

## A/E CERTIFICATION PROGRAM VERIFIED REPORT

Division of the State Architect (DSA) documents referenced within this publication are available on the [DSA Forms](#) webpage

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.

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

1. REQUIRED DOCUMENTATION <i>Complete sections 1, 2, 3, 4 &amp; 5 and provide all required documentation.</i>	
<i>The following documents must be included when submitting this form. Check all of the following boxes to acknowledge they are complete and included.</i>	
<input type="checkbox"/>	DSA 311: Request for Examination for Certification Using Education Code 17315(b)/81147(b)
<input type="checkbox"/>	DSA 312: Application for Approval of A/E Certification Program
<input type="checkbox"/>	DSA 313: DSA Report for A/E Certification Program
<input type="checkbox"/>	DSA 168: Statement of Final Actual Project Cost and Instructions

2. REVIEW OF RECORDS <i>All of the following boxes must be checked indicating the tasks were completed.</i>	
<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 <i>All of the boxes must be checked indicating the tasks were completed.</i>	
<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.

**A/E CERTIFICATION PROGRAM 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 style="text-align: center;"> <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: <i>(Use form DSA 211: Attachment for Addition Comments/Information to describe the issues and resolutions and attach to this form.)</i></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 style="text-align: center;"> <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: <i>(Use form DSA 211 to describe the issues and resolutions and attach to this form.)</i></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 style="text-align: center;"> <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:  <i>(Use form DSA 211 to describe the issues and resolutions and attach to this form.)</i></p>

**5. ARCHITECT/ENGINEER CERTIFICATION** *All of the following boxes must be checked:*

<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.

**A/E CERTIFICATION PROGRAM VERIFIED REPORT**

*I declare that I am the design professional (architect) in responsible charge for the following portions of the certification program.*

<b>ARCHITECT (In Responsible Charge)</b>		
Check all applicable boxes: <input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire and Life Safety <input type="checkbox"/> Accessibility		
Architect's Full Name:		
Work Email:	Work Phone:	
Work Address:		
City:	State:	Zip:

*I declare under penalty of perjury that all applicable statements in this report are true.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ARCHITECT LICENSE SEAL</b>	
Architect must affix License Seal on this form.	(Affix Seal Here.)

*I declare that I am the design professional (structural engineer) in responsible charge for the following portions of the certification program.*

<b>STRUCTURAL ENGINEER (In Responsible Charge)</b>		
Check all applicable boxes: <input type="checkbox"/> Structural Safety <input type="checkbox"/> Fire and Life Safety <input type="checkbox"/> Accessibility		
Structural Engineer's Full Name:		
Work Email:	Work Phone:	
Work Address:		
City:	State:	Zip:

*I declare under penalty of perjury that all applicable statements in this report are true.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>STRUCTURAL ENGINEER LICENSE SEAL</b>	
Structural Engineer must affix License Seal on this form.	(Affix Seal Here.)

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