) The TIO program shall specify the manner, frequency, duration and reporting of the testing, inspection, and observation of work performed away from the site.

~~(j)~~ (k) The testing, inspection and observation program shall include samples of test and inspection reports and provide time limits for the submission of reports.

Exception: Samples of test and inspection reports shall not be required when tests and special inspections are performed by an OSHPD Preapproved Agency (OPAA).

~~(k)~~ (l) All completed test and inspection reports shall be submitted to the inspector of record, the owner and the architect or engineer in responsible charge by the author of the report.

~~(l)~~ (m) Changes to the testing, inspection and observation program made subsequent to approval by the Office shall be submitted to the Office in accordance with Section 7-153.

...

#### **7-144. Inspection.**

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more Inspectors of Record (IOR) ~~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.

(b) When the hospital governing board or authority proposes more than one IOR ~~inspector~~ for a construction project, a lead IOR inspector shall be identified to coordinate construction inspection and

communication with the Office. ~~The lead inspector shall be certified in a class appropriate to the scope of the project.~~

(c) ~~Inspector(s)~~ IOR(s) for a hospital construction project shall be approved by the Office in accordance with the provisions of Section 7-212. ~~If an inspector on a project is not competently or adequately performing inspection or has violated a provision of these regulations, as determined by the Office, the provisions of Sections 7-213 and, if necessary, Section 7-214 shall be applicable.~~

#### **7-145. Continuous Inspection of the Work.**

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

1. The IOR 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 construction documents.
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 IOR inspector. Other types of work which can be completely inspected after the work is installed may be carried on while the IOR inspector is not present. In no case shall the IOR inspector have or assume any duties which will prevent continuous inspection.
3. The IOR inspector shall work under the direction of the architect or engineer in responsible charge. All inconsistencies or seeming errors in the approved construction documents shall be reported promptly to the architect or engineer in responsible charge for interpretation and instructions. In no case, however, shall the instructions of the architect or engineer in responsible charge be construed to cause work to be done which is not in conformity with the approved construction documents.
4. The IOR inspector shall maintain a file of approved construction documents on the job at all times including all reports of tests and inspections required by the construction documents and shall immediately return any unapproved documents to the architect or engineer in responsible charge for proper action. The IOR inspector shall also maintain on the job at all times, all codes and regulations referred to in the approved construction documents.
5. The IOR 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 IOR(s) inspector(s) of record shall maintain field records of construction progress for each day or any portion of a day that they are present at the project site location. The field record shall state the time of arrival, time of departure, a summary of work in progress, and noted deficiencies in the construction or deviations from the approved construction documents. This

field record shall document the date, time and method of correction for any noted deficiencies or deviations. In addition, this record shall contain the following as applicable:

- A. 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. Identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.
- C. A list of test reports of all nonconforming materials or defective workmanship and shall indicate the corrective actions taken.
- D. When driven piles are used for foundations, 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. The log of changes to the work prepared by the architect or engineer in responsible charge required by Section 7-153(e).

- 7. All field records of construction progress shall be retained on the job until the completion of the work and shall, upon request, be made available to the Office, the architect or engineer in responsible charge, and the owner. Upon completion of the project these original field records shall be submitted to the hospital governing board or authority.

(b) The ~~IOR inspector~~ shall notify the contractor, in writing, of any deviations from the approved construction documents 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 or engineer in responsible charge, owner and to the Office.

...

#### **7-149. Tests.**

(a) Pursuant to Section 7-141, the architect or engineer in responsible charge shall establish and administer the testing program. Where job conditions warrant, the architect and/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 inspector of record, owner and the architect or engineer in responsible charge by the testing agency. The reports shall state definitely whether the material tested complies with the approved construction documents.

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

#### **7-151. Verified Compliance Reports.**

(a) In accordance with Section 7-151(f) ~~(e)~~, or when required by the Office, the architect(s), engineer(s), inspector(s) of record (IORs), approved agency, special inspector(s) and contractor or

owner/builder shall each submit to the Office a verified compliance report, with their 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 construction documents.
2. Set forth detailed statements of fact as are required by the Office.

(b) Personal knowledge as applied to the licensed architect or engineer or both, shall be in accordance with Health and Safety Code (H&SC) section 129830. Knowledge that is obtained from the reporting of others as referred to in this H&SC section applies to individuals who have personal knowledge for the specific project. The term "personal knowledge," as used in this section and as applied to the licensed architect or engineer or both, means personal knowledge that is obtained by periodic visits to the project site, of reasonable frequency, for the purpose of general observation of the work. It also includes knowledge that is obtained from the reporting of others as to the progress of the work, testing of materials, and inspection and supervision of the work that is performed between the periodic visits of the architect or the engineer. Reasonable diligence shall be exercised in obtaining the facts.

(c) Personal knowledge as applied to the IOR, shall be in accordance with Health and Safety Code (H&SC) section 129830 as applied to the inspector. Knowledge that is obtained from the reporting of others as referred to in this H&SC section applies to individuals who have personal knowledge for the specific project. The term "personal knowledge," as applied to the inspector, means the actual personal knowledge that is obtained from the inspector's personal continuous inspection of the work of construction, in all stages of its progress at the site where the IOR inspector is responsible for inspection. Where work is carried out away from the site, personal knowledge is obtained from the reporting of others on the testing or inspection of materials and workmanship, for compliance with plans, specifications, or applicable standards. Reasonable diligence shall be exercised in obtaining the facts.

(d) The term "Personal knowledge," as applied to the contractor, means the personal knowledge that is obtained from the construction of the building. Reasonable diligence is required to obtain the facts. Personal knowledge as applied to the contractor, shall be in accordance with Health and Safety Code (H&SC) section 129830 as applied to the contractor.

(e) Personal knowledge, as applied to the approved agency, means the knowledge that is obtained from testing, special inspections and reports prepared in accordance with the CBC Section 1704.2.4 or 1704A.2.4 and these regulations.

(f) ~~(e)~~ Verified compliance reports shall be submitted to the Office at the intervals or stages of the work as stated in the approved testing, inspection and observation program. In no case, shall the submittal of verified compliance reports be less than:

1. One copy prepared and signed by each required participant or discipline at the completion of the work.
2. One copy prepared and signed by any participant or discipline at any time a special verified compliance report is required by the Office.

(g) ~~(f)~~ The architect or engineer in responsible charge of the work shall be responsible for ensuring all required verified compliance reports are submitted to the Office.



...

**7-152. Replacement of an Architect, Engineer, Inspector of Record, Approved Agency, Special Inspector or Contractor.**

(a) When replacing any of the listed individuals and/or approved agency the following shall be submitted to the Office:

1. Prior to plan approval
  - A. Revised application(s) listing the new responsible individual(s) and/or approved agency.
2. Following construction document approval
  - A. Revised application(s) listing the new responsible individual(s) and/or approved agency.
  - B. An initial report, prepared by the new responsible individual(s) and/or approved agency, based on field observation(s) that the work performed and materials used and installed to date are in accordance with the project's approved construction documents. Any observed issues of non-conformance shall be listed in the report. The new individual(s) and/or approved agency shall be responsible for verification of project compliance, pursuant to Section 7-151, for the remainder of the project.
  - C. A final verified report from the individual(s) and/or approved agency being replaced.

**EXCEPTION to C:** In the event that the individual(s) and/or approved agency being replaced refuses to or cannot provide a final verified report, the owner shall submit a letter to the Office, verifying that the work performed and materials used and installed are in accordance with the project's approved construction documents. The letter shall also list the reason the verified report could not be obtained.

...

**7-153. Changes to the approved work.**

...

(b) – **Changes that do not materially alter the work.** The following types of changes in the work do not materially alter the work and do not require the submission of amended construction documents to the office:

...

If the architect or engineer in responsible charge of a project determines that ~~plans and/or specifications~~ changes to the approved construction documents are necessary ~~for a change~~ that does not materially alter the work, all such ~~plans or specifications~~ changes shall be stamped and signed by the appropriate design professional(s) pursuant to Section 7-115. All changes in the work are subject to concurrence of the Office field staff as to whether or not the change materially alters the work.

...

(e) **Documentation of changes.** The architect or engineer in responsible charge shall maintain a log of all changes to the work of construction. The log shall indicate whether the Office has made a determination as to whether each change materially alters the work, the date such determination was

made, and the name of the Office staff who made the determination. The log shall be maintained on the project site as part of the inspector's field records.

...

#### **7-155. Final approval of the work.**

...

~~(d) Upon completion of the project, all copies of construction procedure records as required by Section 7-145 (a) 6 shall be transmitted to the Office.~~

...

### **ARTICLE 5 APPEALS TO THE HOSPITAL BUILDING SAFETY BOARD**

...

#### **7-163. Formal hearing request.**

Consistent with Section 7-159 and upon completion of the Comment Process Review procedure identified in Section 7-161, the appellant may appeal the final determination of the Deputy Director to the Hospital Building Safety Board. To request a formal hearing, the appellant shall submit a written request for appeal containing the information described in Section 7-161(b)(1)-(5) to the Hospital Building Safety Board through the Office within fifteen (15) calendar days of issuance of the Deputy Director's final determination pursuant to Section 7-161(d). Any request for appeal submitted received by the Office more than fifteen (15) calendar days after issuance of the Deputy Director's final determination pursuant to 7-161(d) may be considered at the discretion of the Office.

#### **7-165 Formal hearing.**

(a) The Hospital Building Safety Board shall act as the hearing body for appeals submitted pursuant to Section 7-163 and shall conduct a public hearing on the appeal.

(b) The Chair of the Hospital Building Safety Board shall call a hearing on an appeal. The hearing shall be convened at a location selected by the Chair.

(c) The hearing shall be held within ~~thirty (30)~~ forty five (45) calendar days of ~~issuance~~ receipt by the Office of the written request for appeal described in Section 7-163. The parties to the appeal shall be notified in writing of the time and place of the hearing within fifteen (15) calendar days of receipt by the Office of the request for appeal.

(d) At least ~~nine (9)~~ three (3) voting members of the Board shall be present at the hearing. The decision shall bear the endorsement of a simple majority of the Board members present.

(e) The proceedings shall be recorded. Transcripts shall be made available to anyone making a request therefor upon deposit with the Hospital Building Safety Board of the amount of money which the Office has determined necessary to cover the costs of transcript preparation.

(f) The appellant may, at his or her own expense, arrange for stenographic recording and transcription of the hearings.

...

#### **7-171. Decision on appeal.**

(a) A decision on an appeal heard by the Hospital Building Safety Board shall be reached as follows:

1. The Board shall render a decision prior to the closing of the hearing.
2. The Board may affirm, reverse or amend the ruling, order, decision or act being appealed.

3. Decision of the Hospital Building Safety Board shall become effective immediately upon their announcements by the Chair of the Board, unless otherwise specified by the Chair.
- (b) The decision of the Board shall be provided in writing to the parties within fifteen (15) calendar days of the formal hearing held pursuant to Section 7-165.
- (c) If less than a quorum of the voting members of the Board were present for the formal hearing held pursuant to Section 7-165, the appellant may appeal the written decision for hearing at the next regularly scheduled meeting of the Hospital Building Safety Board. The appellant shall submit a written request for such an appeal to the Hospital Building Safety Board through the Office no later than ten (10) days after the Board issues the written decision pursuant to Section 7-171(b). The appeal shall be heard at the next regularly scheduled meeting of the Hospital Building Safety Board, but not less than twenty (20) days after receipt of the request.

(All existing amendments that are not revised above shall continue without any change)

**NOTATION:**

- Authority: Health and Safety Code Section 130005(g) & 130021
- Reference: Health and Safety Code Section 1275, 129850 & 130005(g)

## ARTICLE 19 CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORS

...

### **7-204. Minimum qualification for examination.**

An applicant must meet the following criteria to be eligible to participate in the certification examination for a Class "A," "B," or "C" Hospital Inspector:

#### **(a) Minimum qualifications for Class "A" Hospital Inspector Exam.:**

1. High school graduation or the equivalent and six years experience involving building projects of Type I or II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision of major structural and non-structural systems and components of buildings. [Note: Experience in subsection (a) 1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or
2. Possess a valid California registration/license as a mechanical, electrical, or civil engineer and two years experience involving building projects of Type I or II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision of major structural and non-structural systems and components of buildings; or
3. ~~High school graduation or the equivalent and~~ Two years of satisfactory performance working experience as a Class "B" Hospital Inspector of Record on hospital projects of significant scope and complexity as determined by OSHPD; or
4. Possess a valid California registration/license as a structural engineer or a valid California license as an architect.

**(b) Minimum qualifications for Class "B" Hospital Inspector Exam:**

1. High school graduation or the equivalent and four years experience involving building projects of Type I or II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection of major structural and non-structural systems and components of buildings. ~~or inspection supervision~~ [Note: Experience in subsection (b)1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or
2. Possess a valid California registration/license as civil engineer and two years experience involving building projects of Type I or II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection ~~or inspection supervision~~ of more than one major structural or non-structural systems of buildings (structural, mechanical, electrical or plumbing); or
3. Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect; ~~or~~
4. Possession of valid certification in all of the following four categories:
  - International Code Council (ICC) certification as a California Commercial Building Inspector (I1).
  - International Code Council (ICC) certification as a California Commercial Electrical Inspector (I2).
  - International Association of Plumbing and Mechanical Officials (IAPMO) certification as a California Plumbing Inspector.
  - International Association of Plumbing and Mechanical Officials (IAPMO) certification as a California Mechanical Inspector.

**(c) Minimum qualifications for Class "C" Hospital Inspector Exam:**

1. High school graduation or the equivalent and four years experience involving commercial or institutional building projects as the representative in testing, inspection or observation of construction for an architect, engineer, owner, local building official, local fire authority, testing lab, specialty contractor or general contractor and must possess valid certification issued by an organization specified in 4 below. (NOTE: Deleted portion relocated and revised in 4 below) ~~and possess a valid certificate issued by:~~
  - ~~Fire Alarm-National Institute for the Certification of Engineering Technologies (NICET), Level III~~
  - ~~Fire Extinguishing Systems-NICET, Level III~~
  - ~~Fire Resistive Construction-International Code Council (ICC) Building Inspector Certification~~
  - ~~Medical Gas Systems-National Inspection Testing Certification (NITC) Certification~~
  - ~~Plumbing-International Association of Plumbing and Mechanical Officials (IAPMO) Certification~~
  - ~~Mechanical-IAPMO Certification~~
  - ~~Electrical-ICC Certification~~
  - ~~Concrete (Prestressed and Reinforced)-ICC Certification~~

~~Masonry-ICC Certification~~

~~Steel-ICC, Structural Steel Certification~~

~~Welding-American Welding Society (AWS) Certification~~

~~Framing and Drywall-ICC Commercial Building Inspector Certification~~

~~Roofing-National Roofing Contractors Association~~

~~Anchorage/Bracing of Nonstructural Components Certification to be administered by the Office~~

~~Architectural Certification to be administered by the Office~~

In addition to these certification organizations listed, the Office may accept the equivalent certification by a state or nationally recognized organization. [Note: Experience in subsection (c) (1) may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as an engineer and two years experience involving building projects as an architect's, engineer's, owner's, local building official's, local fire authority's, specialty contractor's or general contractor's representative in testing inspection or observation of construction and must possess at least one valid certificate issued by an organization that is listed or described in (c) (44) above; or

3. Possess a valid California registration/license as a ~~structural~~civil, mechanical or electrical engineer, or a valid California license as an architect and must possess at least one valid certificate issued by an organization ~~that is listed or described~~ specified in (e) (44) above.

4. In addition to the experience requirements described in (c)1, 2 or 3 above the applicant must have certification corresponding to the Class C certification sought as follows:

Accessibility – Division of the State Architect Certification as a “Certified Access Specialist” (CASP)

Anchorage/Bracing of Nonstructural Components - Certification to be administered by the Office

Electrical – International Code Council (ICC) certification as a “California Commercial Electrical Inspector” (I2)

Fire Alarm - National Institute for the Certification of Engineering Technologies (NICET) certification in “Fire Alarm Systems, Level III” or International Code Council (ICC) certification as a “Commercial Fire Alarm Inspector” (I2)

Fire Resistive Construction - International Code Council (ICC) certification as a “California Commercial Building Inspector” (I1)

Framing and Drywall - International Code Council (ICC) certification as a “California Commercial Building Inspector” (I1)

Inspection and Testing of Water Based Systems - National Institute for the Certification of Engineering Technologies (NICET) certification in “Inspection and Testing of Water Based Systems, Level III”

Mechanical - International Association of Plumbing and Mechanical Officials (IAPMO) certification as a “California Mechanical Inspector”

Medical Gas Systems - National Inspection Testing Certification (NITC) Certification as “Medical Gas Inspector 6020”

Plumbing - International Association of Plumbing and Mechanical Officials (IAPMO) certification as a “California Plumbing Inspector”

Roofing - International Code Council (ICC) certification as a “California Commercial Building Inspector” (I1)

In addition to the certifications listed the Office, at its sole discretion, may accept equivalent certification by other state- or nationally-recognized organizations.

...

#### **7-207. Examination for certification.**

(a) ~~The Office shall administer an exam not less than once in every calendar year in the Sacramento and Los Angeles areas. The certification exam will consist of a written exam. Prior to receiving certification, the candidate shall take and pass an examination administered by the Office.~~

...

(c) In order to be successful in the Class "A," "B" or "C" certification exam, a candidate must obtain a passing score of at least 75 percent in each section of the written exam.

~~(d) It is not necessary for a candidate who has passed the administrative section of the Class "C" certification exam to retake this section if the candidate applies for additional certification(s) within three years of passing the administrative section of the exam.~~

...

#### **7-208. Conduct relative to the examination.**

(a) An applicant or candidate who participates in any of the following acts before, during or after the administration of the examination, shall be disqualified by the Office and not be eligible for certification. The applicant shall not:

1. Violate any rules of the examination.
2. Bring unauthorized reference material or electronic devices into the examination room.
3. Copy any portion of the exam.
4. Participate in collusion regarding the exam.
5. Disclose the contents of the examination questions to anyone other than a person authorized by the Office.
6. Solicit, accept or compile information regarding the contents of the examination.
7. Falsify documents required for exam entrance.

(b) If an applicant is disqualified from the exam, it shall result in denial of the application and forfeiture of fees submitted to the Office as specified in Section 7 -206.

(c) An applicant or candidate who is disqualified from an examination may not participate in an examination or reexamination for a period of time as determined by the Office, but not less than one year from the date of disqualification.

(d) An applicant, candidate or certified hospital inspector who is determined to have violated any of the provisions of 7-208(a) may be subject to suspension or revocation of certification in accordance with Section 7-214.

...

#### **7-209. Reexamination.**

(a) A candidate who has failed an examination may participate in a reexamination no sooner than six months from the exam previously taken by the candidate. In order to participate in a

reexamination, the candidate must submit an application for a ~~retest~~ reexamination accompanied by the examination fee pursuant to Section 7-206.

(b) An applicant or candidate who is disqualified from an examination may not participate in an examination or reexamination for a period as determined by the Office, but not less than a period of one year from the date of disqualification.

(c) The applicant may refile for an examination by submitting an application, documents and fees pursuant to Sections 7-203 and 7-206.

(d) A candidate who passes all sections of the Class "A" or "B" exam except one ~~and obtains a score of at least 50 percent in the one failed section,~~ may retest in only that section ~~within six weeks of the original exam date.~~ Failure to achieve a ~~minimum passing score of 75 percent~~ on the retested section, will be considered failure of the entire exam. The candidate may apply ~~for a~~ to retake a the complete new exam pursuant to subsections (a) and ~~(e)~~ (b).

...

#### **7-211. Renewal of a hospital inspector certificate.**

(a) A Hospital Inspector shall participate in a written recertification exam prior to the expiration of the certification in order to renew and maintain valid certification.

(b) To be eligible for the recertification exam, a Hospital Inspector shall ~~meet the following minimum criteria:~~ maintain all certifications and prerequisites required to qualify for certification as specified in Section 7-204; and

1. Possess a valid, unexpired Hospital Inspector Certificate or an expired certificate that meets the delinquency criteria in subsection (c).
2. Complete a seminar conducted, sponsored, or cosponsored by the Office within the three-year certification period.
3. Submit a recertification exam fee pursuant to Section 7-206.

(c) Expired certification may be ~~renewed~~ reinstated after the expiration date, but within six months past that date. The Hospital Inspector will be required to pay a delinquency fee, pursuant to Section 7-206, in order to ~~recertify-reinstate certification~~ during the six-month delinquency period. If an inspector fails to ~~recertify-reinstate certification~~ within this time frame, the inspector will be required to pass a certification exam to obtain new certification as a Hospital Inspector.

~~(d) The scope of the recertification exam will be a written test measuring the Hospital Inspector's knowledge of new and/or revised California Building Standards Codes, new construction materials and inspection procedures.~~

~~(e)~~ If a Hospital Inspector fails the recertification exam a re-test may be offered by the Office. If a re-test is offered, the Hospital Inspector will be required to pay the recertification exam fee again for the re-test. ,the The inspector must meet the requirements of provision (b) to maintain a valid certificate.

...

(All existing amendments that are not revised above shall continue without any change)

#### **NOTATION:**

- Authority: Health and Safety Code Section 130005(g) & 130021
- Reference: Health and Safety Code Section 1275, 129850 & 130005(g)