

A/E CERTIFICATION PROGRAM VERIFIED REPORT

This form shall be completed by the Architect or Structural Engineer in General Responsible Charge of the A/E certification program in accordance with DSA Alternate Certification Process Type E.

School District/Owner:	DSA File #: -
Project Name/School:	DSA App. #: -
Date Submitted:	

COMPLETE SECTIONS 1, 2, 3, 4 & 5 AND PROVIDE ALL REQUIRED DOCUMENTATION

1. REQUIRED DOCUMENTATION *The following documents must be included when submitting this form. Check all of the following boxes to acknowledge they are complete and included.*

<input type="checkbox"/>	Form DSA 311
<input type="checkbox"/>	Form DSA 312
<input type="checkbox"/>	Form DSA 313
<input type="checkbox"/>	Form DSA 168

2. REVIEW OF RECORDS *All of the following boxes must be checked indicating the tasks were completed.*

<input type="checkbox"/>	Plans, specifications and project file were requested from DSA.
<input type="checkbox"/>	All construction-related project documents were requested from the district.
<input type="checkbox"/>	All construction-related project documents were requested from the original design team, inspector and laboratory to the extent those parties are known and still in business.
<input type="checkbox"/>	All plans, specifications and documents made available from the above required document requests have been reviewed as part of this certification program.

3. TESTING AND INSPECTION PROGRAM *All of the following boxes must be checked indicating the tasks were completed.*

<input type="checkbox"/>	DSA has approved the post-construction evaluation program that was implemented.
<input type="checkbox"/>	At least one site visit for observations of existing construction and conditions was made by all persons signing this verified report.
<input type="checkbox"/>	Inspections (to the extent described in the DSA-approved post-construction evaluation program) have been performed by qualified personnel supervised by the persons signing this verified report.
<input type="checkbox"/>	Material and system testing (to the extent described in the DSA-approved post-construction evaluation program) have been performed by qualified personnel supervised by the persons signing this verified report.

4. FINDINGS REQUIRED TO BE RESOLVED *Check all applicable boxes. Leave blank if none are applicable.*

<input type="checkbox"/>	<p>Form DSA 313 shows evidence/knowledge of potential construction defects affecting (<i>check applicable boxes</i>)</p> <p><input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Accessibility</p> <p>The issues have been resolved or will be resolved as follows: (Use form DSA 211 to describe the issues & resolutions and attach to this form.)</p>
<input type="checkbox"/>	<p>The DSA-approved plans were available and the implementation of this program has resulted in knowledge that the as-built conditions are not in compliance with the DSA-approved plans as related to (<i>check applicable boxes</i>)</p> <p><input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Accessibility</p> <p>The issues have been resolved or will be resolved as follows: (Use form DSA 211 to describe the issues & resolutions and attach to this form.)</p>
<input type="checkbox"/>	<p>The DSA-approved plans were not available and the implementation of this program has resulted in knowledge that the as-built conditions are not in compliance with the California Building Codes in effect at the time the project was originally submitted to DSA as related to (<i>check applicable boxes</i>)</p> <p><input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Accessibility</p> <p>The issues have been resolved or will be resolved as follows: (Use form DSA 211 to describe the issues & resolutions and attach to this form.)</p>

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5. ARCHITECT/ENGINEER CERTIFICATION <i>All of the following boxes must be checked:</i>	
<input type="checkbox"/>	I am acting for the school district/state agency as the responsible design professional for all or portions of the certification program for this project as defined in DSA Alternate Certification Process E.
<input type="checkbox"/>	I have defined and supervised the post-construction evaluation program, as approved by DSA, for the portions of the certification program for which I am the responsible design professional.
<input type="checkbox"/>	I have performed my services consistent with the professional skill and care ordinarily provided by architects/engineers practicing the same discipline in the same or similar locality under the same or similar circumstances.
<input type="checkbox"/>	As related to Structural Safety: Except as marked in section 4, the as-built conditions are in essential compliance with the DSA-approved plans; or, if the approved plans were not available, the as-built conditions are in essential compliance with the California Building Codes in effect at the time the project was originally submitted to DSA.
<input type="checkbox"/>	As related to Fire/Life Safety: Except as marked in section 4, the as-built conditions are in essential compliance with the DSA-approved plans; or, if the approved plans were not available, the as-built conditions are in essential compliance with the California Building Codes in effect at the time the project was originally submitted to DSA.
<input type="checkbox"/>	As related to Accessibility: Except as marked in section 4, the as-built conditions are in essential compliance with the DSA-approved plans; or, if the approved plans were not available, the as-built conditions are in essential compliance with the California Building Codes in effect at the time the project was originally submitted to DSA.

<p><i>I declare that I am the design professional (architect) in responsible charge for the following portions of the certification program (check applicable boxes):</i></p> <p><input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Accessibility</p> <p><i>I declare under penalty of perjury that all applicable statements in this report are true.</i></p> <p>Signature _____</p> <p style="text-align: center;"><i>Responsible Design Professional (Architect)</i></p>			<p><i>(Affix Seal Here.)</i></p>
Architect Name:			
Email:			
Phone Number:			
Address:			
City:	State:	Zip:	

<p><i>I declare that I am the design professional (structural engineer) in responsible charge for the following portions of the certification program (check applicable boxes):</i></p> <p><input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Accessibility</p> <p><i>I declare under penalty of perjury that all applicable statements in this report are true.</i></p> <p>Signature _____</p> <p style="text-align: center;"><i>Responsible Design Professional (Structural Engineer)</i></p>			<p><i>(Affix Seal Here.)</i></p>
Structural Engineer Name:			
Email:			
Phone Number:			
Address:			
City:	State:	Zip:	

Submit completed form to the DSA Regional Office with construction oversight authority for the project.