FINAL EXPRESS TERMS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

REGARDING PROPOSED CHANGES TO
CALIFORNIA ADMINISTRATIVE CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1, CHAPTER 7

LEGEND FOR EXPRESS TERMS
1. New California amendments: All such language appears *underlined*.
2. Repealed text: All such language appears in ~~strikeout~~.

EXPRESS TERMS

CHAPTER 7
SAFETY STANDARDS FOR HEALTH FACILITIES

Carry forward existing Chapter 7 of the 2010 California Administrative Code (CAC) for OSHPD 1, 2, 3 & 4 with the following modifications:

ARTICLE 2
DEFINITIONS

7-111. Definitions.

ACTUAL CONSTRUCTION COST means the cost of all portions of a project to construct the work as shown on the approved construction documents and as necessary to comply with the *California Building Code*, generally based upon the sum of the construction contract(s), when applicable, and other direct construction costs: including but not limited to mobilization, general and special conditions, supervision and management, overhead, markups and profit, demolition, building pad construction (including but not limited to grading, soil remediation, excavation, trenching, retaining, shoring, etc.), temporary construction and barriers, materials, supplies, machinery, equipment, labor cost or the wages paid to the workers doing the work, etc., as certified by the hospital governing board or authority. Construction cost does not include the compensation paid to the designer(s), inspector(s), plan review and building permit, the cost of the land, rights-of-way, work outside the scope of the OSHPD's jurisdiction, mobile equipment and furnishings, or other costs which are defined in the contract documents as not a part of the work. Work requiring a plan approval and/or building permit issued by the Office which is identified as not in the scope of the work and/or not in contract (NIC) shall be performed under a separate building permit.

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APPLICATION means any review, evaluation, or process for which the Office has established an application, filing fee, and/or a review/process fee, in accordance with its authority in the *California Health and Safety Code*.

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ESTIMATED CONSTRUCTION COST means the cost estimate of actual construction cost proposed by an applicant for a construction project within the Office's jurisdiction.

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FEE means the fees authorized in the *California Health and Safety Code,* and the *California Building Standards Code*.

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MATERIALLY ALTER as applied to construction projects, or approved construction documents, means any change, alteration or modification, as determined by the Office, that alters the scope of a project, could cause~~s~~ the

project to be in nonconformance with the *California Building Standards Code*, or cause~~s~~ an unreasonable risk to the health and safety of patients, staff or the public.

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ARTICLE 3
APPROVAL OF CONSTRUCTION DOCUMENTS

7-117. Site data. …

7-119. Functional Program

(a) General

1. **Functional Program Requirement**. The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project's architect/engineer and to the Office. The requirement applies to all scopes and disciplines of the project that affect patient care directly or indirectly, by means of new construction, additions, or modifications to specific hospital departmental functions which form an integral part of the facility. Projects that only involve equipment replacement, fire safety upgrades, or renovations that will not change the occupancy, function, or use of existing space shall not require a functional program.

2. **Functional Program Purpose.**
   A. An owner-approved functional program shall be made available for use by the design professional(s) in the development of project design and construction documents, and shall be submitted to the Office, at the time of application for plan review, to serve as a reference for the review of the application documents.
   B. Revisions to the functional program shall be documented and a final updated version shall be submitted to the Office prior to approval of the construction documents.
   C. The facility is encouraged to retain the functional program with other design data to facilitate future alterations, additions, and program changes.

3. **Nomenclature in the Functional Program.**
   A. The names for spaces and departments used in the functional program shall be consistent with those used in the *California Building Code*. If acronyms are used, they should be defined clearly.
   B. The names and spaces indicated in the functional program shall also be consistent with those used on submitted floor plans.

(b) Functional Program Executive Summary. An executive summary of the key elements of the functional program shall be provided and, at a minimum, shall include the following narrative:

1. **Purpose of the Project**
   A. The narrative shall describe the services to be provided, expanded, or eliminated by the proposed project.
   B. The narrative shall describe the intent of the project and how the proposed modifications will address the intent.

2. **Project Type and Size**
   A. The type of health care facility(ies) proposed for the project shall be identified as defined by the *California Building Code.*
   B. Project size in square footage (new construction and renovation) and number of stories shall be provided.

3. **Construction Type/Occupancy and Building Systems**
   A. **New construction**. If the proposed project is new construction that is not dependent on or attached to an existing structure, the following shall be included:
      (1) A description of construction type(s) for the proposed project
      (2) A description of proposed occupancy(ies) and, if applicable existing occupancy(ies)

(3) A description of proposed engineering systems

(4) A description of proposed fire protection systems

B. **Renovation**. For a project that is a renovation of, or addition to, an existing building, the following shall be included in the project narrative:

(1) A description of the existing construction type and the construction type for any proposed renovations or additions shall be described.

(2) A general description of existing engineering systems serving the area of the building affected by the proposed project and how these systems will be modified, extended, augmented, or replaced by the proposed project.

(3) A general description of existing fire protection systems serving the area of the building affected by the proposed project and how these systems will be modified, extended, augmented, or replace by the proposed project.

(c) Functional Program Content. The functional program for the project shall include the following:

1. Purpose of the Project. The physical, environmental, or operational factors, or combination thereof, driving the need for the project and how the completed project will address these issues shall be described.

2. Project Components and Scope.

A. The department(s) affected by the project shall be identified.

B. The services and project components required for the completed project to function as intended shall be described.

3. Indirect Support Functions. The increased (or decreased) demands, throughout, workloads, staffing requirements, etc. imposed on support functions affected by the project shall be described. (These functions may or may not reside adjacent to or in the same building or facility with the project.)

4. Operational Requirements. The operational requirements, which include but are not limited to the following, shall be described:

A. Projected operational use and demand loading for affected departments and/or project components.

B. Relevant operational circulation patterns, including staff, family/visitor, and materials movement.

C. Departmental operational relationships and required adjacencies

5. Environment of Care Requirements. The functional program shall describe the functional requirements and relationships between the following environment of care components and key elements of the physical environment:

A. **Delivery of care model (concepts).** This shall include:

(1) A description of the delivery of care model, including any unique features

(2) A description of the physical elements and key functional relationships necessary to support the intended delivery of care model.

B. **Patients, visitors, physicians, and staff accommodation and flow.** Design criteria for the following shall be described:

(1) The physical environment necessary to accommodate facility users and administration of the delivery of care model

(2) The physical environment (including travel paths, desired amenities and separation of users and workflow) necessary to create operational efficiencies and facilitate ease of use by patients, families, visitors, staff, and physicians

C. **Building infrastructure and systems design criteria.** Design criteria for the physical environment necessary to support organizational, technological, and building systems that facilitate the delivery of care model shall be described.

D. **Physical environment.** Descriptions of and/or design criteria for the following shall be provided:

(1) Light and views – How the use and availability of natural light, illumination, and views are to be considered in the design of the physical environment.

(2) Wayfinding

(3) Control of environment – How, by what means, and to what extent users of the finished project are to be able to control their environment
(4) Privacy and confidentiality – How the privacy and confidentiality of the users of the finished project are to be protected
(5) Security – How the safety and security of patients or residents, staff, and visitors shall be addressed in the overall planning of the facility consistent with the functional program
(6) Architectural details, surfaces, and furnishing characteristics and criteria
(7) Cultural responsiveness – How the project addresses and/or responds to local or regional cultural considerations
(8) Views of, and access to, nature

6. Architectural Space and Equipment Requirements

A. Space list

(1) The functional program shall contain a list organized by department or other appropriate functional unit that shows each room in the proposed project, indicating its size by gross floor area and clear floor area
(2) The space list shall indicate the spaces to which the following components, if required, are assigned:
(a) Fixed and movable medical equipment
(b) Furnishings and fixtures
(c) Technology provisions

B. Area

(1) Gross floor area for the project shall be aggregated by department, and appropriate multiplying factors shall be applied to reflect circulation and will thicknesses within the department or functional area. This result shall be referred to as department gross square footage (DGSF).
(2) DGSF for the project shall be aggregated, and appropriate multiplying factors shall be applied to reflect inter-departmental circulation, exterior wall thickness, engineering spaces, general storage spaces, vertical circulation, and any other areas not included within the intra-department calculations. This result shall be referred to as building gross square footage (BGSF) and shall reflect the overall size of the project.

7. Technology Requirements – Technology systems for the project shall be identified to serve as a basis for project coordination and budgeting.
A. Any technology systems integration strategy shall be defined
B. Department and room specific detail for system and device deployment shall be developed.

8. Short- and Long- Term Planning Considerations. A statement addressing accommodations for the following, as appropriate for the project shall be included:
A. Future growth
B. Impact on existing adjacent facilities
C. Impact on existing operations and departments
D. Flexibility

Authority: Health and Safety Code Sections 127015 and 129850.
Reference: Health and Safety Code Sections 129675-129998

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7-121. Presubmittal meeting.

(a) A presubmittal meeting between the Office and the design professionals is required for construction or alteration projects for hospital buildings and buildings described in paragraphs (2) and (3) of Subdivision (b) of Section 129725 of the Health and Safety Code with estimated construction costs of twenty million dollars ($20,000,000) or more. The presubmittal meeting shall be held prior to the submittal of preliminary plans and specifications or final construction documents. Prior to scheduling a presubmittal meeting, the architect or engineer in responsible charge shall submit the following information to the Office:

1. Meeting agenda listing major points of discussion
2. New and if applicable, existing floor plans
3. Description and scope of the project
4. Functional Program as described in 7-119
5. Description of structural systems – vertical, lateral, foundation, etc.
6. Alternative Method of Compliance and Program Flexibility issues
7. Type of Construction
8. Occupancy – existing and proposed, with justification
9. Accessibility considerations, including path of travel
10. Preliminary means of egress plan
11. Architectural, structural, mechanical plumbing, electrical, and fire and life safety issues

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(c) ~~For phase plan review projects, the project start meeting with the Office, which occurs during the conceptual phase, satisfies the Presubmittal meeting requirements of this section.~~ **Phased Plan Review and Collaborative Review and Construction.** A request for Phased Plan Review (PPR) or Collaborative Review and Construction (CRC) must be submitted to the Office in writing, prior to the Presubmittal meeting being scheduled. In addition to the items listed in 7-121 (a), for PPR or CRC reviewed projects, the architect or engineer in responsible charge shall submit the following information to the Office:

1. Complete project schedule
2. Proposed review matrix outlining all phases, milestones, increments, and segments for the project
3. Initial draft of the Memorandum of Understanding (MOU) proposed, defining roles and accountability of the participants

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7-127. Projects exempt from plan review process….

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.

1. Whenever it is necessary to make an inspection to enforce any applicable provision of the *California Building Standards Code* or the *Alfred E. Alquist Hospital Facilities Seismic Safety Act*, or the Office, or its authorized representative, has reasonable cause to believe that there exists in any building or upon any premises any condition or violation of any applicable building standards that makes the building or premises unsafe, dangerous, or hazardous, the Office or its authorized representatives may enter the building or premises at any reasonable time for the purpose of inspection and examination authorized by this chapter.
2. Examination by the Office may include, but is not limited to:
   A. Review of existing plans;
   B. Site visit(s) as necessary to assess the extent of unpermitted work;
   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 *California Building Code* Chapter 34A; and
   D. Participation in a predesign conference with architects/engineers to resolve code issues relevant to the corrective or remedial work necessary.

(b) **Plan Review.** Construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting and/or observation by the Office, and construction or alteration found in violation of any applicable section of the *California Building Standards Code* during examination, shall be brought into compliance with the current enforceable edition of the *California Building Standards Code.* Application for Office review of construction documents and reports for the construction or alteration and corrective work necessary to remedy any violations, unsafe, dangerous, or hazardous conditions, shall be made

in accordance with Sections 7-113 through 7-126. The construction documents and reports shall be prepared under an architect or engineer in responsible charge pursuant to Section 7-115 and shall clearly and separately delineate the following:

1. Portions of the building or structure that existed prior to the unpermitted construction or alteration;
2. The unpermitted construction or alteration work that is proposed to remain, including all associated dimensions, assemblies, specifications and details; and
3. New corrective or remedial work necessary to bring the unpermitted construction or alteration work into compliance with all applicable parts of the current *California Building Standards Code*.

(c) **Construction Observation.** The construction, inspection and observation of any construction or alteration of any health facility, governed under these regulations, previously performed without the benefit of review, permitting, and/or observation, and of any new corrective or remedial work deemed necessary by the Office, shall be in accordance with Article 4 of this Chapter. The Office shall make such observation as in its judgment is necessary or proper for the enforcement of these regulations and all applicable parts of the *California Building Standards Code*. Any violations found in existing, previously constructed or altered, or new corrective or remedial work shall be corrected as required under *California Building Code* Section 110.6.

(d) **Fees.** Fees associated with compliance examination, plan review and field observation shall be in accordance with the following:

1. The fee for examination shall be the Office's actual costs associated with:
   A. Field Investigation and Office support as described in 7-128 (a) 2; and
   B. Legal and administrative costs associated with documentation and reporting of violations of licensing statutes and/or pursuing claims of misconduct with the relative Departments and Boards, including but not limited to:
      1) The California Department of Public Health;
      2) The California Architects Board;
      3) The Board for Professional Engineers, Land Surveyors, and Geologists; and
      4) The Contractors State License Board.

2. A separate, additional, fee for plan review described in 7-128 (b) and field observation described in 7-128 (c) shall be based on the estimated cost of construction as specified below.
   A. The fee for hospital buildings is 2.0 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude imaging equipment, design fees, inspection fees and off-site construction work. The fee for imaging equipment (X-ray, MRI, CT Scan, etc.) shall be 0.20 percent of the equipment cost or estimated value.
   B. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude design fees, inspection fees and off-site work.
   C. The estimated construction cost for a project shall be determined as described in 7-133(a)4 and shall include the value of the previously unpermitted construction, or alteration, plus the value of any new corrective and remedial work.
   D. The final approval of the work shall be in accordance with 7-133 (a) 7.

(e) **Occupancy.** Upon determination that construction or alteration of any health facility, governed under these regulations, has occurred without the benefit of review, permitting, and/or observation by the Office, and without the exemption by the Office provided for in Section 7-127, the Office may order the area of construction or alteration to be vacated and remain unoccupied, or that the current certificate of occupancy for the building be revoked under *California Building Code* Section 111.4, until the Office provides a certificate of occupancy upon the completion of all field observation and final construction inspection of the construction or alteration, and associated corrective and remedial work.

Authority: Health and Safety Code Sections 18929 and 129765 -130070.
Reference: Health and Safety Code Sections 129850.

7-133. Fees.

(a) **Plan review and field observation.** The fees for plan review and field observation shall be based on the estimated cost of construction as specified below. If the actual construction cost for a hospital or skilled nursing facility project exceeds the estimated construction cost by more than five percent (5%), a further fee shall be paid to the Office, based on the applicable schedule specified in (a) (1) or (2) and computed on the amount by which the actual cost exceeds the estimated cost.

1. The fee for hospital buildings is 1.64 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude imaging equipment, design fees, inspection fees and off-site construction work. The fee for imaging equipment (X-ray, MRI, CT Scan, etc.) shall be 0.164 percent of the equipment cost or estimated value. In any event, the minimum fee for review of imaging equipment shall be $250.00.

   A. The Office shall charge actual costs for review and approval of seismic evaluations and compliance plans prepared pursuant to Article 8, Chapter 1, Part 7, Division 107, (commencing with Section 130000) of the Health and Safety Code. Total cost paid for these review services shall be nonrefundable ~~and shall be deducted from the fee for a future project involving seismic retrofit or new construction pursuant to the hospital building compliance plan approved by the Office~~.

2. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment but exclude design fees, inspection fees and off-site work.

3. The minimum filing fee shall be $250.00. This filing fee is nonrefundable ~~and shall be applied toward the total fee for plan review and field observation~~.

4. The estimated construction cost for a project shall be determined as follows:

   A. An applicant shall submit the estimated cost of construction for a project as part of the project application. Applicants for projects with an estimated construction cost greater than $20 million, and any others as requested by the Office, shall submit justification of the estimated construction costs as part of the project application.

   B. In the event that the Office believes that a project's estimated construction cost may be inaccurate or undervalued, the Office may request that the applicant provide supplemental documentation to substantiate the estimated construction cost. The documentation may include, but is not limited to, design estimates, construction contracts, bid estimates, and/or budget estimates.

   C. If, upon review, the Office determines that reasonable grounds exist to find that the estimated construction cost is underestimated or undervalued, the Office will provide the applicant in question an opportunity to participate in a formal conference and/or present additional evidence before a final determination as to the validity of the estimated construction cost is made.

   D. The Office will make a final determination as to the validity of the estimated construction cost after considering all of the evidence on record, including the formal conference and/or any supplemental documentation provided by the applicant.

   E. In the event the Office makes a final determination that the estimated construction cost is underestimated or undervalued, the Office may deem the application incomplete and deny the project application until the applicant either: (a) revises the estimated construction cost to the Office's reasonable satisfaction, or (b) produces further documentation to substantiate the estimated construction cost to the Office's reasonable satisfaction. A notice of denial will be provided to the applicant in writing and may be appealed to the Hospital Building Safety Board consistent with Article 5.

5. Upon receipt of an application, the Office will calculate the fee for the proposed project or process and send an invoice to the applicant for the required fee amount. Payment is due within thirty (30) days of receipt of the invoice. A project application is incomplete until payment in full is received by the Office for the invoiced fee amount.

6. The Office may, but is not required to, provide plan review, field observation and other services for projects or processes with incomplete applications. The Office may, at its discretion, cease work on any project or process until the relevant application is deemed complete. The Office may, at its discretion,

prioritize projects or processes with complete applications before projects or processes with incomplete applications, and may allocate resources for the plan review or process based upon the date that each respective application is deemed complete.

If the Office, as a courtesy, provides plan review, field observation or other services for a project or process with an incomplete application, it shall not be deemed a waiver of the Office's right to: (a) cease or postpone work on the project or process in question at a future date; (b) cease or postpone work on other projects or processes with incomplete applications until the applications in question are deemed complete; and/or (c) pursue any and all legal remedies for collection of monies owed.

7. Upon completion of all work in accordance with the approved construction documents and receipt of all required verified compliance reports and testing and inspection reports, the Office will grant final approval of the work when all remaining fees based on the actual construction cost, if any, have been paid to the Office. The actual construction cost for a project shall be determined as follows:

   A. The hospital governing board or authority shall submit the actual construction cost for a project as part of the final approval of the work.

   B. In the event that the Office believes that a project's actual construction cost may be understated, the Office may request that the hospital governing board or authority provide supplemental documentation to substantiate the actual construction cost. This supplemental information may include, but is not limited to, executed construction contracts, paid invoices, approved change orders, cancelled checks, etc.

   C. If, upon review of the supplemental information, the Office determines that reasonable grounds exist to find that the actual construction cost is understated, the Office may provide the hospital governing board or authority in question an opportunity to participate in a formal conference and/or present additional evidence before a final determination as to the validity of the actual construction cost is made.

   D. The Office will make a final determination as to the validity of the actual construction cost after considering all of the evidence on record, including the formal conference and/or any supplemental information provided by the hospital governing board or authority.

   E. In the event that the Office makes a final determination that the actual construction cost is understated, the Office may deem the project as non-compliant with the Alfred E. Alquist Hospital Facilities Seismic Safety Act until the hospital governing board or authority either: (a) revises the actual construction cost to the Office's reasonable satisfaction, or (b) produces further supplemental information to substantiate the actual construction cost to the Office's reasonable satisfaction. A notice of denial will be provided to the hospital governing board or authority in writing and may be appealed to the Hospital Building Safety Board consistent with Article 5.

   The Office may, but is not required to, provide a final construction inspection, field observation, issue a certificate of occupancy or other services for projects or processes for which all fees have not been paid, the Office may, at its discretion, cease work on any project or process until all remaining fees have been paid to the Office's satisfaction in accordance with Section 7-155. The Office may, at its discretion, prioritize projects or processes for which all remaining fees have been paid, before projects or processes for which outstanding fees are owed the Office and may allocate resources for its services based upon the date that all outstanding fees for each respective project or process has been paid to the Office's satisfaction.

   If the Office, as a courtesy, provides a final construction inspection, field observation, certificate of occupancy, or other services for a project or process for which remaining fees have not been paid, it shall not be deemed a waiver of the Office's right to: (a) cease or postpone work on the project or process in question at a future date; (b) cease or postpone work on other projects or processes in non-compliance until the remaining fees have been paid to the Office's satisfaction; and/or (c) pursue any and all legal remedies for collection of monies owed.

(b) The fee for submitting an amended seismic evaluation report or compliance plan is $250. The fee for review and approval of the amended report or compliance plan shall be subject to Section 7-133 (a) 1 A above.

(c) The fee for submitting an application for extension to seismic compliance is $250. The fee for review and approval or granting of a seismic extension shall be subject to 7-133 (a) 1 A above.

(d) **Preliminary review**. The fee for review of preliminary plans and outline specifications pursuant to Section 7-121 is 10 percent ~~(10%)~~ of the fee indicated in Section 7-133 (a) and shall be due upon the submission of preliminary plans and outline specifications. The preliminary review fee shall be deducted from the application fee specified in Section 7-133 (a).

(e) **Incremental projects**. The initial fee for incremental projects pursuant to Section 7-131 is 70 percent ~~(70%)~~ of the total fee, based upon the estimated construction cost of the entire facility, as calculated in accordance with Section 7-133 (a), and shall be due upon the submission of the construction documents of the first construction increment. The balance of the fee, 30 percent based upon the estimated construction cost of the entire facility as calculated in accordance with Section 7-133 (a), shall be due upon permitting of the initial increment. The final fee shall be based upon the determination of the final actual construction cost in accordance with Section 7-133 (a).

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(h) **Phased submittal review and collaborative review.**

1. The fee for phased submittal, review and approval pursuant to Section 7-130 shall be based on the written agreement, which shall include a schedule for payment. The phased review fee shall not exceed the fee required by Section 7-133 (a).

2. The fee for collaborative review shall be 1.95 percent of the estimated construction cost as calculated in accordance with Section 7-133 (a) 4 through 7.

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(k) ~~**SPC-1 hospital building rea**~~ **Seismic Assessment**. The Office shall charge actual costs for the seismic ~~collapse probability~~ assessment of a hospital building upon written request to the Office by the governing board or authority of any hospital, pursuant to Section 129835 of the Health and Safety Code. The total cost paid for these services shall be nonrefundable.

(l) **OSHPD Special Seismic Certification preapproval (OSP).** The fee for review of a new OSP application shall be $5,000.00. The fee for renewal of an OSP is $1,000.00. The total cost paid for these services shall be nonrefundable.

(m) **OSHPD Preapproval of Manufacturer's Certification (OPM).** The Office shall charge for actual review time of the OPM at prevailing hourly rates applicable for the review personnel, pursuant to Section 129895 of the Health and Safety Code. 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.

(n) **Work performed without a permit.** Fees associated with examination, plan review, and construction observation for construction or alteration of any health facility, governed under these regulations, performed without the benefit of review, permitting, and/or observation by the Office, and without the exemption by the Office provided for in Section 7-127, shall be determined in accordance with Section 7-128 (d).

ARTICLE 4
CONSTRUCTION

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7-153. ~~Addenda, change orders and instruction bulletins~~ Amended construction documents.

(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 ~~addenda, change orders or instructions bulletins~~ 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 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 ~~either an addendum, change order or instruction bulletin~~ amended construction documents. ~~Changes in the work that do not require an addendum, change order or instruction bulletin shall not be deemed to grant authorization for any work to be done in violation of the provisions of all applicable codes.~~

~~1. **Addendum.** Changes or alterations of the approved construction documents prior to awarding a construction contract, or similar instrument of agreement for the work involved, shall be made by means of an addendum. Addenda shall be submitted with a form provided by the Office and shall state the reason for the change. The form shall be signed by the architect or engineer, or delegated architect or engineer as allowed by Section 7-115. The form shall be accompanied by supplementary construction documents, when necessary. The construction documents shall be stamped and signed pursuant to Section 7-115. Two copies of addenda shall be submitted for review and approval by the Office.~~

~~2.~~1. ~~**Change orders**~~ **Amended Construction Documents.** Changes or alterations of the approved construction documents ~~after a contract or similar instrument of agreement has been awarded~~ shall be made by means of ~~change orders~~ amended construction documents. ~~Change orders~~ Amended construction documents shall be submitted with a form provided by the Office and shall state the reason for the change, and show the ~~related~~ estimated or actual addition to or deduction from the current, estimated or actual, contract ~~price~~ 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. Two copies of the form and construction documents shall be submitted for review and approval by the Office. All ~~change orders~~ amended construction documents shall be approved by the Office prior to installation of the work.

~~3. **Instruction bulletins.** To prevent undue delay in construction as determined by the Office, changes in the work may be commenced following approval of an instruction bulletin by the Office. Instruction bulletins shall be submitted with a form provided by the Office and shall state the reason for the change but is not required to show the related addition to or deduction from the current contract price. The form shall be signed by the architect or engineer in responsible charge, 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. Two copies of the form and construction documents shall be submitted for review and approval by the Office. Instruction bulletins shall be documented by subsequent change orders within 30 calendar days after approval.~~

~~4.~~2. **Emergencies.** Emergency changes in the work relating to the safety of persons at the construction site may be made immediately. Such emergency changes shall be documented by subsequent ~~change orders~~ amended construction documents and may require modification to comply with these regulations.

(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:

1. Clarification and interpretation of plans and specifications by the responsible design professional.

   Note: If calculations by the structural engineer in responsible charge, or by the delegated structural engineer, are necessary to determine structural or nonstructural adequacy, an amended construction document submittal must be made to the Office for review.

2. Construction means and methods, such as construction sequencing, coordination of the work, and methods of assembly/construction. Construction means and methods do not include work that would require Alternate Method of Compliance or an Alternate Means of Protection.

   Note: Temporary construction, such as temporary exiting, temporary air handlers, temporary bulk oxygen tanks, or temporary shoring supporting an occupied building under Office jurisdiction are not considered means and methods and thus would require a separate permit or the submittal of an amended construction document to the Office for review.

3. Substitution of equipment, products, or materials. The equipment, product or material substituted must be code compliant; perform the same function as the equipment, product, or material that it is replacing;

must not increase the mechanical or electrical loads to the building systems; must not increase loads to lateral or gravity load-bearing structural frame members; and must meet the design requirements for the project.

Note: Changing from one kind of equipment, product or material to another, such as changing from drilled-in concrete anchors to concrete screw anchors or changing the top-of-wall fire-resistive material/design are not considered substitutions and require the submittal of an amended construction document to the Office for review. If calculations by a structural engineer are necessary to determine structural or nonstructural adequacy, an amended construction document must be submitted to the Office for review.

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

5. Final routing configurations of ducts, conduits, pipes, etc. where these are shown diagrammatically on the approved plans.

   Note: Submittal of an amended construction document will be required when additional fire/smoke dampers, non pre-approved seismic fittings, or specially engineered braces or hangers are necessary to accommodate the final configuration or routing.

6. Dimensional changes to rooms that do not affect code required minimum dimensions, fixed dimensions, minimum room or space requirements and required clearances.

   Note: Applicable code sections and minimum dimension and space requirements must be shown on plans for confirmation by Office field staff.

7. Relocation of doors, windows, electrical switches and outlets, plumbing fixtures, etc. that do not require additional changes to the work to make the relocation code compliant.

8. Relocation or reconfiguration of cabinetry that does not affect code required minimum dimensions and clearances, minimum room or space requirements, or minimum storage requirements. Such cabinetry reconfiguration shall not increase loads to supporting members, such as wall studs and ceiling framing.

   Note: Applicable code sections and minimum dimensions and space requirements must be shown on plans for confirmation by Office field staff.

If the architect or engineer in responsible charge of a project determines that plans and/or specifications are necessary for a change that does not materially alter the work, all such plans or specifications 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

(c) **Code compliance**. Changes in the work that do not require amended construction documents shall not be deemed to grant authorization for any work to be done in violation of the provisions of any applicable code.

(d) **Changes in scope**. At the discretion of the Office, ~~a change order for construction~~ amended construction documents that ~~is~~ are outside the scope of the original project may be required to be submitted as a separate project.

(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 and time such determination was made, and the name of the Office staff who made the determination.

Note: Changes that do not materially alter the work shall not commence prior to Office determination of concurrence and such determination has been entered into the log.

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ARTICLE 5
APPEALS TO THE HOSPITAL BUILDING SAFETY BOARD

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7-171. …

7-173. Expedited appeals.

(a) Any facility or individual may elect an expedited procedure for the appeal of certain monetary penalties and regulatory decisions of the Office, under the purview of the Hospital Building Safety Board, including but not limited to monetary assessment pursuant to California Health and Safety Code Section 130061 (g) and appeals associated with suspension or revocation under Section 7-214 (d). If the appeal qualifies for an expedited procedure the following process shall apply:

1. Within 10 business days of the ruling, order, decision or act of the Office acting within the scope of Division 107 of the Health and Safety Code, the appellant may file a written appeal to the Office specifying the matters which are disputed by the petitioner. Failure to file a written appeal within the time specified above constitutes a waiver of the petitioner's right to an expedited appeal on the matter.
2. A hearing on the appeal shall be held before a subcommittee of the Hospital Building Safety Board chosen by the Chairperson for this purpose. The subcommittee shall consist of two voting members of the Board selected as follows: (1) the Chairperson shall solicit a panel of volunteers from the Board membership available to participate in the appeal hearing; and (2) the Chairperson shall select two Board members from the volunteer panel to serve on the subcommittee. The petitioner shall be given written notice of the date, location, and time of the hearing at least 5 business days before the date of the hearing.
3. An appeal hearing conducted by the subcommittee shall not be conducted in accordance with strict rules of evidence or courtroom procedure. The subcommittee may accept any relevant evidence on which responsible persons are accustomed to rely in the conduct of serious affairs. The hearing shall be recorded by tape recorder. The appellant may, at his own expense, arrange for stenographic recording and transcription of the hearing(s). A copy of the recording or of the transcript, if made, shall be a public record available to any person upon request consistent with the requirements of the Public Records Act.
4. At the conclusion of the hearing, the subcommittee shall prepare a recommended decision which includes findings of fact, and explains the basis for the decision by the subcommittee. The Chairperson shall ensure that the recommended decision is placed on the agenda of an appropriate committee of the Hospital Building Safety Board for consideration at a publicly noticed meeting. At the public meeting, the committee may adopt the subcommittee's recommended decision, modify the decision, or reverse the decision. The decision of the committee shall be final upon announcement at the committee meeting.

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ARTICLE 19
CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORS

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7-214. Suspension or revocation of certification. ~~A Hospital Inspector Certificate issued by the Office may be suspended or revoked, by written notice from the Office, if the certificate holder: misrepresents or falsifies any facts presented to the Office, pursuant to these regulations; demonstrates incompetence while performing inspection duties; and/or demonstrates malfeasance, including but not limited to bribery, relating to the performance of inspection duties.~~

(a) A hospital inspector of record certification, issued by the Office, may be suspended or revoked, as determined by the Office. A certification may be suspended if: (a) the Office determines that one or more grounds for revocation exist and the immediate suspension of a certification is necessary for health and safety reasons, or (b) the Office determines that the suspension of a certification is appropriate based upon the evidence presented. Revocation of certification may occur when the Office determines that reasonable grounds exist.

The Office field staff or third parties may propose the suspension/revocation of a certification to the Office based on evidence of a certificate holder's misrepresentation(s), incompetence and/or malfeasance consistent with these regulations. The Office shall investigate the alleged misconduct of the certificate holder, gather evidence related to the incident(s) in question, and interview witnesses, if appropriate. Based upon consideration of the evidence presented, the Office shall determine whether or not reasonable grounds exist for the suspension/revocation of certification.

In the event that the Office determines that reasonable grounds exist for suspension/revocation, the Office will provide the certificate holder in question with an opportunity to participate in a formal interview and/or present additional evidence before a final determination is made. A formal interview may be conducted in person or by telephone. The Office shall make a final determination as to the suspension/revocation after considering all of the evidence on record, including the formal interview and/or any additional information submitted by the certificate holder. Written notification of the Office's final determination will be provided to the certificate holder within 15 days.

(b) **Suspension** is appropriate when: 1) a certificate holder negligently commits an act amounting to one or more grounds of revocation; 2) a certificate holder acts with negligence/incompetence in the performance of inspection duties; 3) the evidence demonstrates a single or isolated incident rather than a course of negligent/incompetent conduct on the part of the certificate holder in question; and/or 4) the Office determines that other factors, including but not limited to mitigating circumstances or facts relating to the certificate holder's course of conduct, support the suspension of certification in lieu of revocation.

A certification may be suspended for a minimum of one month to a maximum of eighteen months. The duration of suspension will be determined by the Office upon consideration of all of the evidence on record, and account for the severity of the action(s) constituting grounds for suspension.

(c) **Revocation** is appropriate when: 1) a certificate holder knowingly or willfully commits an act amounting to one or more grounds for revocation; 2) a certificate holder acts with gross negligence/incompetence in the performance of inspection duties; 3) the evidence demonstrates a history of repeated or continuous deviations from the general standard of care in the inspection industry; and/or 4) the Office determines that other factors, including but not limited to damages to third parties or facts related to the certificate holder's course of conduct, justify the revocation of the certification.

(d) **Appeal** of any suspension or revocation by the certificate holder may be made to the Hospital Building Safety Board pursuant to Article 5 of these regulations, including an expedited appeal as described in Section 7-173.