# INITIAL EXPRESS TERMSFOR PROPOSED BUILDING STANDARDSOF THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENTREGARDING THE 2022 CALIFORNIA ADMINISTRATIVE CODECALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1(OSHPD 01/22)

The State agency shall draft the regulations in plain, straightforward language, avoiding technical terms as much as possible and using a coherent and easily readable style. The agency shall draft the regulation in plain English. A notation shall follow the express terms of each regulation listing the specific statutes authorizing the adoption and listing specific statutes being implemented, interpreted, or made specific (Government Code Section 11346.2(a)(1)).

If using assistive technology, please adjust your settings to recognize underline, strikeout, italic and ellipsis.

## LEGEND for EXPRESS TERMS (California only codes - Parts 1, 6, 8, 11, 12)

* Existing California amendments appear upright
* Amended or new California amendments appear underlined
* Repealed California language appears ~~upright and in strikeout~~
* Ellipses (...) indicate existing text remains unchanged

## INITIAL EXPRESS TERMS

### ITEM 1CHAPTER 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGARTICLE 1 DEFINITIONS AND REQUIREMENTSSection 1.2 Definitions.Section 1.4 Compliance plans.Section 1.9 State Grant Programs.Section 1.10 Integrated Review for Seismic Compliance Projects.

#### 1.2 Definitions.

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**INTEGRATED REVIEW** as applied in this chapter is the process by which the Office may engage early in the project design through the development and submission of documents during the design phases of conceptualization, criteria design, detailed design, implementation documents, office review, and final plan approval of a seismic retrofit project.

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**SMALL AND RURAL HOSPITAL RELIEF PROGRAM** is established under the administration of the Office of Health Facility Loan Insurance (OHFLI) within the Department of Health Care Access and Information (HCAI) for the purpose of funding seismic safety compliance with respect to small hospitals, rural hospitals, and critical access hospitals in the state. OHFLI shall validate applicant eligibility based on statute (HSC 130075 et. seq.) and administers the program with services provided by the Office.

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**STATE GRANT PROGRAM** means a program established by the state to provide grant funding for seismic improvement projects for buildings used to provide general acute care services. Management of a state grant program may be under the auspices of any department designated by the state. Standards for participation in each program are set in its enabling statute. Use of the Integrated Review process is required for a hospital’s retrofit projects when seeking participation in a state grant program. A hospital receiving funding from a state grant program for seismic retrofit is expected to develop cost-efficient retrofit plans that achieves a compliant condition with no more work than is necessary to attain the seismic performance rating while limiting impact to operations from project delivery.

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#### 1.4 Compliance plans. …

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**1.4.5 Compliance plan update/change notification.** ~~Should a hospital owner change an approved Compliance Plan, the hospital shall document any changes and submit for review and approval to the Office an amended Compliance Plan. Changes are defined as alterations to the planned level of seismic performance or compliance schedule. Submittal of an amended compliance plan shall require a hospital owner to comply with one or more of the following provisions, if applicable:~~

1. ~~A hospital owner shall submit to the Department of Health Services’ Seismic Safety Unit (DHS) an Office- approved compliance plan that includes interim relocation of general acute care services in accordance with a program flexibility plan pursuant to Health and Safety Code Section 1276.05. This submittal by the hospital owner to DHS shall occur within 30 days of the Office’s approval.~~
2. ~~A hospital owner shall comply with the requirements of Section 1.5.2, “Delay in Compliance” for any amended compliance plan.~~
3. ~~A hospital owner amending a compliance plan to attain a higher NPC level will perform a nonstructural evaluation of the systems and components required for the planned level of nonstructural performance identified in Table 11.1, “Nonstructural Performance Categories.”~~

A change to an approved Compliance Plan must be submitted by a hospital owner when the method or schedule to achieve compliance changes. A revised Compliance Plan will contain the following information at a minimum:

1. Facility name, address and five-digit facility identification number;
2. List of all hospital buildings in use by the facility for general acute care that are not in full compliance with HSC §130065, with an inventory of services in each affected building;
3. Proposed Method of Compliance for each building:
	1. Retrofit – modify the building in a manner that qualifies for a performance rating of SPC-4D or SPC-5 and NPC-5;

	If retrofit is the proposed method of compliance, describe the method of improvement for each affected building’s structural (SPC) and non-structural (NPC) performance rating.
	2. Replace – relocation of general acute care services to an existing conforming building;
	3. Rebuild – relocation of general acute care services to a new SPC-5/NPC-5 building.
4. Compliance program schedule. Schedule provides anticipated dates for submission of the following activities:
	1. Pre-design scopes of work including geotechnical studies, materials testing sampling and reports and retrofit concept review.
	2. Design-phase activity, to include timing for plan submission and approval.
	3. Construction-phase activity, to include permit date, construction commencement and completion.
5. List of approved OSHPD names and numbers for building evaluations, materials testing project and reports, and compliance construction projects related to the improvement plan description.

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#### 1.9 State Grant Programs.

The State of California may from time to time establish programs that provide grant funding for general acute care hospitals to advance seismic safety. Standards of eligibility to participate in a state grant program are established in statute for each program. Validation for participation is determined by the managing organization. Participation in a state grant program does not reduce the performance standards required for a seismic performance rating upgrade.

**1.9.1 The Small and Rural Hospital Relief Program** is established in statute for the purpose of providing funding for improvement of a building’s seismic performance rating. The program is administered by the Office of Health Facility Loan Insurance (OHFLI) of HCAI who is responsible for issuing grants to facilities for seismic improvement projects approved by the Office. A grant provided by OHFLI under this program may be used only for funding seismic safety compliance. OHFLI determines eligibility of a hospital to participate in program on the following criteria:

* 1. A small hospital.
	2. A rural hospital.
	3. A critical access hospital.

The eligible hospitals shall meet both of the following criteria:

1. Compliance imposes a financial burden on the applicant that may result in hospital closure.
2. The hospital closure would substantially impact the accessibility of health care in the communities surrounding the hospital.

#### 1.10 Integrated Review for Seismic Compliance Projects.

1. **Purpose.** The purpose of integrated review is to provide technical assistance to a hospital’s project team in the development of a cost-efficient structural or non-structural seismic retrofit program. A cost-efficient retrofit program is one that achieves a compliant condition for SPC-4D/SPC-5 and NPC-3/NPC-4/NPC-4D and NPC-5 with no more work than is necessary to attain the rating while limiting impact to operations from project delivery.
2. **Voluntary requests.** The Office, at its sole discretion, may enter into a written agreement with the hospital governing board or authority for an integrated seismic retrofit review. A hospital may request integrated review to aid in the planning and implementation of a seismic retrofit project for a general acute care hospital building. The fee for seismic compliance integrated review shall be on a Time and Materials Basis.
3. **State Grant Program participation.** A hospital seeking funds from a state grant program for seismic improvements for a building providing general acute care is required to engage the Office for integrated review in development of a seismic improvement project or program. Integrated Review is required for pre-design and design phases of compliance project development for state-funded projects. Fees for integrated review are on a Time and Materials Basis unless otherwise funded through the grant program’s enabling legislation.

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 130065, 130075, 130076, 130077, 130078, 130079, 129850

### ITEM 2CHAPTER 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGSARTICLE 1 DEFINITIONS AND REQUIREMENTSSection 1.11 Public Notices.Section 1.12 Annual Status Update Reporting.

#### 1.11 Public Notices.

1. On or after January 1, 2023, a hospital building that is classified as SPC-2 shall be identified as “These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake” on the department’s internet website and in the following documents. A hospital building that is classified as both SPC-5 and NPC-5 may be labeled “earthquake resilient” on the department’s internet website and in the following documents:

**Documents required to include building identification:**
	1. On the title sheet of construction drawings and title sheet of specifications. The following documents and/or forms are excluded: Amended Construction Documents (ACD), Request for Information (RFI), Calculations, and Testing, Inspection & Observation (TIO).
	2. On the title sheet of seismic compliance evaluation reports.
2. Before January 1, 2024, the owner of an acute care inpatient hospital shall post a notice in a public space, designated as any lobby or waiting area, for each general acute care building, except for buildings with SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 ratings. The proposed location and the content of the notice are required to be accepted by the department through a construction project submittal. The notice sign shall be in accordance with the California Building Code, California Code of Regulations, Title 24, Part 2, Volume 1, ***Chapter 11B*, *DIVISION* 7, Section *11B*-703.5 Visual characters.** For all notice types, the SPC and NPC rating of the building shall be included. The required format of the notice is published on the OSHPD website.

For each general acute care hospital building, the type of notices shown in the following table are required.

**Notice Requirements of General Acute Care (GAC) Buildings**

|  |  |  |
| --- | --- | --- |
|  | **NPC-1, 2, 3, 4D, 4** | **NPC-5** |
| **SPC-1** | Notice Type A | Notice Type A |
| **SPC-2** | Notice Type B | Notice Type B |
| **SPC-3** | Notice Type C | Notice not required, see optional Notice Type D |
| **SPC-4D** | Notice Type C | Notice not required, see optional Notice Type D |
| **SPC-4** | Notice Type C | Notice not required, see optional Notice Type D |
| **SPC-5** | Notice Type C | Notice not required, see optional Notice Type E |

Notice Type A:

“The State of California has determined that this hospital building does not meet seismic safety standards. This building may jeopardize life and is a danger to the public in an earthquake.”

Notice Type B:

“The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.”

Notice Type C:

“The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake.”

Notice Type D:

“The State of California has determined that the hospital building meets seismic safety standards, but the hospital building may not be functional to provide care to its patients or the community after an earthquake.”

Notice Type E:

“The State of California has determined that the hospital building meets seismic safety standards and designated this building as an **Earthquake Resilient Building**.”

#### 1.12 Annual Status Update Reporting.

On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a general acute care building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities:

1. The county board of supervisors in whose jurisdiction the hospital building is located.
2. The city council in whose jurisdiction the hospital building is located, if applicable.
3. Any labor union representing workers who work in a general acute care building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5.
4. The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.
5. The department.
6. The board of directors of the hospital.
7. The local office of emergency services or the equivalent agency.
8. The Office of Emergency Services.
9. The medical health operational area coordinator.

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 130002, 130006, 130055, 130065, 130066.5

### ITEM 3CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 2 DEFINITIONSSection 7-111. Definitions.

**MANAGED PROJECT** means a project where schedules and deadlines relating to plan review ~~and construction~~ are negotiated between the Office and the governing board or authority of the health facility or their designated representative. Managed projects include, but are not limited to, projects approved by the Office for integrated review, as described in Section 7-130, or incremental review, as described in Section 7-131.

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**START OF CONSTRUCTION [OSHPD 1, 1R, 2, 4, 5 & ~~5~~6]** is the date the actual physical work, demolition, construction, repair, reconstruction, rehabilitation, addition, ~~placement~~, preparation of the site for the first placement of permanent construction of a building such as the trenching for foundations or utilities, or other improvements or offsite component preparation as shown on the approved construction documents begins.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 4CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-113. Application for plan, report or seismic compliance extension review.

(a) Except as otherwise provided in this part, before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office~~,~~ and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given.

1. The application shall be electronic and contain a definite identifying name for the health facility, the name of the architect or engineer who is in responsible charge of the work, pursuant to Section 7-115 (a), the names of the delegated architects or engineers responsible for the preparation of portions of the work pursuant to Section 7-115(a)3, the estimated cost of the project and all such other information required for completion of the application. The architect or engineer in responsible charge or having delegated responsibility may name one or more persons to act as an alternate(s), provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

2. Submission of documents to the Office shall be electronic and may be in three consecutive stages:

A. Geotechnical Review: ~~One a~~Application for plan review and, when applicable, ~~three copies of~~ the site data must be attached. ~~Plans may be submitted electronically in a format acceptable to the Office.~~

B. Preliminary Review: Submit ~~drawings electronically or provide two paper copies of~~ reports or preliminary plans and preliminary annotated specifications~~. If providing paper copies, plans/drawings size shall not exceed 36 × 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs in weight. Plans may~~ ~~be submitted electronically in a format acceptable~~ to the Office.

C. Final Review: ~~Submit drawings electronically or provide two paper copies of~~ The final construction documents and reports~~. Plans/drawings size~~ ~~shall~~ ~~not exceed 36 × 48 inches, and bundled sets of plans/drawings shall not exceed 40 lbs in weight. Plans may~~ shall be submitted ~~electronically in a format acceptable~~ to the Office.

(b) Application for seismic …

(c) For every project there shall be an architect or engineer in responsible charge of reviewing and coordinating all submittals, except as set forth in Section 7-115(c).

1. A project may be divided into parts, provided that each part is clearly defined by an architectural building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of the delegated architects or engineers pursuant to Section 7-115(a)3 may be made for the parts. Incremental projects pursuant to Section 7-131 shall consist of only one building.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 5CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-115. Preparation of construction documents and reports.Section 7-116. Reserved.

#### 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).~~

1. Except as provided in paragraph 2 below, the architect or engineer in responsible charge of the work shall be an architect or structural engineer.
2. For the purposes of this section, a mechanical, electrical, or civil engineer may be the engineer in responsible charge of alteration or repair projects that do not affect architectural or structural conditions, and where the work is predominately of the kind normally performed by mechanical, electrical, or civil engineers.

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(b) Architects or engineers licensed in the appropriate branch of engineering, may be responsible for the preparation of construction documents and administration of the work of construction as permitted by their license, and as provided below. Architects and engineers shall sign and affix their professional stamp to all construction documents or reports that are prepared under their charge. All construction documents shall be signed and stamped prior to issuance of a building permit.

1. The structural construction documents or reports shall be prepared by a structural engineer. Architects may prepare construction documents and reports as permitted by their license.
2. A mechanical or electrical engineer may prepare construction documents or reports for projects where the work is predominately of the kind normally prepared by mechanical or electrical engineers.
3. A civil engineer may prepare construction documents or reports for the anchorage and bracing of nonstructural equipment.

#### 7-116. Reserved.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 6CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-117. Site data.

(a) The site data reports shall be required for all proposed construction except:

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(b) ~~Three copies of~~ The site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 7CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-119. Functional program.Section 7-120. Reserved.Section 7-122. Reserved.Section 7-124. Reserved.

#### 7-119. Functional program.

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**(c) Functional program content.** The functional program for the project shall include the following:

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9. **Patient safety risk assessment.**

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C. **Behavioral and mental health response.** …

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**Informational Note:** …

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The governing body should develop a detailed assessment of the level of risk for each program area where mental health patients will be served (e.g., emergency department, nursing units). Refer to Appendix Table Al.2-a Safety Risk Assessment Team Member Expertise of the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* ~~published by The Facility Guidelines Institute~~ for areas of expertise needed on the behavioral and mental health assessment team.

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Lowest Level of Risk

1. Exam rooms, private offices, and conciliation rooms (always supervised).
2. Staff and support areas (not accessible by patients).

Other information that could be considered can be found in *Patient Safety Standards, Materials and Systems Guidelines* published by the New York State Office of Mental Health, and the *~~Design Guide for the Built Environment of Behavioral Health Facilities~~* ~~distributed by The Facility Guidelines Institute~~ *Behavioral Health Design Guide* by Behavioral Health Facility Consulting, LLC.

#### 7-120. Reserved.

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#### 7-122. Reserved.

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#### 7-124. Reserved.

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 8CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-125. Final review of construction documents.

(a) Final construction documents shall be submitted in accordance with Section 107, Part 2. Title 24 within 10 days of application. Final construction documents that are incomplete shall be returned to the applicant for completion prior to acceptance by the Office for plan review.

(b) Local government entity zoning approvals or clearances shall be furnished to the Office, when applicable, prior to approval of the final construction documents by the Office.

(c) When the Office finds items on the final construction documents that do not comply with these regulations and/or applicable sections of the California Building Standards Code, the noncomplying items shall be noted in writing with a proper code citation. The marked-up set of construction documents will be returned to the architect or engineer in responsible charge. ~~A set of prints from c~~ Corrected construction documents shall be filed for backcheck when the original check or subsequent backchecks(s) indicates that extensive changes are necessary. Where necessary corrections are of a minor nature, corrected original construction documents may be filed for backcheck. The architect or engineer in responsible charge must provide a written response to all comments made by the Office. The written response must include a description and a location of the corrections made to the construction documents. The written response may be provided as a letter~~, or may be provided as responses written directly on the marked-up set of drawings~~. Changes in construction documents, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised construction documents identifying those changes. Failure to give such notice voids any subsequent approval given to the construction documents.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 9CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-129. Time limitations.

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(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office’s approval shall become void. Prior to the approval becoming void, the applicant may apply for one extension of up to one year. The Office may require that the construction documents be revised to meet current regulations before granting an extension. The extensions must be requested in writing and justifiable cause demonstrated.

**Exception:** The time limitations and deadlines specified in Section 7-129 (a) and (b) shall not apply to managed projects as defined in Section 7-111. This includes, but is not limited to, projects approved for phased plan review, as described in Section 7-130, or incremental review, as described in Section 7-131.

(e) The procedures leading to project closeout shall be carried to conclusion without suspension or unnecessary delay. Once project completion Substantial Compliance or a Certificate of Occupancy is issued, final closeout documentation must be submitted within 90 days or the Substantial Compliance or Certificate of Occupancy will be revoked, California Department of Public Health informed of the revocation and the project closed as noncompliant.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 10CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-131. Incremental design, bidding and construction.

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(b) Increments shall be limited to complete phases of construction, such as demolition, site work and utilities, foundations and basement walls, structural framing, architectural work, mechanical work, electrical work, etc. A master plan identifying the work to be completed in each increment~~,~~ and an estimated cost for each increment, and a chart showing the proposed coordination of the design, bidding and construction schedules~~,~~; state and local plan review times~~,~~; and estimated completion and occupancy of the project, shall be submitted with the first increment.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 11CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTSSection 7-133. Fees.

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(i) **Geotechnical/Geohazard reports.** The nonrefundable fee for review of a geotechnical/geohazard report shall be $5,000.00.

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(q) **Amended construction documents.** The fee for submittal and review of Amended Construction Documents shall be as follows:

1. **Additional costs.** The minimum filing fee for Amended Construction Documents which result in additional construction costs shall be $250.00.
2. **Cost reductions.** The minimum filing fee for Amended Construction Documents with cost reductions or no cost shall be $500.00. The Office shall charge actual costs for review and approval. Total cost paid for these review services shall be nonrefundable.

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(r) **Projects with no construction.** The Office shall charge actual costs for the review of projects that do not have any construction. In addition, the minimum filing fee of $250.00 shall apply to each application pursuant to Health and Safety Code Section 129785(a). The total cost paid for these services shall be nonrefundable.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 12CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 4 CONSTRUCTIONSection 7-135. Time of beginning of construction.Section 7-136. Reserved.Section 7-138. Reserved.Section 7-140. Reserved.Section 7-142. Reserved.

#### 7-135. Time of beginning construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the construction documents.
2. A building permit.
3. Written ~~approval~~ acceptance of the testing, inspection and observation program.

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#### 7-136. Reserved.

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#### 7-138. Reserved.

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#### 7-140. Reserved.

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#### 7-142. Reserved.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 13CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 4 CONSTRUCTIONSection 7-144. Inspection.Section 7-146. Reserved.Section 7-148. Reserved.Section 7-150. Reserved.

#### 7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more Inspector(s) of Record (IOR) 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. An inspector or record associated with a project shall not have any current employment relationship with any entity which is a contracting party for the construction of the project or providing any services for the hospital other than those required of an IOR.

(b) Project inspectors are prohibited from any project activities involving the actual performance of construction, or the scheduling, coordination or supervision of construction contractors for the project.

(c) The project inspector shall be capable of performing all essential functions of the job.

(~~b~~d) When the hospital governing board or authority proposes more than one IOR for a construction project, a lead IOR shall be identified to coordinate construction inspection and communication with the Office. The lead IOR must be allocated the majority of their time on project inspection responsibilities that are identified in the IOR responsibility matrix of the approved TIO Program. The lead IOR approved for the project must be present on site to obtain personal knowledge, ensure continuous inspection, to coordinate the inspection responsibilities of additional IORs, and to verify that all required documentation is being maintained on site during the construction of the project, inclusive of the coordination of special inspectors, testing, and project specific approved testing agencies. The employment of special inspectors or assistant inspectors shall not be construed as relieving the project inspector of his or her duties and responsibilities.

(~~c~~e) IOR(s) for a hospital construction project shall be approved by the Office in accordance with the provisions of Section 7-212.

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#### 7-146. Reserved.

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#### 7-148. Reserved.

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#### 7-150. Reserved.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 14CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 4 CONSTRUCTIONSection 7-153. Changes to approved work.Section 7-154. Reserved.

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

(a) **Changes in the work.** Work shall be executed in substantial conformance with the construction documents approved by the Office. Changes in the work shall be made by amended construction documents approved by the Office. Changes in the work include, but are not limited to, the following: Correction of errors in design and/or construction to bring the construction documents and/or construction into compliance with applicable codes; change(s) in the scope of the work; and additional work required because of discovered conditions. Only changes that materially alter the work shall be submitted to the Office for review and approval as amended construction documents.

1. **Amended construction documents.** Changes or alterations of the approved construction documents shall be made by means of amended construction documents. Amended construction documents shall be submitted with a form provided by the Office and shall state the reason for the change and show the estimated or actual addition to or deduction from the current, estimated or actual, contract amount. The form shall be signed by the architect or engineer, or delegated architect or engineer as allowed by Section 7-115, and shall be accompanied by supplementary construction documents, when necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. All changes shall be clearly described. ~~An electronic copy or two paper copies of the~~ The form and construction documents shall be submitted for review and approval by the Office. All amended construction documents shall be approved by the Office prior to installation of the work.

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(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:

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4. New details that are referenced standards or preapproved details or based on other approved ~~details, in whole or in part, including~~ referenced standards or preapproved details. Reference to the approved details must be shown.

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#### 7-154. Reserved.

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 15CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 4 CONSTRUCTIONSection 7-155. Final approval of the work.Section 7-158. Reserved.

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

(a) The Office shall schedule a final state agency ~~inspection~~ review of the work subsequent to the receipt of the responsible architect's or engineer’s statement that the contract is performed or substantially performed.

(b) The final approval of the construction shall be issued by the Office when:

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#### 7-158. Reserved.

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#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850.

### ITEM 16CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 19 CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORSSection 7-201. Contact with office.Section 7-206. Fees.Section 7-211. Renewal of a hospital inspector certificate.Section 7-212. Approval of hospital inspector of record for construction projects.

#### 7-201. Contact with office.

All correspondence, applications and remittances related to the certification or recertification of Hospital Inspector shall be directed to the Department of Health Care Access and Information, Office of Statewide Hospital ~~Health~~ Planning and Development, ~~Facilities Development Division,~~ Hospital Inspector Certification Program.

#### 7-206. Fees.

(a) Fees required pursuant to subsection (b), shall be transmitted by credit card, money order, cashier check, certified check or personal check, and payable to the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

Application review $100.00 (nonrefundable)

Exam for Class “A” Inspector Certification $300.00

Exam for Class “B” Inspector Certification 300.00

Exam for Class “C” Inspector Certification 100.00 (for each specialty certificate)

Late fee 100.00

Recertification exam 100.00

Recertification retest 100.00

Reschedule fee 100.00

Delinquency fee 100.00

Duplicate certificate 25.00

(c) An application review fee must accompany an application for a certification examination. This fee is nonrefundable.

…

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

1. If the applicant cancels and/or reschedules their examination, the applicant shall pay a fee to reschedule their exam.

…

(g) A late fee shall be submitted by the applicant if their recertification application is postmarked after the final filing date.

…

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

…

(b) To be eligible for the recertification exam, a Hospital Inspector shall 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 application and exam fee pursuant to Section 7-206.

…

#### 7-212. Approval of hospital inspector of record for construction projects.

…

(b) The Office shall not approve a proposed Hospital Inspector of Record for a specified hospital construction project if the Office determines one of the following:

…

4. The Hospital Inspector is committed to a workload outside the specified hospital construction project and is unable to allot adequate time to perform the work and to fulfill all IOR responsibilities on the specified construction project, as determined by the process set forth in subsection (d)

…

(d) When the Office determines that the cumulative workload of a Hospital Inspector of Record applicant appears excessive and may hinder competent and adequate inspection of a specified hospital construction project, the Office may request that the Hospital Inspector of Record applicant submit a written plan including a work schedule and indicating a means to perform inspection on the specified hospital construction project. The office may withdraw the inspector’s approval due to failure to comply with any part of 7-145.

…

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 17CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 19 CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORSSection 7-215. Conduct relative to performance.

#### 7-215. Conduct relative to performance.

1. For a certified inspector to provide competent services, they must act with integrity, honesty, and objectivity. This Code reflects the expectations of the Office for not only inspectors, but also all professionals working on any facility subject to inspection. An inspector shall expect others to act with integrity, honesty, and objectivity. If an inspector believes that any person on the project lacks integrity, honesty, and objectivity, the inspector shall bring it to the attention of the Office.

The Code of Ethics requires that an inspector shall:

1. Uphold their duty to the profession, the project, and the public.
2. Maintain an impartial, respectful, and unprejudiced attitude.
3. Treat all persons encountered with courtesy.
4. Be familiar with and obey all state and federal laws that may apply to the inspection being conducted.
5. Maintain their professional competence through ongoing education.
6. Ensure they have access to all pertinent facts which are reasonably available before making any suggestions or drawing any conclusions in the course of a construction inspection.
7. Work efficiently, and only in the area of their competence.
8. Not receive compensation on a contingency payment basis for either work, or referrals.
9. Neither accept, nor solicit anything of value from any party associated with the facility subject to inspection.
10. Make neither unjust, nor unreasonable demands.
11. Never be involved in a construction inspection where any direct or indirect conflict of interest may be cause for concern about the final report's objectivity.
12. Conduct themselves in a professional manner at all times.
13. Strive to maintain and improve professional standards in the field of environmental assessment and be willing to assist HCAI to that end.
14. Refrain from engagement in inspection without a valid and active certification.
15. Follow the directions of the design professional in charge of the project.

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129850

### ITEM 18CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 20 REPAIR OF DAMAGE AFTER AN EMERGENCYSection 7-300. Plan review and approval.

(a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).

(b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an emergency, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs within 10 days of the temporary authorization. Back checks shall be resubmitted within 10 days of receiving comments. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

…

#### Notation:

Authority: Health and Safety Code, Section 1275, 18929, 129675-130070

Reference(s): Health and Safety Code, Section 129785, 129787, 129820, 129850