

9557750: DT10 PICU CEILING TILE & BOOM REPLACEMENT

United States of America

UC Davis Health

4800 2nd Avenue, Sacramento, CA 95817, United States of America

Leila Couceiro | Contracts Manager | +1 916-734-5576 | lccouceiro@ucdavis.edu

Line Items

Description	Quantity	Unit Cost	Total Cost
-------------	----------	-----------	------------

LUMP SUM BASE BID:

\* Enter your Lump Sum Base Bid. Please round to the nearest whole dollar.

\$

COMPENSABLE DELAYS:

\* Bidder shall determine and provide the daily rate of compensation for any Compensable Delay caused by University at any time during the performance of the Work. Failure to fill in a dollar figure for the daily rate for Compensable Delay shall render the bid non-responsive. BuildingConnected will perform the extension of the daily rate (unit cost) times the multiplier (quantity).

30 × \$ /day -

Base Bid \$0

General Acknowledgments

Mark "yes" to all yes/no questions »

Bidder's Representations:

\* Bidder, represents that a) Bidder and all Subcontractors, regardless of tier, has the appropriate current and active Contractor's licenses required by the State of California and the Bidding Documents; b) it has carefully read and examined the Bidding Documents for the proposed Work on this Project; c) it has examined the site of the proposed Work and all Information Available to Bidders; d) it has become familiar with all the conditions related to the proposed Work, including the availability of labor, materials, and equipment; e) Bidder and all Subcontractors, regardless of tier, are currently registered with the California Department of Industrial Relations pursuant to California Labor Code Section 1725.5 and 1771.1. Bidder hereby offers to furnish all labor, materials, equipment, tools, transportation, and services necessary to complete the proposed Work on this Project in accordance with the Contract Documents for the sums quoted.

☐ Yes ☐ No

\* Bidder further agrees that it will not withdraw its Bid within sixty (60) days after the Bid Deadline, and that, if it is selected as the apparent lowest responsive and responsible Bidder, that it will, within 10 days after receipt of notice of selection, sign and deliver to University the Agreement in triplicate and furnish to University all items required by the Bidding Documents.

☐ Yes ☐ No

\* If awarded the Contract, Bidder agrees to complete the proposed Work within 545 days after the date of commencement specified in the Notice to Proceed.

☐ Yes ☐ No

Addenda:

\* Bidder acknowledges that it is Bidder's responsibility to ascertain whether any Addenda have been issued and if so, to obtain copies of such Addenda from University's Facility at the appropriate address stated on Page 1 of this Bid Form. Bidder therefore agrees to be bound by all Addenda that have been issued for this Bid.

☐ Yes ☐ No

LIST OF SUBCONTRACTORS:

\* Please confirm if Bidder will use Subcontractors for the Work. If "yes", provide in the spaces below (a) the name, the location of the place of business, and the California contractor license number of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement, or a subcontractor licensed by the state of California who, under subcontract to the prime contractor, specifically fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications, in an amount in excess of 1/2 of 1% of the prime contractor's total bid, (b) the portion of the work which will be done by each subcontractor. The prime contractor shall list only one subcontractor for each such portion as is defined by the prime contractor in its bid.

☐ Yes ☐ No

Subcontractor 1:

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

**9557750: DT10 PICU CEILING TILE & BOOM REPLACEMENT**

United States of America

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**Subcontractor 2:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 3:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 4:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

**9557750: DT10 PICU CEILING TILE & BOOM REPLACEMENT**

United States of America

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 5:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 6:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 7:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

Location of Business (City)

input response here

License No.

input response here

DIR Registration No.

input response here

Amount of Subcontract

\$

SBE

☐ Yes ☐ No

DVBE

☐ Yes ☐ No**SUBCONTRACTOR 8:**

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)

input response here

Name of Business

input response here

9557750: DT10 PICU CEILING TILE & BOOM REPLACEMENT

United States of America

Location of Business (City)	<input type="text" value="input response here"/>
License No.	<input type="text" value="input response here"/>
DIR Registration No.	<input type="text" value="input response here"/>
Amount of Subcontract	<input type="text" value="\$"/>
SBE	<input type="radio"/> Yes <input type="radio"/> No
DVBE	<input type="radio"/> Yes <input type="radio"/> No

SUBCONTRACTOR 9:

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)	<input type="text" value="input response here"/>
Name of Business	<input type="text" value="input response here"/>
Location of Business (City)	<input type="text" value="input response here"/>
License No.	<input type="text" value="input response here"/>
DIR Registration No.	<input type="text" value="input response here"/>
Amount of Subcontract	<input type="text" value="\$"/>
SBE	<input type="radio"/> Yes <input type="radio"/> No
DVBE	<input type="radio"/> Yes <input type="radio"/> No

SUBCONTRACTOR 10:

Portion of the Work Activity (e.g. Electrical, Mechanical, Concrete)	<input type="text" value="input response here"/>
Name of Business	<input type="text" value="input response here"/>
Location of Business (City)	<input type="text" value="input response here"/>
License No.	<input type="text" value="input response here"/>
DIR Registration No.	<input type="text" value="input response here"/>
Amount of Subcontract	<input type="text" value="\$"/>
SBE	<input type="radio"/> Yes <input type="radio"/> No
DVBE	<input type="radio"/> Yes <input type="radio"/> No

Total percentage of bid amount to be performed by SBEs and DVBEs:

\* Please enter percentage

%

Certifications

BIDDER INFORMATION:

* Type of Organization (Corporation, Partnership, Individual, Joint Venture, etc.)	<input type="text" value="input response here"/>
* IF A CORPORATION, the corporation is organized under the laws of the State of	<input type="text" value="input response here"/>
* Name of President of the Corporation	<input type="text" value="input response here"/>

## 9557750: DT10 PICU CEILING TILE & BOOM REPLACEMENT

United States of America

\* Name of Secretary of the Corporation

If A Partnership, names of all General Partners

### CALIFORNIA CONTRACTORS LICENSE(S):

\* Classification

\* License Number

\* Expiration Date

For Joint Venture, list Joint Venture's license and licenses for all Joint Venture partners.

### DIR REGISTRATION:

\* Registration Number

\* Expiration Date

### DECLARATION:

\* I hereby declare that I am duly authorized to execute this Bid Form on behalf of Bidder; and that all information set forth in this Bid Form and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date. I further declare that this bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding;

☐ Yes ☐ No

\* (CONT.) that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

☐ Yes ☐ No

\* I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed at the electronic submission of this Bid.

☐ Yes ☐ No

### Disclaimers and Clarifications

NOTE: Bid Bond must be uploaded as an attachment. Original Bid Bond must be delivered to FP&D office within 24 hours of bid opening. Please print and signed (DocuSign or wet signature) the Bid Form and return to the Contracts Administrator within 24 hours of bid opening. Failure to do so will result in the Bid being rejected as non-responsive.

COMPENSABLE DELAYS: The daily rate shown above will be the total amount of Contractor entitlement for each day of Compensable Delay caused by University at any time during the performance of the Work and shall constitute payment in full for all delay costs, direct or indirect, of the CM/Contractor and all subcontractors, suppliers, persons and entities under CM/Contractor on the Project, including without limitation all subcontractors added by Contract Amendment. The number of days of Compensable Delay shown as a "multiplier" above is not intended as an estimate of the number of days of compensable delay anticipated by the University. The University will pay the daily rate of compensation only for the actual number of days of Compensable Delay, as defined in the General Conditions; the actual number of days of compensable delay may be greater or lesser than the multiplier (Quantity) shown above.

SELECTION OF APPARENT LOW BIDDER: Refer to the Instructions to Bidders for basis of selection of apparent low bidder.

### Attachments

[+ upload files](#)

**EXHIBIT 12**  
**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

*This document summarizes the Builder's Risk policy and is not intended to reflect all the terms, conditions, or exclusions of such policy as of the effective date of coverage. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the listed policy. The actual insurance policy defines all the terms, exclusions and conditions of coverage, and not this summary. Should any ambiguities or conflicts between the summary and policy exist, the policy terms and conditions will apply.*

*Some projects may be excluded and/or must be underwritten separately and may be subject to different rates, deductibles, and terms and conditions (see end of summary). **Therefore, this document should be used as a guideline only.***

**INSURANCE COMPANY:** Liberty Mutual Fire Insurance Company

**BEST'S RATING:** A XV

**NAMED INSURED:** The Regents of the University of California

**INSURING AGREEMENT**

This Policy, subject to the Limit of Liability and the terms, conditions, and limitations contained herein or endorsed hereon, insures against all risks of direct physical loss or damage to Covered Property while at the construction site, stored off-site, or in the course of transit within this policy's territory and occurring during the period of insurance of this policy.

**LIMITS OF LIABILITY**

**SCHEDULE OF LIMITS**

This Company shall not be liable for more than the Limit of Liability, as stated in Confirmation of Coverage, in any one Occurrence for any one Insured Project, subject to the following limits and sublimits:

**MASTER POLICY LIMITS, BY CONSTRUCTION CLASS**

\$200,000,000 per project, per occurrence; except,  
\$ 25,000,000 per project, Joisted Masonry construction  
\$ 10,000,000 per project, Wood Frame construction

**NOTE:** *The total estimated construction cost is estimated through project completion and reported on the original Builder's Risk Insurance Application. This Limit of Liability will correspond with the total estimated construction cost as shown on the original Builder's Risk Insurance Application. If the construction costs should increase, the Limit of Liability should be subsequently increased, once advance notice has been given to Alliant Insurance Services, Inc. by the University's representative.*

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**KEY SUBLIMITS (Per Occurrence unless otherwise stated):**

1. \$10,000,000 for **Wood Frame Construction**
2. \$25,000,000 for **Joisted Masonry Construction**
3. \$25,000,000 as respects **Demolition and Increased Cost of Construction**
4. \$5,000,000 as respects **Expediting Expense, Contractor's Extra Expense**, General Conditions Expense / \$500,000 Owner's Extra Expense / \$100,000 Infrastructure Extra Expense
5. \$10,000,000 as respects **Temporary Offsite Location** (per location)
6. \$10,000,000 as respects **Transit** (Inland only)
7. \$15,000,000 as respects **Debris Removal**
8. \$1,000,000 as respects **Construction Documentation, Valuable Papers and Records**
9. \$5,000,000 as respects **Design Professional Fees**
10. \$1,000,000 as respects **Claims Preparation Expenses**
11. \$1,000,000 as respects **Crane Re-Erection Expense**
12. \$500,000 as respects **Scaffolding, Forms and Falsework Re-Erection Expense**
13. \$500,000 as respects **Pollution Cleanup and Decontamination** (Per project aggregate)
14. \$750,000 as respects **Fire Protection Equipment Refills**
15. \$500,000 as respects **Governmental Authority Protection Services**
16. \$500,000 as respects **Fungus, Wet Rot, Dry Rot or Bacteria**
17. \$2,000,000 as respects **Preservation of Property Protection Expense – 30 Days**
18. \$50,000 as respects **Reward Payment**
19. Included for 30 Days as respects **Hot Testing**
20. No sublimit as respects **Off Premises Service Interruption – Direct Damage**
21. No Sublimit as respects **Green/LEED Rating System**
22. No Sublimit for **Landscaping Materials**
23. No Sublimit as respects **Water Damage (Includes Frost, Freeze, Falling of Ice)**
24. \$500,000 as respects **Flood (Zone A, AE, V, D)**
25. \$750,000 as respects **Flood (Zone B, X500, X-Shaded)**
26. \$1,000,000 as respects **Flood (Zone C, X, X-Unshaded)**

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**TERMS AND CONDITIONS**

**NAMED INSURED**

The Regents of the University of California and all affiliated and subsidiary companies, corporations, ventures, partnerships or other organizations, all owned, controlled or managed by the Named Insured and all as now exist or may hereafter be constituted or acquired.

**ADDITIONAL INSUREDS**

Except noted above, this Policy recognizes owners, contractors, subcontractors of any tier, architects, engineers, and any other individual or entity, all as required by contract documents or subcontract documents executed with respect to the insured project prior to the date of loss or damage to covered property as an Additional Insured, and then only as to their respective financial interest in the coverage property.

Notwithstanding the foregoing sentence, architects, engineers, manufacturers and suppliers shall only be Additional Insureds with respect to their activities at the insured project location.

**ATTACHMENT/TERMINATION**

Insurance hereunder applies to all projects specifically declared under the Master Policy in a Quarterly Report Endorsement, where the project is scheduled to begin during the term of the Master Policy. The Master Policy term commences on September 1, 2025, at 12:01 AM and ends on September 1, 2028, at 12:01 AM.

Coverage for each Insured Project declared under the Master Policy will go into effect and continue in full force and effect during the Coverage Period specified in the Confirmation of Coverage.

***NOTIFICATION OF COVERAGE/TERMINATION:*** *The Confirmation of Coverage period will correspond with the earliest estimated Notice to Proceed date for any construction phase and estimated Notice of Final Completion date as indicated on the original Builder's Risk Insurance Application. If construction is not completed on time and coverage beyond the previously reported estimated Notice of Final Completion date is required, prior notification must be given to Alliant Insurance Services, Inc. by the University Representative in order to ensure that coverage remains in force for the project.*

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**DEDUCTIBLES**

(Basis for determining deductible is the total project contract value for all construction phases, estimated through project completion.)

**All Other Perils and Water Damage Deductibles (based on Total Project Value)**

<b>Deductible</b>	<b>All Other Perils</b>	<b>Water Damage</b>
\$10,000	<ul style="list-style-type: none"> <li>• Fire Resistive, Non-Combustible-NOC, Masonry Non-Combustible projects ≤\$25,000,000</li> <li>• Joisted Masonry projects ≤\$15,000,000</li> <li>• All JOC's</li> </ul>	<ul style="list-style-type: none"> <li>• All JOC's</li> </ul>
\$25,000	<ul style="list-style-type: none"> <li>• Wood Frame projects ≤\$2,000,000</li> <li>• Fire Resistive, Non-Combustible-NOC, Masonry Non-Combustible including cleanrooms ISO class 5-9 projects &gt;\$25,000,000 and ≤\$200,000,000</li> </ul>	N/A
\$50,000	<ul style="list-style-type: none"> <li>• Wood Frame projects &gt;\$2,000,000 and ≤\$10,000,000</li> <li>• All Site Work Only (Outdoor Infrastructure / Utility / Hardscape / Landscape) projects</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Resistive, Non-Combustible- NOC, Masonry Non-Combustible projects &gt;\$5,000,000 and ≤\$25,000,000</li> <li>• Fire Resistive, Non-Combustible-NOC, Masonry Non-Combustible including cleanrooms ISO class 5-9 projects &gt;\$25,000,000 and ≤\$50,000,000</li> <li>• Wood Frame projects ≤\$10,000,000</li> <li>• Joisted Masonry projects ≤\$15,000,000</li> <li>• All Site Work Only (Outdoor Infrastructure / Utility / Hardscape / Landscape) projects</li> </ul>
\$100,000	<ul style="list-style-type: none"> <li>• Hot testing (applicable for projects ≤ \$100,000,000 only)</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Resistive, Non-Combustible-NOC, Masonry Non-Combustible including cleanrooms ISO class 5-9 projects &gt;\$50,000,000 and ≤\$200,000,000</li> <li>• Hot testing (applicable for projects ≤ \$100,000,000 only)</li> </ul>

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**Flood Deductibles**

<b>Deductible</b>	<b>Flood Zone</b>
5% VARTOL*/minimum \$250,000	Zone A, AE, V, D
2.5% VARTOL*/minimum \$250,000	Zone B, X500, X-Shaded
\$100,000	Zone C, X, X-Unshaded

\*VARTOL- Value at risk at time of loss

**Windstorm Deductible**

<b>Deductible</b>	<b>Project</b>
\$100,000	All Projects

**NOTE:** Based on UC's construction contracts, the General Contractor is responsible for the deductibles.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**KEY EXCLUSIONS**

**KEY PROPERTY NOT COVERED**

Covered property does not include:

1. Land and land values and the value of cut, fill and backfill materials existing at the location of the insured project prior to project commencement. However, the following are covered to the extent identified in the contract documents and included in the Total Project Value:
  - Fill and backfill materials purchased for use in the completion of the insured project; and
  - Labor and material charges incurred to excavate land and to move, remove, place or otherwise handle cut, fill and backfill materials, whether such materials are insured or uninsured.
2. Any part of contractor's equipment including, tools, machinery, hoists, jacks, lifts, cranes or property of similar kind not intended to become a permanent part of the insured project;
3. Vehicles and equipment licensed for highway use, rolling stock, aircraft or watercraft;
4. Water, other than water that is contained within any enclosed tank, piping system, or any other processing equipment; standing timber including undisturbed natural wooded areas; growing crops; or animals;
5. Accounts, bills, currency, stamps, evidence of debts, checks, money, securities, precious metals, precious stones or other property of a similar nature;
6. Existing real property;
7. Property at a project site that stores, processes, handles or makes use of radioactive materials; however, this does not apply to project site making use of radioactive isotopes contained within equipment used for diagnostic or testing purposes;
8. Roadways, sidewalks or other paved or concrete surfaces at the project site that existed prior to the beginning of the Insured project;
9. Contraband or property in the course of illegal transportation or trade; or
10. Overhead transmission, distribution or communications lines, and their supporting structures, except to the extent identified in the contract documents and included in the total estimated construction cost.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**KEY EXCLUDED CAUSES OF LOSS**

1. This policy will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage, even if such other cause or event would otherwise be covered. These exclusions apply whether or not the loss event results in widespread damage or affects a substantial area:

**a. Governmental Action**

Seizure, confiscation, expropriation, nationalization or destruction of property by order of governmental authority.

This exclusion does not apply to seizure or destruction of property by order of governmental authority taken at the time of a fire to prevent its spread.

**b. Nuclear Hazard**

Nuclear reaction or radiation, or radioactive contamination, however caused, except as provided under Section E., Coverage Extensions, Radioactive Contamination. But if Nuclear reaction or radiation, or radioactive contamination results in fire, this policy will pay for the direct loss or damage caused by that fire.

**c. Ordinance or Law**

(1) The enforcement of or compliance with any ordinance or law:

- (a) Regulating the construction, use or repair of any property; or
- (b) Requiring the tearing down of any property, including the cost of removing its debris.

(2) This exclusion applies whether the loss or damage results from:

- (a) An ordinance or law that is enforced even if the property has not been damage; or
- (b) The increased costs incurred to comply with an ordinance or law in the course of construction, repair, renovation, remodeling or demolition of property, or removal of its debris, following a physical loss to that property.

This exclusion applies, except as provided under Section E., Coverage Extension, Ordinance or Law.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**d. War and Military Action**

War and military action, meaning:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority by hindering or defending against any of these.

**2. We will not pay for:**

**a. Consequential Loss**

Loss, damage, cost or expense caused by, resulting from, or attributable to any of the following:

- (1) Loss of market or loss of use;
- (2) Liquidated damages, performances penalties or penalties for non-completion, except as provided under Section E., Coverage Extensions, Contract Penalties;
- (3) Non-Compliance with contract conditions;
- (4) Delay in completion of construction, except as provided under Time Element coverage, if endorsed to this Policy; or
- (5) Re-Sequencing or inefficiencies of construction activities.

**b. Cracking and Settling**

Loss or damage caused by, resulting from or attributable to normal or expected subsidence, settling, cracking, expansion, contraction or shrinkage of walls, floors, ceilings, buildings, foundations, patios, walkways, driveways or pavements.

But if loss or damage caused by a covered cause of loss results, we will pay for the resulting loss or damage caused by that covered cause of loss.

**c. Disappearance or Shortage**

Missing property when the only proof of loss is unexplained or mysterious disappearance of covered property, or shortage of property discovered on taking inventory, or any other instance where there is no physical evidence to show what happened to the covered property. This exclusion does not apply to covered property in the custody of a carrier for hire.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**d. Dishonest Acts**

Loss or damage caused by or resulting from fraudulent, dishonest or criminal acts of any Insured or any of the Insured's partners, officers, directors, trustees, managers, employees (including leased or temporary employees) or others to whom the property is entrusted, except as provided under Section E., Coverage Extensions, Dishonest Acts.

This exclusion does not apply to:

- (1) Acts of destruction committed by the Insured's employees (including leased or temporary employees); or
- (2) Covered property in the custody of any carrier for hire or anyone claiming to be a carrier for hire at the time the property is entrusted to them.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons, or whether such acts occur during the hours of employment.

**e. Electronic Vandalism, Defects or Errors**

Loss or damage to electronic hardware, software, programs or data caused by or resulting from:

- (1) Computer virus;
- (2) Willful or malicious electronic alteration, manipulation, tampering, or destruction by authorized or unauthorized users;
- (3) Failure, malfunction, deficiency, deletion, errors, or omissions in: (a)  
Programming;  
(b) Instructions to a machine; or  
(c) Installation or maintenance of electronic hardware; or
- (4) Mysterious disappearance of code;

Except as provided by Section E. Coverage Extensions, Electronic Vandalism.

But if loss or damage caused by a specified cause of loss results, this policy will pay for the resulting loss or damage caused by that specified cause of loss.

**f. Expected, Preventable or Accumulated Losses**

Loss or damage caused by or resulting from wear and tear, deterioration, inherent vice, hidden or latent defect, corrosion, rust or dampness or dryness of the atmosphere.

But if loss or damage caused by a covered cause of loss results, this policy will pay for the resulting loss or damage caused by that covered cause of loss.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**g. Faulty, Inadequate or Defective Workmanship or Design**

Loss, damage, cost or expense caused by or resulting from faulty, inadequate or defective: (1)

Planning, zoning, development, surveying, siting;

(2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading or compaction;

(3) Materials used in repair, construction, renovation, remodeling, grading or compaction; or

(4) Maintenance;

Of part or all of any property on or off the project site described in the Declarations.

But if loss or damage caused by a covered cause of loss results, this policy will pay for the resulting loss or damage caused by that covered cause of loss. However, in no event this policy will pay for the covered property that was faulty or defective; the costs or expense to improve or redesign the original materials; supplies, designs, plans or specifications; or to improve workmanship.

The mere existence of any faulty, inadequate or defective conditions listed in paragraphs g. (1). Through g. (4)., above is not direct physical loss or damage.

**h. Fines or Penalties**

Fines or penalties imposed on the Insured at the order of any government agency, court or other authority.

**i. Fungus, Wet Rot, Dry Rot or Bacteria**

Loss or damage consisting of, directly or indirectly caused by, contributed to or aggravated by the presence, growth, proliferation, spread or any activity of fungus, wet rot, dry rot or bacteria, including any expense to remediate the presence or effects of any of the foregoing.

But if Fungus, wet or dry or bacteria result in a covered cause of loss, this policy will pay for the loss or damage caused by that covered cause of loss.

This exclusion does not apply:

(1) When fungus, wet or dry rot or bacteria result from fire or lightning; or

(2) To the extent that coverage is provided under Section E., Coverage Extensions, Fungus, Wet Rot, Dry Rot or Bacteria, with respect to loss or damage by a cause of loss other than fire or lightning.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**j. Pollutants**

Loss, damage, cost or expense caused by or resulting from the actual, alleged or threatened discharge, dispersal, seepage, migration, release, or escape of pollutants, unless the discharge, dispersal, seepage, migration, release, or escape is directly caused by a specified cause of loss.

But if the discharge, dispersal, seepage, migration, release, or escape of pollutants results in a specified cause of loss, this policy will pay for the loss or damage caused by that specified cause of loss.

This policy will also not pay for loss, damage, cost or expense arising out of any request, demand, order or statutory or regulatory requirement that requires any Insured or others to test for, monitor, cleanup, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of pollutants.

**k. Landscaping Materials**

Insurance Company will not pay for direct physical loss or damage to landscaping materials caused by or resulting from:

- a. Infestation, disease, freezing, drought, lack of moisture, hail or weight of ice or snow;  
or
- b. Insects, vermin, rodents or animals.

**l. Terrorism:** Coverage has not been endorsed to this policy.

**m. Damage to Existing Property:** Coverage has not been endorsed to this policy.

**n. Delay in Completion:** Coverage has not been endorsed to this policy.

**o. Earth Movement –** Coverage has not been endorsed to this policy.

**p. Flood –** Coverage has not been endorsed to this policy.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**SELECT EXTENSIONS OF COVERAGE**

**1. Expediting and Contractor's Extra Expense**

- a. In the event of direct physical loss or damage to covered property caused by or resulting from a covered cause of loss, this Company will pay for the reasonable and necessary:

- (1) Expediting expenses, including:

- (a) Wages for overtime, night work, and work on public holidays;
- (b) Extra costs of express freight or other rapid means of transportation; and
- (c) Extra costs of rental equipment;

Which are necessary to make temporary repairs or to expedite the permanent repair or replacement of the covered property sustaining such loss or damage;

- (2) Owner's Extra Expense; and

- (3) Contractor's extra expense and general conditions expense in excess of the total expense that would normally have been incurred during the period of time required to repair or replace covered property with reasonable speed and similar quality for the purpose of continuing the scheduled progress of undamaged work, and only to the extent such expenses are necessary to continue as nearly as practicable the normal operation of the work in progress.

**2. Demolition and Increased Cost of Construction**

- a. In the event of direct physical loss or damage caused by a covered cause of loss to a building or structure that is covered property, the Company will pay for the:

- (1) Cost to demolish and clear the project site of the undamaged portion of the constructed, erected or installed covered property as a consequence of a requirement to comply with an ordinance or law that required demolition of such undamaged property;
- (2) Cost for recycling debris from the undamaged portion of the constructed, erected or installed covered property at a recycling facility, including the associated transportation costs, when those costs are incurred as a result of the demolition of the undamaged portion of the constructed, erected or installed covered property as a consequence of a requirement to comply with an ordinance or law that requires demolition of such undamaged property;
- (3) Increase costs incurred by the Insured to repair, rebuild or replace the damaged and undamaged portions of that covered property for the same intended use as per the written contract in place at the time of direct physical loss or damage when the increased cost is a consequence of a requirement to comply with the minimum standards of an ordinance or law; and

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

- (4) Loss to the undamaged portion of the constructed, erected or installed covered property as a consequence of a requirement to comply with an ordinance or law that requires demolition of undamaged parts of the same building.

Any income generated from debris recycling will reduce the Company loss payment. b. We

will not pay under this Ordinance or Law Coverage Extension for:

- (1) Costs associated with the enforcement of any ordinance or law which required any Insured or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants, fungus, wet rot, dry rot or bacteria;
- (2) Enforcement of any ordinance or law which required the demolition, repair, replacement, reconstruction, remodeling, or remediation of property due to contamination by pollutants or due to the presence, growth, proliferation, spread or any activity of fungus, wet rot, dry rot or bacteria; or
- (3) Costs to comply with any ordinance or law that was required to be complied with in the absence of the loss or damage.

**3. Preservation of Property Protection Expense**

- a. If in the event of actual or imminent physical loss or damage to covered property caused by a covered cause of loss, this policy will pay for the reasonable and necessary expenses incurred by the Insured to protect the covered property by:
  - (1) Removing it from the project site or a temporary offsite location;
  - (2) Storing it away from the project site or a temporary offsite location for up to the number of days shown in the Builder's Risk Coverage Extensions Supplemental Declarations from the date it was first moved; and
  - (3) Returning it to the project site or temporary offsite location after the threat of actual or imminent loss or damage has passed.
- b. This policy will reimburse the Insured for the reasonable and necessary expenses to protect covered property at the project site or temporary offsite location from actual or imminent physical loss or damage from fire, named storm or flood that has been forecast by the National Weather Service or the U.S. Army Corps of Engineers, but only if coverage is provided under this Policy for that cause of loss.

The Insured must keep a record of the expenses incurred. No

Deductible applies to this Coverage Extension.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**4. Construction Documentation, Valuable Papers and Records**

Subject to the stated sublimit, this Policy is extended to cover direct physical loss or damage to construction documentation, valuable papers, and records caused by a covered cause of loss.

This Company will value construction documentation, valuable papers, and records at the full cost necessary to research and reproduce the lost construction documentation, valuable papers, and records, plus the cost of the blank materials on which it resides. However, this company will only pay for costs of research and reproduction if the Insured reproduces the construction documentation, valuable papers, and records.

**5. Crane Re-Erection Expense**

If a tower or pole crane is lost or damaged by a covered cause of loss at the project site, this policy will pay the reasonable and necessary costs incurred by the Insured to re-erect a tower or pole crane necessary to complete the insured project. However, this policy will not cover any loss or damage to the tower or pole crane itself, unless such tower or pole crane is scheduled on a Contractor's Equipment Coverage endorsement, attached to this Policy.

**6. Scaffolding, Forms or Falsework Re-Erection Expense**

If scaffolding, forms or falsework covered under this policy is lost or damaged by a covered cause of loss at the project site, the Insurance Company will pay the reasonable and necessary costs incurred by the insured to re-erect scaffolding, forms or falsework necessary to complete the insured project.

**7. Debris Removal**

Subject to the Sublimit of Liability, in the event of direct physical loss or damage by a covered cause of loss occurs to covered property, this policy will pay:

- a. The cost the Insured incurs to demolish, clear and remove debris of covered property, including such property while in transit or at a temporary offsite location; and
- b. The reasonable and necessary expense incurred by the Insured for:
  - (1) Recycling debris of covered property at a recycling facility, including the associated transportation costs; and
  - (2) Removing debris of uncovered property from the project site.

The expenses will be paid only if reported to the Company in writing within three hundred sixty-five (365) days of the date of loss or damage.

Any income generated from debris recycling will reduce the Company loss payment

In no event will there be coverage under this Debris Removal Coverage Extension for any costs to:

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

- (1) Extract pollutants from land, water or debris;
- (2) Remove, restore, or replace polluted land or water; or
- (3) Transport, store, decontaminate or recycle contaminated debris.

**8. Design Professional Fees**

Subject to the stated sublimit, this policy will reimburse the first Named Insured for reasonable and necessary expenses incurred for design professional services to repair, rebuild or replace the lost or damage covered property to the original design, if it has been damaged by a covered cause of loss.

**9. Claims Preparation Expense**

This Company will reimburse you for the reasonable and necessary claim preparation expenses you incur in preparing claim information, when it's required, for the purpose of determining the amount of loss or damage prior to finalizing a claim adjustment.

- a. Claim preparation expense means the expenses incurred by the Insured for only the following:
  - (1) The Insured's employees to produce or certify any particulars or details contained within the Insured's books or documents, or such other proofs, information or evidence required by us;
  - (2) Taking inventory, conducting independent appraisals, or gathering and preparing other data to substantiate the amount of loss or damage; and
  - (3) Services provided by accountants, auditors, contractors, architects and engineers or other professionals solely for the purpose of determining the amount of loss or damage.
- b. Claim preparation expense does not mean the expenses incurred for:
  - (1) Negotiating or presenting any claim that we have disputed or denied;
  - (2) Attorneys, public adjusters, loss appraisers or loss consultants or their affiliates; (3) Examinations under oath, even if requested by this Company
  - (4) Travel; or
  - (5) Insurance brokers or insurance agents, or their affiliates, without our written consent prior to such expenses being incurred.

This Coverage extension does not apply until a claim for covered loss or damage to covered property has been submitted to and accepted by the Insurance Company. In the event that the amount of covered loss or damage does not exceed the applicable Deductible, no coverage will apply under this Coverage Extension.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**10. Fungus, Wet Rot, Dry Rot or Bacteria**

If fungus, wet rot, dry rot or bacteria is caused by or results from a covered cause of loss, other than fire or lightning, this Company will pay for:

- a. Direct physical loss or damage to covered property at the project site or a temporary offsite location caused by or resulting from fungus, wet rot, dry rot or bacteria, including the cost of removal of the fungus, wet rot, dry rot or bacteria; and
- b. The reasonable and necessary expenses to:
  - (1) Test for, monitor or assess the existence, concentration or effects of fungus, wet rot, dry rot or bacteria;
  - (2) Tear out and replace any part of covered property needed to gain access to the fungus, wet rot, dry rot or bacteria; and
  - (3) Clean up, remove or remediate fungus, wet rot, dry rot or bacteria.

The coverage described in paragraphs 9.a and 9.b, of this Coverage Extension only applies if the Insured takes all reasonable steps to save and preserve property from further loss or damage at the time of, and after the discovery of the fungus, wet rot, dry rot or bacteria.

If there is covered loss or damage to covered property, not caused by fungus, wet rot, dry rot or bacteria loss payment will not be limited by the terms of this Coverage Extension, except to the extent that fungus, wet rot, dry rot or bacteria, causes an increase in the loss. Any such increase in the loss will be subject to the terms of this Coverage Extension.

The most this Company will pay under this Coverage Extension is the Sub-Limit of Liability shown for Fungus, Wet Rot, Dry Rot or Bacteria. This is the most we will pay for the total of all loss or damage under this Coverage Extension, even if the fungus, wet rot, dry rot or bacteria continues to be present or active, or recurs, in a later Policy Term.

**11. Governmental Authority Protection Service Charges**

When the fire department, policy department or other governmental authority is called to save or protect covered property from a covered cause of loss at the project site or a temporary offsite location, this policy will pay the Insured's liability for service charges assessed that are:

- A. Assumed by written contract or written agreement prior to loss or damage; or
- B. Required by local ordinance, law or statute.

This policy will also pay for those costs incurred by the Insured's fire brigade to save or protect covered property from fire, but not including the costs to refill fire protective equipment.

The most this policy will pay for this Coverage Extension in any one occurrence, regardless of the number of responding departments or authorities or number of services performed, is the Sub-Limit of Liability shown for Government Authority Protection Service Charges.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

No Deductible applies to this Coverage Extension.

**12. Fire Protection Equipment Refills**

Insurance Company will pay the reasonable and necessary costs the Insured incurs to refill fire protection equipment which has been discharged accidentally or in the course of saving or protecting covered property from a covered cause of loss.

**13. Pollutant Clean-Up and Decontamination**

- a. This policy will pay the reasonable and necessary costs incurred by you to extract pollutants from land or water at the project site or a temporary offsite location if the discharge, dispersal, seepage, migration, release or escape of pollutants is directly caused by a covered cause of loss.
- b. When required by ordinance, law or regulation in effect at the time of loss or damage, this policy will pay the reasonable and necessary costs incurred by you to extract pollutants from debris at the project site or a temporary offsite location if the discharge, dispersal, seepage, migration, release or escape of pollutants is directly caused by a covered cause of loss.
- c. When paragraph a. above applies, this policy will also pay the Insured's reasonable and necessary costs incurred for:
  - (1) Restoring or replacing that contaminated land or water; and
  - (2) Testing performed in the course of extracting those pollutants from the land or water.
- d. When paragraph b. above applies, this policy will also pay the Insured's reasonable and necessary costs incurred for transporting that contaminated debris to a temporary storage or decontamination facility.

These costs will be paid only if they are reported to the Insurance Company in writing within one hundred eighty (180) days of the date on which the covered cause of loss occurs.

This Coverage Extension does not apply to any other costs to test for, monitor or assess the existence, concentration or effects of pollutants.

**14. Prevention of Access**

**Civil Authority / Ingress or Egress**

The Insurance Company will pay for the reasonable and necessary contractor's extra expense, owner's extra expense and general conditions expense incurred by the insured, in excess of the total expense that would normally have been incurred during the same period of time had no loss or damage occurred, for the purpose of continuing the scheduled progress of undamaged work, but only to the extent such expenses are necessary to continue as nearly as practicable the normal operation of the work in progress.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**Civil Authority**

When an order of civil authority restricts or prohibits access to the project site in response to direct physical loss or damage caused by a covered cause of loss to property not insured under this policy and located within 2-miles of the project site. Coverage begins 72-hours after the time of direct physical loss or damaged caused by a covered cause of loss.

**Ingress or Egress Coverage**

When ingress or egress to the project site by suppliers, contractors, or employees is physically obstructed due to direct physical loss or damage caused by a covered cause of loss to property not insured under this policy and located within 2-miles of the project site. Coverage begins 72-hours after the time of direct physical loss or damaged caused by a covered cause of loss.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**SELECTED GENERAL CONDITIONS**

**1. REQUIREMENTS IN CASE OF LOSS**

In the event of loss or damage to Insured Property the Insured shall: A.

Notify the police if a law may have been broken

- B. Give Insurance Company prompt notice of the loss or damage. Include a description of the property involved.
- C. As soon as possible, give the Insurance Company a description of how, when and where the loss or damage occurred.
- D. Take all reasonable steps to protect the Covered Property from further damage. E. Not voluntarily make a payment, assume any obligation, or incur any expense without our consent.
- F. Permit the Insurance Company to inspect the property.
- G. Submit to examinations under oath about any matter relating to this insurance of the claim.
- H. Send the Insurance Company a signed, sworn proof of loss containing the information they request to settle the claim, within 60-days after the Insurance Company's request.
- I. Immediately send the Insurance Company copies of any demands, notices, summonses or legal papers received in connection with the claim or suit.
- J. Cooperate with the Insurance Company in the investigation or settlement of the claim.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**2. VALUATION**

1. Except as provided in paragraphs 2., 3., and 4., below, the cost to repair, rebuild or replace covered property by the Insured as the time of direct physical loss or damage will be based on the following:

- A. Direct payroll cost for labor directly chargeable and related to the repair, rebuild or replacement of the damaged covered property;
- B. Contractors' profit, overhead charges and construction management fees as included in the original contract, or in any subsequent change order contract, as applicable;
- C. Expenses for the dismantling, transportation and reassembly of damaged covered property;
- D. General conditions expense; and
- E. Property under construction at the Insured's cost.

For a green building, the valuation will include applicable green standards in force at the time of loss or damage in the cost to repair, rebuild or replace the lost or damaged green building. If applicable green standards, or equivalent standards, are not available, this policy will replace the lost or damaged green building with construction materials and equipment of like kind and quality.

2. Property under construction owned by others at the lesser of the following:

- a. The cost to repair, rebuild or replace property under construction at the time of direct physical loss or damage with materials of like kind and quality; or
- b. The amount the Insured is legally obligated to pay for direct physical loss or damage by reason of the Insured's assumption of liability for such loss or damage in written agreement executed prior to the loss or damage of that property.

3. Property under construction owned by the Insured that was refurbished, reconditioned or recertified, at the lesser of the cost to repair or replace the property under construction or the price which that property might be expected to realize if offered for sale in a fair market on the date of loss or damage.

4. Landscaping materials at the cost to repair or replace landscaping materials at the time of direct physical loss or damage with readily available commercial nursery stock.

5. Office contents, other than the contents of construction trailers, at a temporary offsite location, at the cost to repair or replace the covered property at the time of direct physical loss or damage with similar property intended to perform the same function. Office contents not replaced will be valued at actual cash value, at the time and place of loss or damage.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

Insurance provided for office contents while at a temporary offsite location, is excess over any other valid and collectible insurance available to the owner of such property.

6. Property in transit at the invoice cost of the lost or damaged covered property plus accrued shipping charges less shipper's liability, if any.

**3. INCREASED HAZARD**

If the circumstances in which this insurance was entered into are altered, or if the risk materially increases, the Insured shall give notice in writing to the Insurance Company within thirty (30) days of the Insured's knowledge of the same.

**4. OTHER INSURANCE**

1. This insurance is primary, except when paragraphs 2., 3., or 4, below apply.
2. This insurance is excess over any underlying insurance, including any insurance that you purchased for all or any part of a Deductible in this Policy. The existence of underlying insurance shall not prejudice the Insured's rights under this Policy. The Deductible and any amount paid under such underlying insurance will apply to the applicable Deductible under this policy.
3. To the extent others are responsible for loss of or damage to covered property while in transit under terms Free on Board, this insurance will be excess insurance and will not contribute with such other insurance.
4. If there is other insurance, whether purchased by the Insured or others, subject to the same plan, terms, conditions and provisions as the insurance provided under this Policy, the Company will pay their share of the covered loss or damage. The company share is the proportion that the applicable Limit of Liability or Sub-Limit of Liability under this Policy bears to the sum of all the Limits of Liability or Sub-Limits of Liability covering on the same basis.

Insured can purchase excess insurance commencing on or after the inception of this Policy that is specifically excess over the Limit of Liability or Sub-Limits of Liability under this policy without prejudice to this Policy. The existence of such insurance shall not reduce any liability under this policy.

**5. PERMISSION TO OCCUPY IS GRANTED**

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**SELECTED DEFINITIONS**

The following terms have been defined in the policy – the policy definitions will be applied in the event of a loss.

**1. FLOOD:**

Flood means:

- (1) Surface waters; rising waters; storm surge; wave wash; waves; tsunami; tide or tidal water; the release of water, the rising, overflowing or breaking of boundaries of natural or man-made bodies of water; or the spray therefrom; all whether driven by wind or not;
- (2) Water or other material that backs up or overflows from any sewer, septic tank, sump or drain resulting *from any of the foregoing*; or
- (3) Mudslide or mudflow caused by or resulting from surface water, runoff or accumulation of water on or under the ground;

Regardless of any other cause or event, whether natural or man-made, contributing concurrently or in any other sequence of loss.

Loss or damage from flood associated with a storm or weather disturbance whether or not identified by name by any meteorological authority is considered to be flood within the terms of this Policy. However, physical loss or damage, from fire, explosion, theft or sprinkler leakage caused by flood will not be considered to be loss by flood within the terms and conditions of this Policy.

**2. POLLUTANTS:**

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to, lead, asbestos, PCB's, petroleum products, silica, smoke, vapor, soot, fumes, acids, alkalis, chemicals, and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

**3. EARTH MOVEMENT:**

- a. Earth movement means earthquake, landslide, subsidence or earth sinking (other than sinkhole collapse), rising or shifting of the earth, avalanche, whether natural or man-made, or volcanic eruption; regardless of any other cause or event contributing concurrently or in any other sequence of loss.

However, physical loss or damage, from fire, explosion, theft, sprinkler leakage, or flood caused by earth movement will not be considered to be loss by earth movement within the terms and conditions of this Policy.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**4. OCCURRENCE:**

Means all loss or damage attributable directly or indirectly to one (1) cause or series of similar causes. All such loss or damage will be added together and the total loss or damage will be treated as one (1) occurrence.

Unless otherwise amended by an endorsement attached to this Policy:

- a. All loss or damage resulting from a continuous flood event, irrespective of the amount of time or area over which such loss or damage occurs, will be considered a single occurrence.

All loss or damage from earth movement or named storm within the time period specified in the Occurrence Time Specifications shown on the Declarations will be considered a single occurrence. The first Named Insured may elect the point in time when the time period specified in the Occurrence Time Specifications begins.

An occurrence that commences during the Policy term will not be limited by the expiration of this Policy.

**5. WATER DAMAGE:**

All water damage excluding flood, however caused, whether by natural event or manmade, including but not limited to interior water damage, damage due to water from pipe breakage or sprinkler leakage, damage from rainfall and/or resulting runoff; all whether wind driven or not.

**6. TESTING:**

**COLD TESTING** - means testing, exclusive of Hot Testing as defined in this Policy, including but not limited to electrical, mechanical, hydraulic, hydrostatic and pneumatic testing and includes the testing of systems and equipment that are intended to service a building, such as boilers, chillers, pumps and similar equipment.

**HOT TESTING** – means the testing of machinery or equipment that will be used in manufacturing, processing or power generation operations, when such machinery or equipment involves the use of feedstock, fuel, catalysts or similar materials, for the purpose of simulating load, operating or production conditions to train personnel or to verify the machinery or equipment functions according to the design specifications. Hot testing does not mean electrical, mechanical, hydraulic, hydrostatic or pneumatic testing, including the startup and testing of systems and equipment that are intended to service a building, including boilers, chillers, pumps, and similar equipment.

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**  
**Master Builder's Risk Program**  
**Coverage Summary**

**Excluded Projects**

Examples of projects that may require separate underwriting, including (but not limited to):

• Wood Frame, Heavy Timber, CLT construction where the values are estimated to exceed \$5M by project completion date
• Joisted Masonry construction where values are estimated to exceed \$15M by project completion date
• Any Fire Resistive; Non-Combustible; or Masonry Non-Combustible construction where the values are estimated to exceed \$100M by project completion date
• Stand alone power generation, Utility plants, Co-Generation facilities, Waste water and Waste treatment facilities, etc. not contracted as part of a larger building project
• Stadiums
• Bridges
• Cleanroom construction (both new and renovation) of any size
• Directional drilling
• Gas turbines
• Any project involving prototypical design or the use of unproven technology
• Any project with hot-testing where the values are estimated to exceed \$100M by project completion date
• Projects with any other Construction Type, beyond Fire Resistive; Non-Combustible; Masonry Non- Combustible; Joisted Masonry; or Wood Frame, that are constructed of non-combustible materials or fire- resistive materials having a fire resistant rating of less than two hours

**SECTION 01 11 00**  
**SUMMARY OF THE WORK**

**PART I - GENERAL**

**1.01 SECTION INCLUDES**

- A. Description of the Work
- B. Contractor Warrants
- C. Contract Document Intent and Relationships
- D. University Furnished/Contractor Installed Products
- E. University Furnished/University Installed Products
- F. Concurrent Work Under Separate Contracts
- G. Site Condition Survey and Protection of Existing Improvements
- H. Contractor Use of Site and Premises
- I. University Beneficial Occupancy (if applicable)
- J. Project Phasing (if applicable)

**1.02 DESCRIPTION OF THE WORK**

- A. Project is titled: DT10 PICU CEILING TILE & BOOM REPLACEMENT
- B. University Project No.: 9557750
- C. Project is located at 2315 Stockton Boulevard, Sacramento, UC Davis Health, Sacramento, California, as shown on the vicinity map.
- D. Project consists of replacing twenty-four (24) existing overhead equipment booms; install twelve (12) surgical lights in tandem with booms arms; install wall mounted exam lights in the remaining twelve (12) locations; install new wall-mounted diagnostic boards in all twenty-four (24) rooms; replace tegular ceiling tiles with new cleanable lay-in acoustic tiles in twenty (20) rooms. The existing fire sprinkler heads will need to be replaced to accommodate the difference in height.
- E. A description of areas, types of construction and general nature of the Work are described on sheets G-001 through A-001.

The project will be completed in twelve (12) phases, two (2) rooms per phase. The unit will be occupied and in operation during construction.

- F. Build-out as shown and herein specified, complete and ready for occupancy, the following facility shown on the Contract Documents.
- G. Special Constraints and Criteria:
  - 1. Refer to Section 011400 Work Restrictions for dates and hours when the building is occupied and operational, and work-shift hour requirements and restrictions.
  - 2. Noise Mitigation shall be required when the building is occupied.
  - 3. Egress shall not be restricted or impacted unless scheduled when the building is not occupied.

#### 1.03 CONTRACTOR WARRANTIES

- A. Contractor warrants that it is skilled and experienced in the use and interpretation of Contract Documents such as those included in the bid documents for this Contract. The Contractor further warrants that it has carefully reviewed the Contract Documents for this Work and has found them to be free of ambiguities and sufficient for bid purposes.
- B. Contractor warrants that it has inspected the Project Site and based on these observations, has satisfied itself as to the nature and location of the Work; and any special conditions likely to be encountered at the site which may affect the performance of the Work.
- C. Contractor warrants that its bid is based solely on the Contract Documents provided, its own observations, and written explanations and interpretations obtained from University's Representative and not on any explanation or interpretation, oral or written, from any other source.

#### 1.04 CONTRACT DOCUMENT INTENT AND RELATIONSHIPS

- A. Contract Documents Intent: Provide all labor, material, equipment, tools, transportation, insurance, services, and all other requirements necessary to construct the project described in the Contract Documents.
- B. Relationship of Contract Documents: Drawings, Specifications and other Contract Documents in the Contract are intended to be complementary. What is required by one shall be as if required by all. What is shown or required, or may be reasonably inferred to be required, or which is usually and customarily provided for similar work, shall be included in the Work. For example, the drawings may not show every variation of an anchor clip that is required to support a curtain wall from its structural support; it can be reasonably inferred that variations of or additions to these clips are necessary to complete the installation of the working system and therefore all such clips are understood to be included in the Work.
- C. Discrepancies in Contract Documents: In the event of error, omission, ambiguity, or conflict in the Contract Documents, Contractor shall bring the matter to University's Representative's attention in a timely manner, for University's Consultant's determination and direction in accordance with provisions of the General Conditions of the Contract.
- D. Bidding and Contract requirements: Information for bidding, Conditions of the Contract and other Contract documents will be produced by University and may be included in the Contract Documents for convenience. Such documents are not Specifications. Specifications are found in Divisions 1 through 48 of the Contract, as listed in the Table of Contents of the Contract.

- E. Contract Drawings: The Drawings provided with and identified in the Contract are the Drawings referenced in the Agreement.
1. Drawings produced for this project may encompass Civil, Landscape, Architectural, Structural, HVAC, Plumbing, Piping, Fire Protection, and Electrical portions of the Work. Interior Design drawings may also be provided for product selection and installation information.
  2. The location, extent and configuration of the required construction and improvements are shown and noted on the Drawings. A list of Drawings is included in the Contract Documents.
  3. Drawings are arranged according to design discipline. Such organization and all references to trades, subcontractor, specialty contractor or supplier shall not control the Contractor in dividing the work among subcontractors or in establishing the extent of the work to be performed by any trade.
  4. Where the terms "as shown", "as indicated", "as noted", "as detailed", "as scheduled" or terms of like meaning, are used in the Drawings or Specifications, it shall be understood that reference is being made to the List of Drawings and the Specifications as bound in the Contract Documents.
  5. Where reference to the word "plans" is made anywhere in the Drawings, Specifications and related Contract Documents, it shall be understood to mean the Drawings listed in the List of Drawings.
- F. Contract Specifications: The Specifications provided as a part of the Contract Documents are the Specifications referenced in the Agreement.
1. The Specifications are organized by Division and Sections in accordance with recommended practice of the Construction Specifications Institute. Such organization shall not control the Contractor in dividing the work among subcontractors or in establishing the extent of the work to be performed by any trade.
  2. Specifications are included in the Contract, which also includes other Bidding and Contract Documents. Contents of the Contract are listed in the TABLE OF CONTENTS.
  3. Information for bidding, Conditions of the Contract and other Contract documents will be produced by University. Such documents are not Specifications. Specifications are found in Division 1 through 48 of the Contract.

#### 1.05 UNIVERSITY-FURNISHED, CONTRACTOR-INSTALLED (UFCI) PRODUCTS

- A. University-Furnished Products: University will furnish, for installation by Contractor, products which may be identified on the Drawings and in the Specifications as UFCI (University-Furnished/Contractor-Installed).
1. Twenty-four (24) Boom arms will be furnished by the University.
  2. Twelve (12) surgical lights will be furnished by the University.
  3. Twelve (12) wall mounted lights will be furnished by the University.

4. Twenty-four (24) diagnostic wall board sets will be furnished by the University.
  5. Twenty-four (24) timers will be furnished by the University.
- B. Relationship to Work Under the Contract: Work under the Contract shall include all provisions necessary to fully incorporate such products into the Work, including, as necessary but not limited to: fasteners, backing, supports, piping, conduit, conductors, and other such provisions from point of service to point of connection, and field finishing, as shown on the Drawings and/or Specified herein. See Section 013100 - COORDINATION for additional requirements.
- 1.06 UNIVERSITY-FURNISHED, UNIVERSITY-INSTALLED (UFUI) PRODUCTS – NOT USED
- 1.07 CONCURRENT WORK UNDER SEPARATE CONTRACTS - NOT USED
- 1.08 SITE CONDITION SURVEY & PROTECTION OF EXISTING IMPROVEMENTS
- A. Site Condition Survey: Prior to commencing work, the Contractor, University's Representative and other University representatives shall tour the Project site together to examine and record the existing condition of site, adjacent buildings, and improvements. This record shall serve as a basis for determination of damage (if any) due to the construction process. The record shall be signed by all parties participating in the tour.
  - B. Protection of Existing Improvements: Locate all known existing utilities prior to proceeding with construction. Existing utilities shall be kept in service where possible and protected by the Contractor from damage. If any structure or utility is damaged, take immediate action to ensure the safety of persons and University property and effect repair. If previously undiscovered structures or utilities are encountered, request University's Representative to provide direction on how to proceed with the work. Cracks, sags or damage to adjacent structures or improvements not noted in the original survey shall be reported to University's Representative.
  - C. University does not normally charge for its shutdown support services. However, if poor planning or execution of a shutdown by Contractor causes excessive time and effort for University, University reserves the right to back charge Contractor for additional work.
- 1.09 CONTRACTOR USE OF SITE AND PREMISES
- A. Site Access: Limit access to site as indicated on the drawings. If routes and access points are not indicated, access shall be as directed or approved by University's Representative.
  - B. Hours of Operation: Construction activities are limited to the hours of 7:00 a.m. to 5:00 p.m., Monday through Friday. Prior University approval is required for Contractor construction work at any other time or day.
  - C. Construction Limit: Limit construction activities to areas indicated on Drawings as Project Area or, if not indicated, to areas immediately adjacent to buildings and as necessary for immediate construction or utility services and sitework, See Section 015100 - TEMPORARY UTILITIES for additional requirements.
  - D. Utility Outages and Shutdowns: Schedule utility outages and shutdowns to times and dates acceptable to University's Representative. Duration of outages and shutdowns shall

not hinder University normal business operations. Provide fourteen (14) calendar days' notice of all utility outages and shutdowns.

1.10 UNIVERSITY BENEFICIAL OCCUPANCY

A. The following portions of the Work are designated for occupancy by University as indicated.

1. Each phase must be released to the department for occupancy prior to starting the next phase.

1.11 PROJECT PHASING

A. The WORK OF THIS contract is divided into 12 Phases.

The project must be completed in twelve (12) phases, two (2) rooms per phase. The unit will be occupied and in operation during construction.

Each phase must be handed over to the PICU department for occupancy before the next phase can commence. The work for each phase must be completed within 35 calendar days. There will be a 5-day calendar gap between the completion of one phase and the start of the next. No phase can begin until the previous one is fully completed. Liquidated damages (LD) of \$5,000 per day will be imposed for any delays in completing each phase.

**PART II - PRODUCTS – Not Applicable to this Section**

**PART III - EXECUTION – Not applicable to this Section**

**END OF SECTION 01 11 00**

## **SECTION 01 14 00**

### **WORK RESTRICTIONS**

#### **PART I - GENERAL**

##### **1.01 WORK HOURS**

- A. No Work shall be done outside of standard Monday through Friday 7:00 a.m. to 5:00 p.m. working hours, on holidays or weekends unless prior written approval has been retained from the University's Representative.

##### **1.02 PROJECT PHASING**

- A. The project will be completed in twelve (12) phases, two (2) rooms per phase. Substantial completion shall be obtained on each phase prior to the start of the next phase. Phases will be determined based on the med-gas prework that must be completed for each phase.

##### **1.03 WORK SEQUENCE and WORK RESTRICTIONS**

- A. Each phase must be handed over to the PICU department for occupancy before the next phase can commence. The work for each phase must be completed within 35 calendar days. There will be a 5-day calendar gap between the completion of one phase and the start of the next. No phase can begin until the previous one is fully completed.

##### **1.04 CONTRACTOR'S USE OF PROJECT SITE**

- A. Contractor's use of the Project site for the Work and storage is restricted to the areas designated on the Drawings.

##### **1.05 UNIVERSITY OCCUPANCY**

- A. The unit will be occupied and in operation during construction. Only two (2) rooms may be taken down for construction per phase.

##### **1.06 SUBSTANTIAL COMPLETION**

- A. Substantial Completion shall be applicable to each phase of the Work as well as for the entire project.

##### **1.07 PROTECTION OF PERSONNEL**

- A. Patients, University of California Davis (UCD) personnel and Students, will be occupying parts of the adjacent buildings during the construction period. Contractor shall take proper precautions to ensure the safety of all persons during the construction period.

##### **1.08 WORK SITE DECORUM**

- A. Extreme care to limit noise shall be taken at all times that the building is occupied. Loud or unnecessary conversation shall be avoided. The playing of radios, or any audio devices

shall be strictly prohibited. Noise, that in the sole opinion of the University's Representative, is disturbing or disruptive to occupants of the building shall be scheduled for periods when the building is not occupied.

- B. Contractor shall control the conduct of its employees so as to prevent unwanted interaction initiated by Contractor's employees with UCD staff, patients, students or other individuals, adjacent to the Project site. Without limitation, unwanted interaction by Contractor's employees includes whistling at or initiating conversations with passersby. In the event that any Contractor's employee initiates such unwanted interaction, or utilizes profanity, Contractor shall, either upon request of University's Representative or on its own initiative, replace said employee with another of equivalent technical skill, at no additional cost to the University.
- C. SMOKE AND TOBACCO-FREE ENVIRONMENT: The University of California Davis is committed to a healthy campus and workplace culture and environment. Effective January 2, 2014, the University of California Davis is a Smoke and Tobacco-Free environment. Smoking and the use of smokeless tobacco products (e.g., e-cigarettes and other unregulated nicotine products) is strictly prohibited on all University of California Davis-controlled properties, owned or leased and regardless of location. This policy is intended to provide a healthier, safer, and productive work and learning environment for the entire University of California Davis community. For more information on the Smoke/Tobacco-Free Policy, please visit (<http://breathefree.ucdavis.edu>). For more information on the President's Mandate and other related resources, please visit <http://uctobaccofree.com/>.
- D. Alcoholic beverages are prohibited on the University's Project site.

#### 1.09 INTERRUPTION OF BUILDING SERVICES

- A. Planned utility service shutdowns shall be accomplished during periods of minimum usage. In some cases, this will require Work activities before 8:00 a.m. and after 5:00 p.m. and weekend Work, at no additional cost to the University. At least 14 calendar days advance notice shall be given to the University's Representative before interruptions to utility service (refer to Utility Service Interruption/Shut Down Request) and other interferences with use of existing buildings, surrounding hardscape and roads.
- B. Shutdowns critical to the completion of the project shall be listed as Milestones on the project schedule. The Contractor shall program Work so that service will be restored in the minimum possible time and shall cooperate with the University in reducing shutdowns of utility systems.
- C. The University reserves the right to deny shutdown requests based on scheduled workload, research projects, and usage of surrounding buildings or other activities planned on campus.
- D. University's costs for initial planned utility service shutdowns shall be borne by the University. If repeat utility service shutdowns are required due to work necessary to correct Contractor's defective work, mistakes in new work layout such as misalignment or

installation conflicts with other new work, University's costs for repeat shutdown(s) will be deducted from Contract Sum.

#### 1.10 SITE INGRESS AND EGRESS

- A. Access to Project site shall be as indicated on the Drawings. Access to Project site is limited to designated routing on existing access roads. The Contractor and their employees, subcontractors, suppliers or delivery personal must stay on the designated roads and may not drive, ride or walk to other locations unless prior permission is provided in writing by the University's Representative.
- B. Contractor shall take all necessary precaution to ensure the safety of the bicyclists and pedestrians that use the campus roads.
- C. Contractor shall clean the site access and roads affected by the Work and shall maintain such in a dust free and safe and usable condition for motorists, bicyclists and pedestrians. During inclement weather Contractor shall closely monitor conditions to prevent slickness of roads.
- D. Contractor shall be permitted to block only 1/2 of a street at a time for momentary site access, unless specified otherwise. The street shall be operational and usable by the University at all times.

#### 1.11 MOTOR VEHICLE AND BICYCLE TRAFFIC CONTROL

- A. Contractor shall adopt all practical means to minimize interference to traffic. Access to other facilities in the area shall be maintained at all times. The Contractor shall provide a schedule of any activity that will impact traffic, or any planned lane or street closure, for approval by the University's Representative and shall give a minimum of 14 business days notice before closing any street or access.
- B. Contractor shall furnish at its expense all signage barricades, lights, and flaggers required to control traffic and shall provide and maintain suitable temporary barricades, fences, directional signs, or other structures as required for the protection of the public; and maintain, from the beginning of twilight through the whole of every night on or near the obstructions, sufficient lights and barricades to protect the public and Work.
- C. Contractor shall provide directional signs for use throughout the duration of the Project. The quantity shall be determined by the University's Representative and Contractor during a mandatory Pre-construction site meeting. Contractor shall prepare a mock-up of the sign for approval by the University's Representative.
- D. It is the responsibility of the Contractor performing Work on, or adjacent to, a roadway or highway to install and maintain such devices which are necessary to provide reasonably safe passage for the traveling public, including pedestrians and bicyclists, through the Work, as well as for the safeguard of workers. Before Work begins, a site meeting shall be held to discuss motor vehicle and bicycle traffic control plans for handling traffic through a construction or maintenance zone. Traffic control plans shall be submitted for review by the University's Representative and public agency or authority having jurisdiction over the roadway or highway. These traffic control plans shall be prepared by persons knowledgeable about the fundamental principals of temporary traffic controls and the work activities to be performed. The design, selection, and placement of traffic control devices for the traffic control plan shall be based on engineering judgment and in accordance with

Part 6 of the California Manual on Uniform Traffic Control Devices for Streets and Highways.

- E. All metal plating and metal bridging shall be non-skid with waffle-patterns or right-angle undulations or shall be coated with a non-skid product. Plating shall be installed with no protruding edges or corners sticking up and with no bouncing or shifting.

**PART II - PRODUCTS – Not applicable to this Section.**

**PART III - EXECUTION – Not applicable to this Section.**

**END OF SECTION 01 14 00**



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

*This program is prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for: general acute care hospitals, acute psychiatric hospitals, and general acute care hospitals providing only acute medical rehabilitation center services (2022 CBC 1224.1).*

SECTION A		PROJECT INFORMATION	
<b>Facility #:</b>	<b>Facility Name:</b>		<b>Project #:</b>
10619	University of California Davis Medical Center		S250003-34-00
<b>Street Address:</b>	2315 Stockton Boulevard		
<b>City:</b>	Sacramento	<b>County:</b>	Sacramento
<b>Record Name (Scope of Project):</b>		UCDMC DT10 PICU Boom Replacement	
Abbreviations: CAC: California Administrative Code      AAMA: American Architectural Manufacturers Association CBC: California Building Code      NFPA: National Fire Protection Association CEC: California Electrical Code      FM: FM Approval Standards CMC: California Mechanical Code      DPOR: Design Professional of Record CPC: California Plumbing Code			
			<b>Version: R04.38</b>

## Testing, Inspection, and Observation Stages

Stage No.	Stage Name	Stage Scope / Description
1	Sub-phase W1	Construction Completion for: PATIENT ROOM #3 (10727) AND #4 (10728)
2	Sub-phase W2	Construction Completion for: PATIENT ROOM #1 (10724) AND #2 (10726)
3	Sub-phase W3	Construction Completion for: PATIENT ROOM #5 (10729) AND #6 (10733)
4	Sub-phase W4	Construction Completion for: PATIENT ROOM #7 (10762) AND #8 (10763)
5	Sub-phase W5	Construction Completion for: PATIENT ROOM #9 (10764) AND #10 (10766)
6	Sub-phase W6	Construction Completion for: PATIENT ROOM #11 (10767) AND #12 (10772)
7	Sub-phase E1	Construction Completion for: PATIENT ROOM #19 (10783) AND #20 (10784)
8	Sub-phase E2	Construction Completion for: PATIENT ROOM #17 (10781) AND #18 (10782)
9	Sub-phase E3	Construction Completion for: PATIENT ROOM #15 (10776) AND #16 (10777)
10	Sub-phase E4	Construction Completion for: PATIENT ROOM #13 (10773) AND #14 (10775)
11	Sub-phase E5	Construction Completion for: PATIENT ROOM #21 (10786) AND #22 (10787)
12	Sub-phase E6	Construction Completion for: PATIENT DOUBLE ROOM #23 AND #24 (10788)



## Testing, Inspection, and Observation Program

2022 California Building Standards Code - OSHPD 1

### DESIGN PROFESSIONAL OF RECORD RESPONSIBILITY

**The administration of the work of construction, including this TIO, shall be under the responsible charge of an architect and structural engineer. When a structural engineer is not substantially involved, the architect shall be solely responsible. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer registered in the branch of engineering most applicable to the project may be in responsible charge. (CAC 7-141(a))**

***Note: HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. Field staff will issue subsequent "TIO Program Approval".***

***The "TIO Program Approval" from HCAI field staff must be obtained and included with the notice of start of construction required by CAC Section 7-137(a)4) and 7-145(a)5.A)***

***Construction shall not commence until the health facility has obtained from HCAI "TIO Program Approval".  
(CAC Section 7-135(a)3)***



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 1: Sub-phase W1			Select with "X" or provide required OPAA information:				
Index #	Stage 1 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd  Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 1: Sub-phase W1			Select with "X" or provide required OPAA information:				
Index #	Stage 1 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 2: Sub-phase W2			Select with "X" or provide required OPAA information:				
Index #	Stage 2 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 2: Sub-phase W2			Select with "X" or provide required OPAA information:				
Index #	Stage 2 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 3: Sub-phase W3			Select with "X" or provide required OPAA information:				
Index #	Stage 3 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd  Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 3: Sub-phase W3			Select with "X" or provide required OPAA information:				
Index #	Stage 3 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 4: Sub-phase W4			Select with "X" or provide required OPAA information:				
Index #	Stage 4 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 4: Sub-phase W4</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 4 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 5: Sub-phase W5			Select with "X" or provide required OPAA information:				
Index #	Stage 5 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 5: Sub-phase W5			Select with "X" or provide required OPAA information:				
Index #	Stage 5 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 6: Sub-phase W6			Select with "X" or provide required OPAA information:				
Index #	Stage 6 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 6: Sub-phase W6			Select with "X" or provide required OPAA information:				
Index #	Stage 6 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 7: Sub-phase E1			Select with "X" or provide required OPAA information:				
Index #	Stage 7 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 7: Sub-phase E1			Select with "X" or provide required OPAA information:				
Index #	Stage 7 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 8: Sub-phase E2			Select with "X" or provide required OPAA information:				
Index #	Stage 8 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 8: Sub-phase E2			Select with "X" or provide required OPAA information:				
Index #	Stage 8 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 9: Sub-phase E3			Select with "X" or provide required OPAA information:				
Index #	Stage 9 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION B			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 9: Sub-phase E3			Select with "X" or provide required OPAA information:				
Index #	Stage 9 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 10: Sub-phase E4			Select with "X" or provide required OPAA information:				
Index #	Stage 10 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 10: Sub-phase E4</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 10 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 11: Sub-phase E5			Select with "X" or provide required OPAA information:				
Index #	Stage 11 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd  Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 11: Sub-phase E5			Select with "X" or provide required OPAA information:				
Index #	Stage 11 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 12: Sub-phase E6			Select with "X" or provide required OPAA information:				
Index #	Stage 12 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL TESTS</b>							
<b>Concrete</b>							
B-C13	X	<b>Post-installed anchors</b> CBC 1910A.5 Installation verification test (includes adhesive, shot pins and mechanical anchors)					
<b>Steel</b>							
B-S1	X	<b>Steel</b> CBC Table 1705A.2.1 & 2202A.1 Testing of unidentified steel or identification test for structural steel and cold formed steel					
B-S2	X	<b>Steel</b> CBC 2213A.1 & 1705A.2.6 High strength bolts, nuts, and washers					
<b>ELECTRICAL TESTS</b>							
B-E6	X	<b>Hospital Grade Receptacles</b> 2021 NFPA 99 6.3.3.2.5					
B-E12	X	<b>Torque Electrical Connections</b> CEC 110.3(B) & 110.14(D)					
<b>MECHANICAL TESTS</b>							
B-ME10	X	<b>Pre-Demolition Air Balance</b> CMC 407.3.1 Pre-demolition air balance test and report					
B-ME11	X	<b>Post-Demolition Air Balance</b> CMC 407.3.1 Air balance test and report					
B-ME12	X	<b>Ventilation System Air Balance</b> CMC 407.3.1 & Table 4-A Areas tested and balanced					
B-ME13	X	<b>Infection Control Planning and Protection</b> ASHRAE 170-2013 8.4 Infection control risk assessment and protection procedure development					
<b>PLUMBING TESTS</b>							
B-P2	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.10.11.11 Qualification of brazing procedures and brazing					
B-P3	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.1 thru 5.1.12.2.7 Installer performed tests			*ASSE 6010 Cert Req'd Input Responsible Individual		
B-P4	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.2.6.7 & 5.1.12.2.7.6 Witness of 24-hour standing pressure test			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR Input Responsible Individual		
B-P5	X	<b>Medical Gas and Vacuum</b> NFPA 99-2021 § 5.1.12.3.1.1 thru 5.1.12.3.1.5 System inspection prior to concealment/cover			*ASSE 6020 or 6030 Cert Req'd Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION B</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 12: Sub-phase E6			Select with "X" or provide required OPAA information:				
Index #	Stage 12 Required (Select with "X")	TESTS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Individual)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
B-P6	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.3.2.1 Inspection			*ASSE 6020 or 6030 Cert Req'd or Qualified IOR  Input Responsible Individual		
B-P7	X	Medical Gas and Vacuum NFPA 99-2021 § 5.1.12.4 System verification			*ASSE 6030 Cert Req'd  Input Responsible Individual		



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 1: Sub-phase W1			Select with "X" or provide required OPAA information:				
Index #	Stage 1 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	<b>Concrete</b> CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	<b>Steel</b> CBC 1705A.2.5 Field welding					
C-S3	X	<b>Steel</b> AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	<b>Steel</b> CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	<b>Steel</b> CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	<b>Plumbing, mechanical and electrical components</b> CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	<b>Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study</b> CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	<b>Penetration Firestops</b> CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 2: Sub-phase W2</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 2 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION C			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 3: Sub-phase W3			Select with "X" or provide required OPAA information:				
Index #	Stage 3 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 4: Sub-phase W4</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 4 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 5: Sub-phase W5</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 5 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 6: Sub-phase W6</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 6 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 7: Sub-phase E1</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 7 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 8: Sub-phase E2			Select with "X" or provide required OPAA information:				
Index #	Stage 8 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 9: Sub-phase E3			Select with "X" or provide required OPAA information:				
Index #	Stage 9 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION C			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
Stage 10: Sub-phase E4			Select with "X" or provide required OPAA information:				
Index #	Stage 10 Required (Select with "X")	ON-SITE SPECIAL INSPECTIONS	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 11: Sub-phase E5</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 11 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION C</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 12: Sub-phase E6</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 12 Required (Select with "X")	<b>ON-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>STRUCTURAL SPECIAL INSPECTIONS</b>							
<b>Concrete</b>							
C-C5	X	Concrete CBC 1705A.3 CIP & post-installed anchors					
<b>Steel</b>							
C-S2	X	Steel CBC 1705A.2.5 Field welding					
C-S3	X	Steel AWS D1.1 3 & 4 & AWS D1.8 6.1 Field welding - WPS / WPQR					
C-S4	X	Steel CBC 1705A.2 & 1705A.2.6 High strength bolt installation					
C-S5	X	Steel CBC 1705A.2, 1705A.12.2, & 1705A.13.3 Cold-formed steel light frame construction					
<b>Nonstructural components, supports and attachments</b>							
C-N5	X	Plumbing, mechanical and electrical components CBC 1705A.13.6 Anchorage, bracing, and vibration isolators					
<b>ELECTRICAL INSPECTIONS</b>							
C-E2	X	Essential Electrical System Adjustable Circuit Breaker Selection and Settings per Approved Coordination Study CEC 517.31(G)					
<b>FIRE PROTECTION AND LIFE SAFETY SYSTEM SPECIAL INSPECTIONS</b>							
C-FP3	X	Penetration Firestops CBC 1705A.18.1 Penetration firestop systems that are tested and listed					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
Facility #:		Facility Name:		Project #:			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 1: Sub-phase W1</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 1 Required (Select with "X")	<b>OFF-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 2: Sub-phase W2</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 2 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<h2>No Requirements for this Section of the TIO</h2>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>					
10619	University of California Davis Medical Center	S250003-34-00					
<b>Stage 3: Sub-phase W3</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 3 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
Facility #:	Facility Name:		Project #:				
10619	University of California Davis Medical Center		S250003-34-00				
<b>Stage 4: Sub-phase W4</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 4 Required (Select with "X")	<b>OFF-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>					
10619	University of California Davis Medical Center	S250003-34-00					
<b>Stage 5: Sub-phase W5</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 5 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>			NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.				
<b>Facility #:</b>	<b>Facility Name:</b>		<b>Project #:</b>				
10619	University of California Davis Medical Center		S250003-34-00				
<b>Stage 6: Sub-phase W6</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 6 Required (Select with "X")	<b>OFF-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.						
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>						
10619	University of California Davis Medical Center	S250003-34-00						
<b>Stage 7: Sub-phase E1</b>		Select with "X" or provide required OPAA information:						
<b>Index #</b>	<b>Stage 7 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>		<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>								



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>		<b>Facility Name:</b>		<b>Project #:</b>			
10619		University of California Davis Medical Center		S250003-34-00			
<b>Stage 8: Sub-phase E2</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 8 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<h2>No Requirements for this Section of the TIO</h2>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.						
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>						
10619	University of California Davis Medical Center	S250003-34-00						
<b>Stage 9: Sub-phase E3</b>		Select with "X" or provide required OPAA information:						
<b>Index #</b>	<b>Stage 9 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>		<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>								



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
Facility #:	Facility Name:		Project #:				
10619	University of California Davis Medical Center		S250003-34-00				
<b>Stage 10: Sub-phase E4</b>			Select with "X" or provide required OPAA information:				
Index #	Stage 10 Required (Select with "X")	<b>OFF-SITE SPECIAL INSPECTIONS</b>	Samples of Test & Inspection Reports Included	OPAA No. and Expiration Date	Responsible Approved Agency And/Or Individual (Identify Special Inspector)	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>					
10619	University of California Davis Medical Center	S250003-34-00					
<b>Stage 11: Sub-phase E5</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 11 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

<b>SECTION D</b>		NOTE: Approved agencies, individuals, and all changes to the TIO program shall be identified, evaluated by the DPOR and approved by HCAI prior to proceeding with the related work.					
<b>Facility #:</b>	<b>Facility Name:</b>	<b>Project #:</b>					
10619	University of California Davis Medical Center	S250003-34-00					
<b>Stage 12: Sub-phase E6</b>		Select with "X" or provide required OPAA information:					
<b>Index #</b>	<b>Stage 12 Required (Select with "X")</b>	<b>OFF-SITE SPECIAL INSPECTIONS</b>	<b>Samples of Test &amp; Inspection Reports Included</b>	<b>OPAA No. and Expiration Date</b>	<b>Responsible Approved Agency And/Or Individual (Identify Special Inspector)</b>	<b>Compliance Verification by IOR (Initial/Date)</b>	<b>HCAI/FDD Use (Initial/Date)</b>
<b>No Requirements for this Section of the TIO</b>							



## Testing, Inspection, and Observation Program

2022 California Building Standards Code - OSHPD 1

SECTION E			REQUIRED COMPLIANCE FORMS		
Facility #:		Facility Name:	Project #:		
10619		University of California Davis Medical Center	S250003-34-00		
Form #	Required (Select with "X")	DOCUMENT NAME	Responsible Designer Or Installing Contractor	Compliance Verification by IOR (Initial/Date)	HCAI/FDD Use (Initial/Date)
No Requirements for this Section of the TIO					



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION F		CONSTRUCTION VERIFICATION											
Facility #:	Facility Name:								Project #:				
10619	University of California Davis Medical Center								S250003-34-00				
VERIFIED CONSTRUCTION INSPECTION AND OBSERVATION REPORTING													
REFERENCE NUMBER	PROJECT STAGE(S), MILESTONE, OR INTERVAL <small>(Clearly indicate which Stage(s) apply to which Milestone/Interval)</small>	VERIFIED COMPLIANCE REPORT REQUIRED AS INDICATED <small>(Form HCAI-OSH-123) (See "PERSONAL KNOWLEDGE" as defined in California Administrative Code, Section 7-151)</small>										HCAI/FDD USE	
		GEOR	AOR	SEOR	MEOR	EEOR	CONT	IOR	SP INSP	TEST LAB			
F1	Substantial Compliance - Partial occupancy milestone for sub-phase W1: PATIENT ROOM #4 (10727) AND #8 (10728)		X	X	X	X	X	X	X	X			
F2	Substantial Compliance - Partial occupancy milestone for sub-phase W2: PATIENT ROOM #1 (10724) AND #8 (10726)		X	X	X	X	X	X	X	X			
F3	Substantial Compliance - Partial occupancy milestone for sub-phase W3: PATIENT ROOM #5 (10729) AND #6 (10733)		X	X	X	X	X	X	X	X			
F4	Substantial Compliance - Partial occupancy milestone for sub-phase W4: PATIENT ROOM #7 (10762) AND #8 (10763)		X	X	X	X	X	X	X	X			
F5	Substantial Compliance - Partial occupancy milestone for sub-phase W5: PATIENT ROOM #9 (10764) AND #10 (10766)		X	X	X	X	X	X	X	X			
F6	Substantial Compliance - Partial occupancy milestone for sub-phase W6: PATIENT ROOM #11 (10767) AND #12 (10772)		X	X	X	X	X	X	X	X			
F7	Substantial Compliance - Partial occupancy milestone for sub-phase E1: PATIENT ROOM #13 (10783) AND #14 (10784)		X	X	X	X	X	X	X	X			
F8	Substantial Compliance - Partial occupancy milestone for sub-phase E2: PATIENT ROOM #15 (10781) AND #16 (10782)		X	X	X	X	X	X	X	X			
F9	Substantial Compliance - Partial occupancy milestone for sub-phase E3: PATIENT ROOM #17 (10776) AND #18 (10777)		X	X	X	X	X	X	X	X			
F10	Substantial Compliance - Partial occupancy milestone for sub-phase E4: PATIENT ROOM #19 (10773) AND #18 (10775)		X	X	X	X	X	X	X	X			
F11	Substantial Compliance - Partial occupancy milestone for sub-phase E5: PATIENT ROOM #21 (10786) AND #22 (10787)		X	X	X	X	X	X	X	X			
F12	Substantial Compliance - Partial occupancy milestone for sub-phase E6: PATIENT DOUBLE ROOM #23 AND #24 (10788)		X	X	X	X	X	X	X	X			
F13	PROJECT COMPLETION (Final VCR's)		X	X	X	X	X	X	X	X			
<b>ABBREVIATIONS:</b> <div style="display: flex; justify-content: space-between;"> <div>             GEOR - Geotechnical Engineer of Record              MEOR - Mechanical Engineer of Record              SP, INSP - Special Inspector           </div> <div>             AOR - Architect of Record              EEOR - Electrical Engineer of Record              IOR - Inspector of Record           </div> <div>             SEOR - Structural Engineer of Record              CONT O/B - Contractor or Owner/Builder              Test Lab – Engr. For the approved agency           </div> </div>													



# Testing, Inspection, and Observation Program


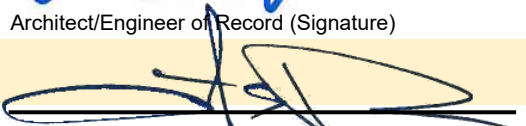

## 2022 California Building Standards Code - OSHPD 1

[illegible]



## Testing, Inspection, and Observation Program


2022 California Building Standards Code - OSHPD 1

SECTION H		HCAI REVIEWED	
Facility #:	Facility Name:	Project #:	
10619	University of California Davis Medical Center	S250003-34-00	
NOTE: When a structural engineer has been delegated responsibility for a portion of this project his or her signature is also required.			
Submitted By:			
I have reviewed the approved construction documents for this project and all tests and special inspections required by Code are marked as "required" on this form.			
Caitlin Stevenson			12/16/2024
Architect/Engineer of Record (Print Name)		Architect/Engineer of Record (Signature)	Date
Arthur Ross			1/2/2025
Structural Engineer of Record (Print Name)		Structural Engineer of Record (Signature)	Date
FOR HCAI USE			
TIO Program Reviewed by HCAI Plan Review Staff:			
<div style="border: 2px solid green; padding: 10px; display: inline-block;">  <div style="margin-left: 10px;"> <p><b>TIO REVIEWED</b></p> <p>Department of Health Care Access and Information</p> <p>Office of Statewide Hospital Planning and Development</p> <p>6/26/2025, 1:53:41 PM</p> <p>S250003-34-00</p> <p><b>Tony Tan</b></p> </div> </div>			
<p>Note: HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. Field staff will issue subsequent "TIO Program Approval".</p>			



## Testing, Inspection, and Observation Program

### 2022 California Building Standards Code - OSHPD 1

SECTION I	TIO PROGRAM APPROVAL		
Facility #:	Facility Name:	Project #:	
10619	University of California Davis Medical Center	S250003-34-00	
<p>This program is prepared and submitted for an OSHPD 1 project. OSHPD 1 projects include all construction and remodel projects for: general acute care hospitals, acute psychiatric hospitals, and general acute care hospitals providing only acute medical rehabilitation center services (2022 CBC 1224.1).</p>			
<p><b>Samples of Test and Inspection Reports are <i>NOT</i> required for tests performed by laboratories approved through OPAA Program</b></p>			
<p><i>All test and special inspection reports shall be submitted to the IOR, hospital owner, architect in responsible charge, and the structural engineer by the responsible approved agency and/or individual per CAC 7-149(a). The responsible approved agency and/or individual shall be employed by the health facility, owner, or governing board or authority per CAC 7-149(b).</i></p>			
<p><i>Verified compliance reports shall be signed by the individual who performed the special inspection(s) as outlined in CAC 7-151 (c). All reports shall clearly state whether the tests or special inspections were performed in accordance with the HCAI stamped approved documents and whether the results indicate compliance with those documents per CAC 7-149 (a). All IORs performing special inspections shall hold the appropriate certification and equipment, and shall obtain approval from the design professional of record and HCAI prior to performing such work.</i></p>			
<p><i>NOTE: This Test, Inspection, and Observation Report shall be approved by HCAI field personnel prior to start of construction.</i></p>			
Caitlin Stevenson	C-36306		12/16/2024
Architect/Engineer of Record (Print Name)	Professional License #	Architect/Engineer of Record (Signature)	Date
<b>FOR HCAI FIELD STAFF USE</b>			
<p>TIO Program Approved by HCAI Field Staff:</p>			
<p><b>Note:</b> HCAI plan review staff must provide verification that the TIO program has been "Reviewed" prior to plan approval to confirm the applicability of the tests and inspections identified in the TIO program for work scope, building systems, and the construction materials shown in the design drawings. HCAI Field staff will issue subsequent "TIO Program Approval".</p>			
<p>If "Approved with Comments" is checked the following comments shall be resolved by the designer prior to proceeding with the related construction:</p>			

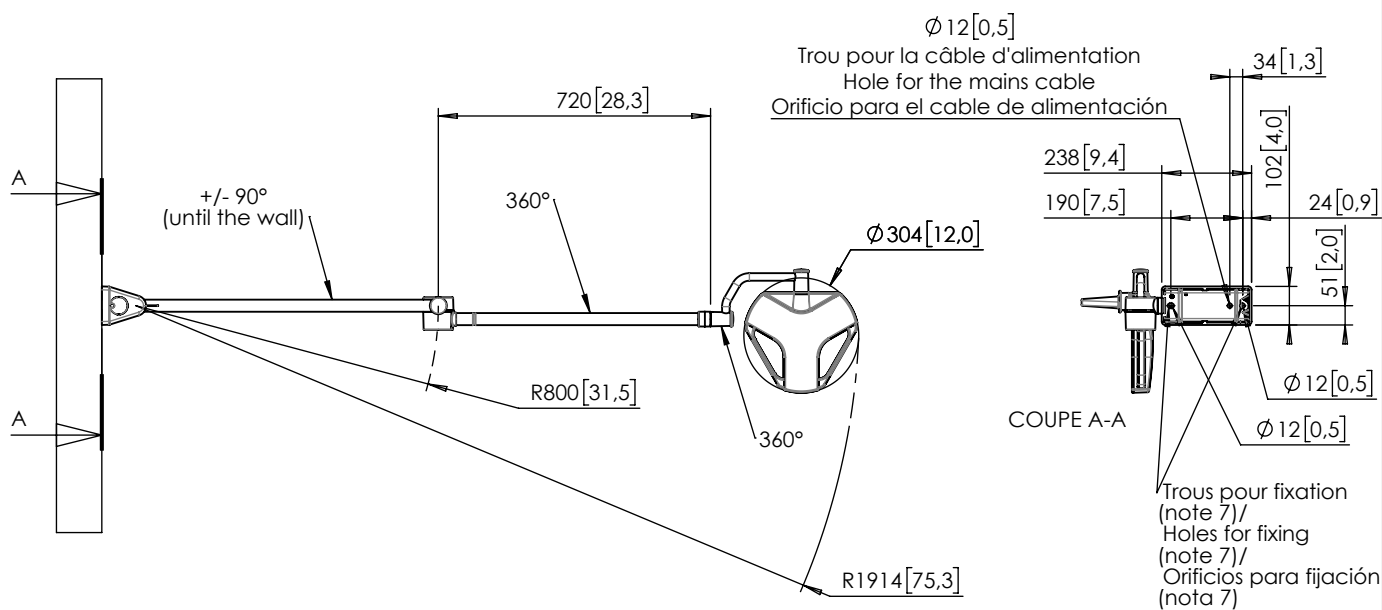
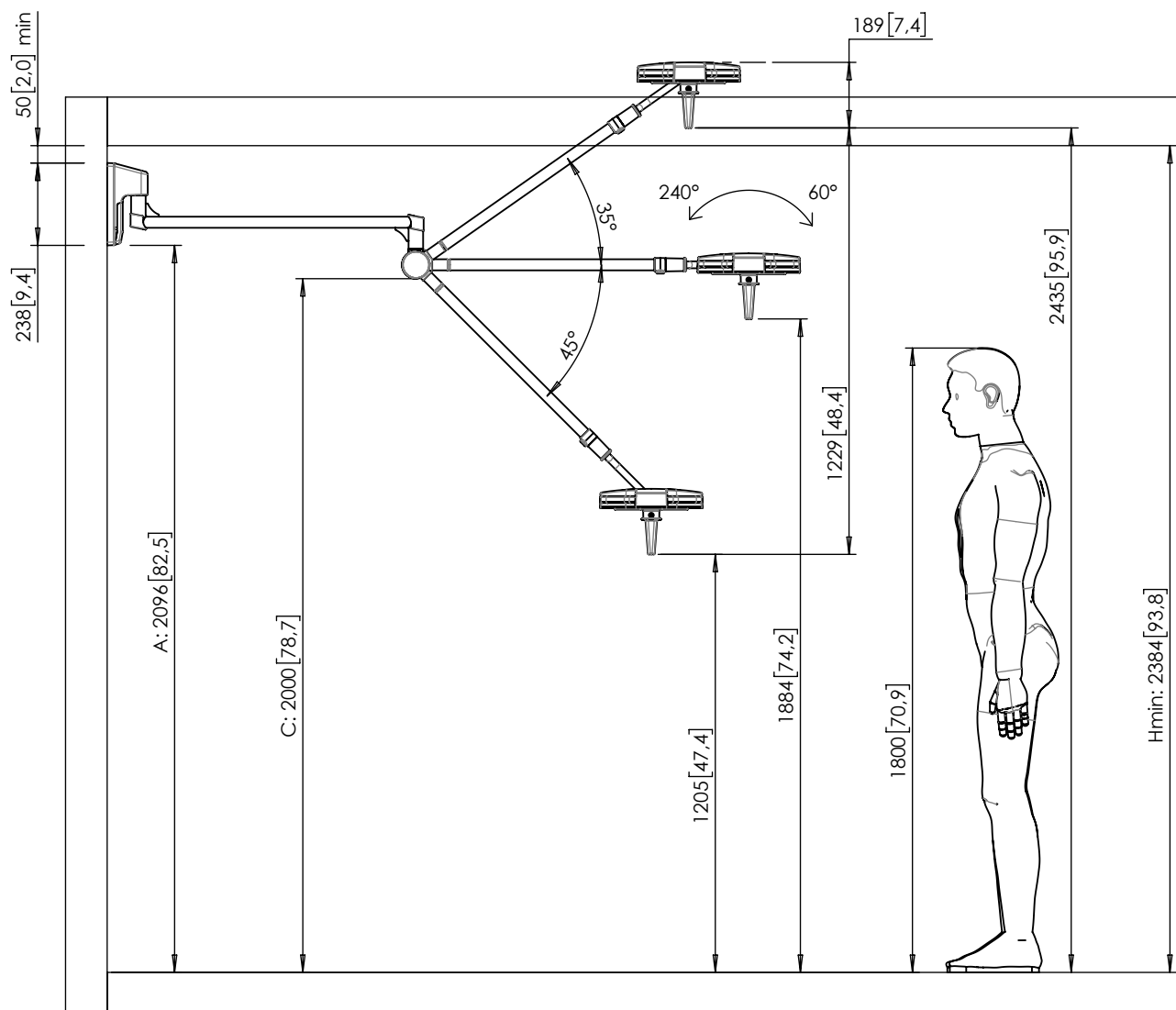


# Testing, Inspection, and Observation Program

## 2022 California Building Standards Code - OSHPD 1

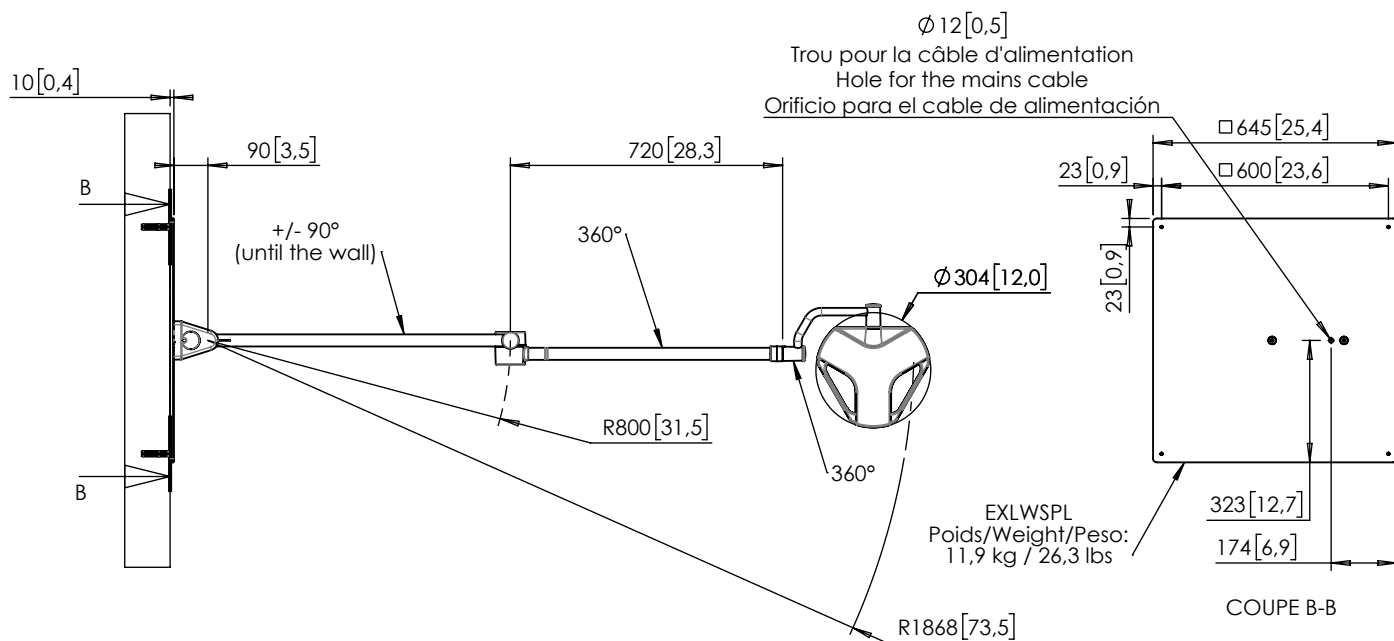
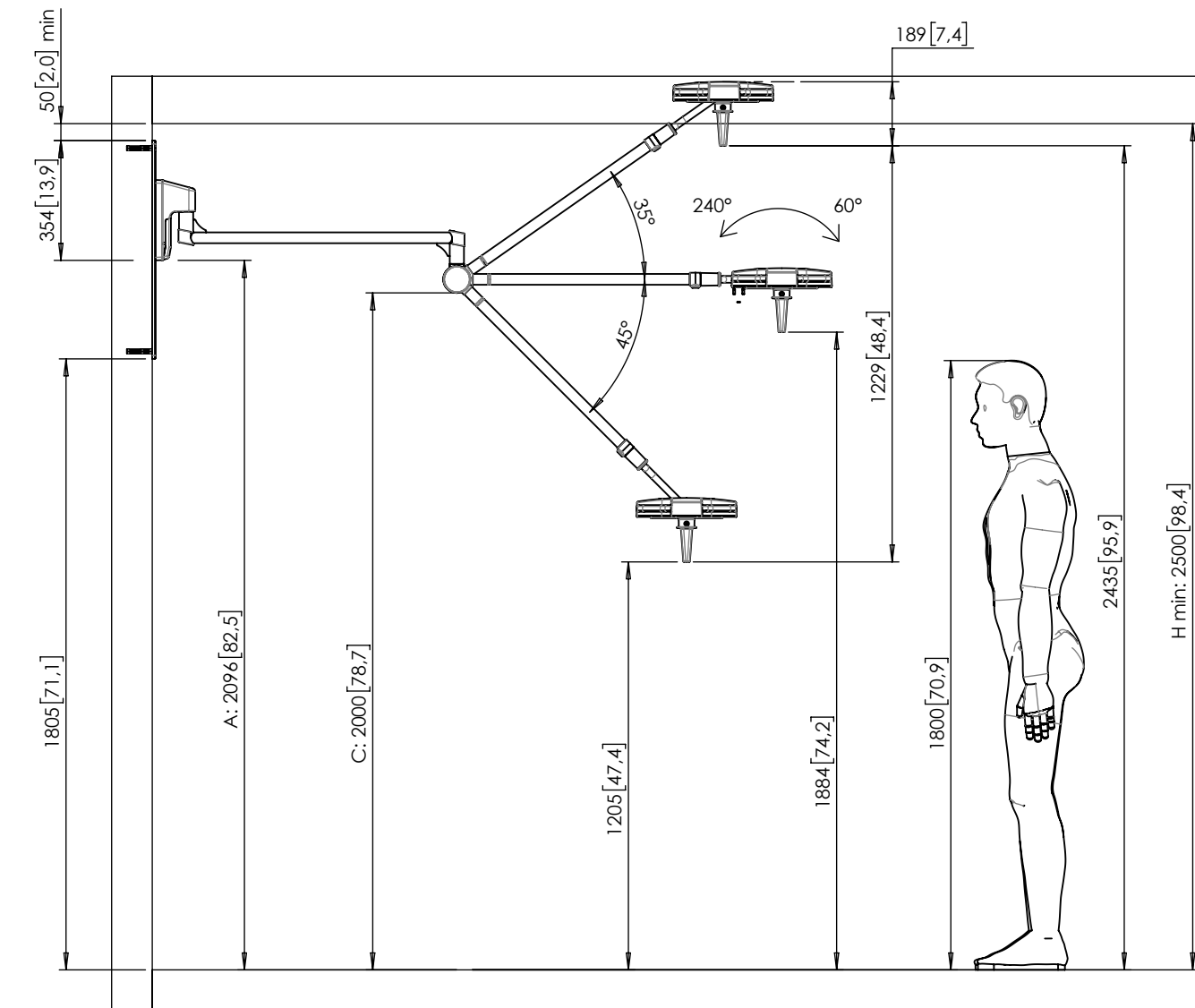
[illegible]

Schéma général avec hauteur minimale / General drawing with minimal ceiling height / Dibujo general con altura mínima de techo



Poids/Weight/Peso : 8,8 kg / 19,4 lbs	 116 avenue de Magudas 33185 Le Haillan - France	Wall configuration	
Couple/Torque/Par : 81,2 N.m / 59,9 FT.lbs		Echelle/Scale/Escala : 1:20	
Dimensions/Dimensiones : mm [inch]		Ver. : 29/07/2016    Aut. : M.B.	1/3

Shéma pour mur fragile / Drawing for fragile wall / Dibujo de frágil pared



Poids/Weight/Peso : 8,8 kg / 19,4 lbs

Couple/Torque/Par : 81,2 N.m / 59,9 FT.lbs

Dimensions/Dimensiones : mm [inch]

STERIS®

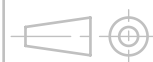


116 avenue de Magudas  
33185 Le Haillan - France

Wall configuration

Echelle/Scale/Escala : 1:20

Ver. : 29/07/2016 Aut. : M.B.



2/3

1.  
 Cmin = 2000 mm  
 Cmax = 2200 mm  
 Hmin = 2384 mm  
 Hmin = 2500 mm AVEC EXLWSPL / WITH EXLWSPL / CON EXLWSPL  
 Amin = 2096 mm  
 Amax = 2296 mm
2. PROVIDE AWG16 (3G1,5MM<sup>2</sup>) CABLE FOR 100-240 VOLTS, 1,5 AMPS, 50/60HZ, FOR ELECTRIC INPUT SERVICE.
3. THE LIGHTING FIXTURE MUST BE GROUNDED.
4. FLEXIBLE CONDUIT MUST PROTRUDE THROUGH FINISHED WALL OR ADEQUATE ACCESS MUST BE PROVIDED TO ELECTRICAL JUNCTION BOX.
5. THE ADDITION OF A UL CERTIFIED J-BOX WILL NOT AFFECT LISTING. J-BOX MUST HAVE A GND SCREW INTEGRAL TO BOX.
6. INSTALLATION AND OPERATION OF THIS EQUIPMENT MUST BE PER LOCAL CODES.
7. WALL STRUCTURE MUST ADEQUATELY SUPPORT LIGHTING FIXTURE: 8.8 KGS (19.4 LBS). THE COMBINED FORCE EXERTS A MOMENT FORCE OF UP TO 81.2 N.M (59.9 FT.LBS).THE SELECTION OF THE TWO FASTENERS IS THE RESPONSIBILITY OF THE PERSON IN CHARGE OF THE INSTALLATION. THE FASTENERS ARE NOT SUPPLIED BY STERIS.
9. FOR NON-SEISMIC APPLICATIONS, THIS DOCUMENT SHOWS POSSIBILITIES OF ATTACHMENT (THE FASTENERS ARE NOT SUPPLIED BY STERIS).
10. FOR SEISMIC APPLICATIONS, REFER TO DOCUMENT OSHPD OPM-0331-13 (THE ANCHORAGES ARE NOT PROVIDED BY STERIS).
11. STERIS ASSUMES NO RESPONSIBILITY FOR DAMAGE DUE TO ACCIDENT, MISUSE, ALTERCATIONS OR THROUGH FAILURE TO OBSERVE THESE INSTRUCTIONS.
12. EXPLOSION HAZARD, DO NOT USE IN THE PRESENCE OF FLAMMABLE ANESTHETICS.

Poids/Weight/Peso : 8,8 kg / 19,4 lbs	<b>STERIS®</b>  116 avenue de Magudas 33185 Le Haillan - France	Wall configuration	
Couple/Torque/Par : 81,2 N.m / 59,9 FT.lbs		Echelle/Scale/Escala : 1:20	
Dimensions/Dimensiones : mm [inch]		Ver. : 29/07/2016    Aut. : M.B.	3/3



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION

APPLICATION FOR OSHPD PREAPPROVAL  
OF MANUFACTURER'S CERTIFICATION (OPM)

OFFICE USE ONLY

APPLICATION #: OPM-0331-13

OSHPD Preapproval of Manufacturer's Certification (OPM)

Type: ☒ New ☐ Renewal ☐ Update to Pre-CBC 2013 OPA Number: \_\_\_\_\_

Manufacturer Information

Manufacturer: STERIS SAS

Manufacturer's Technical Representative: Sylvain LeCoq

Mailing Address: STERIS 116 Avenue de Magudas, 33185 Le Haillan, France

Telephone: 05 56 93 96 39

Email: Sylvain\_LeCoq@steris.com

Product Information

Product Name: HexaLux Examination Lights

Product Type: Examination Lights

OPM-0331-13

Product Model Number: EXLCEIL and EXLWALL

General Description: The HexaLux™ examination light is intended for diagnostics offering variable field diameter and intensity, providing healthcare facilities staff with effective lighting for examination, treatment and emergency areas.

The HexaLux™ examination light system is especially designed for examination rooms, emergency rooms, maternity wards, intensive care units, recovery rooms and all other diagnostic applications.

Applicant Information

Applicant Company Name: ISAT Seismic Bracing

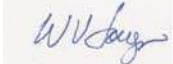
Contact Person: William V Joerger

Mailing Address: 1020 Crews Road, Suite Q, Matthews NC 28105

Telephone: 510-714-0216

Email: wvjoerger@isatsb.com

I hereby agree to reimburse the Office of Statewide Health Planning and Development review fees in accordance with the California Administrative Code, 2013.

Signature of Applicant: 

Date: April 5, 2016

Title: Principal Structural Engineer

Company Name: ISAT Seismic Bracing

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY  
OSH-FD-700 (REV 5/30/13)

osHPD

Page 1 of 2



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
FACILITIES DEVELOPMENT DIVISION**

**Registered Design Professional Preparing Engineering Recommendations**

Company Name: ISAT Seismic Bracing

Name: William V Joerger California License Number: S4545

Mailing Address: 1020 Crews Rd, Matthews NC 28105

Telephone: 510-714-0216 Email: wvjoerger@isatsb.com

**OSHPD Special Seismic Certification Preapproval (OSP)**

- ☐ Special Seismic Certification is preapproved under OSP-  
(Separate application for OSP is required)
- ☒ Special Seismic Certification is no preapproved

**Certification Method(s)**

- ☐ Testing in accordance with: ☐ ICC-ES AC156 ☐ FM 1950-10
- ☐ Other\* (Please Specify): \_\_\_\_\_

Equipment is considered to be rugged. OPM is for anchorage to concrete slabs.

\*Use of criteria other than those adopted by the California Building Standards Code, 2013 (CBSC 2013) for component supports and attachments are not permitted. For distribution system, interior partition wall, and suspended ceiling seismic bracings, test criteria other than those adopted in the CBSC 2013 may be used when approved by OSHPD prior to testing.

- ☒ Analysis
- ☐ Experience Data
- ☐ Combination of Testing, Analysis, and/or Experience Data (Please Specify): \_\_\_\_\_

**List of Attachments Supporting the Manufacturer's Certification**

- ☐ Test Report ☒ Drawings ☒ Calculations ☐ Manufacturer's Catalog
- ☐ Other(s) (Please Specify): \_\_\_\_\_

**OFFICE USE ONLY – OSHPD APPROVAL VALID FOR CBC 2013 ONLY**

Signature: *J Enzler* Date: 05-11-2016

Print Name: Jeffrey Enzler

Title: DSE

Condition of Approval (if applicable): \_\_\_\_\_

"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY  
OSH-FD-700 (REV 5/30/13)

osHPD

Page 2 of 2



# INTERNATIONAL SEISMIC APPLICATION TECHNOLOGY

A Division of Tomarco Contractor Specialties

## Submittal Documents

OPM-0331-13

**OSHDP OPM-0331-13**

## ATTACHMENT CONSTRUCTION DRAWINGS HEXALUX CEILING AND WALL MOUNTED EXAMINATION LIGHTS

**STERIS**

ISAT  
1020 Crews Road Suite Q  
Matthews, N.C. 28105  
704-841-4080



*WVJ 11 May 16*

FILE NO.: CLT-0316-046

***"Empowered by Experience"***

REV 3

OSHDP OPM-0331-13 DWG - i

## OSHPD OPM-0331-13

### DRAWING INDEX

#### DRAWING INDEX

Cover Page	p i
Index Page	p ii
<u>Drawings for OPM-0331-13</u>	
General Notes, Responsibilities of SEOR	p 1
Attachment Notes	p 2
Metal Deck Slab	p 3
Solid Concrete Slab	p 4
Miscellaneous Steel	p 5
Stiffener Plate	p 6
Suspension Plate	p 7
Wall Mount Details	p 8
Forces and Moments	p 9

## **OSHPD OPM-0331-13**

MANUFACTURE: STERIS

EQUIPMENT TYPE: CEILING AND WALL MOUNTED EXAMINATION LIGHTS

### **GENERAL NOTES:**

1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE CBC 2013. THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2013.
2. SEISMIC CRITERIA USED:  $S_{DS} = 2.5$   $I_p = 1.5$   $a_p = 1.0$   $R_p = 1.5$  (OTHER EQUIPMENT). FOR  $z/h = 0$   $F_p H = 1.13$  AND FOR  $z/h \leq 1.0$   $F_p H = 3.00$  AND  $F_p V = 0.50$ .
3. SUPPORT AND ATTACHMENT FORCES ARE DETERMINED USING ASCE 7-10 CHAPTER 13 "SEISMIC DESIGN REQUIREMENTS FOR NONSTRUCTURAL COMPONENTS". AN OVERSTRENGTH FACTOR  $\Omega_0 = 1.5$  IS USED FOR CONCRETE MATERIALS PER ASCE 7-10 SUPPLEMENT 1 TABLE 13.6-1. LOADS SHOWN ARE STRENGTH DESIGN LOADS PER CBC 2013 SECTION 1909A.
4. THIS PREAPPROVAL COVERS ONLY THE SUPPORTS AND ATTACHMENTS OF THE EQUIPMENT TO THE STRUCTURE.
5. STEEL MATERIALS: PLATE ASTM A36, STRUT ASTM A 653 OR A1011 SS GRADE 33, STRUT CONNECTORS ASTM A36 OR ASTM A1011 SS GRADE 33  $F_y = 33$  KSI, ALL THREAD ROD ASTM A36, NUTS ASTM A563, WASHERS ASTM F436, BOLTS ASTM A 307.
6. CONCRETE SLABS:
  - a. FOR ELEVATED SOLID CONCRETE SLABS: 6" THICKNESS OF NORMAL WEIGHT CONCRETE WITH 3000 PSI MINIMUM STRENGTH.
  - b. METAL DECK: 3" DEEP COMPOSITE STEEL DECK, 20 GAGE MINIMUM, 4 1/2 INCH MINIMUM BOTTOM FLUTE WIDTH AND FLUTE SPACING OF 12", WITH 3 1/4 INCH SAND LIGHT WEIGHT CONCRETE CONCRETE COVER AT 3000 PSI MINIMUM STRENGTH.
7. POST-INSTALLED CONCRETE ANCHORS: HILTI KWIK BOLT TZ (ESR-1917) STAINLESS STEEL 1/2" DIAMETER x 3.25" MIN. HOLE DEPTH (2" EFFECTIVE EMBEDMENT) AND 40 FT-LBS INSTALLATION TORQUE (SUPPLIED BY INSTALLATION CONTRACTOR).
8. PROVIDE FOR FULL THREAD ENGAGEMENT OF NUT AND WASHER.

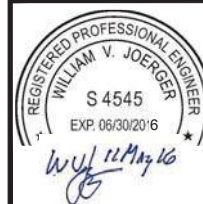
### **RESPONSIBILITIES OF THE STRUCTURAL ENGINEER OF RECORD**

1. CONFIRM THE MATERIAL PROPERTIES AND THICKNESS OF THE CONCRETE SLAB TO WHICH THE EQUIPMENT IS ATTACHED MEETS THE REQUIREMENTS OF THIS OPM.
2. PROVIDE A PLAN FOR INSPECTION OF SUPPORTS AND ATTACHMENTS AND VERIFY ITS IMPLEMENTATION.
3. CONFIRM THE SPECIFIED MINIMUM CONCRETE EDGE DISTANCES ARE MAINTAINED BASED ON THE ACTUAL EQUIPMENT LOCATION. VERIFY THAT EXISTING OR NEW ANCHORS ARE AN ADEQUATE DISTANCE FROM THIS UNIT'S ATTACHMENT.
4. VERIFY THAT THE EXISTING STRUCTURE IS ADEQUATE FOR THE IMPOSED DEAD, LATERAL AND TENSION FORCES SHOWN IN ADDITION TO ALL OTHER LOADS.
5. VERIFY THAT THE INSTALLATION IS IN CONFORMANCE WITH CBC 2013 AND WITH THE OPM-0331-13 DETAILS INCLUDING MATERIALS AND DIMENSIONS OF THE SUPPORT WHERE THE ATTACHMENTS ARE MADE AGREE WITH THE INFORMATION SHOWN.
6. VERIFY THAT THE PROJECT SPECIFIC  $S_{DS}$  AND  $z/h$  VALUES RESULT IN SEISMIC FORCES ( $E_h$  AND  $E_v$ ) DO NOT EXCEED THE VALUES SHOWN IN THESE DETAILS.
7. FOR WALL MOUNTED LIGHTS VERIFY THE MATERIAL PROPERTIES AND WALL THICKNESS OF THE WALL STUDS.

## **OPM-0331-13 STERIS HEXALUX EXAMINATION LIGHTS GENERAL NOTES**



**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com



<b>DRAWN BY:</b> WVJ	
<b>DATE:</b> 04/05/16	
<b>REVISED BY:</b> WVJ	
<b>DATE:</b> 05/06/16	
<b>REV NO:</b> 2	
<b>SCALE</b> N.T.S.	<b>PAGE</b> GEN NOTES

OSHPD OPM-0331-13 DWG - 1

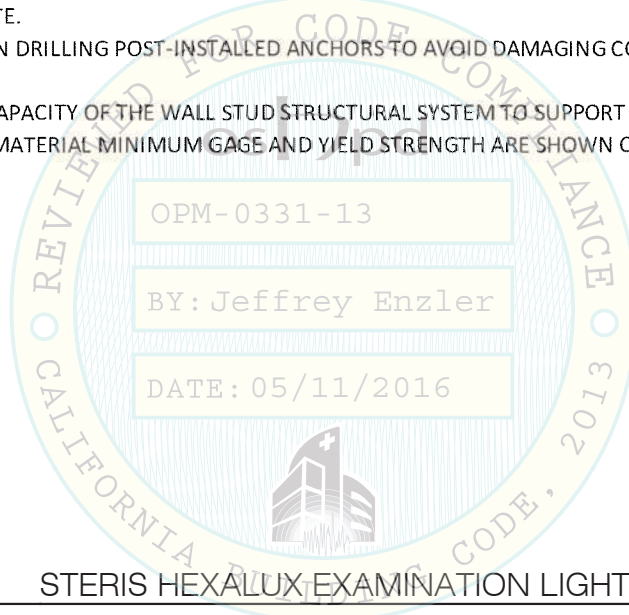
## **OSHPD OPM-0331-13**

MANUFACTURE: STERIS

EQUIPMENT TYPE: CEILING AND WALL MOUNTED EXAMINATION LIGHTS

### **ATTACHMENT NOTES:**

1. THIS OSHPD PREAPPROVAL OF MANUFACTURER'S CERTIFICATION (OPM) IS BASED ON THE CBC 2013. THE DEMAND (DESIGN FORCES) FOR USE WITH THIS OPM SHALL BE BASED ON THE CBC 2013.
2. BRACE ARM INCLINATION MAY VARY FROM 30° TO 60° FROM HORIZONTAL.
3. PERIODIC SPECIAL INSPECTION PER CBC 2013 TABLE 1705.A.3 INCLUDING VERIFICATION OF ANCHOR TYPE, ANCHOR DIMENSIONS, CONCRETE TYPE, CONCRETE COMPRESSIVE STRENGTH, ANCHOR SPACING, EDGE DISTANCES, CONCRETE MEMBER THICKNESS, TIGHTENING TORQUE, HOLE DIMENSIONS, ANCHOR EMBEDMENT AND ADHERENCE TO THE MANUFACTURER'S PRINTED INSTALLATION INSTRUCTIONS AND ESR-1917. IN ADDITION, FOLLOW THE PROVISIONS OF THE 2013 CALIFORNIA BUILDING CODE SECTION 1913.A.7 BY CONFIRMING THE INSTALLATION TORQUE SPECIFIED BY THE MANUFACTURER. TESTING IS NOT TO OCCUR UNTIL A MINIMUM OF 24 HOURS HAS ELAPSED AFTER THE INSTALLATION OF THE SUBJECT ANCHORS. TESTING SHALL BE DONE IN THE PRESENCE OF THE SPECIAL INSPECTOR. TEST 50% OF THE ANCHORS FOR EACH PIECE OF EQUIPMENT. USING A CALIBRATED TORQUE WRENCH VERIFY THE INSTALLATION TORQUE IS OBTAINED WITHIN 1/2 TURN OF THE NUT. REPORT OF TEST REPORTS ARE TO BE SUBMITTED TO OSHPD.
4. STRENGTH DESIGN WAS USED FOR ANCHOR FORCE CALCULATIONS INCLUDING  $\Omega$  PER ACI 318-11 WHERE REQUIRED FOR ATTACHMENT TO CONCRETE.
5. EXERCISE DUE CARE WHEN DRILLING POST-INSTALLED ANCHORS TO AVOID DAMAGING CONCRETE REINFORCEMENT OR TENDONS.
6. DETERMINATION OF THE CAPACITY OF THE WALL STUD STRUCTURAL SYSTEM TO SUPPORT THE IMPOSED LOADS IS BEYOND THE SCOPE OF THIS OPM. THE MATERIAL MINIMUM GAGE AND YIELD STRENGTH ARE SHOWN ON THE CONSTRUCTION DETAILS THAT FOLLOW.



OPM-0331-13      STERIS HEXALUX EXAMINATION LIGHTS      ATTACHMENT NOTES

 <b>International Seismic Application Technology</b> <b>A Division of Tomarco Contractor Specialties</b> 1020 Crews Road, Suite Q, Matthews, NC 28105 704-841-4080    www.isatsb.com	
 <i>WVJ 05/11/16</i>	<b>DRAWN BY:</b> WVJ <b>DATE:</b> 04/05/16
	<b>REVISED BY:</b> WVJ <b>DATE:</b> 05/06/16 <b>REV NO:</b> 2
<b>SCALE</b> N.T.S.	<b>PAGE</b> ATTACH NOTES

OSHPD OPM-0331-13 DWG - 2

STRUT SEE PAGE "MISC STL" x 14" LONG WITH  
1" MINIMUM EDGE DISTANCE TO ANCHOR.  
USE 1/2" STRUT NUTS AND SQ.  
WASHER AT VERTICAL ALL THREAD RODS.

HILTI KWIK BOLT TZ 1/2"  
ANCHORS TYP. SEE NOTE 7  
ON PAGE "GEN NOTES"

1" MAX.  
OFFSET

CL  
FLUTE

3000 PSI LT WT CONC.  
SEE NOTE 6 ON PAGE  
"GEN NOTES"

2-HOLE ANGLE  
CONN. SEE PAGE  
"MISC STL."

30° TO 60°

1'-0" MIN. TO  
7'-0" MAX.

(4) 1 5/8" STRUTS  
9' MAX. LENGTH  
SEE PAGE "MISC. STL."

(4) 1/2" ASTM A36  
ALL THREAD ROD

4-HOLE ANGLE CONN.  
SEE PAGE "MISC STL."

SEE PAGE "FORCES" FOR  
WEIGHTS AND MOMENTS

1/2" A307 BOLT, WASHER AND NUT IN  
9/16" HOLE DRILLED IN SOLID FACE TYP.

STIFFENER PLATE SEE PAGE "STIFF PLATE"

FINISHED CEILING

SUSPENSION PLATE BY STERIS  
SEE PAGE "SUSPENSION"

STERIS HUB AND  
CEILING CLOSURE

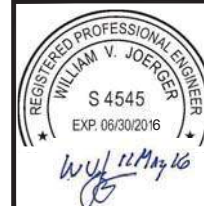
7/16" DIA. ASTM F1554 GRADE 105 ALL  
THREAD ROD WITH (4) WASHERS AND  
NUTS FOR EACH ROD

5 7/8"  
MAX CLR  
BETWEEN PLS

OPM-0331-13 STERIS HEXALUX CEILING MOUNT AT METAL DECK SLAB



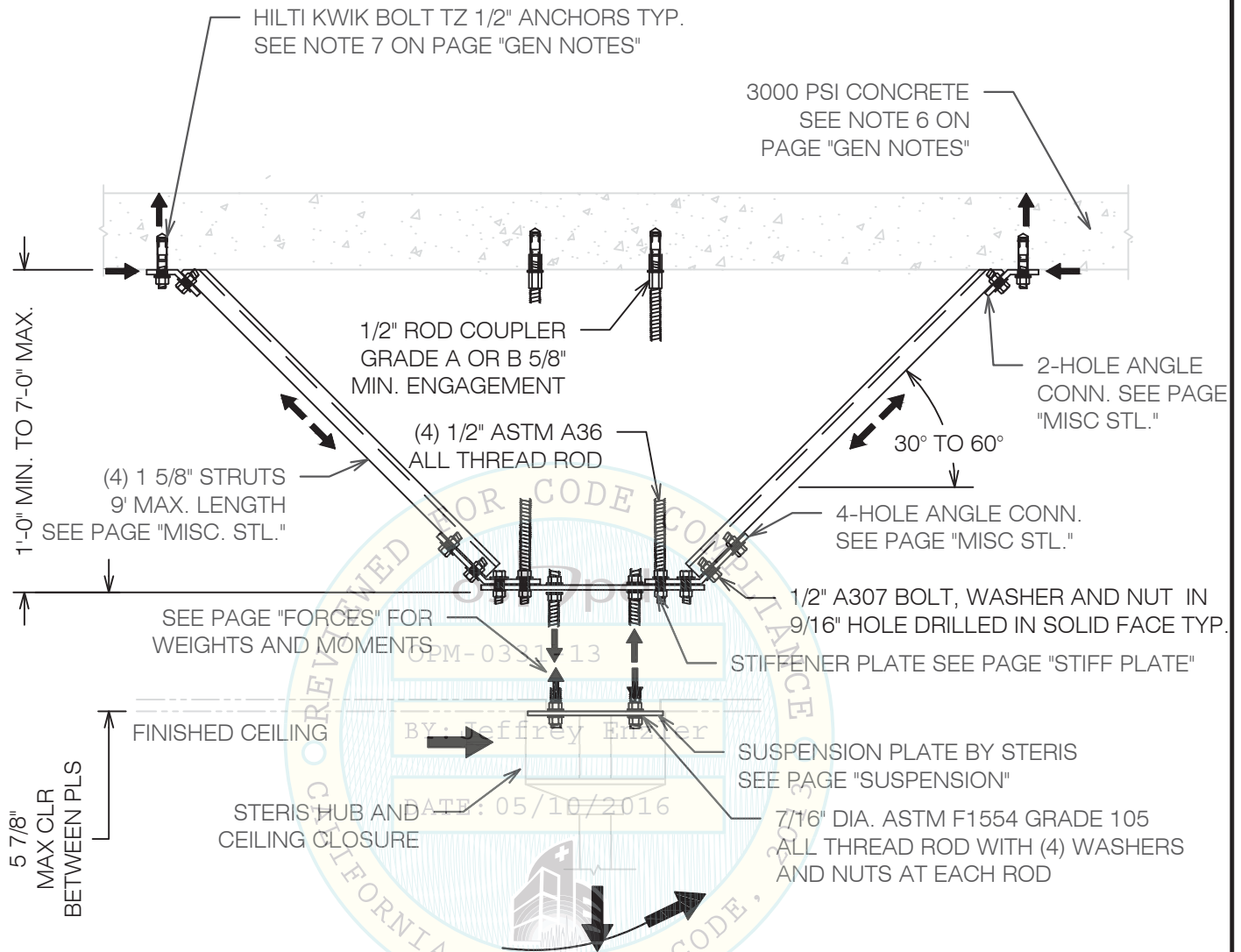
**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com



**DRAWN BY:** WVJ  
**DATE:** 04/05/16  
**REVISED BY:** WVJ  
**DATE:** 05/06/16  
**REV NO:** 2

**SCALE** N.T.S. **PAGE** METAL DECK

OSHPD OPM-0331-13 DWG - 3

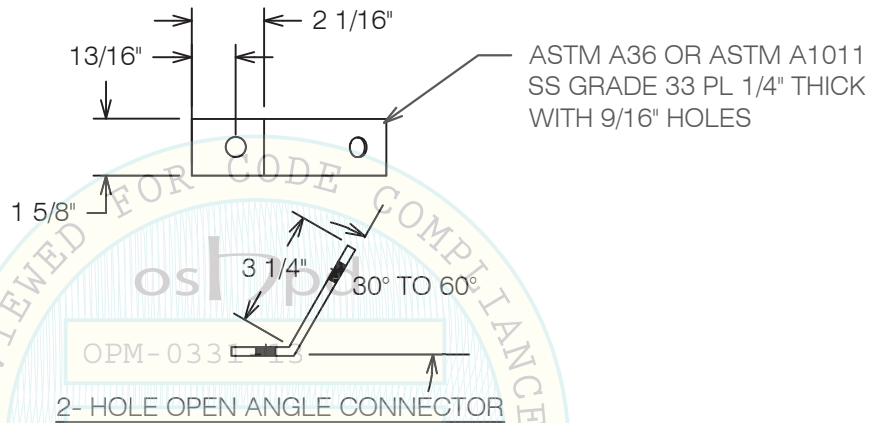
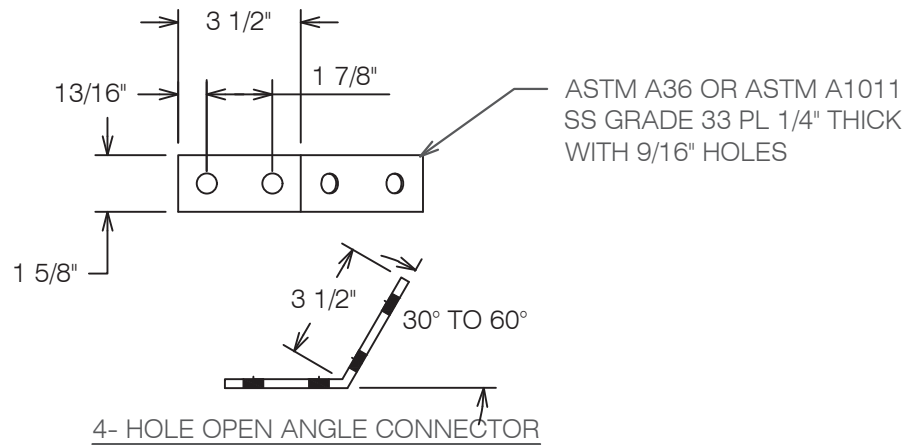


OPM-0331-13 STERIS HEXALUX CEILING MOUNT AT SOLID CONCRETE SLAB

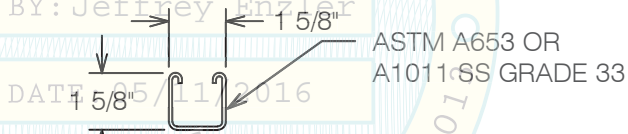


**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
 1020 Crews Road, Suite Q, Matthews, NC 28105  
 704-841-4080 www.isatsb.com

DRAWN BY: WVJ	
DATE: 04/05/16	
REVISED BY: WVJ	
DATE: 05/06/16	
REV NO: 2	
SCALE N.T.S.	PAGE SOLID SLAB



FOR FIELD CONNECTIONS  
DRILL 9/16" HOLES WITH A  
MINIMUM 1" EDGE DISTANCE



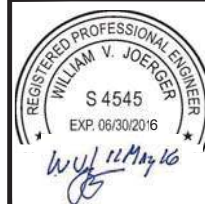
1 5/8" x 1 5/8" x 12 GAGE SOLID STRUT

MINIMUM PROPERTIES AREA = 0.55 IN<sup>2</sup> S<sub>x</sub> = 0.202 IN<sup>3</sup> S<sub>y</sub> = 0.259 IN<sup>3</sup>

OPM-0331-13 STERIS HEXALUX MISCELLANEOUS STEEL DETAILS



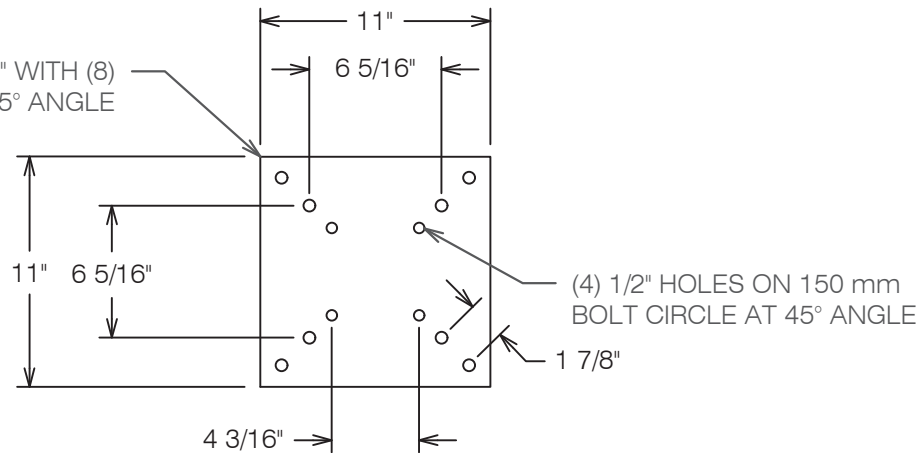
**International Seismic Application Technology**  
A Division of Tomarco Contractor Specialties  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com



DRAWN BY: WVJ	
DATE: 04/05/16	
REVISED BY: WVJ	
DATE: 04/05/16	
REV NO: 0	
SCALE N.T.S.	PAGE MISC. STL.

OSHPD OPM-0331-13 DWG - 5

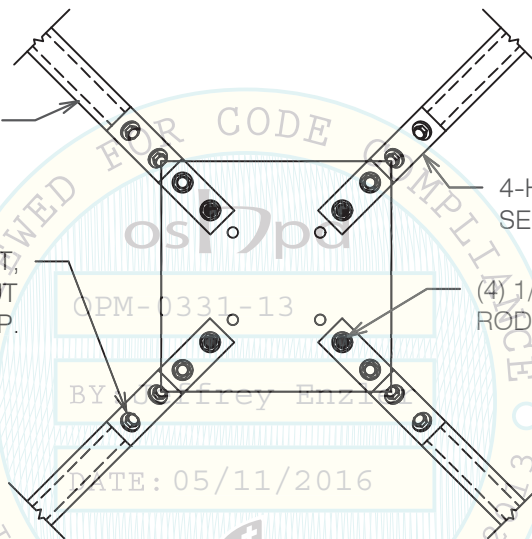
ASTM A36 PL 1/2" WITH (8)  
9/16" HOLES AT 45° ANGLE



STIFFENER PLATE DETAILS

1 5/8" STRUT SEE  
PAGE "MISC STL"

1/2" A307 BOLT,  
WASHER AND NUT  
IN 9/16" HOLE TYP.



4-HOLE ANGLE CONNECTOR  
SEE PAGE "MISC STL"

(4) 1/2" DIA. ALL THREAD  
ROD ASTM A36

STIFFENER PLATE WITH BRACES SHOWN

OPM-0331-13 STERIS HEXALUX STIFFENER PLATE DETAILS  
FOR CEILING ATTACHMENT



**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com



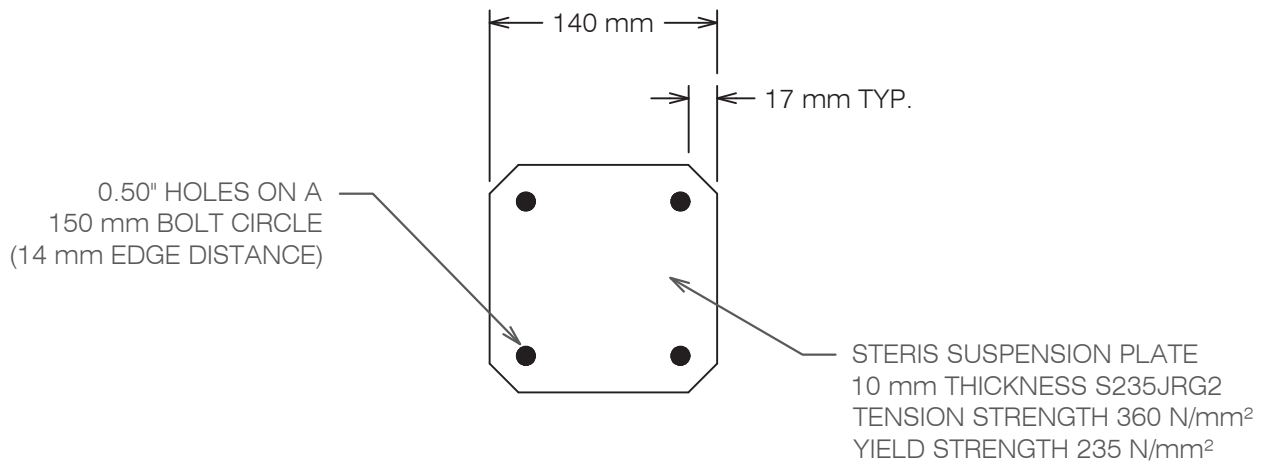
**DRAWN BY:** WVJ  
**DATE:** 04/05/16

**REVISED BY:** WVJ  
**DATE:** 05/06/16  
**REV NO:** 2

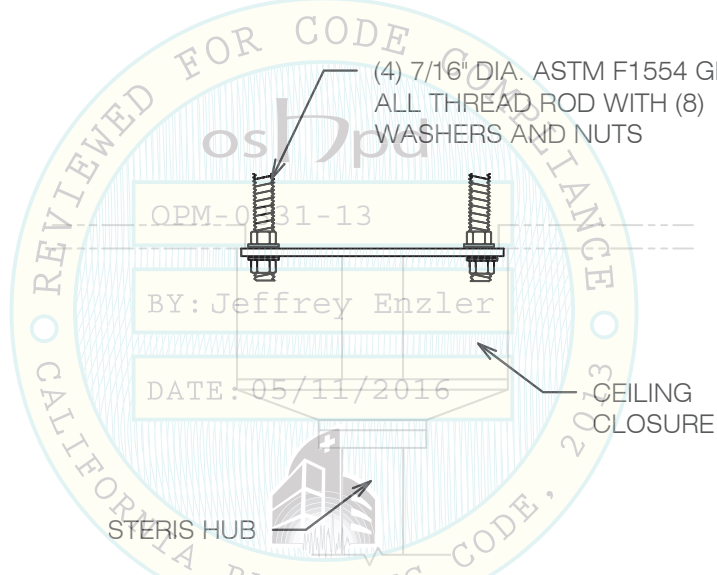
**SCALE**  
N.T.S.

**PAGE**  
STIFF. PLATE

OSHPD OPM-0331-13 DWG - 6



SUSPENSION PLATE PLAN VIEW



OPM-0331-13 STERIS HEXALUX CEILING SUSPENSION PLATE DETAILS



**International Seismic Application Technology**  
A Division of Tomarco Contractor Specialties  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com



**DRAWN BY:** WVJ  
**DATE:** 04/05/16  
**REVISED BY:** WVJ  
**DATE:** 05/06/16  
**REV NO:** 2

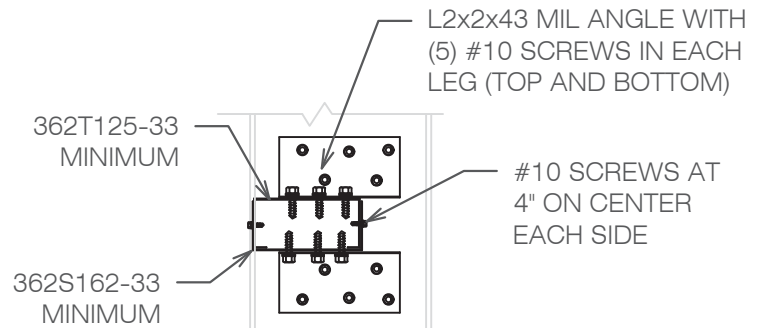
**SCALE**  
N.T.S.

**PAGE**  
SUSPENSION

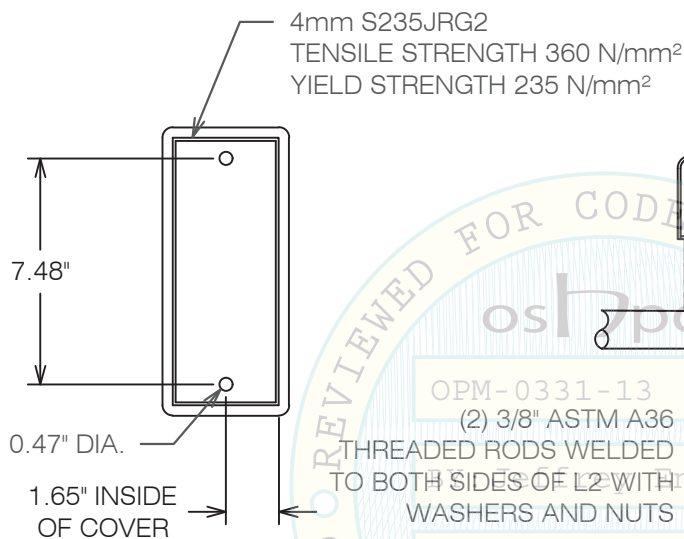
OSHPD OPM-0331-13 DWG - 7

NOTES:

1. WALL STUD DESIGN IS BY OTHERS.
2. 33 MIL MINIMUM THICKNESS FOR THE WALL STUDS AND TRACK.
3. 33 KSI MINIMUM STRENGTH FOR THE WALL STUD AND TRACK.
4. MINIMUM SCREW SPACING IS 5/8" AND MINIMUM EDGE DISTANCE IS 3/8" WITH NO LESS THAN 3 EXPOSED THREADS.

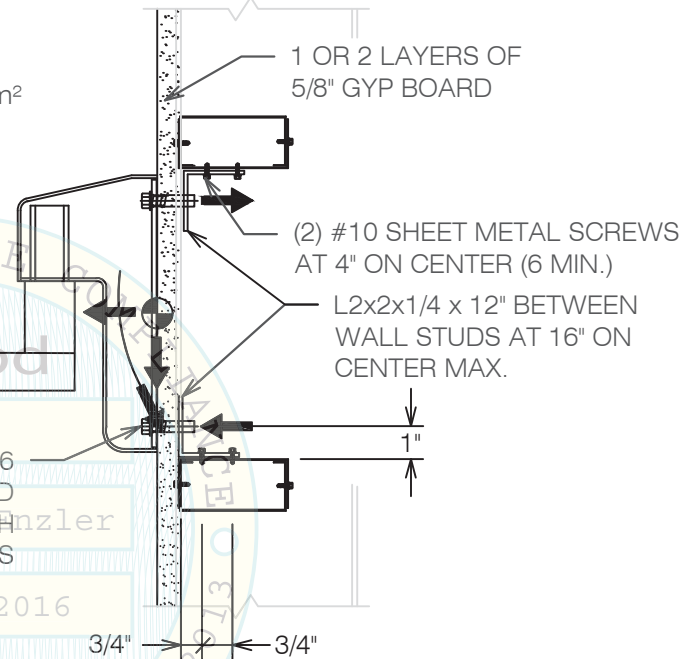


WALL SECTION AT STUD CONNECTION



OPM-0331-13  
(2) 3/8" ASTM A36  
THREADED RODS WELDED  
TO BOTH SIDES OF L2 WITH  
WASHERS AND NUTS

DATE: 05/11/2016



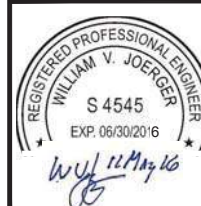
WALL SECTION - MOMENTS

TABULATED ON PAGE "FORCES" ARE  
TO THE OUTSIDE FACE OF THE WALL

OPM-0331-13 STERIS HEXALUX WALL MOUNTING DETAILS



**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
1020 Crews Road, Suite Q, Matthews, NC 28105  
704-841-4080 www.isatsb.com

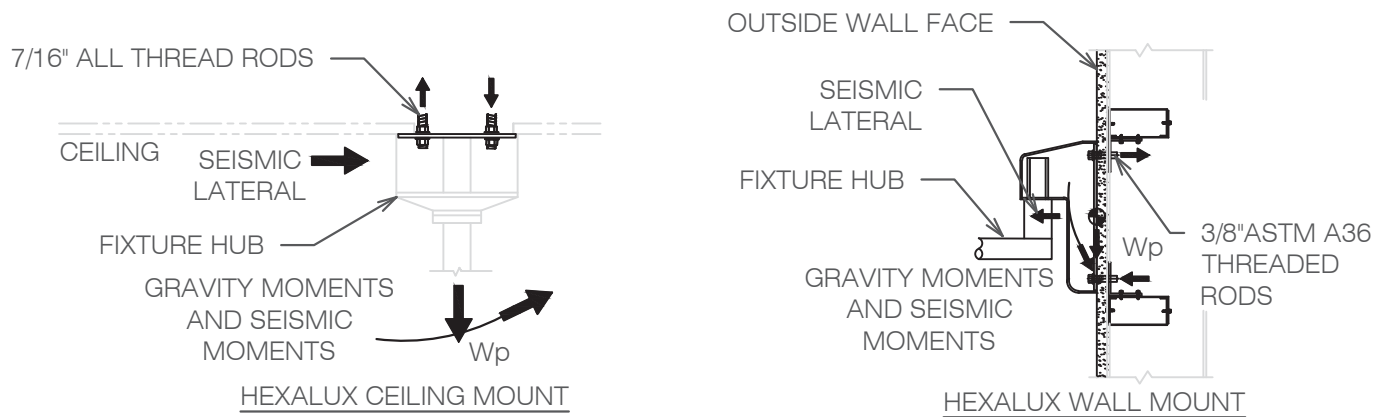


**DRAWN BY:** WVJ  
**DATE:** 04/05/16  
**REVISED BY:** WVJ  
**DATE:** 05/11/16  
**REV NO:** 3

**SCALE**  
N.T.S.

**PAGE**  
WALL MOUNT

OSHPD OPM-0331-13 DWG - 8




STERIS HexaLux Ceiling and Wall Mounted Examination Lights						
Mx Max	Weight	Vertical	Lateral	Mx Max	My Min	Torsion
Case	lbs	lbs	lbs	ft-lbs	ft-lbs	ft-lbs
Model		(DL + FpV) Wt	FpH x Wt	(DL + FpV) Wt x Horz Arm Max	(DL + FpV) Wt x Vert Arm Min	FpH x Wt x Horz Arm Max
HEXALUX C	28.7	49	86	101	161	178
HEXALUX W	20	34	60	104	22	183
Mx Min		Vertical	Lateral	Mx Min	My Max	Torsion
Case		lbs	lbs	ft-lbs	ft-lbs	ft-lbs
Model		(DL + FpV) Wt	FpH x Wt	(DL + FpV) Wt x Horz Arm Min	(DL + FpV) Wt x Vert Arm Max	FpH x Wt x Horz Arm Min
HEXALUX C	28.7	49	86	96	205	169
HEXALUX W	20	34	60	102	70	179

1. WEIGHTS AND MOMENTS ARE FACTORED (LRFD) VALUES.
2. Mx ARE MOMENTS IN THE HORIZONTAL AXIS DUE TO THE COMPONENT WEIGHT TIMES A MAXIMUM HORIZONTAL ECCENTRICITY.
3. My ARE MOMENTS IN THE HORIZONTAL AXIS DUE TO THE COMPONENT WEIGHT TIMES THE MAXIMUM VERTICAL ECCENTRICITY.
4. TORSIONAL MOMENTS ARE DUE THE THE LATERAL FORCE ON THE COMPONENT A MAXIMUM HORIZONTAL ECCENTRICITY.
5. TWO LOAD CASES ARE USED TO DEFINE THE DESIGN MOMENTS. FIRST THE BOOM AND LUMINARY ARE SET AT THE MAXIMUM X-AXIS DISTANCE WITH A CORRESPONDING MINIMUM Y-AXIS DISTANCE (DESIGN FORCES INCLUDE VERTICAL + LATERAL + Mx MAX + My MIN + TORSION). THE SECOND CASE IS FOR THE BOOM AND LUMINARY ROTATED 45 DEGREES DOWN FROM THE POINT OF ROTATION FOR A MAXIMUM Y-AXIS MOMENT AND MINIMUM X-AXIS MOMENT (DESIGN FORCES INCLUDE VERTICAL + LATERAL + Mx MIN + My MAX + TORSION).
6. MAXIMUM CONCRETE ANCHORAGE FORCES INCLUDING CONCRETE OVERSTRENGTH FACTOR: Vu = 335 LBS AND Tu = 480 LBS.
7. MAXIMUM BOLT FORCES AT THE WALL MOUNTING BRACKET ARE LRFD SHEAR Vu = 34 LBS AND ASD TENSION Tu = 1130 LBS BASED ON MOMENTS TAKEN AT THE OUTSIDE FACE OF THE WALL STUD.

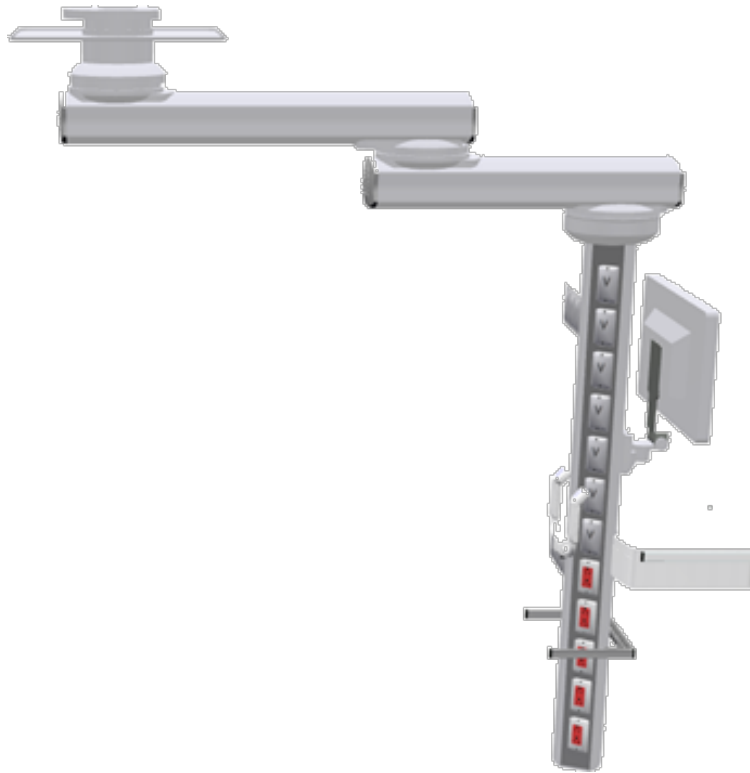
OPM-0331-13 STERIS HEXALUX FORCES AND MOMENTS



**International Seismic Application Technology**  
**A Division of Tomarco Contractor Specialties**  
 1020 Crews Road, Suite Q, Matthews, NC 28105  
 704-841-4080 www.isatsb.com

	<b>DRAWN BY:</b> WVJ <b>DATE:</b> 04/05/16	
	<b>REVISED BY:</b> WVJ <b>DATE:</b> 05/11/16 <b>REV NO:</b> 3	
	<b>SCALE</b> N.T.S.	<b>PAGE</b> FORCES

OSHPD OPM-0331-13 DWG - 9



**Account Name:** UCDMC

Room Application ICU

Room Numbers:

Quantity: 12

Date Required: 3/8/2023

Date Pre-installation items required: 3/8/2023

STERIS PO Number:

Customer PO:

Order Item No:

Customer Item Number:

STERIS Account Manager: Alex Sylvan

Voice Mail:

STERIS Project Manager: Simon Cruickshank

Voice Mail:

1. STERIS RECOMMENDS INSTALLATION DURING EARLY PHASE OF CONSTRUCTION.

2. STERIS ASSUMES NO RESPONSIBILITY FOR CHANGES MADE NECESSARY THROUGH FAILURE TO OBSERVE INSTALLATION INSTRUCTIONS. IT IS THE RESPONSIBILITY OF THE CUSTOMER TO INSURE THAT UNITS ARE INSTALLED IN ACCORDANCE WITH STATE AND LOCAL CODE.

THIS SIGNATURE CONFIRMS EQUIPMENT SPECIFICATIONS AND CEILING HEIGHT CONTAINED IN THIS DOCUMENT AND ACKNOWLEDGES THAT ANY CHANGES MAY RESULT IN ADDITIONAL FEES AND DELAYED DELIVERY

TITLE:  
SIGNATURE:

DATE:

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## TITLE SHEET

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

1 of 19

## Table Of Contents

SHT. NO.	CONTENTS
1	Account Information
2	Table of Contents
3	Elevation and Plan Overviews
4	Electrical Panel Details
5	Gas Panel Details
6	Accessories
7	No Charge Preinstall Items
8	Support Structure Mounting Height Detail
9	Support Structure Detail
10	Structure Plate Bolt Hole Pattern
11	Support Structure Engineering Requirements
12	Ceiling Access Requirements
13	Ceiling Access Requirements - Single
14	Structural Plate Instructions
15	Gas Details Tandem EMS United States Page 1
16	Gas Details Tandem EMS United States Page 2
17	Electrical Details EMS United States Page 1
18	Electrical Details EMS United States Page 2
19	Gas Testing NFPA99

Special Instructions:  
PICU

	Description	Part Number	Qty/Unit
	HarmonyAIR Single Mount Flush Cover		1
Drop One	HarmonyAIR Column, Single Mount, Extended Bearing, Fixed Arms, Active Brakes, 12E/8G Outlets, No Reg, 2 Non-Reg Exp Modules +EM	HMSEFCOA1208X2	1
	HarmonyAIR DF 36x24 in (900x 600mm) (short)		1
	HarmonyAIR Supply Column 1700mm (5.5 ft)		1
	Rear Brake Handles		1
	Drawer Kit for Small Shelves	THDRAWSM	1
	Small Shelf, Rails	THSHES02	1
	Electro-Mechanical Brakes		1

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## TABLE OF CONTENTS

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

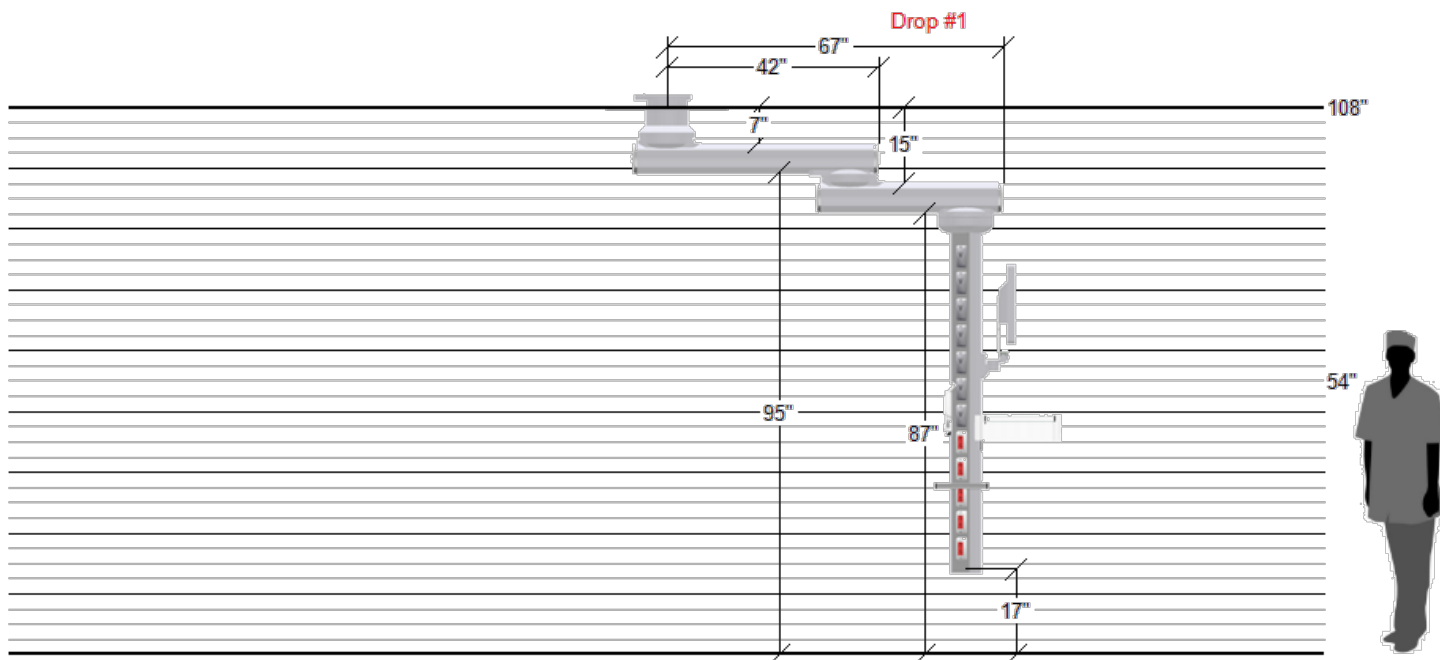
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

2 of 19



Accessory Placement to be determined at the time of installation by the STERIS PDM & AM.  
Each grid line above represents 3" distance.

#### Mount Specific Load / Moment Values

	Arm Description	Load (lbs)	Moment (ft-lbs)
Drop #1	HarmonyAIR DF 36x24 in (900x 600mm) (short)	910	3571
TOTAL		910	3571

For Max load/moment values see "Support Structure Engineering Requirements" detail page in equipment drawing section.  
For seismic zones consult project specific calculations. Contact your local STERIS Project Design Manager. (sterisarchportal.com)

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## ELEVATION AND PLAN OVERVIEWS

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

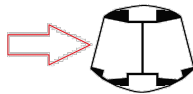
PRINTED DATE

3/26/2024

SHEET

3 of 19

# Drop #1

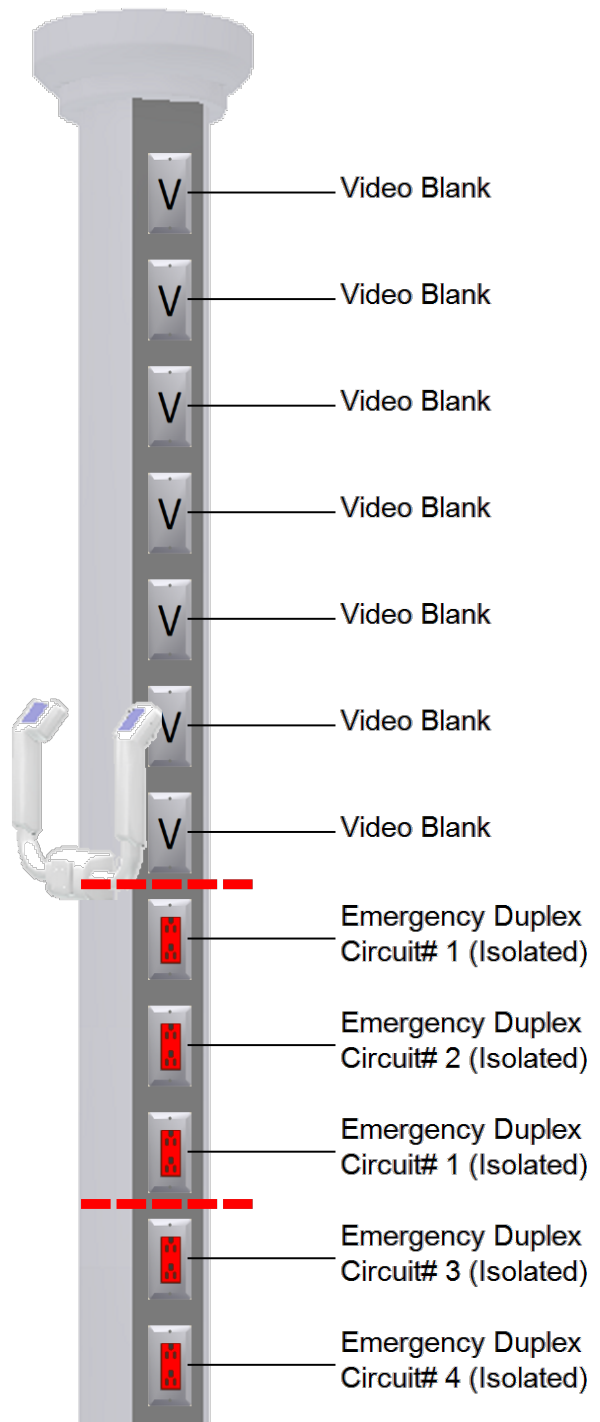


----- High Voltage Divider Plate  
 ----- Low Voltage Divider Plate

Electric	Type	Isolated	Total
Emergency Duplex	Emergency	Yes	5

DATA	Qty.
Video Blank	7

EMS CIRCUIT TYPE	AMP	QTY
EMS (FIXED ARM) BRAKES - ELECTRO/MECHANICAL (EM)	2	1
EMS SPRING ARM BRAKES - (EM)	6	
EMS MOTORIZED ARM BRAKES - (EM)	10	
STANDARD - NORMAL	20	
STANDARD - ISOLATED	20	
BLUE (UPS) - NORMAL	20	
BLUE (UPS) - ISOLATED	20	
EMERGENCY - NORMAL	20	
EMERGENCY - ISOLATED	20	4
LASER OUTLET (NEMA L6-30R)	30	
AC SURGICAL MONITOR(s)	30	



TITLE: SIGNATURE:	
DATE:	
ACCOUNT NAME UCDMC	
ACCOUNT LOCATION Sacramento, CA	
FILE NAME	
PRINTED DATE 3/26/2024	SHEET 4 of 19

Circuit identification engraving and/or plates are provided and installed by others on site

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



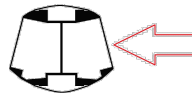
STERIS Corporation  
 Mentor, OH

## ELECTRICAL OUTLET CONFIGURATION

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1



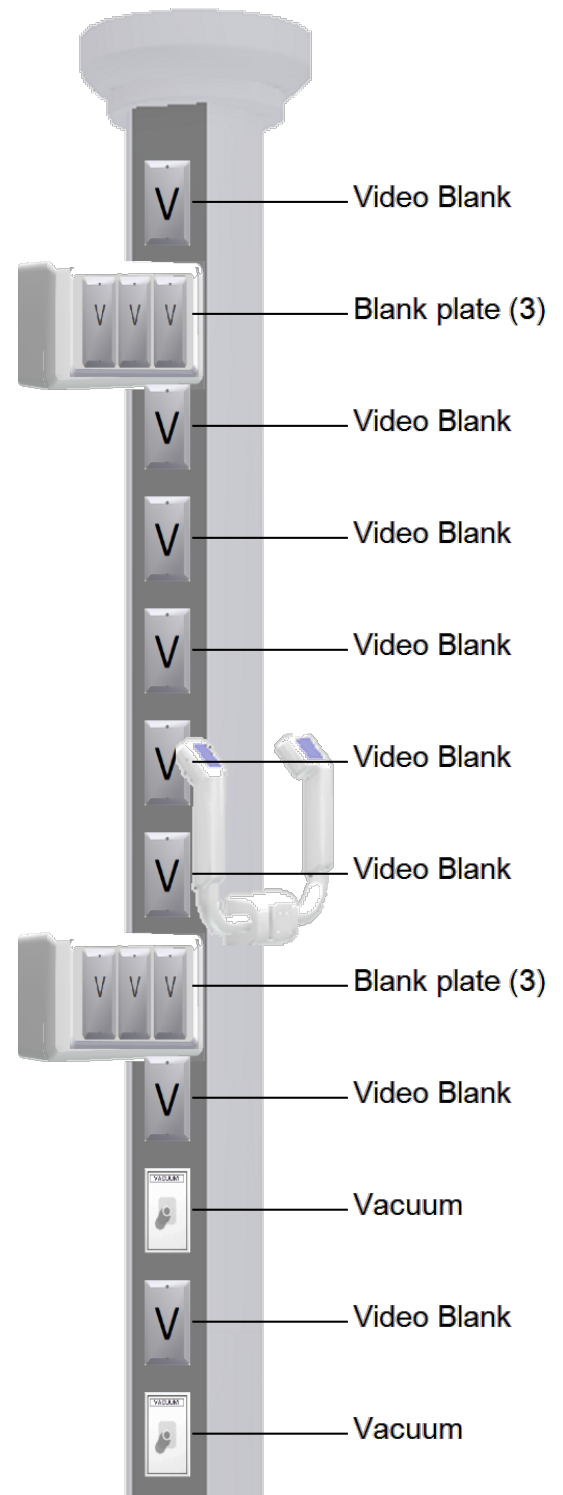
Gas Outlet Type:  
DISS



Gas	Qty	Type	Total
Vacuum	2	DISS	2

DATA	Qty.
Video Blank	8
Blank plate Expansion Module with 3 plates	2

		Domestic		Canada	Qty
		From NFPA99		From SCA	
		Table 5.1.11		Z73396.1-17	
Gas Type		Max	Recommended	Recommended	
Carbon Dioxide	CO2	199 PSIG	50-55 PSIG	50 - 55 PSIG	0
Nitrogen	N	199 PSIG	160-185 PSIG	160-180 PSIG	0
Oxygen	O2	100 PSIG	50-55 PSIG	50-55 PSIG	0
Medical Air	MED AIR	100 PSIG	50-55 PSIG	50-55 PSIG	0
Nitrous Oxide	N2O	100 PSIG	50-55 PSIG	50-55 PSIG	0
WAGD (USA)	WAGD	20 IN HG	12-15 IN HG	N/A	0
AGSS (CANADA)	AGSS	25 IN HG	20-25 IN HG	12-26 IN HG	0
VAC (USA)	VAC	20 IN HG	12-15 IN HG	N/A	2
MED VAC (CANADA)	MED VAC	20 IN HG	20-25 IN HG	20-25 IN HG	0
Instrument Air	INST AIR	199 PSIG	160-185 PSIG	N/A	0



TITLE: SIGNATURE:	
DATE:	
ACCOUNT NAME UCDMC	
ACCOUNT LOCATION Sacramento, CA	
FILE NAME	
PRINTED DATE 3/26/2024	SHEET 5 of 19

Circuit identification engraving and/or plates are provided and installed by others on site

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH




## GAS OUTLET CONFIGURATION

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1



Image	Description	Qty (per unit)
	Cross Rail with Side Rails 14 inches	1
	Monitor Arm Single articulation, Capacity 30 lbs	1
	Small Shelf (17.7 W x 16.9 D), 1 Drawer, Rails	1

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## ACCESSORIES

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

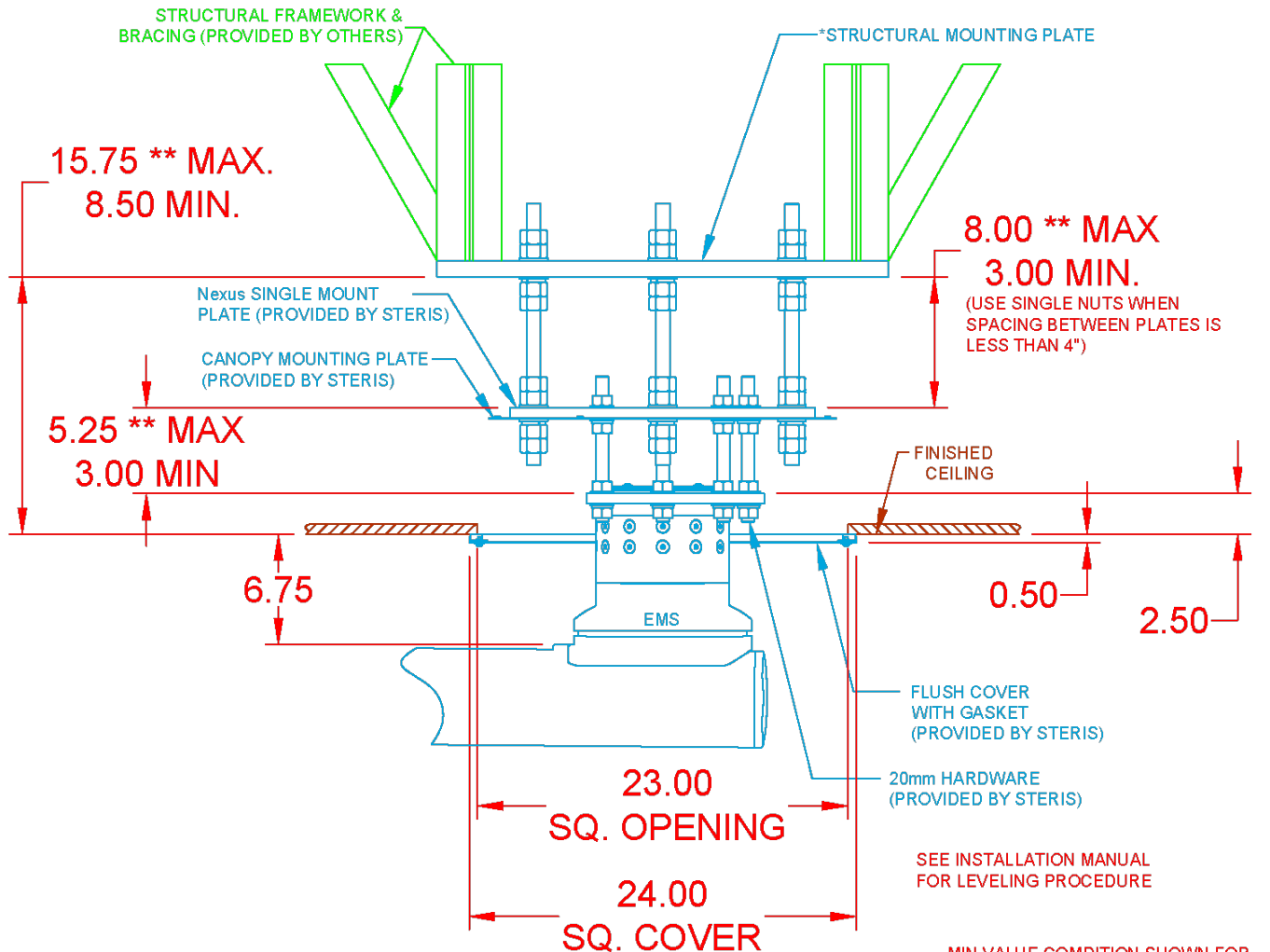
6 of 19



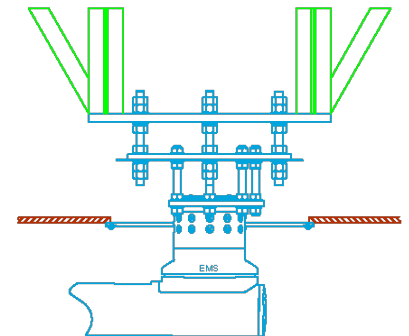
\*MAY BE PROVIDED BY  
STERIS  
QUOTED SEPARATELY  
ADDITIONAL CHARGE APPLIES

THE CUSTOMER ASSUMES ALL RESPONSIBILITY FOR THE STRUCTURAL DESIGN, SUPPORT BRACING, & STRUCTURAL SUPPORT INSTALLATION. CONSULT WITH THE ENGINEER OF RECORD (EOR) TO ENSURE THAT THE STRUCTURAL MOUNTING PLATE PROVIDED BY STERIS IS SEAMLESSLY INCORPORATED INTO THE BUILDING'S STRUCTURAL DESIGN & SUPPORT BRACING. STERIS ASSUMES NO RESPONSIBILITY FOR THE CUSTOMER'S STRUCTURAL DESIGN, SUPPORT BRACING, & STRUCTURAL SUPPORT INSTALLATION.

\*\* MAX VALUE CONDITION SHOWN



MIN VALUE COMDION SHOWN FOR ILLUSTRATION PURPOSES ONLY



## SINGLE MOUNT FLUSH COVER

NOTE:  
STRUCTURAL MOUNT PLATE HEIGHT IS SPECIFIC TO COMPONENTS SHOWN IN THIS DRAWING PACKAGE.  
DIFFERENT COMPONENT CONFIGURATIONS WILL REQUIRE DIFFERENT STRUCTURAL MOUNT PLATE HEIGHTS.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## SUPPORT STRUCTURE MOUNTING HEIGHT DETAIL

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

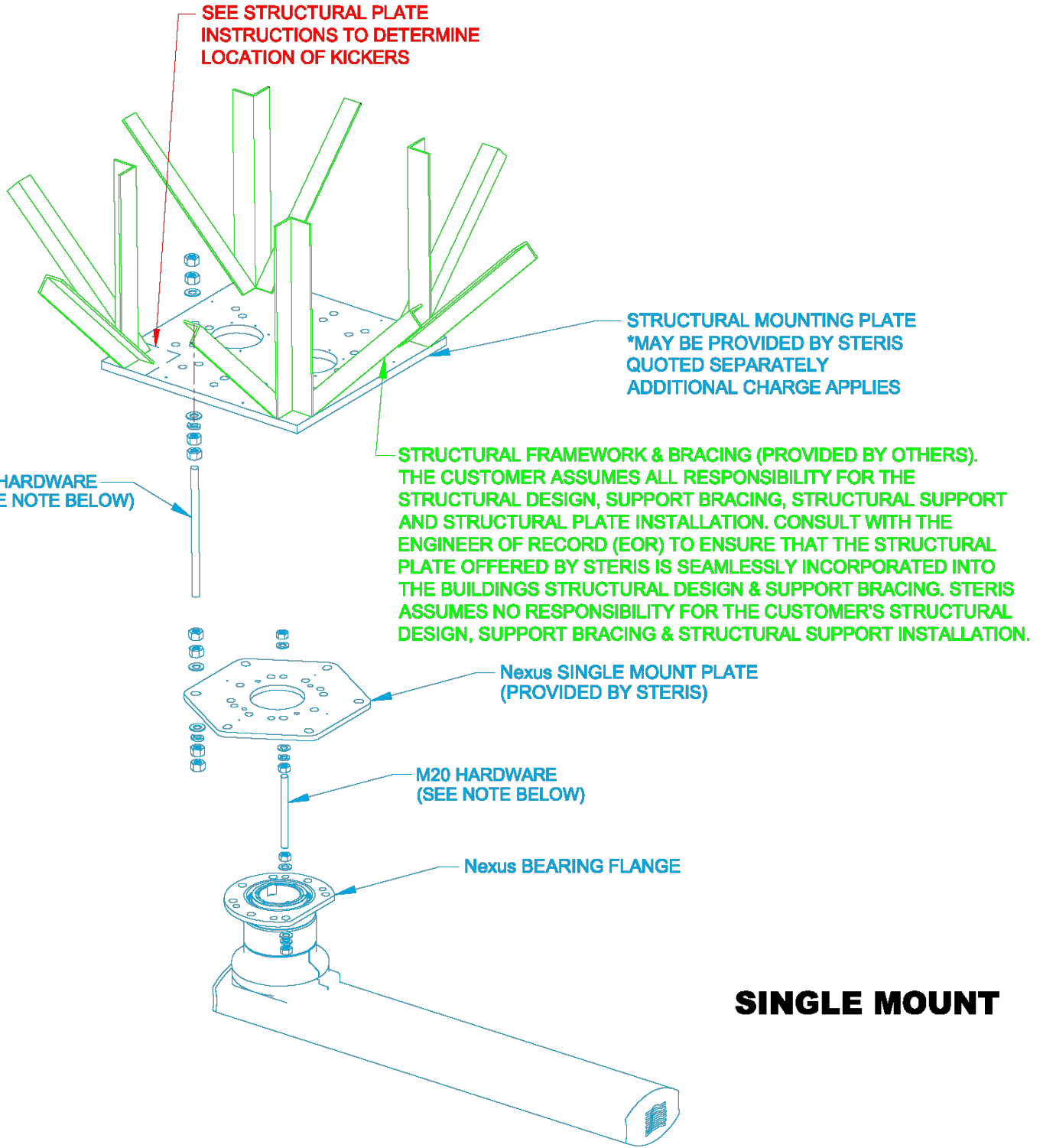
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

8 of 19



## SINGLE MOUNT

**NOTE:**  
1 SET MOUNTING HARDWARE SHOWN  
6 SETS REQUIRED - PROVIDED BY STERIS  
7/8-9 X16" TH. ROD ASTM A193 GRADE B7 OR EQUIVALENT  
7/8-9 UNC HEX NUT ASTM A194 GRADE 2H  
7/8 HARDENED STEEL FLAT WASHER ASTM F436  
7/8 STEEL LOCK WASHER

**NOTE:**  
1 SET MOUNTING HARDWARE SHOWN  
7 SETS REQUIRED - PROVIDED BY STERIS  
M20-2.5 TH. ROD DIN 975 METRIC CLASS 8.8  
M20-2.5 HEX NUT DIN 934 METRIC CLASS 10  
M20 FLAT WASHER METRIC CLASS DIN 125A  
M20 SPLIT LOCK WASHER METRIC CLASS 127B

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## SUPPORT STRUCTURE DETAIL

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

PRINTED DATE

3/26/2024

SHEET

9 of 19

## SINGLE MOUNT UNIT BOLT HOLE PATTERN

15/16 THRU  
12 HOLES  
EQUALLY SPACED  
AS SHOWN ON  
Ø18.500 B.C.

30° TYP.

1/4-20 UNC THRU  
TYP 8 PLACES

Ø6.0 THRU  
2 HOLES

8.500  
TYP

14.000

11.000  
TYP

28.000

1.000  
TYP

## TANDEM MOUNT UNIT BOLT HOLE PATTERN

15/16 THRU  
12 HOLES  
EQUALLY SPACED  
AS SHOWN ON  
Ø22.50 B.C.

SEE DETAIL A

10.63

8.500  
TYP

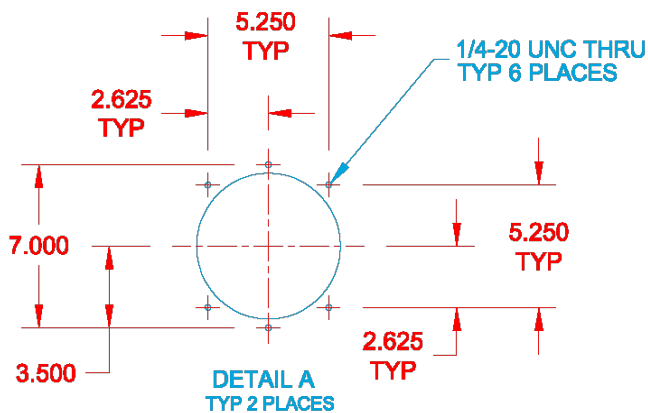
11.000  
TYP

14.000

28.000

1.000  
TYP

STRUCTURAL MOUNTING  
PLATE  
\*MAY BE PROVIDED  
BY STERIS  
QUOTED SEPARATELY  
ADDITIONAL CHARGE APPLIES



ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## STRUCTURAL PLATE BOLT HOLE PATTERN

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME  
UCDMC

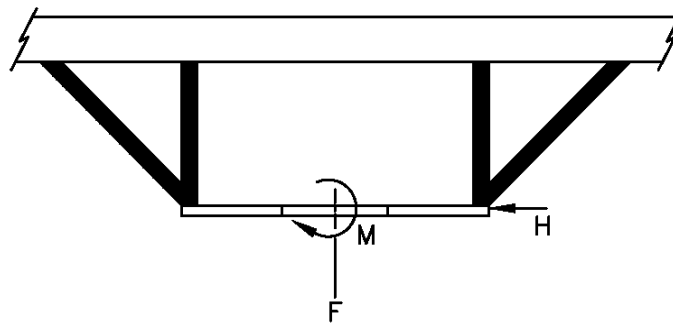
ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

10 of 19



# **STRUCTURAL MOUNT ENGINEERING DATA NOTES**

DESIGN OF THE EMS SUPPORT STRUCTURE IS CRITICAL TO SAFE, TROUBLE FREE OPERATION.

- A. THE STRUCTURAL MOUNTING PLATE MUST BE FLAT, LEVEL AND MUST ADEQUATELY SUPPORT THE EMS SYSTEM CONFIGURATION TO BE INSTALLED.
- B. MAXIMUM LOAD CONFIGURATIONS-STERIS RECOMMENDS A STRUCTURAL MOUNT THAT CAN ACCOMMODATE THE MAXIMUM LOAD CONFIGURATION TO ALLOW FOR THE ADDITION OF COMPONENTS IN THE FUTURE.  
TOTAL LOAD "F" ON THE STRUCTURAL MOUNTING PLATE:  
2,020 LBS (8,920 N)  
MAXIMUM MOMENT "M" AT THE STRUCTURAL MOUNTING PLATE:  
12,850 FT-LBS (17,400 Nm)  
(FOR MORE SPECIFIC LOADING INFORMATION REFERENCE CUSTOMER PLANNING SHEETS)
- C. MAXIMUM ACCEPTABLE HORIZONTAL DEFLECTION OF THE STRUCTURAL MOUNTING PLATE:  
0.1 INCHES (2.5mm) WITH A HORIZONTAL LOAD OF "H" OF 2,020 LBS (8,920 N)
- D. MAXIMUM ACCEPTABLE ANGULAR DEFLECTION OF THE STRUCTURAL MOUNTING PLATE:  
1/3 OF A DEGREE WITH THE MAXIMUM MOMENT "M" APPLIED OF 12,850 FT-LBS (17,400 Nm)
- E. IF THE SPACE BETWEEN THE SECONDARY MOUNTING PLATE (PROVIDED BY STERIS) AND THE STRUCTURAL MOUNTING PLATE (SEE SUPPORT STRUCTURE MOUNTING HEIGHT DETAIL) EXCEEDS THE MAXIMUM ACCEPTABLE DISTANCE SHOWN, AN "INTERMEDIATE SUPPORT PLATE (STIFFENING PLATE) OR STRUCTURE" (PROVIDED BY OTHERS) IS REQUIRED. CONSULT THE STRUCTURAL ENGINEER OF RECORD.

## **NOTES:**

- 1) FOR THE MAXIMUM ALLOWABLE LOAD THAT CAN BE CARRIED ON EACH PENDANT COLUMN OR HEAD (CONSISTING OF EQUIPMENT, SHELVES, & ACCESSORIES), REFERENCE THE EMS "TECH DATA" DOCUMENTATION.(CONTACT STERIS) OR REFERENCE THE ALLOWABLE LOAD CAPACITY "LABEL" LOCATED ON THE PENDANT HEAD OR COLUMN.
- 2) LAMINAR AIR FLOW DUCT-WORK SHOULD BE INSTALLED NO CLOSER THAN 24 INCHES FROM THE CENTERLINE OF THE VERTICAL EXTENSION TUBE/HARMONY BEARING PLATE. IF ADEQUATE CLEARANCE IS NOT ACHIEVED, AN ACCESS DOOR SHOULD BE PROVIDED IN THE CEILING TO ASSIST IN CABLE ROUTING AND SYSTEM TROUBLESHOOTING.
- 3) STERIS RECOMMENDS ALL EXTERNAL VIBRATION SOURCES (i.e., CAUSED BY AIR HANDLING UNITS ON THE ROOF, HVAC UNITS, ETC.) THAT MAY PASS THROUGH THE STRUCTURAL PLATE, TO BE MINIMIZED TO PREVENT DAMAGE, AND INSURE PROPER OPERATION OF THE HARMONYAIR EQUIPMENT MANAGEMENT SYSTEM.

EXTERNAL VIBRATIONS THAT ARE TRANSLATED TO THE EMS SUPPORT STRUCTURE CAN RESULT IN PREMATURE DAMAGE TO THE EQUIPMENT MANAGEMENT SYSTEM'S "BEARINGS", via FALSE BRINELLING. FALSE BRINELLING IS CAUSE BY VIBRATIONS ACTING ON THE BEARING WHILE IN A NON-ROTATING STATE IF VIBRATIONS ARE NOT ELICITED.

FALSE BRINELLING CAN BE MINIMIZED BY FREQUENTLY ROTATING EQUIPMENT AND AVOIDING LONG STANDSTILL PERIODS WITH VIBRATIONS/MICROMOVEMENTS PRESENT.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## **SUPPORT STRUCTURE ENGINEERING REQUIREMENTS**

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME  
UCDMC

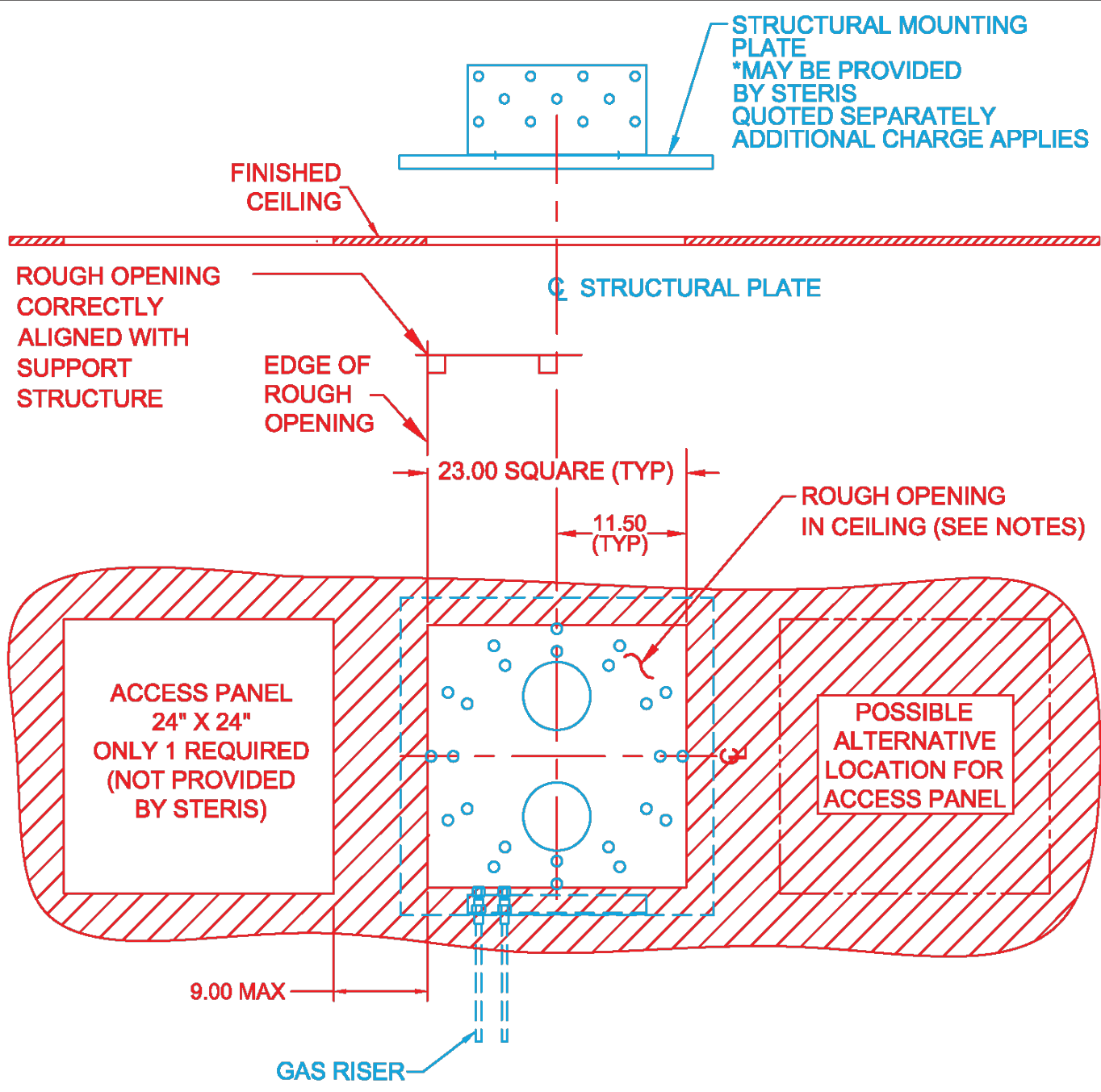
ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

8/06/2024

SHEET

11 of 19



NOTES:

1. TWO OPENINGS IN THE FINISHED CEILING ARE REQUIRED:
  - 1.1. ONE FOR THE INSTALLATION OF EMS UNIT - CENTERED UNDER THE STRUCTURAL MOUNTING PLATE
  - 1.2. ONE FOR THE 24x24 CEILING SERVICE ACCESS PANEL
2. IN ORDER TO INSURE THE HOOD COMPLETELY COVERS THE ROUGH OPENING IN THE FINISHED CEILING, THE ROUGH OPENING MUST BE CAREFULLY CUT TO LINE UP WITH THE BOLT HOLE PATTERN OF THE STRUCTURAL MOUNT.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**

 STERIS Corporation  
Mentor, OH

**CEILING ACCESS REQUIREMENTS  
SINGLE MOUNT**

HarmonyAIR Fixed-Equipment

H-number: Item no: C1

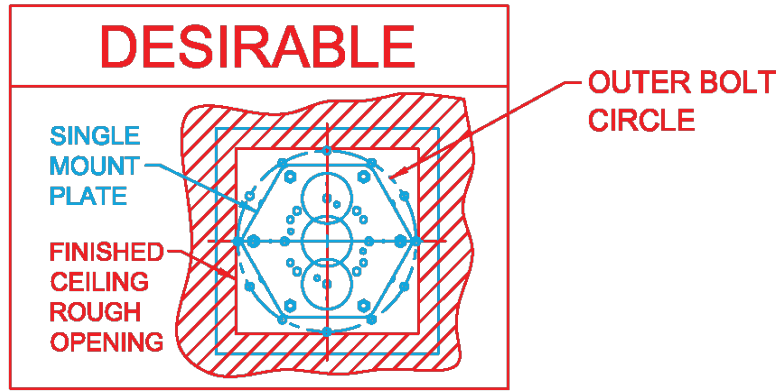
ACCOUNT NAME  
UCDMC

ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

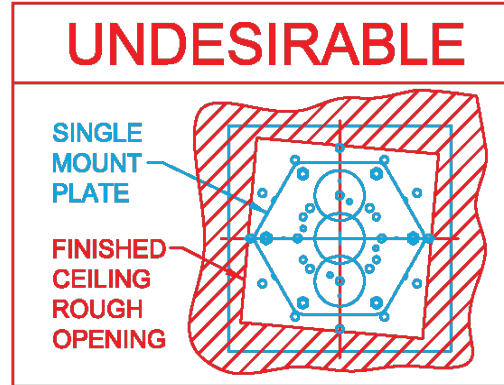
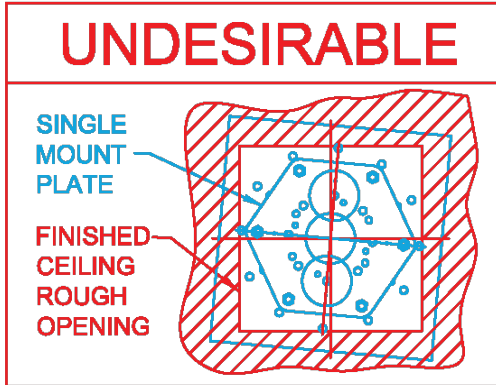
PRINTED DATE  
3/26/2024

SHEET  
12 of 19



**NOTES:**

3. ALL HOLES WITHIN THE OUTER BOLT CIRCLE SHOWN IN THE FIGURES ABOVE MUST BE SEEN THROUGH THE ROUGH OPENING.
4. THE CENTERLINE CONNECTING THE TWO LARGE HOLES IN THE STRUCTURAL PLATE MUST BE PERPENDICULAR / PARALLEL TO ALL SIDES OF THE ROUGH OPENING. THIS WILL ENSURE THAT THE CANOPY IS ALSO ALIGNED PROPERLY WITH THE STRUCTURE PLATE AND THE INTERMEDIATE PLATE WHILE PROPERLY COVERING THE ROUGH OPENING.



ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## CEILING ACCESS REQUIREMENTS SINGLE MOUNT

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

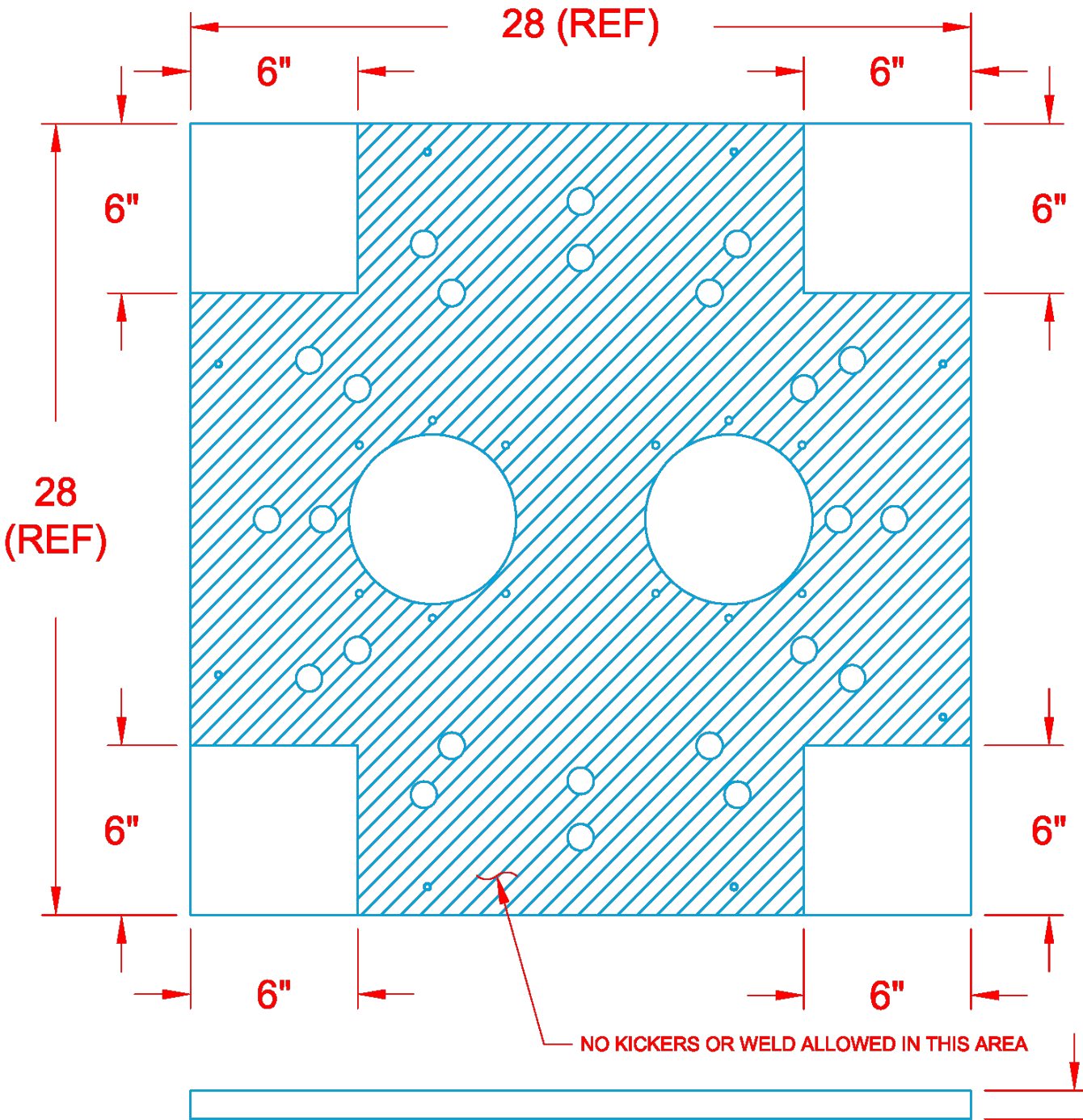
FILE NAME

PRINTED DATE  
3/26/2024

SHEET

13 of 19

CAD DWG DATE 3/16/10 DRAWN BY MDS CHECKED BY G.W. ECA 114046 REV. DATE 2/22/11 REV. NO. 1 DWG. NO. 129387-614



**NOTES:**

1. ALL WELD AND KICKERS MUST BE CONTAINED WITHIN THE 6" X 6" AREAS LOCATED AT EACH CORNER OF THE PLATE.
2. THE DESIGN OF THE CUSTOMER'S STRUCTURAL FRAMEWORK AND BRACING IS THE SOLE RESPONSIBILITY OF THE BUILDING'S ENGINEER OF RECORD (EOR). CONSULT WITH THE EOR TO INSURE THAT THE STRUCTURAL MOUNTING PLATE THAT STERIS PROVIDES, CAN BE SEAMLESSLY INCORPORATED INTO THE DESIGN OF THE SUPPORT STRUCTURE.
3. STRUCTURAL PLATE MATERIAL: 1" A36 STEEL (PROVIDED BY STERIS)

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

**STRUCTURAL PLATE  
INSTRUCTIONS**

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

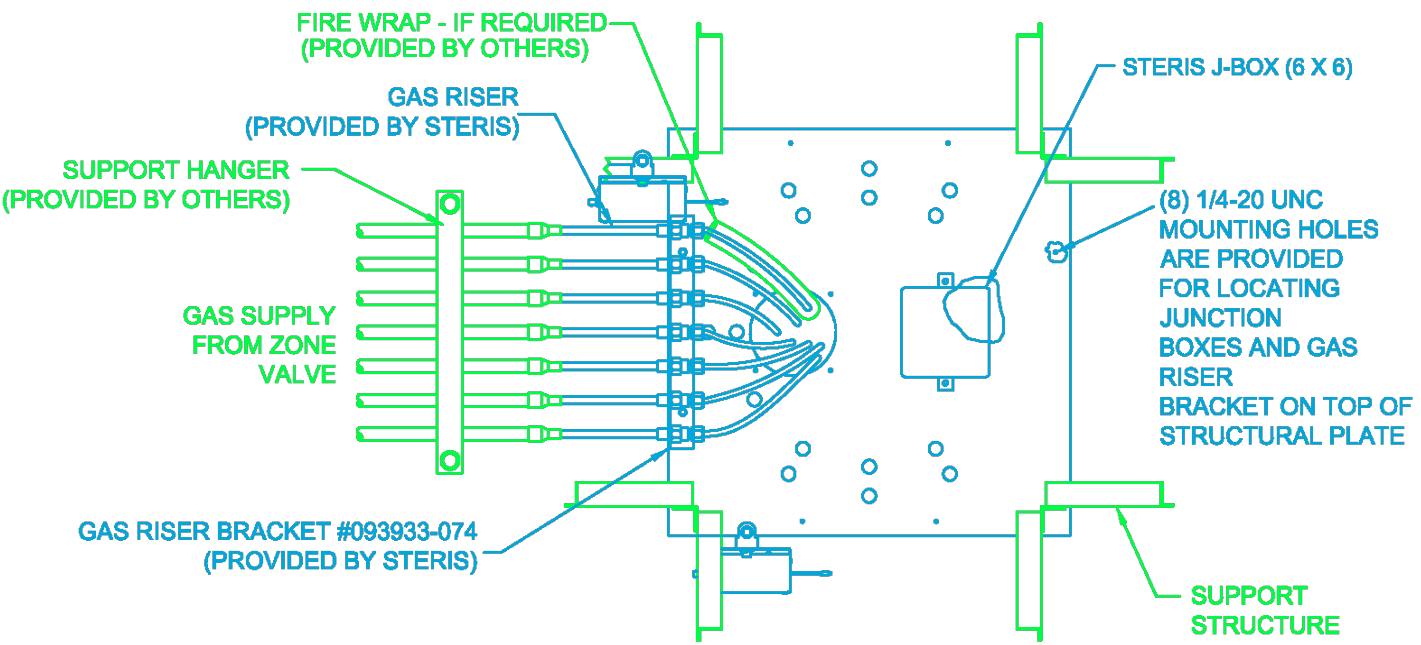
PRINTED DATE  
3/26/2024

SHEET

14 of 19

CAD DWG DATE 04/25/16 DRAWN BY JKC CHECKED BY DW ECA 91890 REV. DATE N/A REV. NO. D DWG. NO. 10087525

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
HarmonyAIR EMS ADJUSTABLE ARM  
HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.

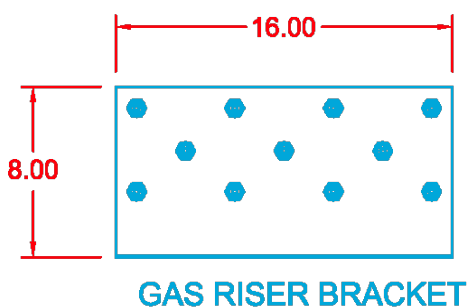
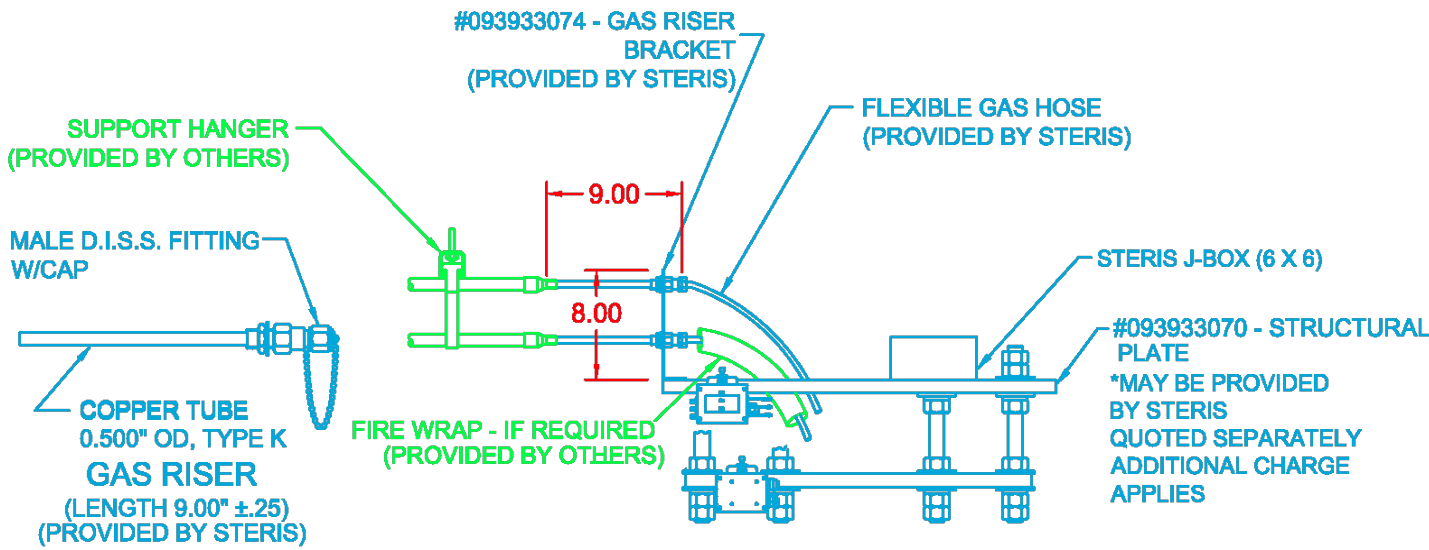


TYPE	MAXIMUM	RECOMMENDED
CO2	199 PSIG	50-55 PSIG
N	199 PSIG	160-185 PSIG
O2	100 PSIG	50-55 PSIG
MED AIR	100 PSIG	50-55 PSIG
N2O	100 PSIG	50-55 PSIG
WAGD/EVAC	20 IN. HG.	12-15 IN. HG.
VAC	20 IN. HG.	12-15 IN. HG.
INSTRUMENT AIR	199 PSIG	160-185 PSIG

- 1. IF EMS UNITS REQUIRE MEDICAL GAS SUPPLY SERVICES, SUPPLY SERVICE CONNECTIONS (GAS PIPETTES OR RISERS, COPPER TUBE WITH MALE DISS CONNECTION ON ONE END) ARE CONNECTED ABOVE THE FINISHED CEILING. ALL CONNECTIONS SHALL BE IN ACCORDANCE WITH NFPA 99 AND LOCAL CODES.
- 2. MEDICAL GAS REQUIREMENTS ARE SPECIFIED BY THE CUSTOMER.
- 3. CLEARANCE OF 8" IS REQUIRED ABOVE STRUCTURAL MOUNTING PLATE FOR GAS SUPPLY HOOK-UP.

CAD DWG DATE 04/25/16 DRAWN BY JKC CHECKED BY DW ECA 91890 REV. DATE N/A REV. NO. D DWG. NO. 10087525

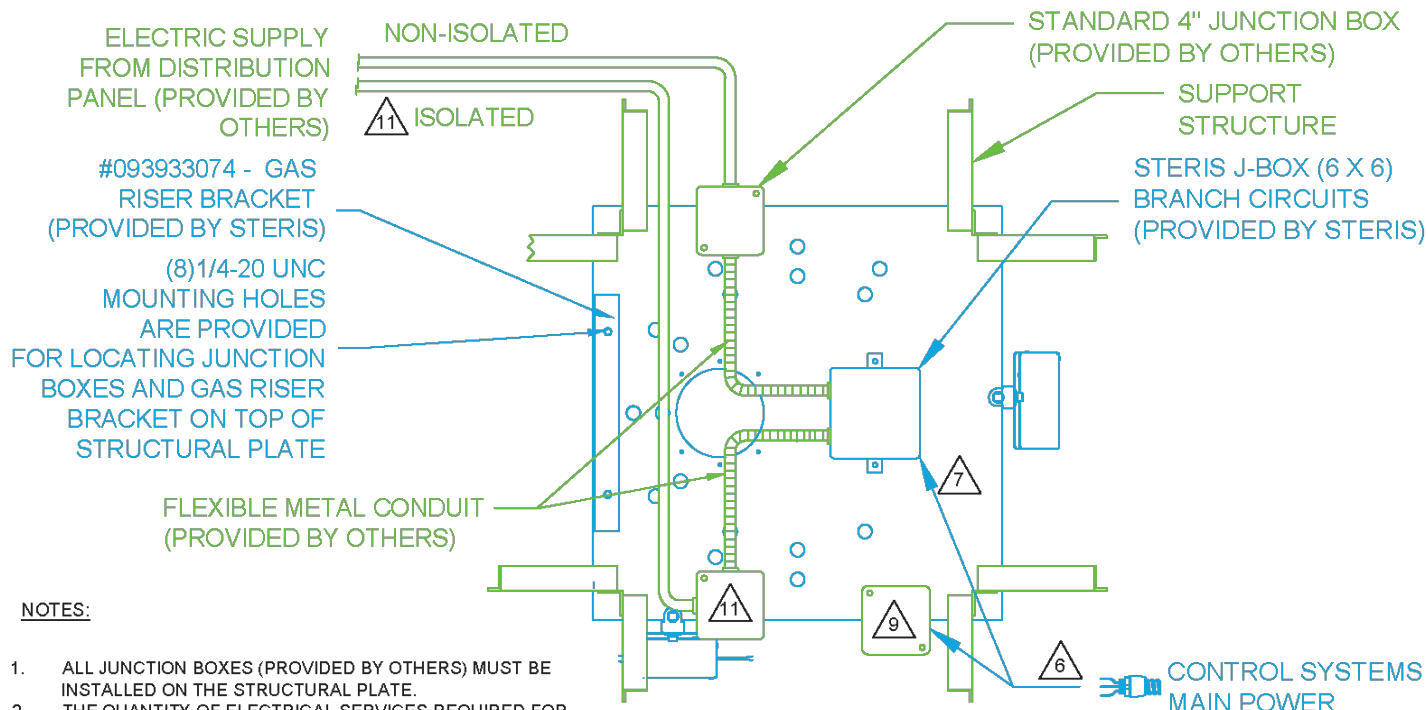
DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
HarmonyAIR EMS ADJUSTABLE ARM  
HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.



- 1. IF EMS UNITS REQUIRE MEDICAL GAS SUPPLY SERVICES, SUPPLY SERVICE CONNECTIONS (GAS PIPETTES OR RISERS, COPPER TUBE WITH MALE DISS CONNECTION ON ONE END) ARE CONNECTED ABOVE THE FINISHED CEILING. ALL CONNECTIONS SHALL BE IN ACCORDANCE WITH NFPA 99 AND LOCAL CODES.
- 2. MEDICAL GAS REQUIREMENTS ARE SPECIFIED BY THE CUSTOMER.
- 3. CLEARANCE OF 8" IS REQUIRED ABOVE STRUCTURAL MOUNTING PLATE FOR GAS SUPPLY HOOK-UP.

<div>ALL DIMENSIONS ARE IN INCHES ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</div> <div>STERIS<sup>®</sup></div> <div> STERIS Corporation Mentor, OH</div>	GAS DETAILS EMS UNITED STATES		ACCOUNT NAME UCDMC	
			ACCOUNT LOCATION Sacramento, CA	
	HarmonyAIR Fixed-Equipment		FILE NAME	
			PRINTED DATE 3/26/2024	SHEET 16 of 19
H-number:		Item no: C1		

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
 HarmonyAIR EMS ADJUSTABLE ARM  
 HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.



NOTES:

- ALL JUNCTION BOXES (PROVIDED BY OTHERS) MUST BE INSTALLED ON THE STRUCTURAL PLATE.
  - THE QUANTITY OF ELECTRICAL SERVICES REQUIRED FOR EMS UNITS IS DEPENDENT ON INDIVIDUAL DESIGN. CONSULT FACILITIES ENGINEER FOR REQUIREMENTS. CIRCUITS ARE DEDICATED SINGLE PHASE, 120 VAC, 20 AMP EACH, OR 220 VAC, 30 AMP FOR LASER APPLICATIONS WHEN A NEMA L6-30R OUTLET IS UTILIZED.
  - STERIS PROVIDES POLYESTER CIRCUIT LABELS FOR EACH ELECTRIC SERVICE. CIRCUIT ASSIGNMENT & ELECTRIC SERVICE PLACEMENT ARE AGREED UPON WITH THE CUSTOMER DURING THE PLANNING STAGE. REFERENCE THE STERIS PLANNING SHEET DOCUMENTS. ELECTRIC SERVICE PLATE ENGRAVING IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR/CUSTOMER (NOT PROVIDED BY STERIS).
  - TWO J-HOOKS, 8" APART, OR EQUIVALENT SUSPENSION POINTS (BY OTHERS) ARE REQUIRED WITHIN 18" OF MOUNTING STRUCTURE TO HARBOR ALL EXCESS LOW VOLTAGE CABLES.
  - STERIS REQUIRES A CHASSIS GROUND ON THE STRUCTURAL MOUNT IF GROUNDED TO BUILDING STEEL, OR A SEPARATE GROUND WIRE TO THE ELECTRICAL BOX OR EQUIVALENT BUILDING GROUND.
6. CONTROL SYSTEM MAINS POWER, CONNECTION ONE OR TWO WAYS.  
 A) THROUGH STERIS J-BOX (6X6). B) DIRECTLY TO 4" JUNCTION BOX (PROVIDED BY OTHERS).
7. EMS MAINS POWER (CONTROL SYSTEM POWER) REQUIRES ONLY ONE CONNECTION PER SYSTEM. EXAMPLE: EMS INCLUDES SOME OR ALL OF THE FOLLOWING - MOTOR, BRAKES, BEARING BRAKE INDICATORS, AMBIENT LIGHT.
8. MONITOR ARRAY CARRIER MAINS POWER (CONTROL SYSTEM POWER) REQUIRES TWO (2) CONNECTIONS PER SYSTEM. EXAMPLE ONE (1) FOR MONITOR POWER AND ONE (1) FOR SPRING ARM BRAKES/UP/DOWN CONTROL.
9. ADDITIONAL J-BOX (BY OTHERS) IF NEEDED.
10. SYSTEMS EQUIPPED WITH ELECTROMECHANICAL BRAKE MUST HAVE THE JUNCTION BOX (SUPPLIED BY STERIS) CONNECTED INTO THE FACILITY EMERGENCY CIRCUIT.
11. OPTIONAL SEPARATE J-BOX (BY OTHERS) REQUIRED FOR ISOLATED POWER IF STANDARD/NON-ISOLATED POWER IS ALSO REQUIRED.
12. EMERGENCY CIRCUITS, UPS EMERGENCY CIRCUITS AND STANDARD CIRCUITS MUST BE CONTAINED IN SEPARATE CONDUITS.

STERIS J-BOX	EMS CIRCUIT TYPE	AMP
9	MAINS WHIP	EMS FIXED HEIGHT ARM - BRAKES ELECTROMECHANICAL (E/M)
	MAINS WHIP	EMS ADJUSTABLE HEIGHT - MOTORIZED (MOTOR & E/M BRAKES)
	MAINS WHIP	EMS ADJUSTABLE HEIGHT - SPRING ARM (SPRING & E/M BRAKES)
8	EMS MONITOR CARRIER	
	MAINS WHIP	SPRING ARM UP/DOWN CONTROLS AND EMS BRAKES
	MAINS WHIP	MONITOR BLOCK
7	RECEPTACLES	
	STANDARD (IVORY)	ISOLATED POWER
	STANDARD (IVORY)	NON-ISOLATED POWER
	EMERGENCY (RED)	ISOLATED POWER
	EMERGENCY (RED)	NON-ISOLATED POWER
	UPS (BLUE)	ISOLATED POWER
	UPS (BLUE)	NON-ISOLATED POWER
	STD LASER (NEMA L6-30R)	ISOLATED POWER
	STD LASER (NEMA L6-30R)	NON-ISOLATED POWER
	EMERGENCY LASER (NEMA L6-30R)	ISOLATED POWER
	EMERGENCY LASER (NEMA L6-30R)	NON-ISOLATED POWER

1 OF 2

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

STERIS®



STERIS Corporation  
 Mentor, OH

ELECTRICAL DETAILS EMS  
 UNITED STATES

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME  
 UCDMC

ACCOUNT LOCATION  
 Sacramento, CA

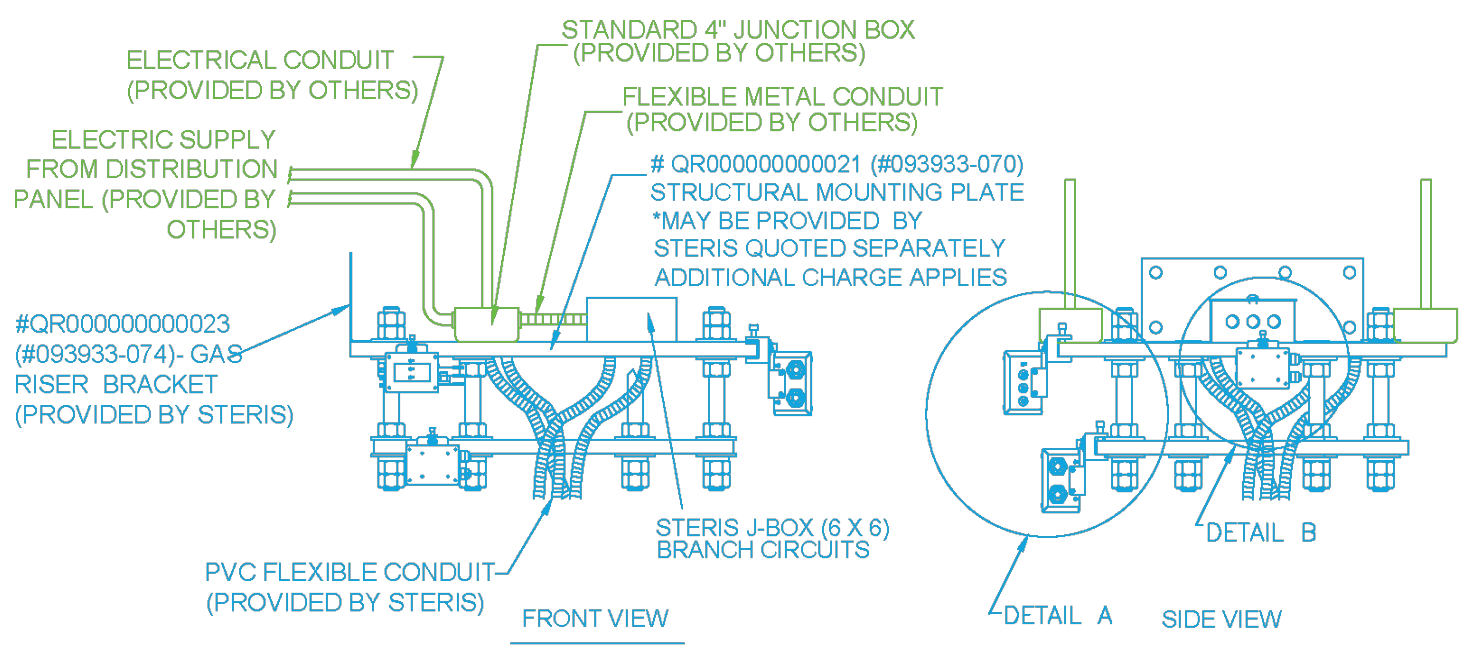
FILE NAME

3/26/2024

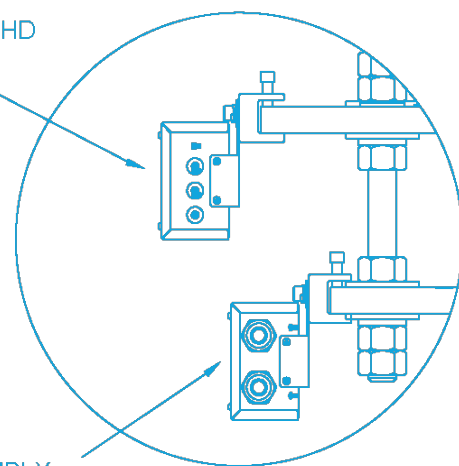
SHEET

17 of 19

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
 HarmonyAIR EMS ADJUSTABLE ARM  
 HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.

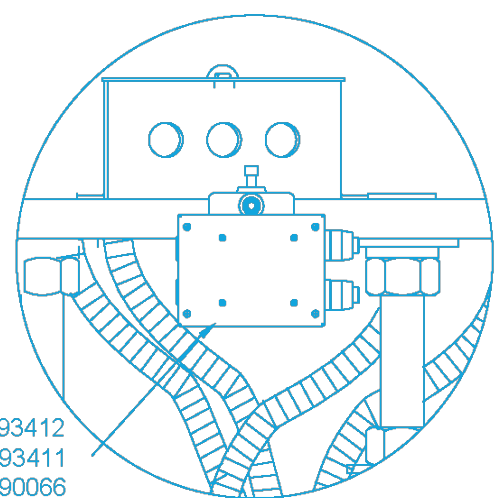


#10087574 - KIT, ASSY, HD HUB ENCLOSURE (PROVIDED BY STERIS WITH M-SERIES LIGHT)



DETAIL A

#10087572 - KIT, ASSEMBLY, ENCLOSURE HUB INTERFACE BOARD (PROVIDED BY STERIS WITH M-SERIES LIGHT)



DETAIL B

- 1 LH - 10093412
- 2 LH - 10093411
- 3 LH - 10090066
- COMM EXTENDER ENCLOSURE (PROVIDED BY STERIS WITH G-SERIES LIGHT)

NOTE : DETAIL - A SHOWS SUGGESTED MOUNTING LOCATIONS OF M-SERIES ENCLOSURES.  
 DETAIL - B SHOWS SUGGESTED MOUNTING LOCATIONS OF G-SERIES ENCLOSURES.

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

# ELECTRICAL DETAILS EMS UNITED STATES

ACCOUNT NAME  
 UCDMC

ACCOUNT LOCATION  
 Sacramento, CA

FILE NAME

**STERIS®**



STERIS Corporation  
 Mentor, OH

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

3/26/2024

SHEET

18 of 19

Released

## Boom Tests per NFPA99

### NFPA99 2018 edition section 5.1.12.2.6

#### Standing Pressure Test for Positive Pressure Medical Gas Piping

NFPA requires that installer performed testing be performed prior to the installation of manufactured assemblies supplied through flexible hose or flexible tubing. Installer performed tests include the 24-hour standing pressure test. This test is performed on piping up to and including the boom gas risers, but not with the boom flexible lines connected. This pressure drop test is for verification of the hard piping that supplies the boom, but not the boom itself.

### NFPA99 2018 edition section 5.1.12.4.2 Standing Pressure Test

NFPA requires that standing pressure test for 10 minutes after installation of manufactured hose assemblies. After successful completion of the 24-hour pressure drop test of the hard piping up and including the gas risers, a subsequent pressure loss test for 10 minutes is done on the boom after the hose assemblies are connected to the gas risers.

### NFPA99 2018 edition section 5.1.12.4.10 Operational Flow Pressure Drop Test

The gas outlets must flow at a minimum rate with a maximum pressure drop of 5 psi read at the gas outlet. This pressure drop is defined as the static pressure at the beginning of the test and the dynamic pressure during the flow test. This test requires that the facility pressure that supplies the boom during the test must remain constant when the test is performed. A pressure loss upstream during the test will result in a pressure loss at the gas outlet and should not be interpreted as a failure of the boom. Either the upstream piping must be improved to ensure a constant pressure during the test, or the pressure loss upstream must be subtracted from the pressure drop read at the gas outlet during the test.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**  
Page 1 of 1



STERIS Corporation  
Mentor, OH

## GAS TESTING PER NFPA99

HarmonyAIR Fixed-Equipment

H-number:

Item no: C1

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

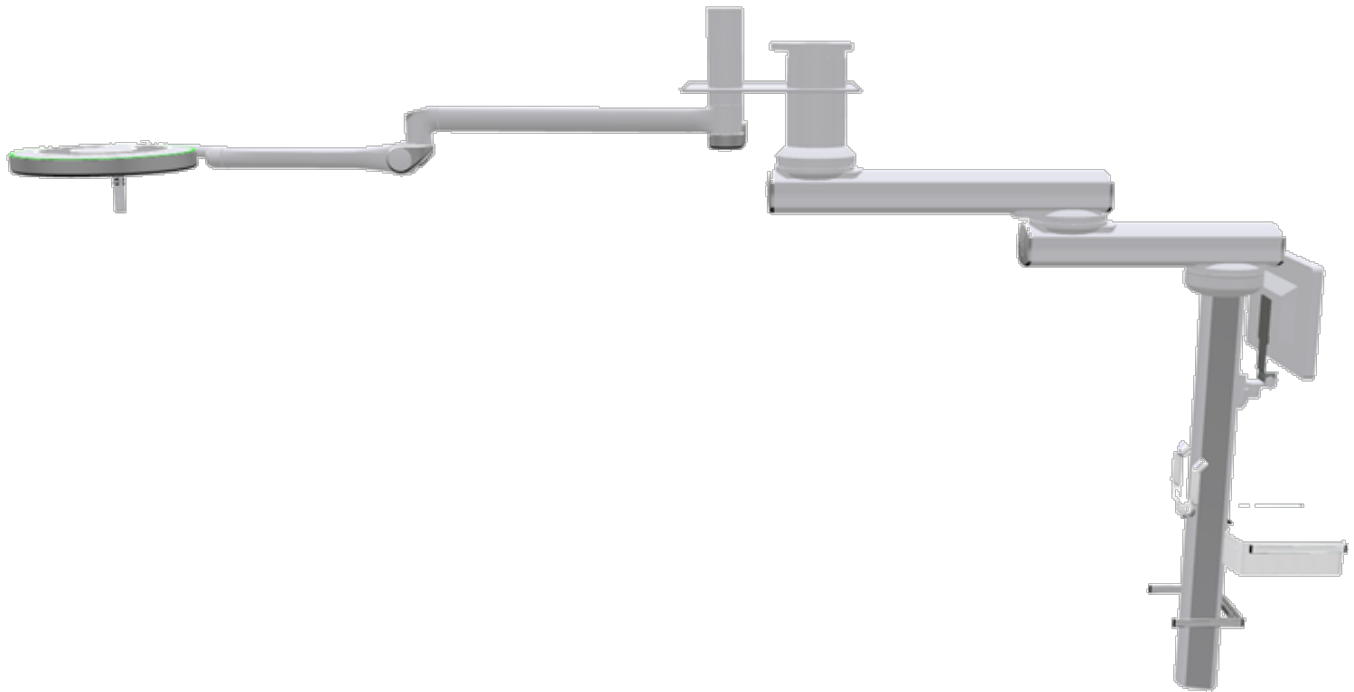
12024451.A

PRINTED DATE

3/26/2024

SHEET

19 of 19



**Account Name:** UCDMC

Room Application ICU

Room Numbers:

Quantity: 12

Date Required: 3/26/2024

Date Pre-installation items required: 3/26/2024

STERIS PO Number:

Customer PO:

Order Item No:

Customer Item Number:

STERIS Account Manager: Alex Sylvan

Voice Mail:

STERIS Project Manager: Simon Cruickshank

Voice Mail:

1. STERIS RECOMMENDS INSTALLATION DURING EARLY PHASE OF CONSTRUCTION.

2. STERIS ASSUMES NO RESPONSIBILITY FOR CHANGES MADE NECESSARY THROUGH FAILURE TO OBSERVE INSTALLATION INSTRUCTIONS. IT IS THE RESPONSIBILITY OF THE CUSTOMER TO INSURE THAT UNITS ARE INSTALLED IN ACCORDANCE WITH STATE AND LOCAL CODE.

THIS SIGNATURE CONFIRMS EQUIPMENT SPECIFICATIONS AND CEILING HEIGHT CONTAINED IN THIS DOCUMENT AND ACKNOWLEDGES THAT ANY CHANGES MAY RESULT IN ADDITIONAL FEES AND DELAYED DELIVERY

TITLE:  
SIGNATURE:

DATE:

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

## TITLE SHEET

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

# STERIS



STERIS Corporation  
Mentor, OH

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

PRINTED DATE  
3/26/2024

SHEET

1 of 18

## Table Of Contents

SHT. NO.	CONTENTS
1	Account Information
2	Table of Contents
3	Elevation and Plan Overviews
4	Accessories
5	No Charge Preinstall Items
6	A Series Tandem HarmonyAIR Ext Long - Flush
7	Support Structure Detail
8	Structure Plate Bolt Hole Pattern
9	Support Structure Engineering Requirements
10	Ceiling Access Requirements - Tandem
11	Ceiling Access Requirements - Tandem
12	Structural Plate Instructions
13	Gas Details Tandem EMS United States Page 1
14	Gas Details Tandem EMS United States Page 2
15	Electrical Details EMS United States Page 1
16	Electrical Details EMS United States Page 2
17	Gas Testing NFPA99
18	HarmonyAIR A Series Spring Arm and M5 Lighthouse

Special Instructions:  
PICU

	Description	Part Number	Qty/Unit
	HarmonyAIR Tandem Mount Flush Cover	10086608	1
Drop One	HarmonyAIR Column, Tandem Plate, Extended Bearing, Fixed Arms, Active Brakes, 21E/10G Outlets , 4 Reg +Exp Mod, 8 Non-Reg Exp Mod +EM	HMTPCOAMAXXX	1
	HarmonyAIR DF 36x24 in (900x 600mm) (long)		1
	HarmonyAIR Supply Column 1550mm (5 ft)		1
	Rear Brake Handles		1
	Drawer Kit for Small Shelves	THDRAWSM	1
	Small Shelf, Rails	THSHES02	1
	Electro-Mechanical Brakes		1
Drop Two	HarmonyAIR A Series Single Light (43"L), 13" Drop Tube, Tandem	LAS12IN01T	1

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## TABLE OF CONTENTS

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

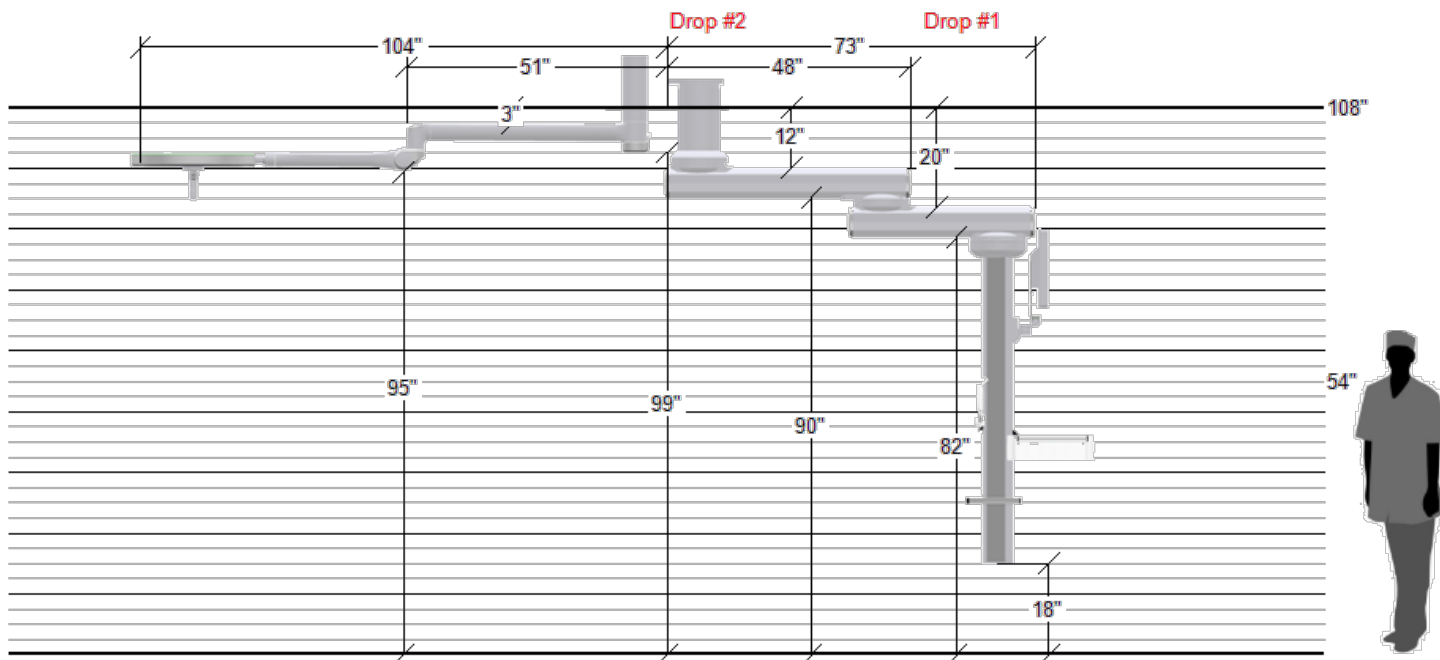
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

2 of 18



Accessory Placement to be determined at the time of installation by the STERIS PDM & AM.  
Each grid line above represents 3" distance.

**NOTE: See room layout drawings for tandem mount plate orientation.**

#### Mount Specific Load / Moment Values

	Arm Description	Load (lbs)	Moment (ft-lbs)
Drop #1	HarmonyAIR DF 36x24 in (900x 600mm) (long)	955	3571
Drop #2	A Series Non-Camera Ready 43" Light Arm (Tandem)	191	337
TOTAL		1146	3908

For Max load/moment values see "Support Structure Engineering Requirements" detail page in equipment drawing section.  
For seismic zones consult project specific calculations. Contact your local STERIS Project Design Manager. (sterisarchportal.com)

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## ELEVATION AND PLAN OVERVIEWS

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME  
UCDMC

ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

3 of 18

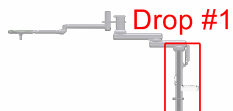





Image	Description	Qty (per unit)
	Cross Rail with Side Rails 14 inches	1
	Monitor Arm Single articulation, Capacity 30 lbs	1
	Small Shelf (17.7 W x 16.9 D), 1 Drawer, Rails	1
	Ophthalmoscope Holder	1
	Vacuum Bottle Slide	1

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## ACCESSORIES

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME  
UCDMC

ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

4 of 18

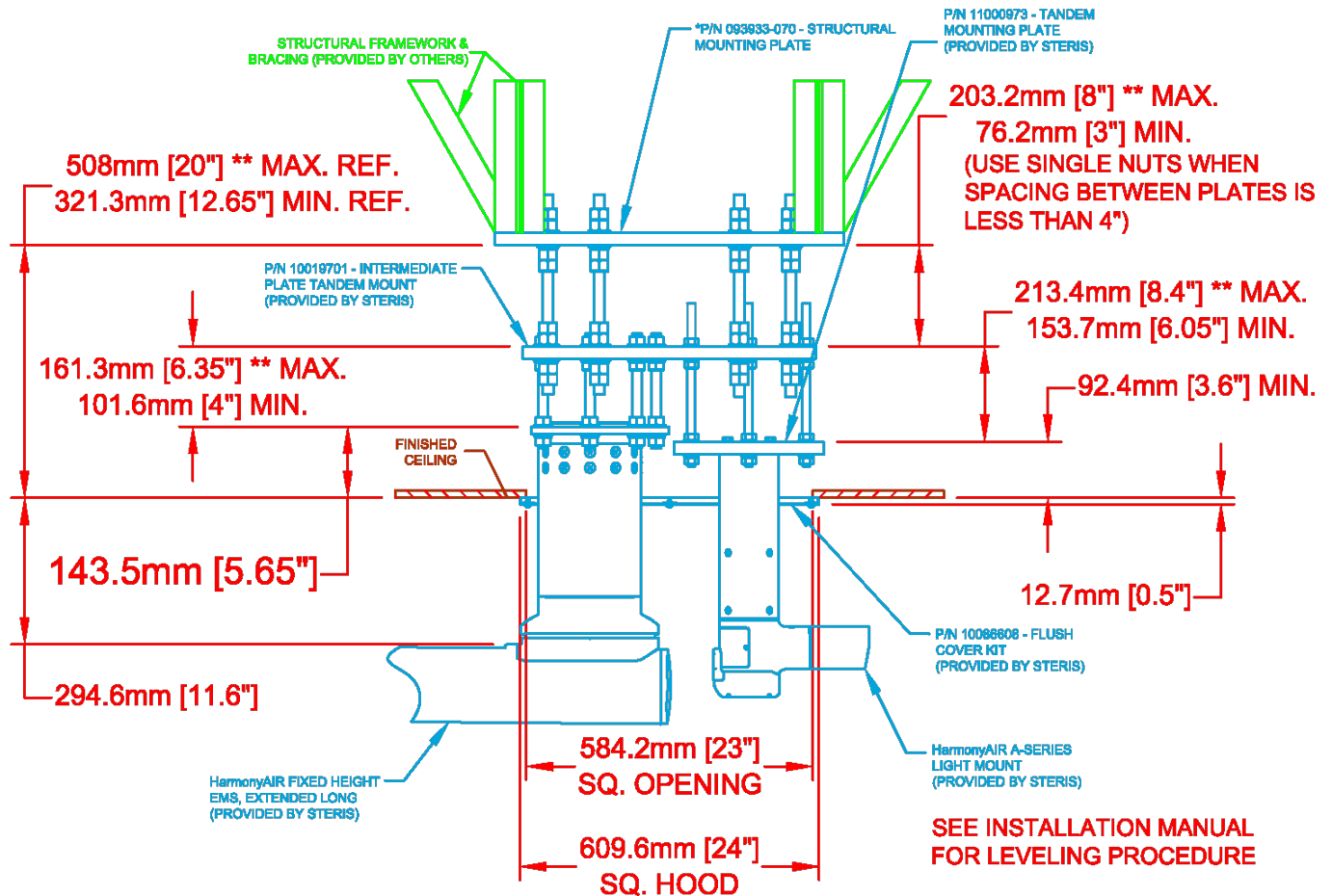


B/P CAD DWG DATE 02-10-21 DRAWN BY T.C. CHECKED BY REVISION B DWG NO. 11015650

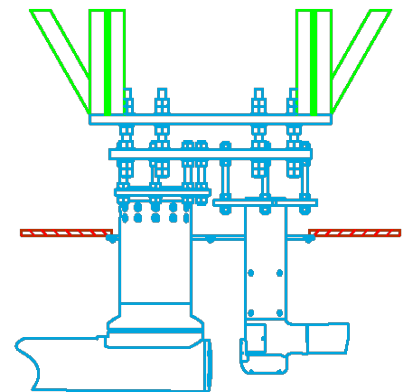
\*MAY BE PROVIDED BY STERIS.  
QUOTED SEPARATELY.  
ADDITIONAL CHARGE APPLIES.

\*\* MAX VALUE CONDITION SHOWN

THE CUSTOMER ASSUMES ALL RESPONSIBILITY FOR THE STRUCTURAL DESIGN, SUPPORT BRACING, & STRUCTURAL SUPPORT INSTALLATION. CONSULT WITH THE ENGINEER OF RECORD (EOR) TO ENSURE THAT THE STRUCTURAL MOUNTING PLATE PROVIDED BY STERIS IS SEAMLESSLY INCORPORATED INTO THE BUILDING'S STRUCTURAL DESIGN & SUPPORT BRACING. STERIS ASSUMES NO RESPONSIBILITY FOR THE CUSTOMER'S STRUCTURAL DESIGN, SUPPORT BRACING, & STRUCTURAL SUPPORT INSTALLATION.



MIN VALUE CONDITION SHOWN FOR ILLUSTRATION PURPOSES ONLY



NOTES:

1. STRUCTURAL MOUNT PLATE HEIGHT IS SPECIFIC TO COMPONENTS SHOWN IN THIS DRAWING PACKAGE. DIFFERENT COMPONENT CONFIGURATIONS WILL REQUIRE DIFFERENT STRUCTURAL MOUNT PLATE HEIGHTS.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

HarmonyAIR TANDEM A-SERIES, FIXED HEIGHT  
EXTENDED LONG, FLUSH, STRUCTURAL MOUNTING DETAIL

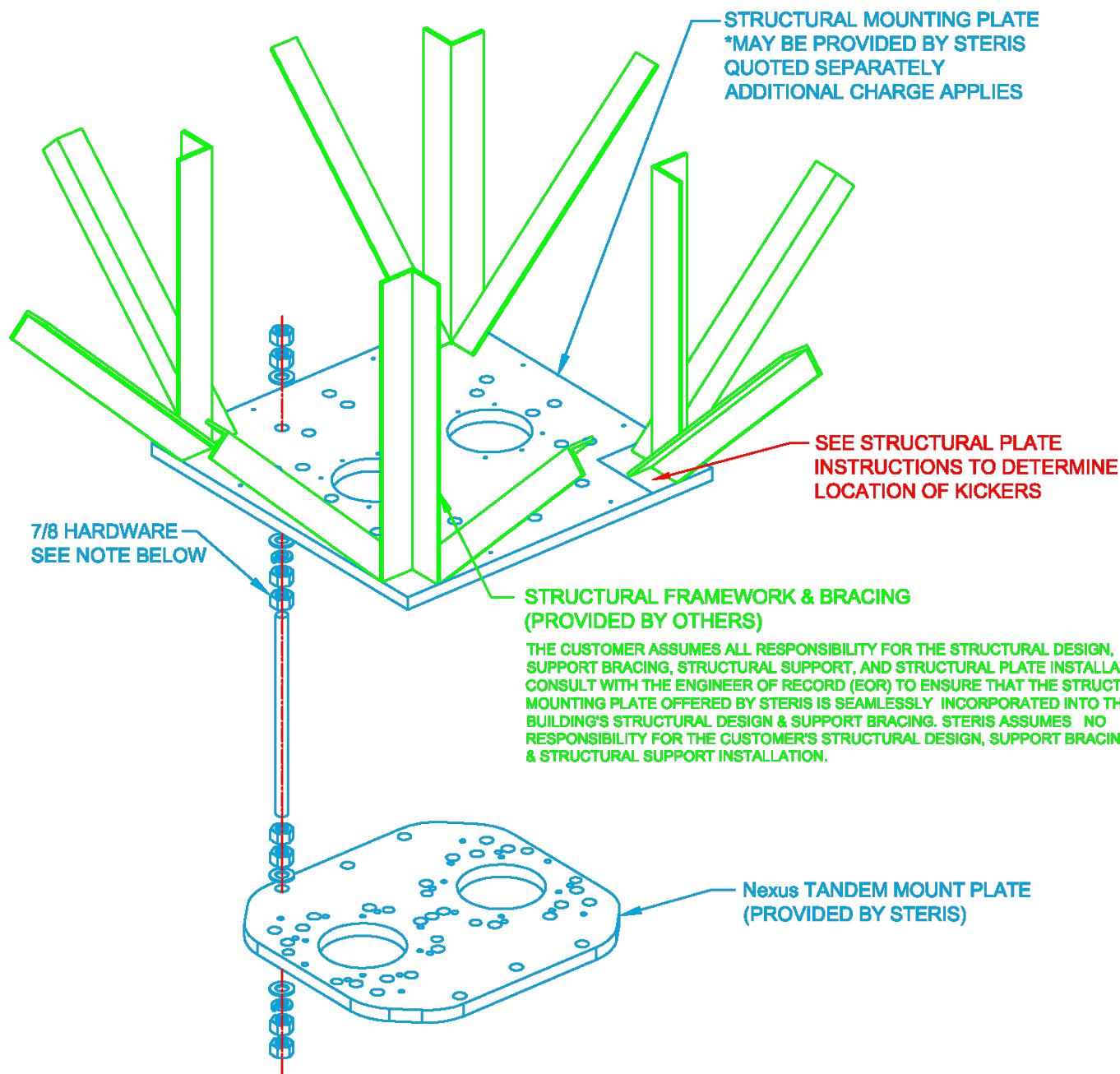
ACCOUNT NAME

ACCOUNT LOCATION

FILE NAME

PRINTED DATE

6 OF 18



## TANDEM MOUNT

### NOTE:

1 SET MOUNTING HARDWARE SHOWN  
 8 SETS REQUIRED - PROVIDED BY STERIS  
 7/8-9 X16" TH. ROD ASTM A193 GRADE B7 OR EQUIVALENT  
 7/8-9 UNC HEX NUT ASTM A194 GRADE 2H  
 7/8 HARDENED STEEL FLAT WASHER ASTM F436  
 7/8 STEEL LOCK WASHER

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
 Mentor, OH

## SUPPORT STRUCTURE DETAIL

Tandem HarmonyAIR Fixed - A Series-Equipment,  
 Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

PRINTED DATE

3/26/2024

SHEET

7 of 18

## SINGLE MOUNT UNIT BOLT HOLE PATTERN

15/16 THRU  
12 HOLES  
EQUALLY SPACED  
AS SHOWN ON  
Ø18.500 B.C.

30° TYP.

1/4-20 UNC THRU  
TYP 8 PLACES

Ø6.0 THRU  
2 HOLES

8.500  
TYP

14.000

11.000  
TYP

28.000

1.000  
TYP

## TANDEM MOUNT UNIT BOLT HOLE PATTERN

15/16 THRU  
12 HOLES  
EQUALLY SPACED  
AS SHOWN ON  
Ø22.50 B.C.

SEE DETAIL A

10.63

8.500  
TYP

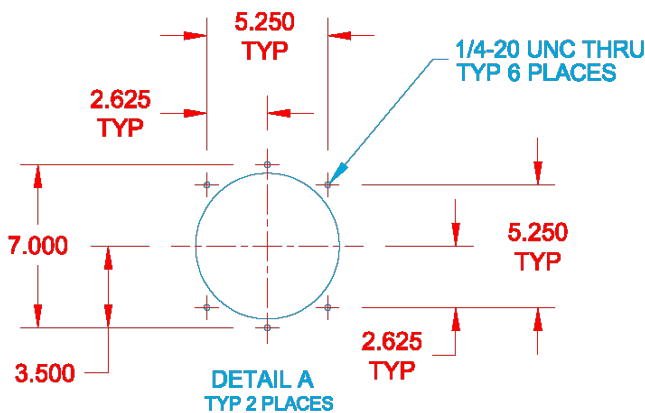
11.000  
TYP

14.000

28.000

1.000  
TYP

STRUCTURAL MOUNTING  
PLATE  
\*MAY BE PROVIDED  
BY STERIS  
QUOTED SEPARATELY  
ADDITIONAL CHARGE APPLIES



ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## STRUCTURAL PLATE BOLT HOLE PATTERN

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME  
UCDMC

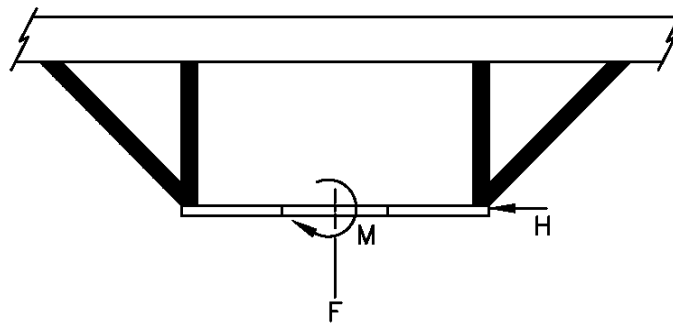
ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

8 of 18



# **STRUCTURAL MOUNT ENGINEERING DATA NOTES**

DESIGN OF THE EMS SUPPORT STRUCTURE IS CRITICAL TO SAFE, TROUBLE FREE OPERATION.

- A. THE STRUCTURAL MOUNTING PLATE MUST BE FLAT, LEVEL AND MUST ADEQUATELY SUPPORT THE EMS SYSTEM CONFIGURATION TO BE INSTALLED.
- B. MAXIMUM LOAD CONFIGURATIONS-STERIS RECOMMENDS A STRUCTURAL MOUNT THAT CAN ACCOMMODATE THE MAXIMUM LOAD CONFIGURATION TO ALLOW FOR THE ADDITION OF COMPONENTS IN THE FUTURE.  
TOTAL LOAD "F" ON THE STRUCTURAL MOUNTING PLATE:  
2,020 LBS (8,920 N)  
MAXIMUM MOMENT "M" AT THE STRUCTURAL MOUNTING PLATE:  
12,850 FT-LBS (17,400 Nm)  
(FOR MORE SPECIFIC LOADING INFORMATION REFERENCE CUSTOMER PLANNING SHEETS)
- C. MAXIMUM ACCEPTABLE HORIZONTAL DEFLECTION OF THE STRUCTURAL MOUNTING PLATE:  
0.1 INCHES (2.5mm) WITH A HORIZONTAL LOAD OF "H" OF 2,020 LBS (8,920 N)
- D. MAXIMUM ACCEPTABLE ANGULAR DEFLECTION OF THE STRUCTURAL MOUNTING PLATE:  
1/3 OF A DEGREE WITH THE MAXIMUM MOMENT "M" APPLIED OF 12,850 FT-LBS (17,400 Nm)
- E. IF THE SPACE BETWEEN THE SECONDARY MOUNTING PLATE (PROVIDED BY STERIS) AND THE STRUCTURAL MOUNTING PLATE (SEE SUPPORT STRUCTURE MOUNTING HEIGHT DETAIL) EXCEEDS THE MAXIMUM ACCEPTABLE DISTANCE SHOWN, AN "INTERMEDIATE SUPPORT PLATE (STIFFENING PLATE) OR STRUCTURE" (PROVIDED BY OTHERS) IS REQUIRED. CONSULT THE STRUCTURAL ENGINEER OF RECORD.

## **NOTES:**

- 1) FOR THE MAXIMUM ALLOWABLE LOAD THAT CAN BE CARRIED ON EACH PENDANT COLUMN OR HEAD (CONSISTING OF EQUIPMENT, SHELVES, & ACCESSORIES), REFERENCE THE EMS "TECH DATA" DOCUMENTATION.(CONTACT STERIS) OR REFERENCE THE ALLOWABLE LOAD CAPACITY "LABEL" LOCATED ON THE PENDANT HEAD OR COLUMN.
- 2) LAMINAR AIR FLOW DUCT-WORK SHOULD BE INSTALLED NO CLOSER THAN 24 INCHES FROM THE CENTERLINE OF THE VERTICAL EXTENSION TUBE/HARMONY BEARING PLATE. IF ADEQUATE CLEARANCE IS NOT ACHIEVED, AN ACCESS DOOR SHOULD BE PROVIDED IN THE CEILING TO ASSIST IN CABLE ROUTING AND SYSTEM TROUBLESHOOTING.
- 3) STERIS RECOMMENDS ALL EXTERNAL VIBRATION SOURCES (i.e., CAUSED BY AIR HANDLING UNITS ON THE ROOF, HVAC UNITS, ETC.) THAT MAY PASS THROUGH THE STRUCTURAL PLATE, TO BE MINIMIZED TO PREVENT DAMAGE, AND INSURE PROPER OPERATION OF THE HARMONYAIR EQUIPMENT MANAGEMENT SYSTEM.

EXTERNAL VIBRATIONS THAT ARE TRANSLATED TO THE EMS SUPPORT STRUCTURE CAN RESULT IN PREMATURE DAMAGE TO THE EQUIPMENT MANAGEMENT SYSTEM'S "BEARINGS", via FALSE BRINELLING. FALSE BRINELLING IS CAUSE BY VIBRATIONS ACTING ON THE BEARING WHILE IN A NON-ROTATING STATE IF VIBRATIONS ARE NOT ELICITED.

FALSE BRINELLING CAN BE MINIMIZED BY FREQUENTLY ROTATING EQUIPMENT AND AVOIDING LONG STANDSTILL PERIODS WITH VIBRATIONS/MICROMOVEMENTS PRESENT.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

## **SUPPORT STRUCTURE ENGINEERING REQUIREMENTS**

Tandem Harmony Air Fixed - A Series Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME  
UCDMC

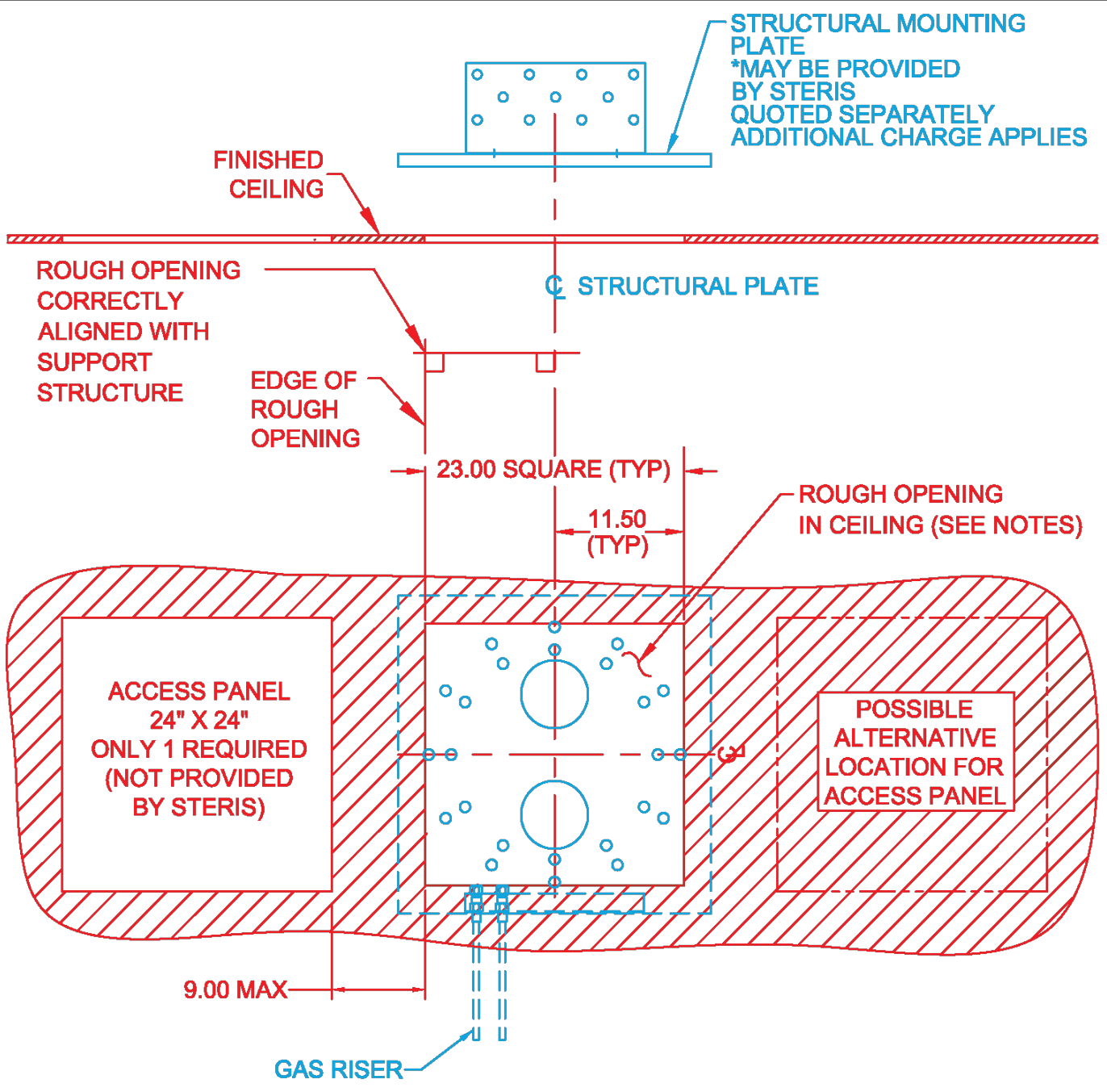
ACCOUNT LOCATION  
Sacramento, CA

FILE NAME

07/06/2024

SHEET

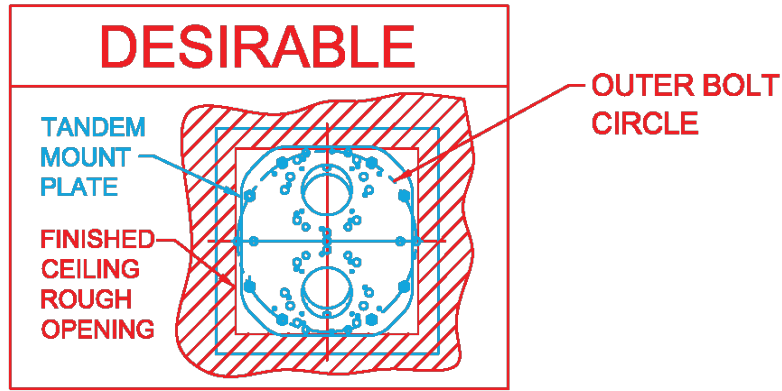
9 of 18



NOTES:

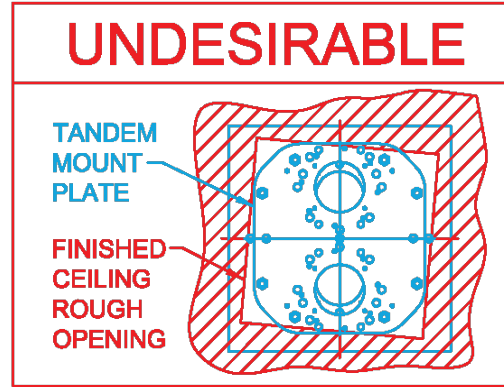
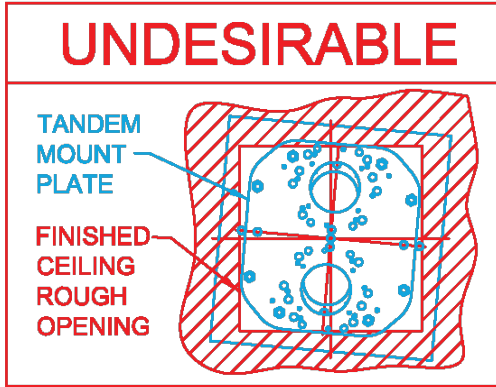
1. TWO OPENINGS IN THE FINISHED CEILING ARE REQUIRED:
  - 1.1. ONE FOR THE INSTALLATION OF EMS UNIT - CENTERED UNDER THE STRUCTURAL MOUNTING PLATE
  - 1.2. ONE FOR THE 24x24 CEILING SERVICE ACCESS PANEL
2. IN ORDER TO INSURE THE HOOD COMPLETELY COVERS THE ROUGH OPENING IN THE FINISHED CEILING, THE ROUGH OPENING MUST BE CAREFULLY CUT TO LINE UP WITH THE BOLT HOLE PATTERN OF THE STRUCTURAL MOUNT.

<div>ALL DIMENSIONS ARE IN INCHES ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</div> <div>STERIS®  STERIS Corporation Mentor, OH</div>	<b>CEILING ACCESS REQUIREMENTS</b> <b>TANDEM MOUNT</b>		ACCOUNT NAME UCDMC	
	Tandem HarmonyAIR Fixed - A Series-Equipment, Surgical Light(s)		ACCOUNT LOCATION Sacramento, CA	
	H-number:		FILE NAME	
Item no: C2		PRINTED DATE 3/26/2024	SHEET	10 of 18



**NOTES:**

3. ALL HOLES WITHIN THE OUTER BOLT CIRCLE SHOWN IN THE FIGURES ABOVE MUST BE SEEN THROUGH THE ROUGH OPENING.
4. THE CENTERLINE CONNECTING THE TWO LARGE HOLES IN THE STRUCTURAL PLATE MUST BE PERPENDICULAR / PARALLEL TO ALL SIDES OF THE ROUGH OPENING. THIS WILL ENSURE THAT THE CANOPY IS ALSO ALIGNED PROPERLY WITH THE STRUCTURE PLATE AND THE INTERMEDIATE PLATE WHILE PROPERLY COVERING THE ROUGH OPENING.



ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

## CEILING ACCESS REQUIREMENTS TANDEM MOUNT

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

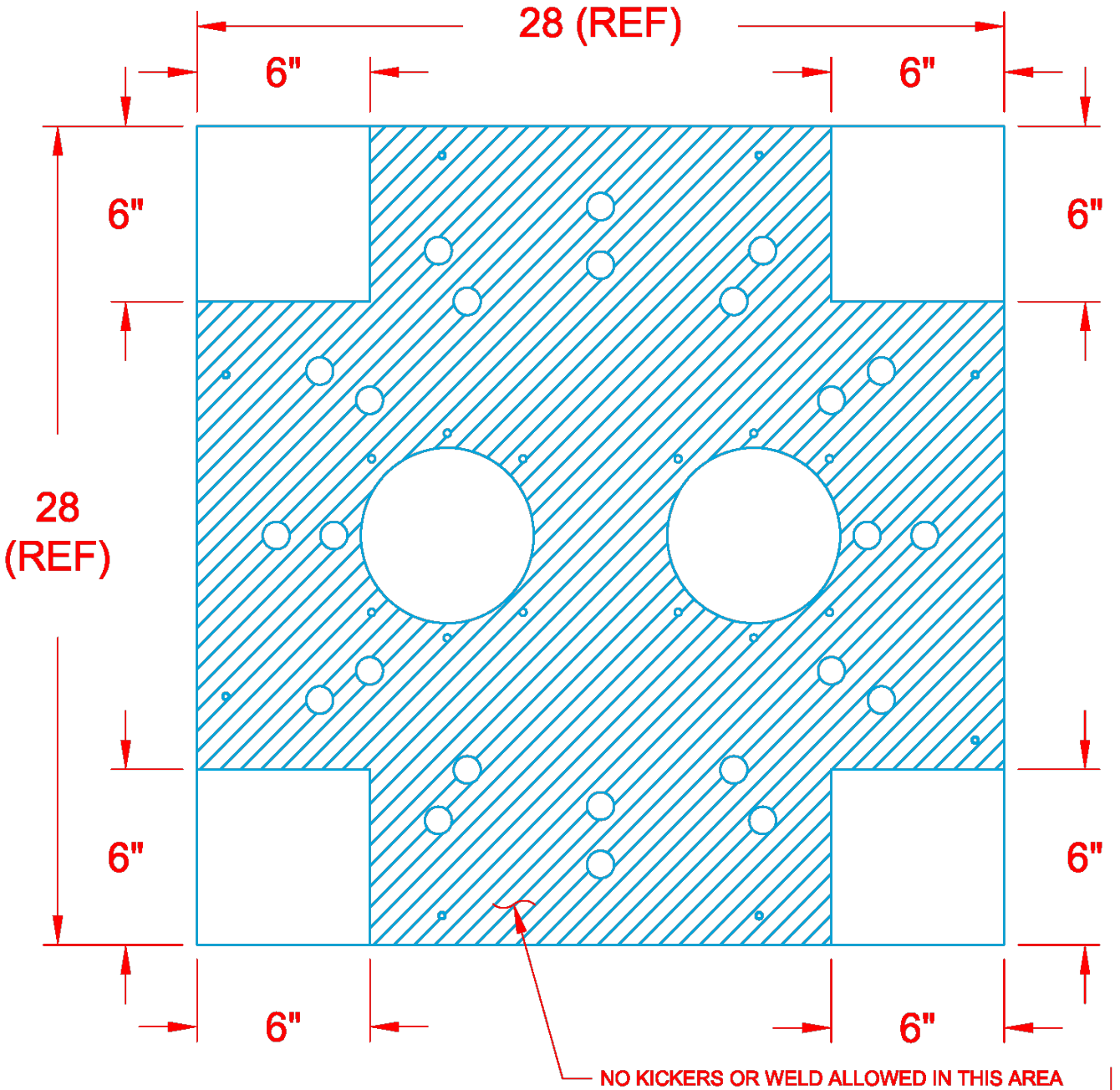
Sacramento, CA

FILE NAME

PRINTED DATE  
3/26/2024

SHEET

11 of 18



**NOTES:**

1. ALL WELD AND KICKERS MUST BE CONTAINED WITHIN THE 6" X 6" AREAS LOCATED AT EACH CORNER OF THE PLATE.
2. THE DESIGN OF THE CUSTOMER'S STRUCTURAL FRAMEWORK AND BRACING IS THE SOLE RESPONSIBILITY OF THE BUILDING'S ENGINEER OF RECORD (EOR). CONSULT WITH THE EOR TO INSURE THAT THE STRUCTURAL MOUNTING PLATE THAT STERIS PROVIDES, CAN BE SEAMLESSLY INCORPORATED INTO THE DESIGN OF THE SUPPORT STRUCTURE.
3. STRUCTURAL PLATE MATERIAL: 1" A36 STEEL (PROVIDED BY STERIS)

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

**STRUCTURAL PLATE  
INSTRUCTIONS**

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

FILE NAME

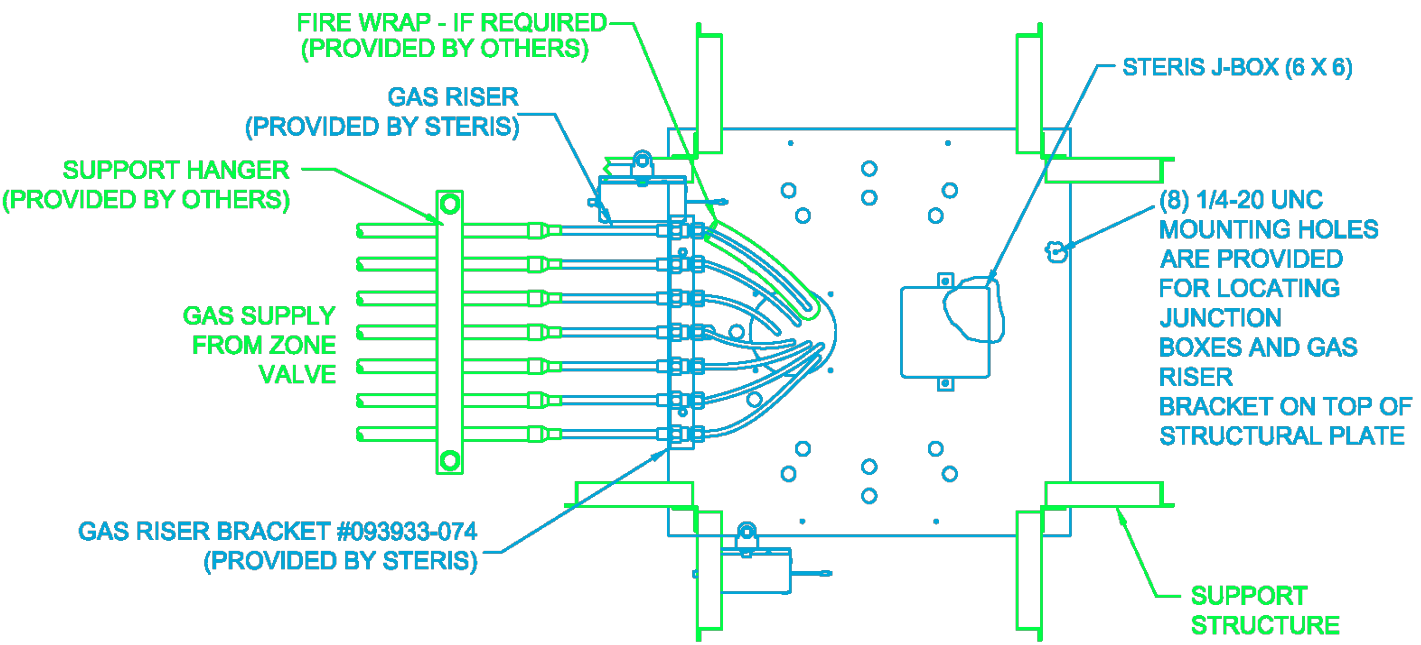
PRINTED DATE  
3/26/2024

SHEET

12 of 18

CAD DWG DATE 04/25/16 DRAWN BY JKC CHECKED BY DW ECA 91890 REV. DATE N/A REV. NO. D DWG. NO. 10087525

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
HarmonyAIR EMS ADJUSTABLE ARM  
HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.

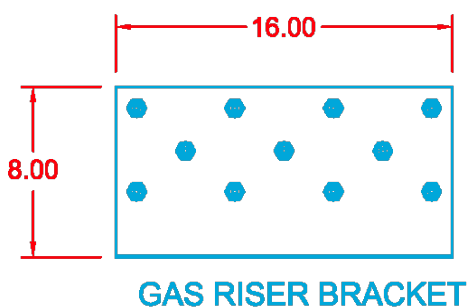
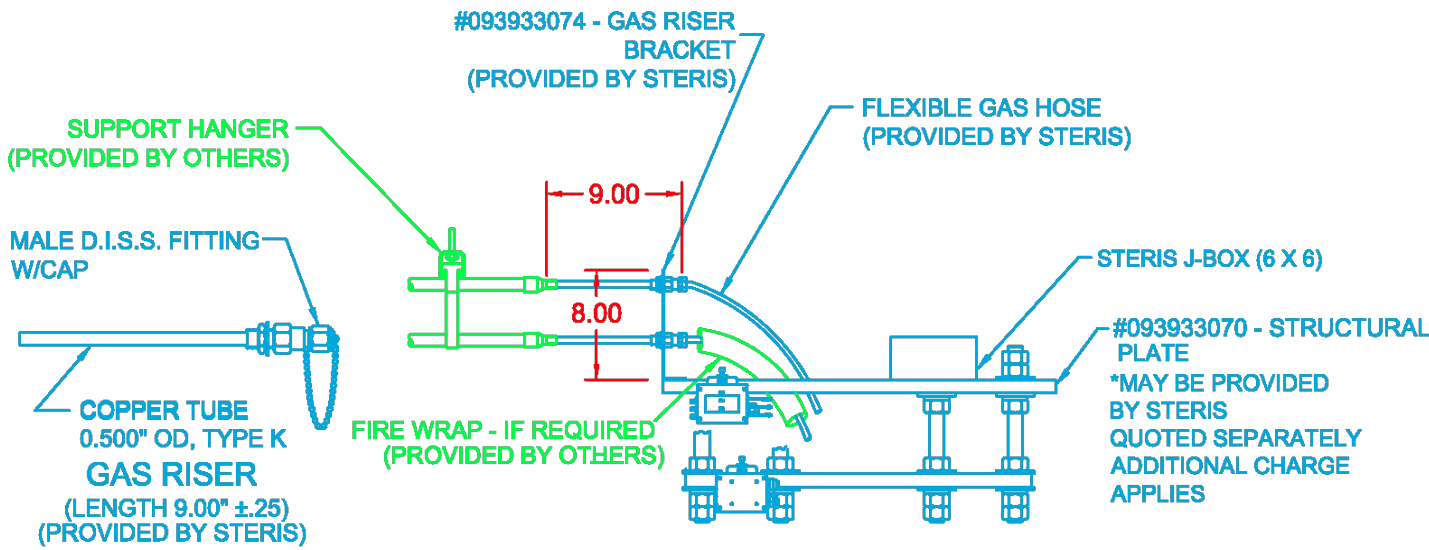


TYPE	MAXIMUM	RECOMMENDED
CO2	199 PSIG	50-55 PSIG
N	199 PSIG	160-185 PSIG
O2	100 PSIG	50-55 PSIG
MED AIR	100 PSIG	50-55 PSIG
N2O	100 PSIG	50-55 PSIG
WAGD/EVAC	20 IN. HG.	12-15 IN. HG.
VAC	20 IN. HG.	12-15 IN. HG.
INSTRUMENT AIR	199 PSIG	160-185 PSIG

- 1. IF EMS UNITS REQUIRE MEDICAL GAS SUPPLY SERVICES, SUPPLY SERVICE CONNECTIONS (GAS PIPETTES OR RISERS, COPPER TUBE WITH MALE DISS CONNECTION ON ONE END) ARE CONNECTED ABOVE THE FINISHED CEILING. ALL CONNECTIONS SHALL BE IN ACCORDANCE WITH NFPA 99 AND LOCAL CODES.
- 2. MEDICAL GAS REQUIREMENTS ARE SPECIFIED BY THE CUSTOMER.
- 3. CLEARANCE OF 8" IS REQUIRED ABOVE STRUCTURAL MOUNTING PLATE FOR GAS SUPPLY HOOK-UP.

CAD DWG DATE 04/25/16 DRAWN BY JKC CHECKED BY DW ECA 91890 REV. DATE N/A REV. NO. D DWG. NO. 10087525

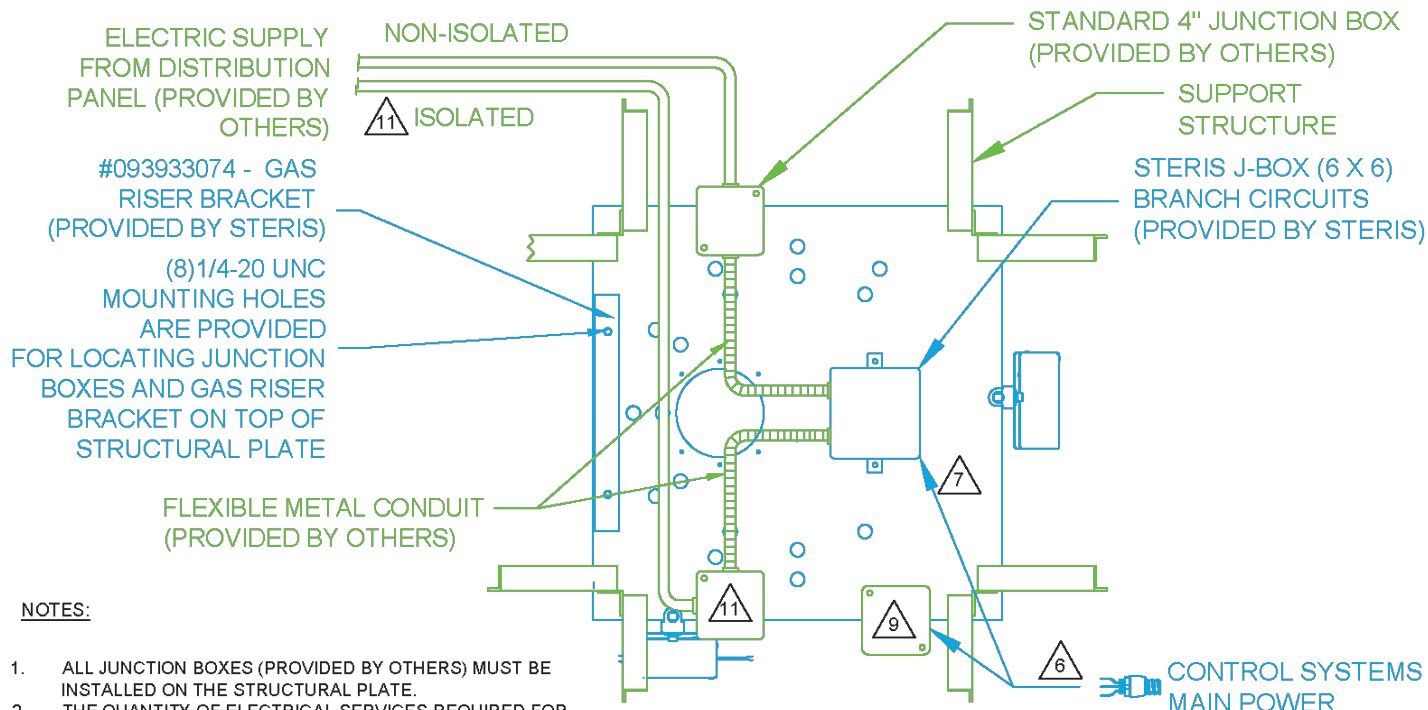
DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
HarmonyAIR EMS ADJUSTABLE ARM  
HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.



- 1. IF EMS UNITS REQUIRE MEDICAL GAS SUPPLY SERVICES, SUPPLY SERVICE CONNECTIONS (GAS PIPETTES OR RISERS, COPPER TUBE WITH MALE DISS CONNECTION ON ONE END) ARE CONNECTED ABOVE THE FINISHED CEILING. ALL CONNECTIONS SHALL BE IN ACCORDANCE WITH NFPA 99 AND LOCAL CODES.
- 2. MEDICAL GAS REQUIREMENTS ARE SPECIFIED BY THE CUSTOMER.
- 3. CLEARANCE OF 8" IS REQUIRED ABOVE STRUCTURAL MOUNTING PLATE FOR GAS SUPPLY HOOK-UP.

<div>ALL DIMENSIONS ARE IN INCHES ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</div> <div>STERIS®  STERIS Corporation Mentor, OH</div>	GAS DETAILS EMS UNITED STATES		ACCOUNT NAME UCDMC	
	Tandem HarmonyAIR Fixed - A Series-Equipment, Surgical Light(s)		ACCOUNT LOCATION Sacramento, CA	
	H-number:		FILE NAME	
Item no: C2		PRINTED DATE 3/26/2024	SHEET	14 of 18

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
 HarmonyAIR EMS ADJUSTABLE ARM  
 HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.



NOTES:

- ALL JUNCTION BOXES (PROVIDED BY OTHERS) MUST BE INSTALLED ON THE STRUCTURAL PLATE.
  - THE QUANTITY OF ELECTRICAL SERVICES REQUIRED FOR EMS UNITS IS DEPENDENT ON INDIVIDUAL DESIGN. CONSULT FACILITIES ENGINEER FOR REQUIREMENTS. CIRCUITS ARE DEDICATED SINGLE PHASE, 120 VAC, 20 AMP EACH, OR 220 VAC, 30 AMP FOR LASER APPLICATIONS WHEN A NEMA L6-30R OUTLET IS UTILIZED.
  - STERIS PROVIDES POLYESTER CIRCUIT LABELS FOR EACH ELECTRIC SERVICE. CIRCUIT ASSIGNMENT & ELECTRIC SERVICE PLACEMENT ARE AGREED UPON WITH THE CUSTOMER DURING THE PLANNING STAGE. REFERENCE THE STERIS PLANNING SHEET DOCUMENTS. ELECTRIC SERVICE PLATE ENGRAVING IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR/CUSTOMER (NOT PROVIDED BY STERIS).
  - TWO J-HOOKS, 8" APART, OR EQUIVALENT SUSPENSION POINTS (BY OTHERS) ARE REQUIRED WITHIN 18" OF MOUNTING STRUCTURE TO HARBOR ALL EXCESS LOW VOLTAGE CABLES.
  - STERIS REQUIRES A CHASSIS GROUND ON THE STRUCTURAL MOUNT IF GROUNDED TO BUILDING STEEL, OR A SEPARATE GROUND WIRE TO THE ELECTRICAL BOX OR EQUIVALENT BUILDING GROUND.
6. CONTROL SYSTEM MAINS POWER, CONNECTION ONE OR TWO WAYS.  
 A) THROUGH STERIS J-BOX (6X6). B) DIRECTLY TO 4" JUNCTION BOX (PROVIDED BY OTHERS).
7. EMS MAINS POWER (CONTROL SYSTEM POWER) REQUIRES ONLY ONE CONNECTION PER SYSTEM. EXAMPLE: EMS INCLUDES SOME OR ALL OF THE FOLLOWING - MOTOR, BRAKES, BEARING BRAKE INDICATORS, AMBIENT LIGHT.
8. MONITOR ARRAY CARRIER MAINS POWER (CONTROL SYSTEM POWER) REQUIRES TWO (2) CONNECTIONS PER SYSTEM. EXAMPLE ONE (1) FOR MONITOR POWER AND ONE (1) FOR SPRING ARM BRAKES/UP/DOWN CONTROL.
9. ADDITIONAL J-BOX (BY OTHERS) IF NEEDED.
10. SYSTEMS EQUIPPED WITH ELECTROMECHANICAL BRAKE MUST HAVE THE JUNCTION BOX (SUPPLIED BY STERIS) CONNECTED INTO THE FACILITY EMERGENCY CIRCUIT.
11. OPTIONAL SEPARATE J-BOX (BY OTHERS) REQUIRED FOR ISOLATED POWER IF STANDARD/NON-ISOLATED POWER IS ALSO REQUIRED.
12. EMERGENCY CIRCUITS, UPS EMERGENCY CIRCUITS AND STANDARD CIRCUITS MUST BE CONTAINED IN SEPARATE CONDUITS.

STERIS J-BOX	EMS CIRCUIT TYPE	AMP
9	MAINS WHIP	EMS FIXED HEIGHT ARM - BRAKES ELECTROMECHANICAL (E/M)
	MAINS WHIP	EMS ADJUSTABLE HEIGHT - MOTORIZED (MOTOR & E/M BRAKES)
	MAINS WHIP	EMS ADJUSTABLE HEIGHT - SPRING ARM (SPRING & E/M BRAKES)
8	EMS MONITOR CARRIER	
	MAINS WHIP	SPRING ARM UP/DOWN CONTROLS AND EMS BRAKES
	MAINS WHIP	MONITOR BLOCK
6 X 6 MAINS WHIP	RECEPTACLES	
	STANDARD (IVORY)	ISOLATED POWER
	STANDARD (IVORY)	NON-ISOLATED POWER
	EMERGENCY (RED)	ISOLATED POWER
	EMERGENCY (RED)	NON-ISOLATED POWER
	UPS (BLUE)	ISOLATED POWER
	UPS (BLUE)	NON-ISOLATED POWER
	STD LASER (NEMA L6-30R)	ISOLATED POWER
	STD LASER (NEMA L6-30R)	NON-ISOLATED POWER
	EMERGENCY LASER (NEMA L6-30R)	ISOLATED POWER
	EMERGENCY LASER (NEMA L6-30R)	NON-ISOLATED POWER

1 OF 2

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
 Mentor, OH

ELECTRICAL DETAILS EMS

UNITED STATES

Tandem HarmonyAIR Fixed - A Series Equipment,  
 Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME  
 UCDMC

ACCOUNT LOCATION  
 Sacramento, CA

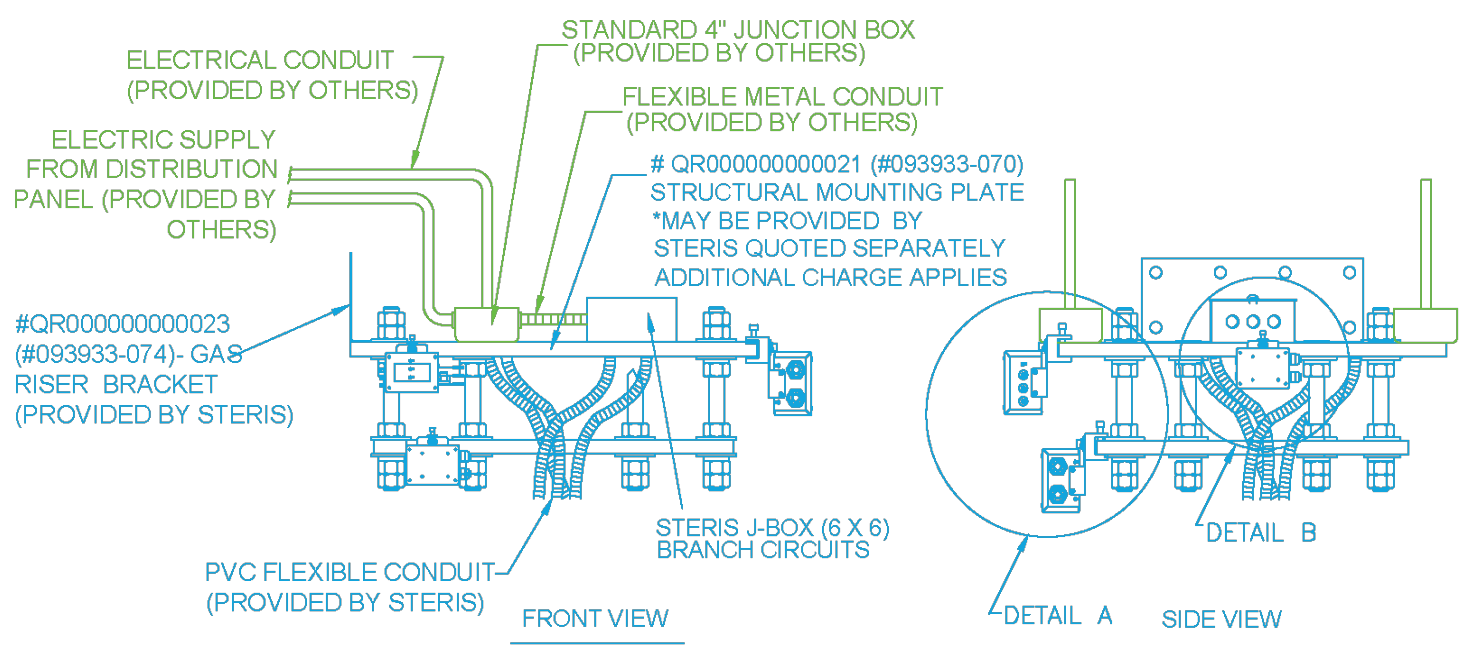
FILE NAME

3/26/2024

SHEET

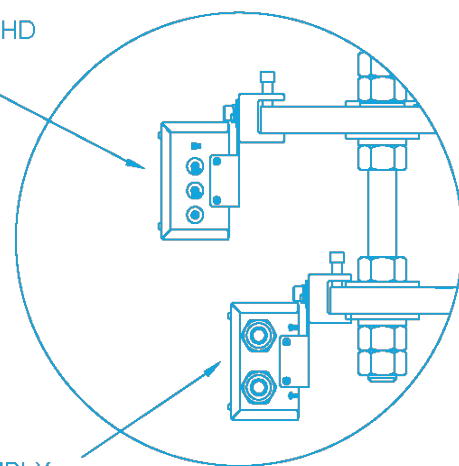
15 of 18

DETAILS APPLY TO THE FOLLOWING CONFIGURATIONS:  
 HarmonyAIR EMS ADJUSTABLE ARM  
 HarmonyAIR EMS FIXED ARM W/ INTERGRATED JUNCTION BOX.



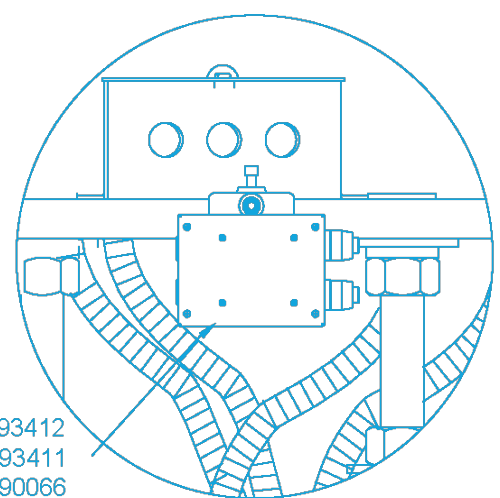
#10087574 - KIT, ASSY, HD HUB ENCLOSURE (PROVIDED BY STERIS WITH M-SERIES LIGHT)

#10087572 - KIT, ASSEMBLY, ENCLOSURE HUB INTERFACE BOARD (PROVIDED BY STERIS WITH M-SERIES LIGHT)



DETAIL A

1 LH - 10093412  
 2 LH - 10093411  
 3 LH - 10090066  
 COMM EXTENDER ENCLOSURE (PROVIDED BY STERIS WITH G-SERIES LIGHT)



DETAIL B

NOTE : DETAIL - A SHOWS SUGGESTED MOUNTING LOCATIONS OF M-SERIES ENCLOSURES.  
 DETAIL - B SHOWS SUGGESTED MOUNTING LOCATIONS OF G-SERIES ENCLOSURES.

ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

ELECTRICAL DETAILS EMS

UNITED STATES

Tandem HarmonyAIR Fixed - A Series Equipment,  
 Surgical Light(s)

ACCOUNT NAME  
 UCDMC

ACCOUNT LOCATION  
 Sacramento, CA

FILE NAME

**STERIS®**



STERIS Corporation  
 Mentor, OH

H-number:

Item no: C2

3/26/2024

SHEET

16 of 18

Released

## Boom Tests per NFPA99

### NFPA99 2018 edition section 5.1.12.2.6

#### Standing Pressure Test for Positive Pressure Medical Gas Piping

NFPA requires that installer performed testing be performed prior to the installation of manufactured assemblies supplied through flexible hose or flexible tubing. Installer performed tests include the 24-hour standing pressure test. This test is performed on piping up to and including the boom gas risers, but not with the boom flexible lines connected. This pressure drop test is for verification of the hard piping that supplies the boom, but not the boom itself.

### NFPA99 2018 edition section 5.1.12.4.2 Standing Pressure Test

NFPA requires that standing pressure test for 10 minutes after installation of manufactured hose assemblies. After successful completion of the 24-hour pressure drop test of the hard piping up and including the gas risers, a subsequent pressure loss test for 10 minutes is done on the boom after the hose assemblies are connected to the gas risers.

### NFPA99 2018 edition section 5.1.12.4.10 Operational Flow Pressure Drop Test

The gas outlets must flow at a minimum rate with a maximum pressure drop of 5 psi read at the gas outlet. This pressure drop is defined as the static pressure at the beginning of the test and the dynamic pressure during the flow test. This test requires that the facility pressure that supplies the boom during the test must remain constant when the test is performed. A pressure loss upstream during the test will result in a pressure loss at the gas outlet and should not be interpreted as a failure of the boom. Either the upstream piping must be improved to ensure a constant pressure during the test, or the pressure loss upstream must be subtracted from the pressure drop read at the gas outlet during the test.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
Mentor, OH

## GAS TESTING PER NFPA99

Tandem HarmonyAIR Fixed - A Series-Equipment,  
Surgical Light(s)

H-number:

Item no: C2

ACCOUNT NAME

UCDMC

ACCOUNT LOCATION

Sacramento, CA

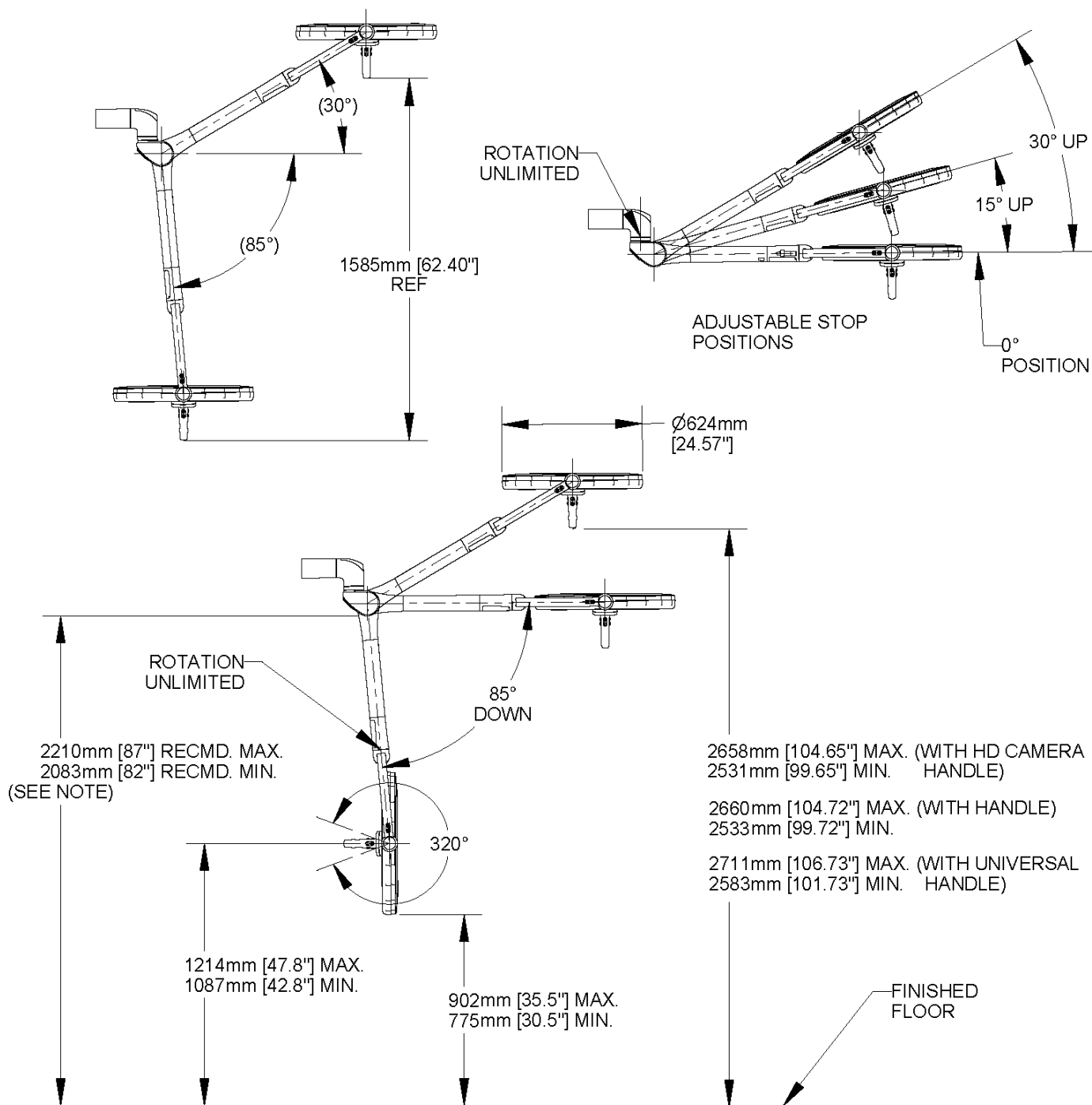
FILE NAME

12024451.A

PRINTED DATE  
3/26/2024

SHEET

17 of 18



NOTE:

IF CEILING SUSPENSION IS INSTALLED AT A HEIGHT OTHER THAN THE RECOMMENDED 2083mm [82"] TO 2210mm [87"] CLEARANCE, THE REMAINING DIMENSIONS TO THE FLOOR WILL CHANGE ACCORDINGLY.

STERIS



Corporation

T  
I  
T  
L  
E

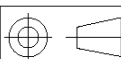
HarmonyAIR A-SERIES, SPRING ARM AND LIGHTHEAD

SIZE:

A

SCALE:

0.040



DRAWN BY:

Puterbaugh, Nicholas

DRAWING NUMBER:

11015056

PART NUMBER:

11015056

REVISION:

B

This document contains confidential and proprietary information of STERIS Corporation. Neither this document nor the information therein are to be reproduced, either in part or in whole, except as specifically authorized by STERIS Corporation.

SHEET  
18 OF 18

STERIS drawings do not supersede the drawings from the architect of record.

STERIS drawings do not supersede the drawings from the architect of record.



UC DAVIS MEDICAL CENTER  
SACRAMENTO, CALIFORNIA

DRAWING INDEX

- 00 COVER
- 01 PROPOSED EQUIPMENT LAYOUT

SIGN OFF ACCEPTANCES

\_\_\_\_\_  
(OPTIONAL)  
\_\_\_\_\_  
(OPTIONAL)

 <div>Healthcare Design Group</div> <div>5960 Heisley Road Mentor, OH 44060 USA 800-548-4873</div>	REVISION SUMMARY				COVER SHEET	UC DAVIS MEDICAL CENTER  SACRAMENTO, CALIFORNIA	0822D32R1				
	REVISION #	DESCRIPTION	DESIGNER/DATE	CHECKER			DR	JTP	CK	DATE	02APR2024
	1	UPDATED EAS IN ALL ROOMS. CEILING MT. EXAM LIGHTS REMOVED. ADDED HEXALUX TO ALL ROOMS WITH ROOMS ONLY	TM/09MAY2024				SCALE	NOT TO SCALE		PAGE	00

STERIS drawings do not supersede the drawings from the architect of record.



1 PROPOSED EQUIPMENT LAYOUT  
Scale: 1/4" = 1'-0"

EQUIPMENT LIST			
TAG	QTY	DESCRIPTION	
01	12	STERIS HexaLux Exam Lighting System - Wall Mounted	
C1	12	HarmonyAIR Fixed-Equipment	
C2	12	Tandem HarmonyAIR Fixed - A Series-Equipment, Surgical Light(s)	
K1	12	HarmonyAIR A-Series Touch Panel Control Unit (TPCU) - Integrated Wall Control	

A SERIES LIGHT CONDUIT SCHEDULE			
FROM - TO	QUANTITY	SIZE	RESPONSIBILITY
K1 - C2	2	75"	ELECTRICAL CONTRACTOR

LIGHT CONDUIT SCHEDULE NOTES  
1. 5" CONDUIT FOR AC POWER TO K1 3 COND 10AWG WIRE INPUT AC SUPPLY - 120V-240VAC, 7A-3A, 50/60Hz  
2. LIGHTING CONDUIT RUNS NOT TO EXCEED 25 FEET  
3. CONDUIT REQUIREMENTS FOR LIGHTS AND CONNECT POINT ALSO REFERENCED WITHIN THE EQUIPMENT DRAWINGS FOR THE SPECIFIED SURGICAL LIGHT WALL CONTROL SYSTEM  
4. DC SUPPLY LIGHTHEAD CABLES REQUIRE 1" CONDUIT WHEN DOUBLE RUNS ARE REQUIRED (LONG RUNS)  
5. REFER TO APPROPRIATE EQUIPMENT SPECIFICATIONS TO ENSURE THAT THE MOST CURRENT & DETAILED INFORMATION OF THIS LIGHT SYSTEM IS UTILIZED



REVISION SUMMARY			
REVISION #	DESCRIPTION	DESIGNER/DATE	CHECKER
1	UPDATED THIS R/L ALL ROOMS: CEILING MT. EXAM LIGHTS REMOVED; ADD'D HEXALUX TO ALL ROOMS WITH ROOMS ONLY	TM/09MAY2024	

24 PATIENT ROOMS  
PROPOSED EQUIPMENT LAYOUT

UC DAVIS MEDICAL CENTER  
SACRAMENTO, CALIFORNIA

0822D32R1

DR	JTP	CK	DATE	02APR2024
SCALE	1/4" = 1'-0"		PAGE	01

DISCLAIMER: THE SERVICE CLEARANCES INDICATED DO NOT MEET THE MINIMUM SAFETY CLEARANCES RECOMMENDED IN THE EQUIPMENT DRAWINGS PROVIDED BY STERIS CORPORATION

STERIS drawings do not supersede the drawings from the architect of record.

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

Rooms Served by  
East Zone Valve

Existing West  
Zone Valve

Existing East  
Zone Valve

Rooms Served  
by West Zone  
Valve

### Summary of Existing Condition:

- Existing Med Gas lines do not have local service/shut off valves at each patient room.
- Instead there are 2 main service/shut off valves, each valve controls the gases to 12 patient rooms (East & West Zones).
- Due to this existing condition, while each pair of rooms is taken out of service for the boom replacement work, there will be a brief period (2-3 days) where medical gas service to adjacent rooms will be temporarily affected while local service valves are installed.
- The affected rooms will utilize portable medical gas tanks and mobile vacuum machines in order to maintain operational.
- This document provides a suggested sequence of construction in order to minimize impact/disruption to rooms outside of the immediate construction area.
- Per prior discussion, it has been indicated that the East side of the PICU department is typically where higher acuity patients are located. Therefore, it is recommended that construction commence on the west side.

### REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO.: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

### LEVEL 10 OVERALL FLOOR PLAN

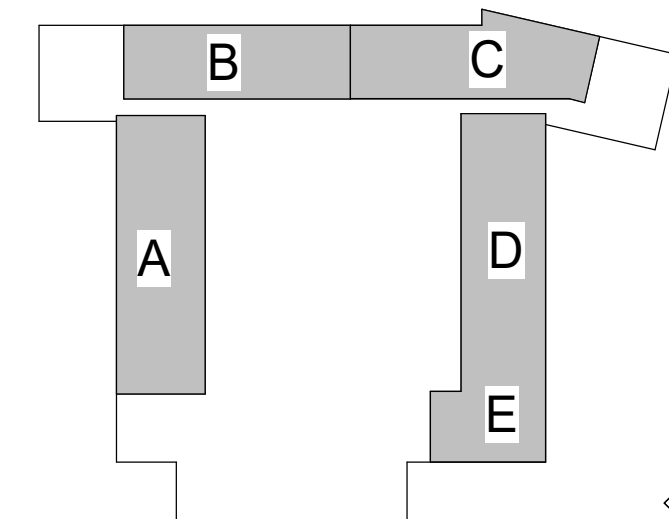
SHEET NUMBER: A-121 SCALE: As indicated

CURRENT MED. GAS ZONE MAP (EXISTING CONDITION)

A-121

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

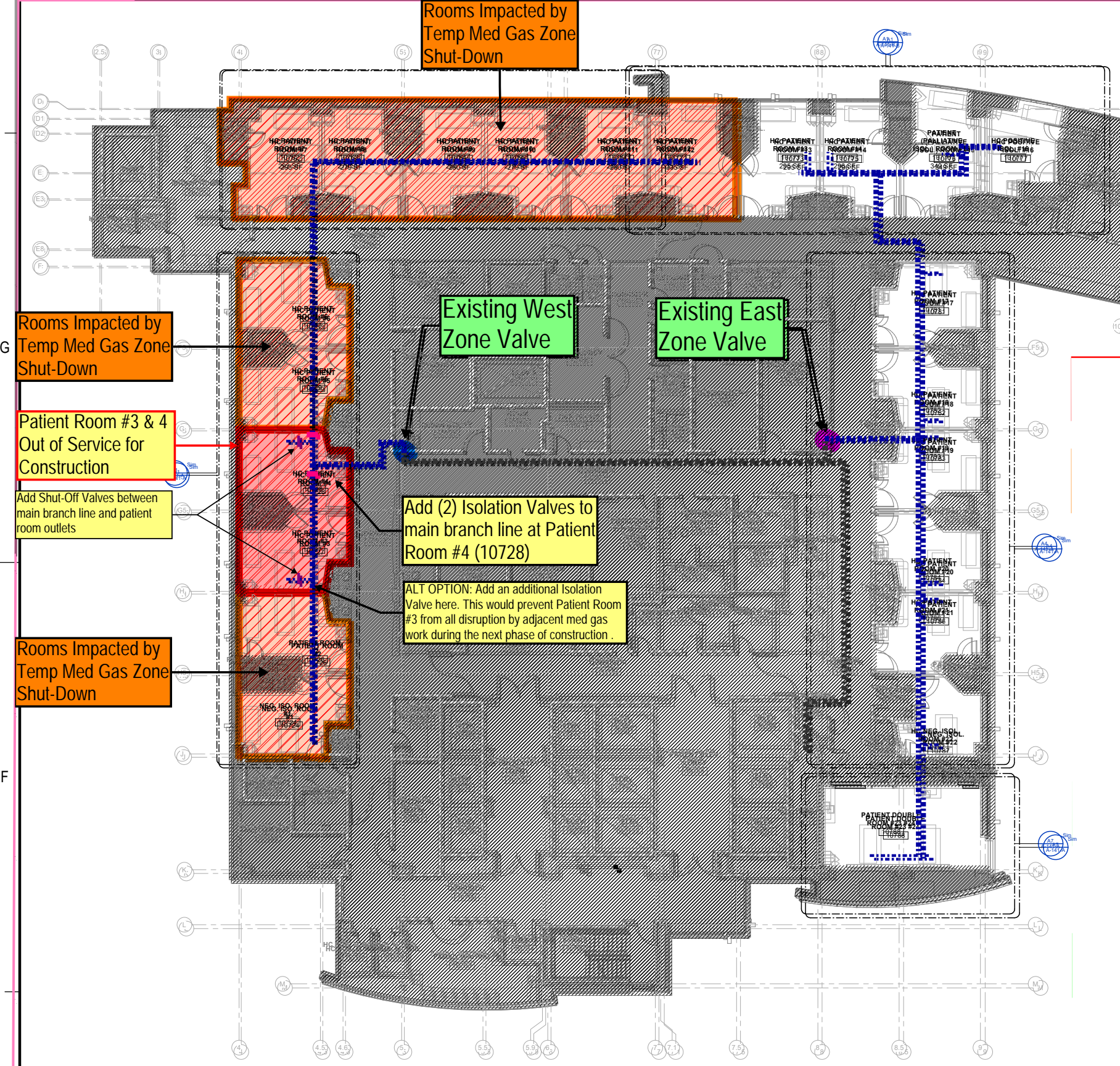
FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

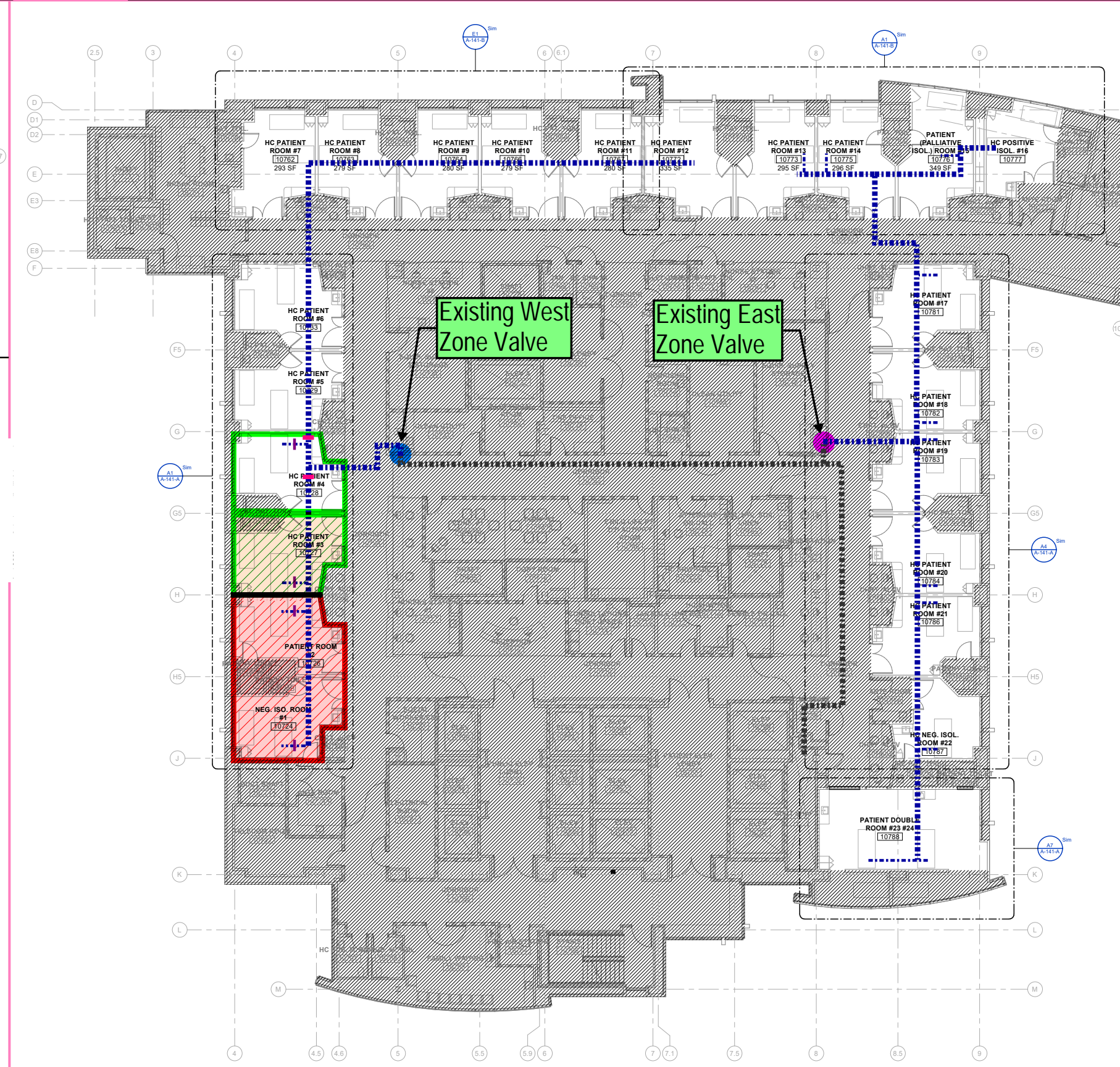
SHEET NUMBER: A-121 SCALE: As indicated

CONSTRUCTION PHASING PLAN - PHASE W1

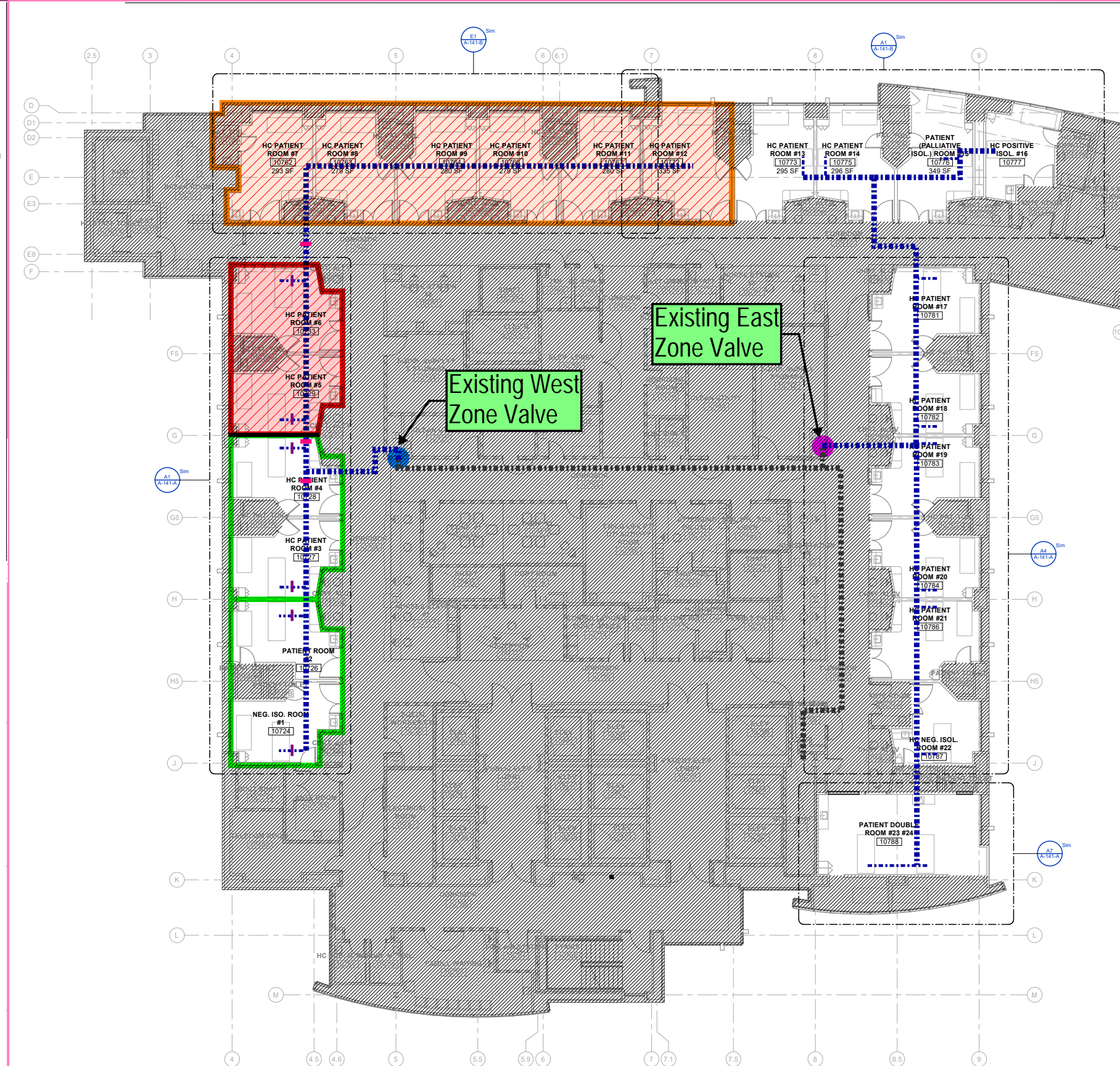
PRELIMINARY:  
NOT FOR  
CONSTRUCTION



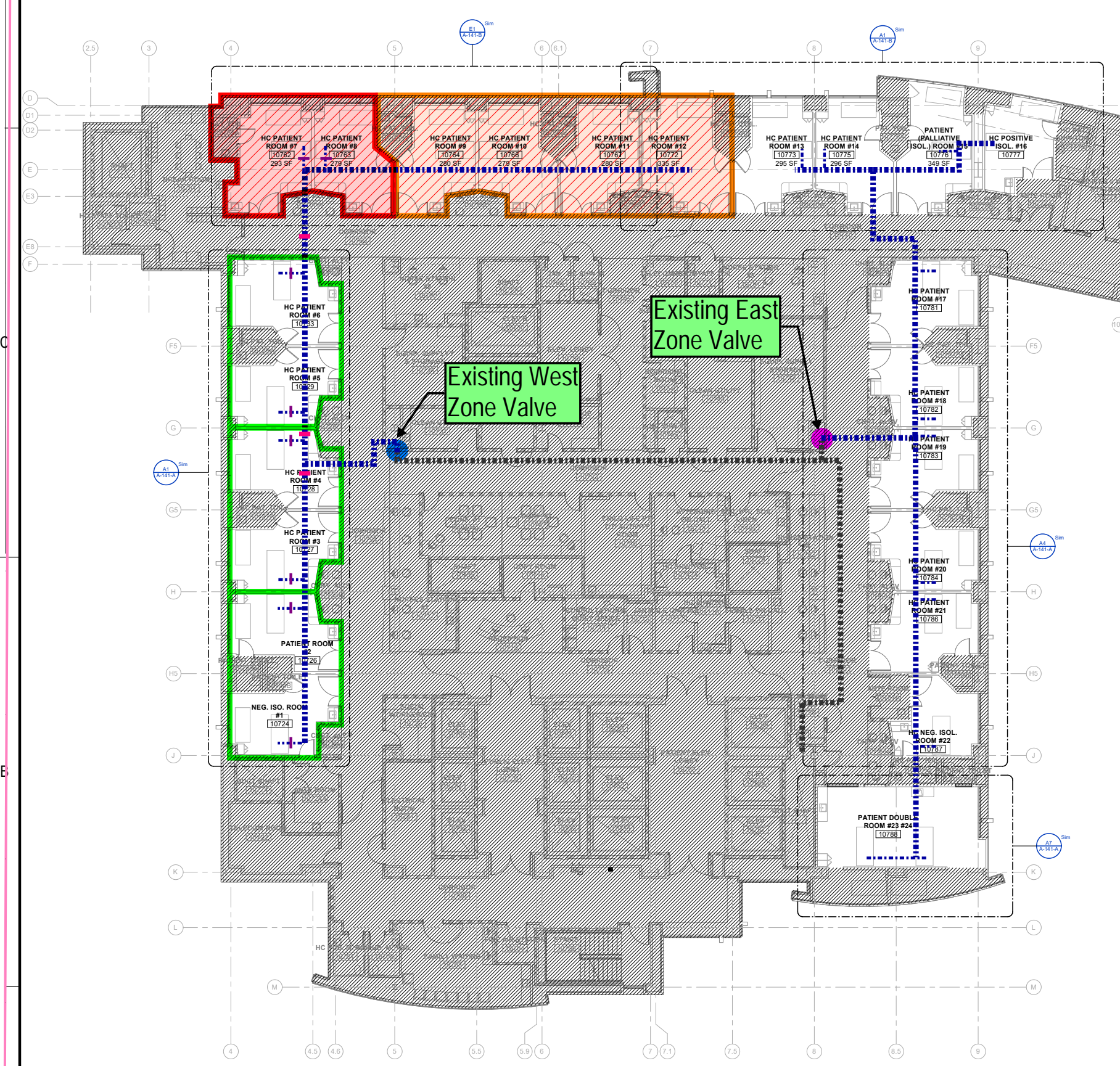
CONSTRUCTION PHASING PLAN  
PHASE W1



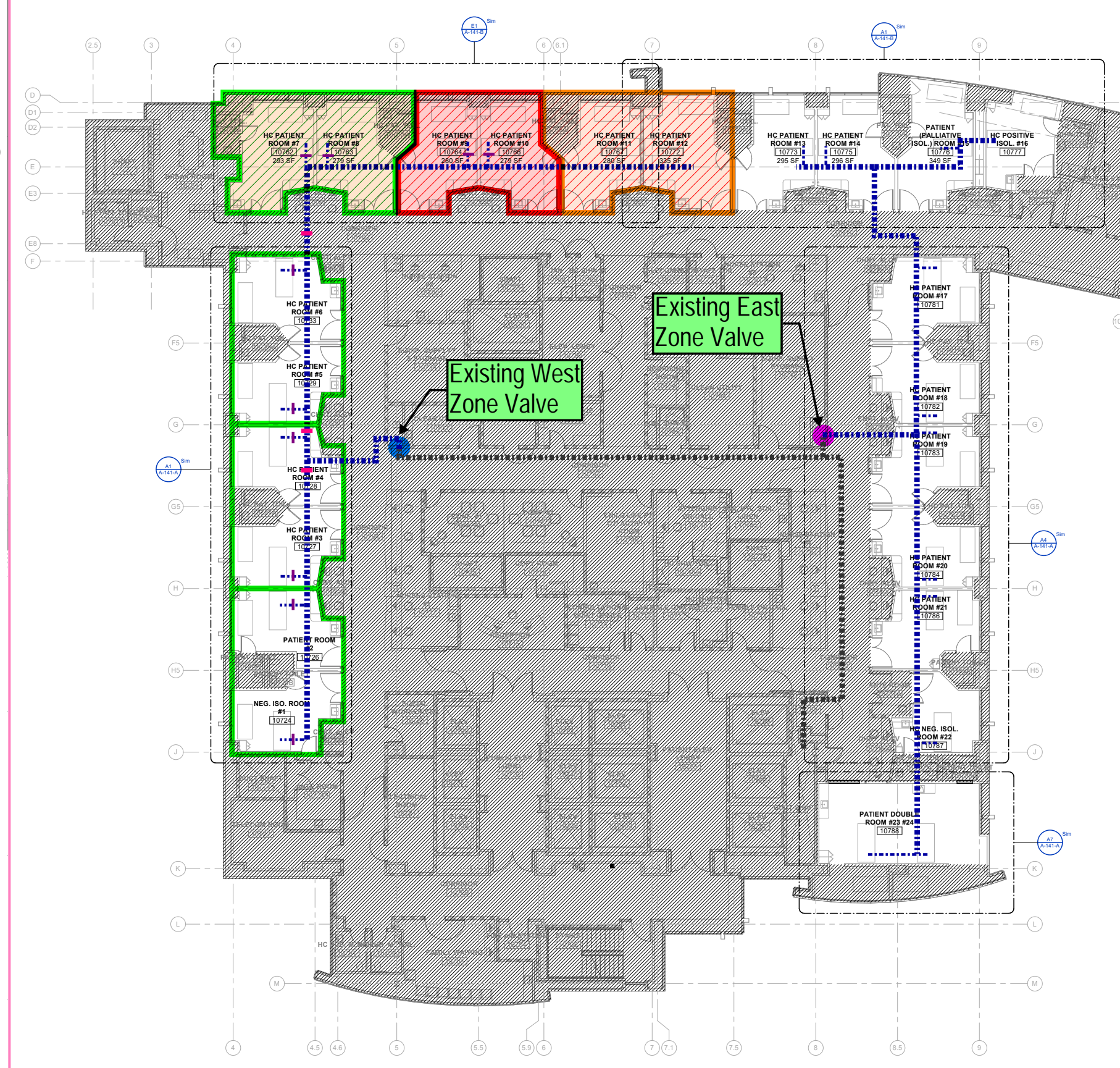
CONSTRUCTION PHASING PLAN  
PHASE W2



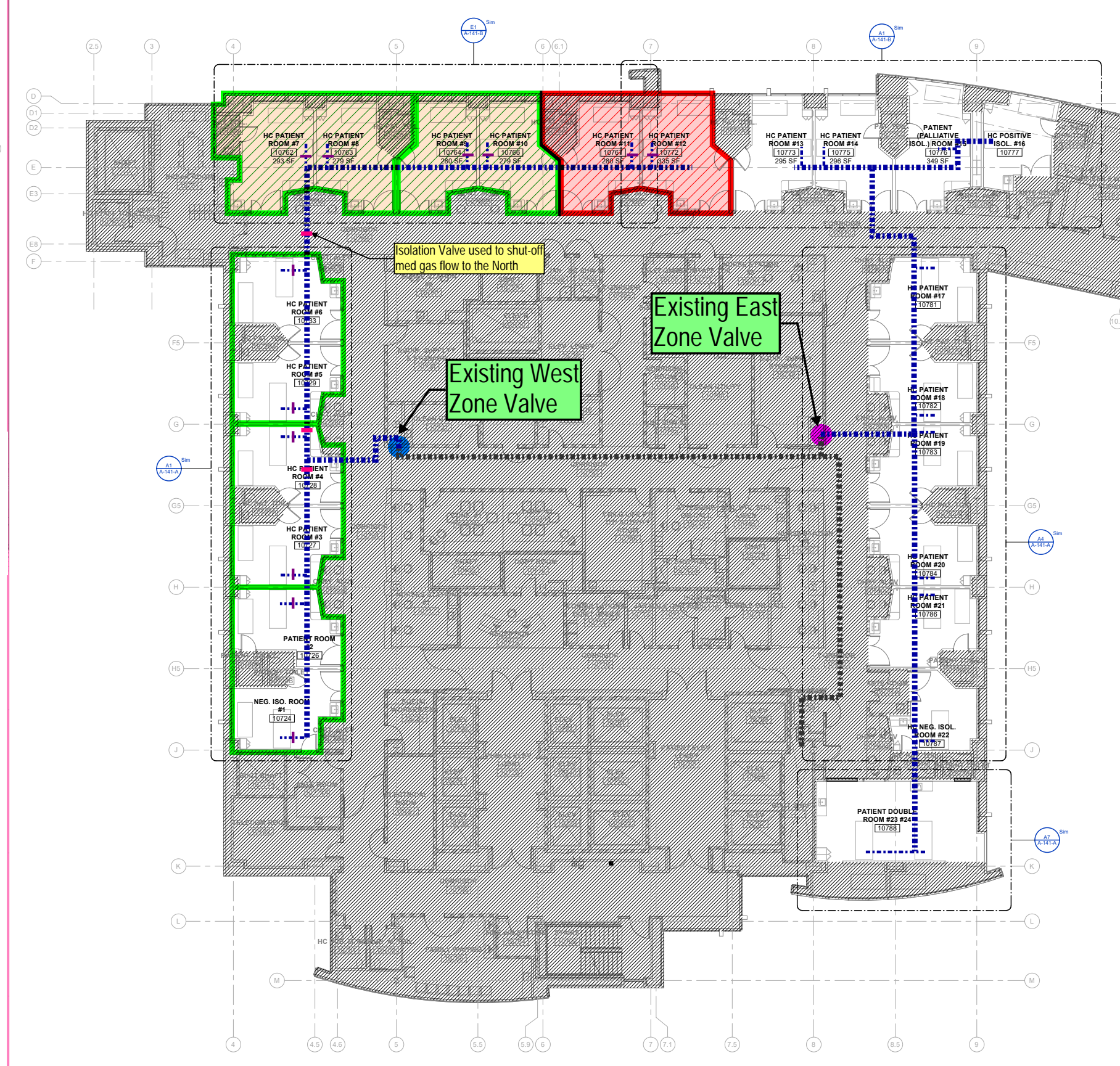
CONSTRUCTION PHASING PLAN  
PHASE W3



CONSTRUCTION PHASING PLAN  
PHASE W4

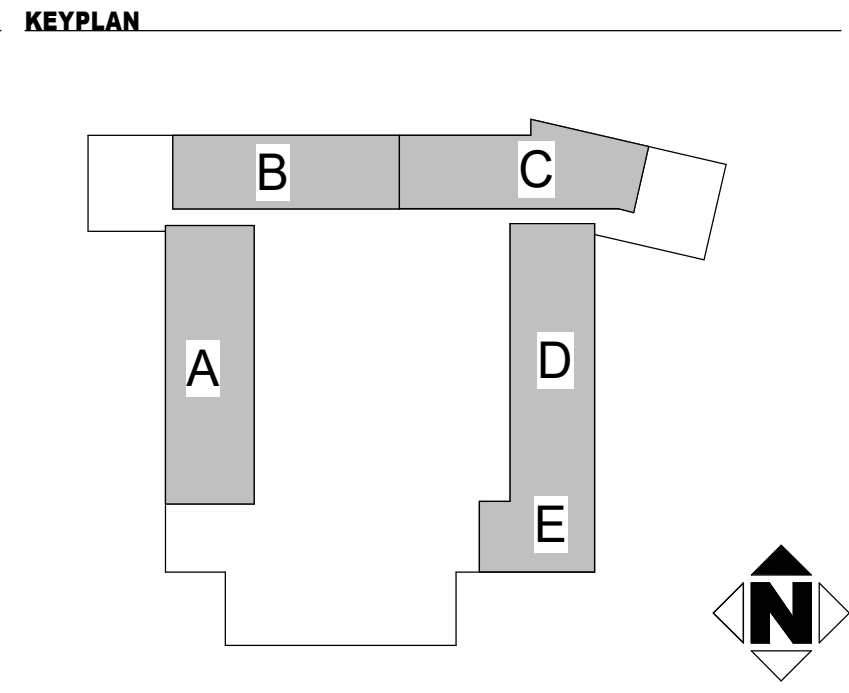


CONSTRUCTION PHASING PLAN  
PHASE W5



CONSTRUCTION PHASING PLAN  
PHASE W6

- Rooms "out of service" for full construction.
- Rooms Served by Existing Med Gas West Zone Valve: These rooms will need to utilize portable med gas & vacuum service for 2-3 days while valve install occurs in other areas.
- No Impact to Med Gas Service: These rooms are not impacted by the current temp med gas zone shut down work. Future impacts will occur.
- Construction Complete: Boom replacement and shut-off valve work is complete; however, future service impact due to Med Gas work will occur.
- Construction Complete / No Further Impact to Room: Boom replacement and shut-off valve work is fully completed. However, future service impact due to Med Gas work will occur.

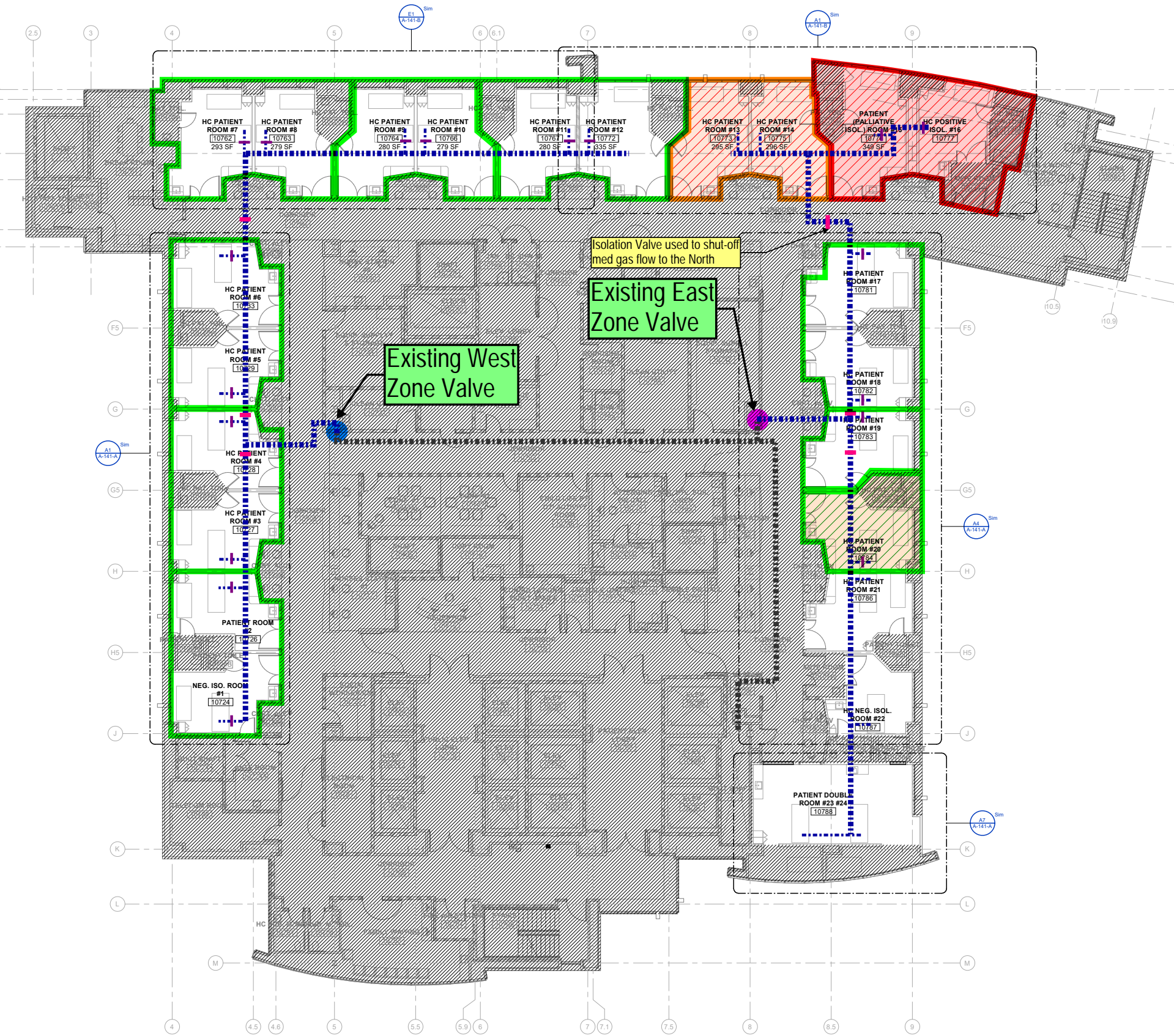
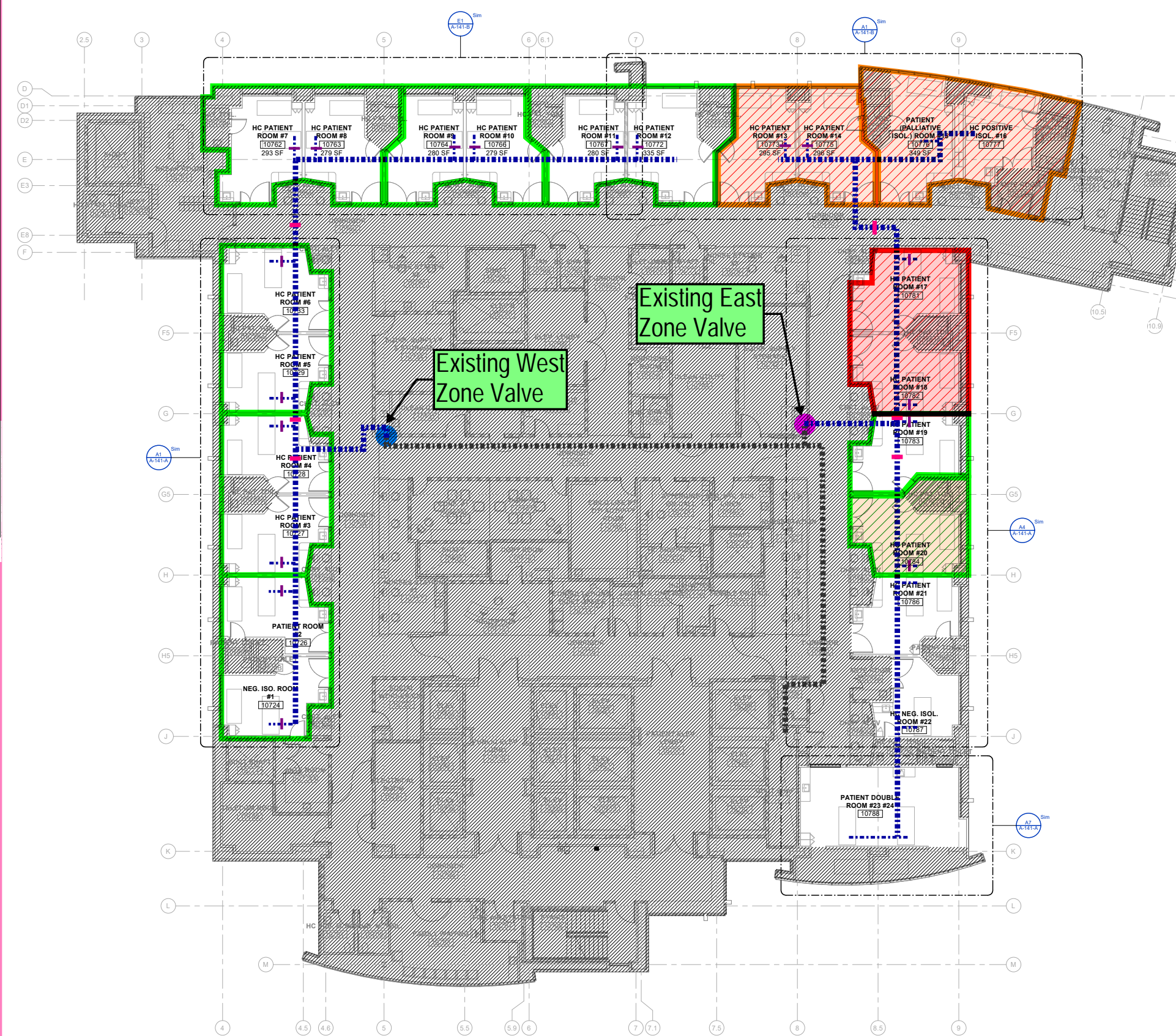
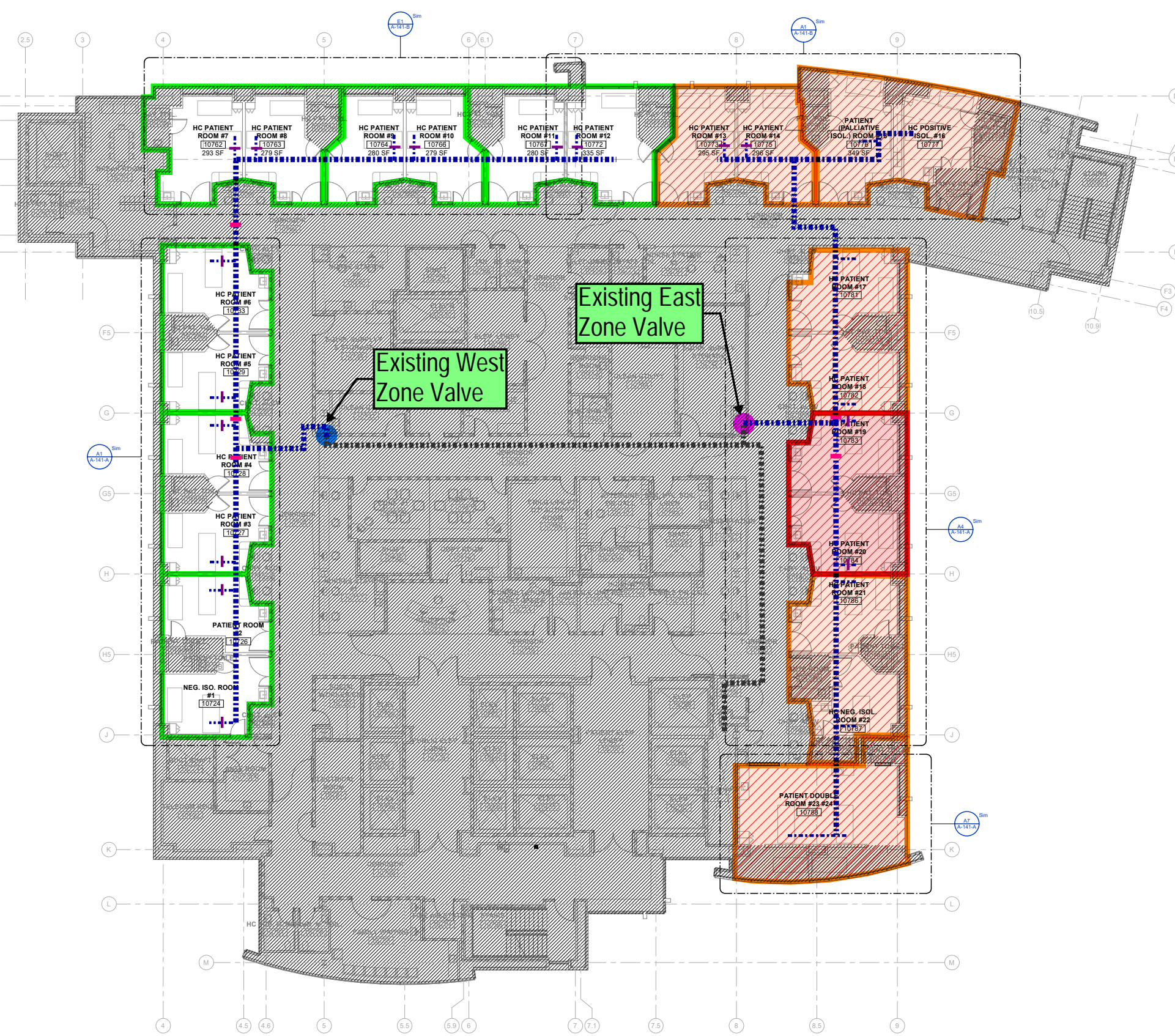


REVISION SCHEDULE		
NO.	REVISION NAME	DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO.: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

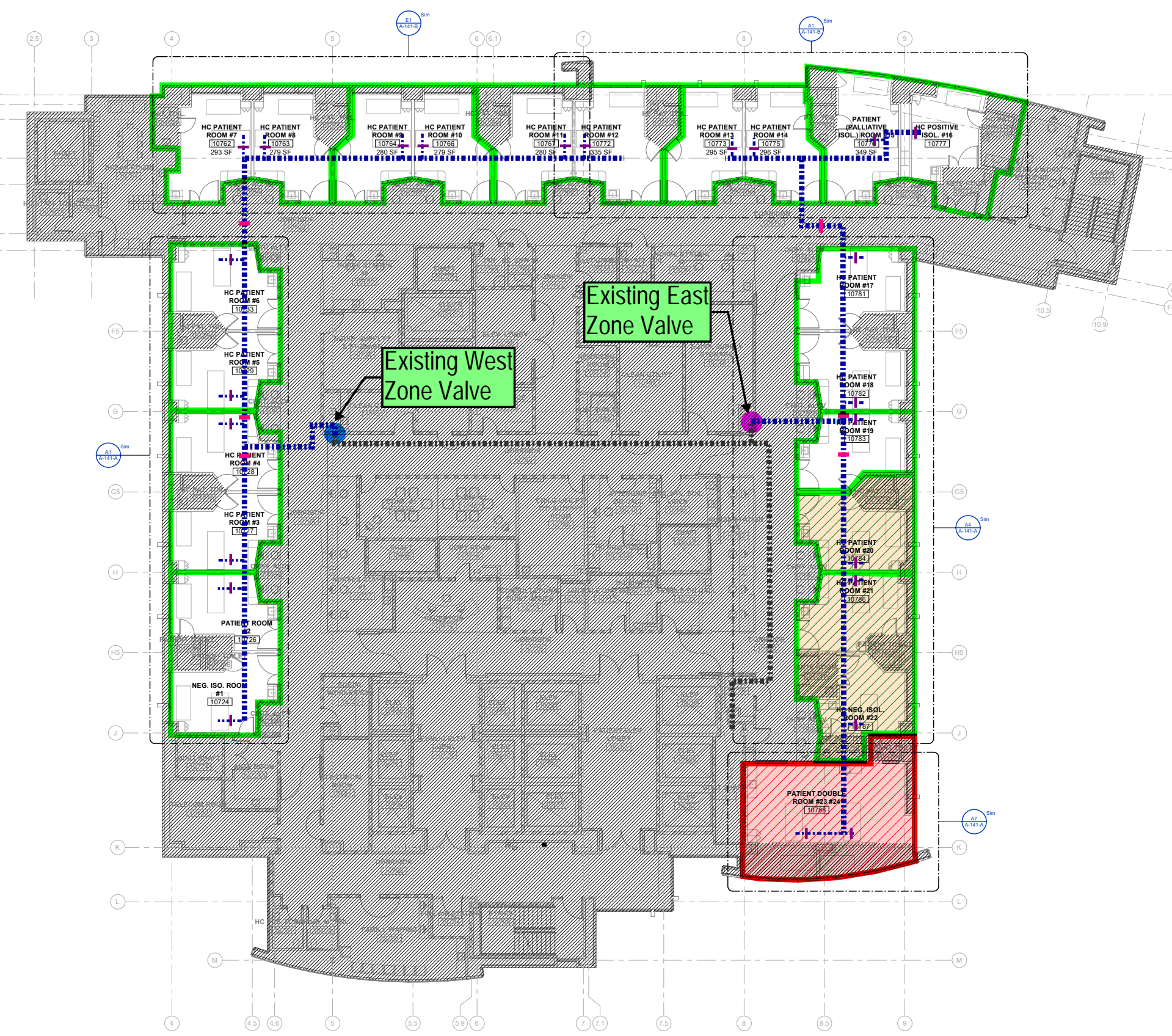
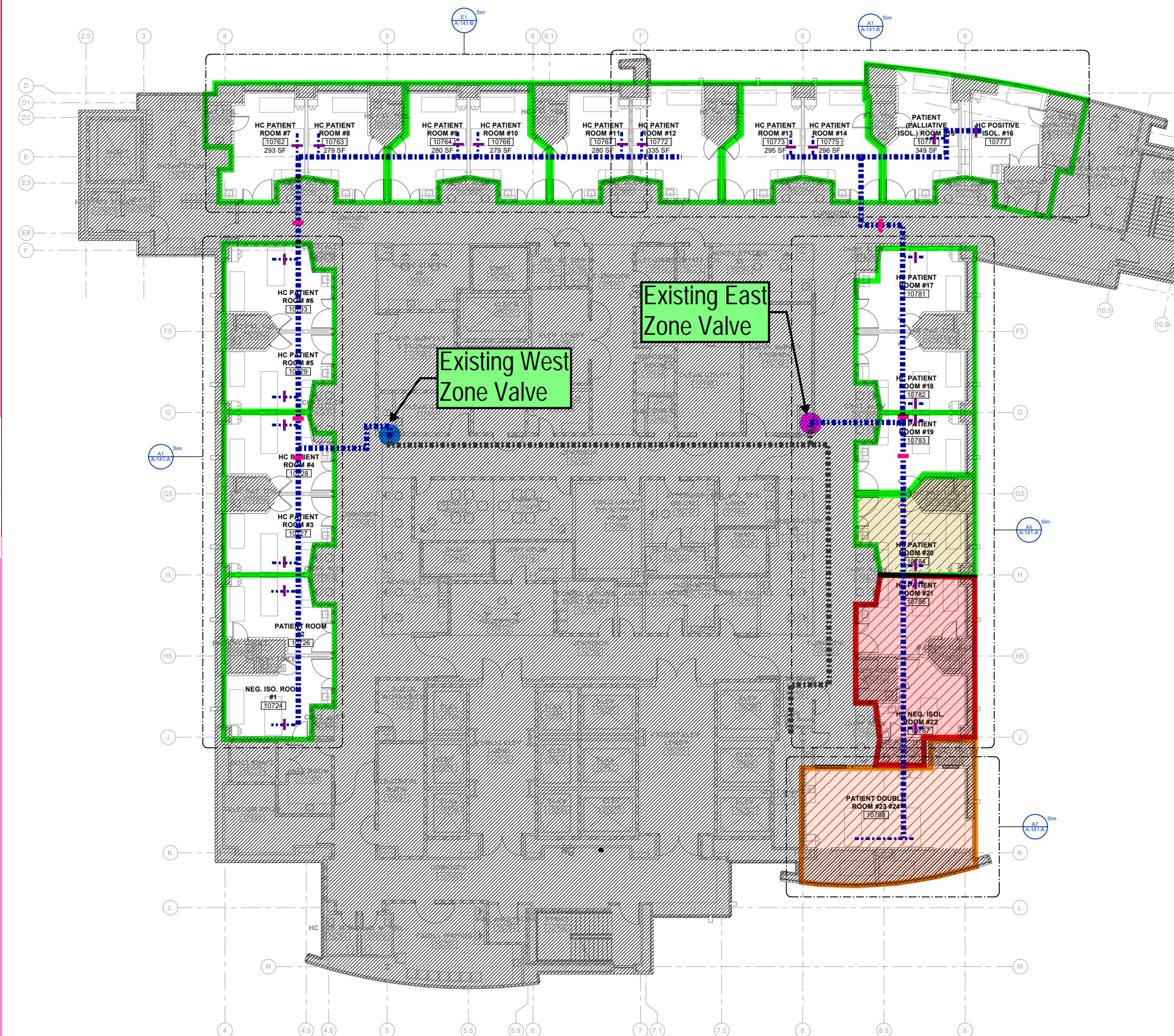
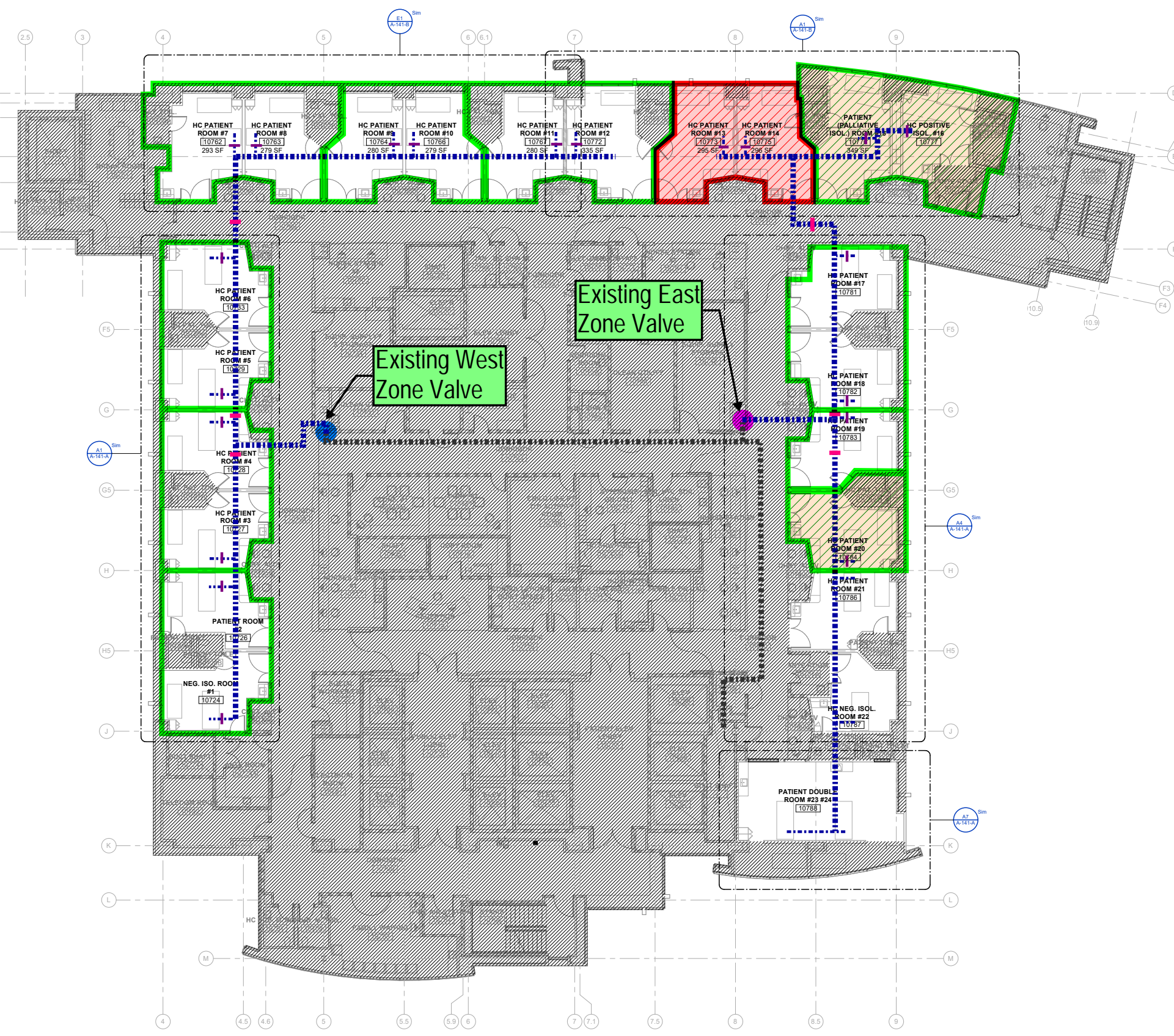
PRELIMINARY:  
NOT FOR  
CONSTRUCTION



CONSTRUCTION PHASING PLAN  
PHASE E1

CONSTRUCTION PHASING PLAN  
PHASE E2

CONSTRUCTION PHASING PLAN  
PHASE E3



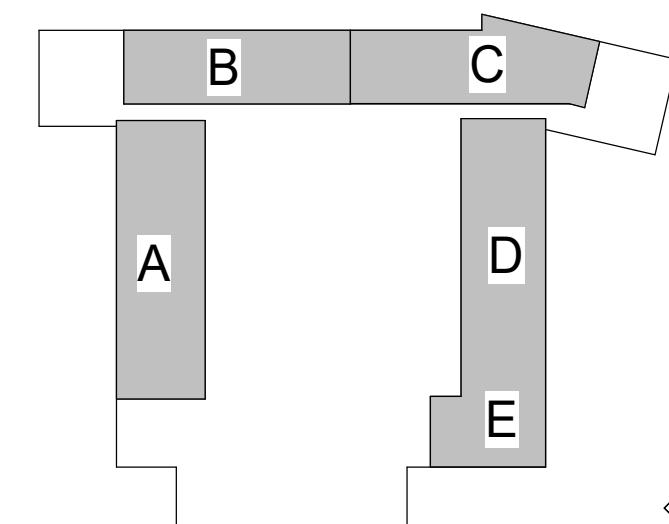
CONSTRUCTION PHASING PLAN  
PHASE E4

CONSTRUCTION PHASING PLAN  
PHASE E5

CONSTRUCTION PHASING PLAN  
PHASE E6

- Rooms "out of service" for full construction.
- Rooms Served by Existing Med Gas West Zone Valve: These rooms will need to utilize portable med gas & vacuum service for 2-3 days while valve install occurs in other areas.
- No Impact to Med Gas Service: These rooms are not impacted by the current temp med gas zone shut down work. Future impacts will occur.
- Construction Complete: Boom replacement and shut-off valve work is complete; however, future service impact due to Med Gas work will occur.
- Construction Complete / No Further Impact to Room: Boom replacement and shut-off valve work is fully completed. However, future service impact due to Med Gas work will occur.

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE:

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO.: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

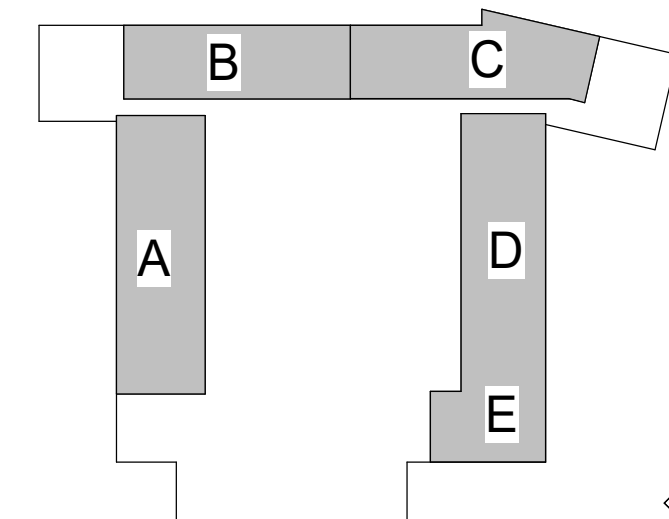
LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER SCALE: As indicated

A-121

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

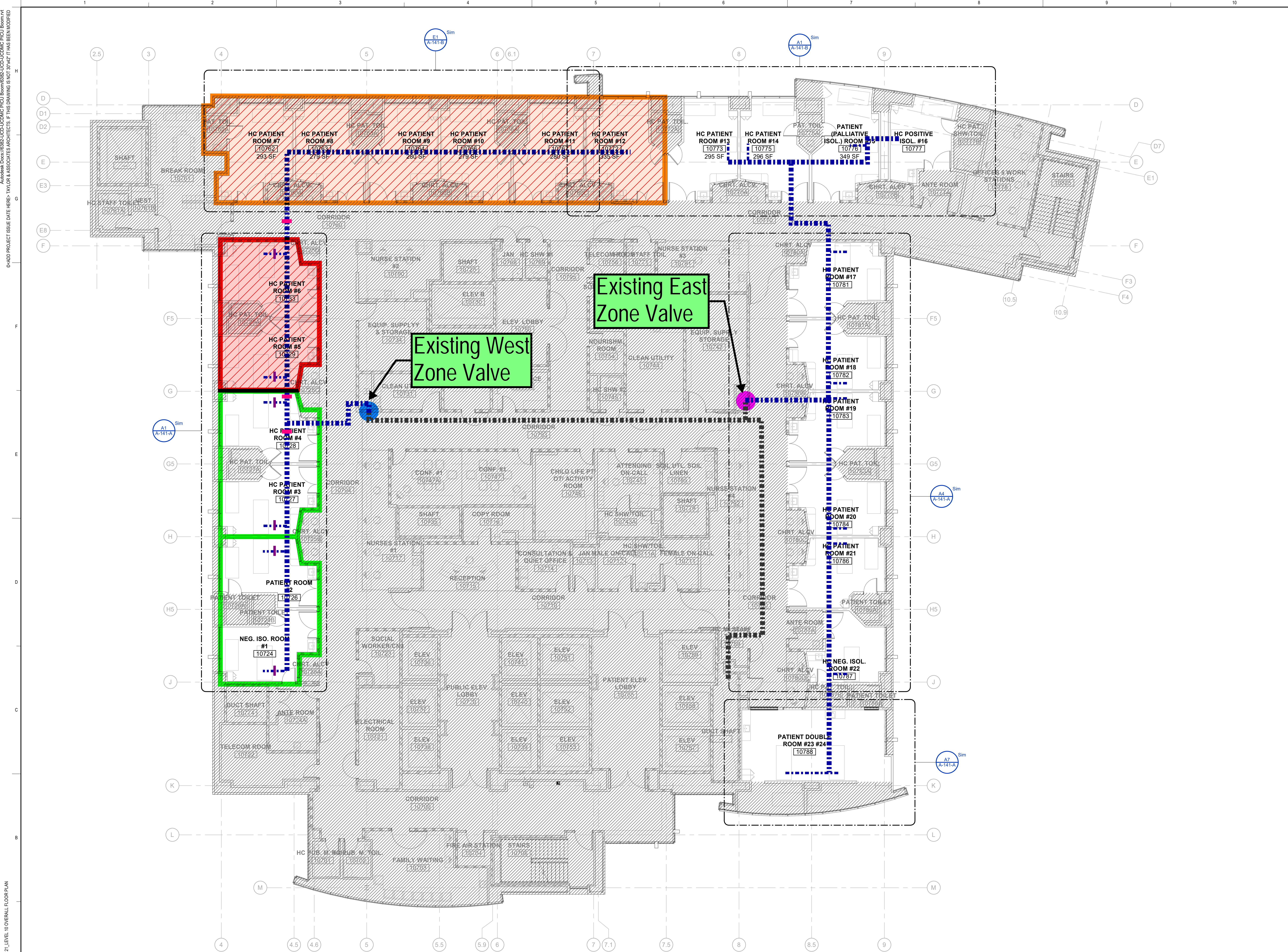
LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER: A-121 SCALE: As Indicated

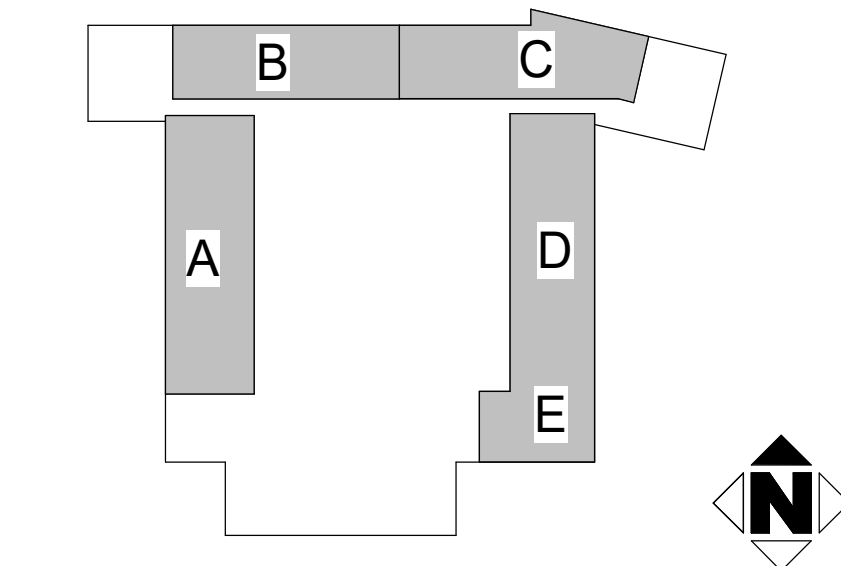
CONSTRUCTION PHASING PLAN - PHASE W2

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

14/2024 5:13:52 PM  
A-121 LEVEL 10 OVERALL FLOOR PLAN  
©-ADD PROJECT ISSUE DATE HERE  
TAYLOR ASSOCIATES ARCHITECTS IF THIS DRAWING IS NOT 30%2 IT HAS BEEN MODIFIED



KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

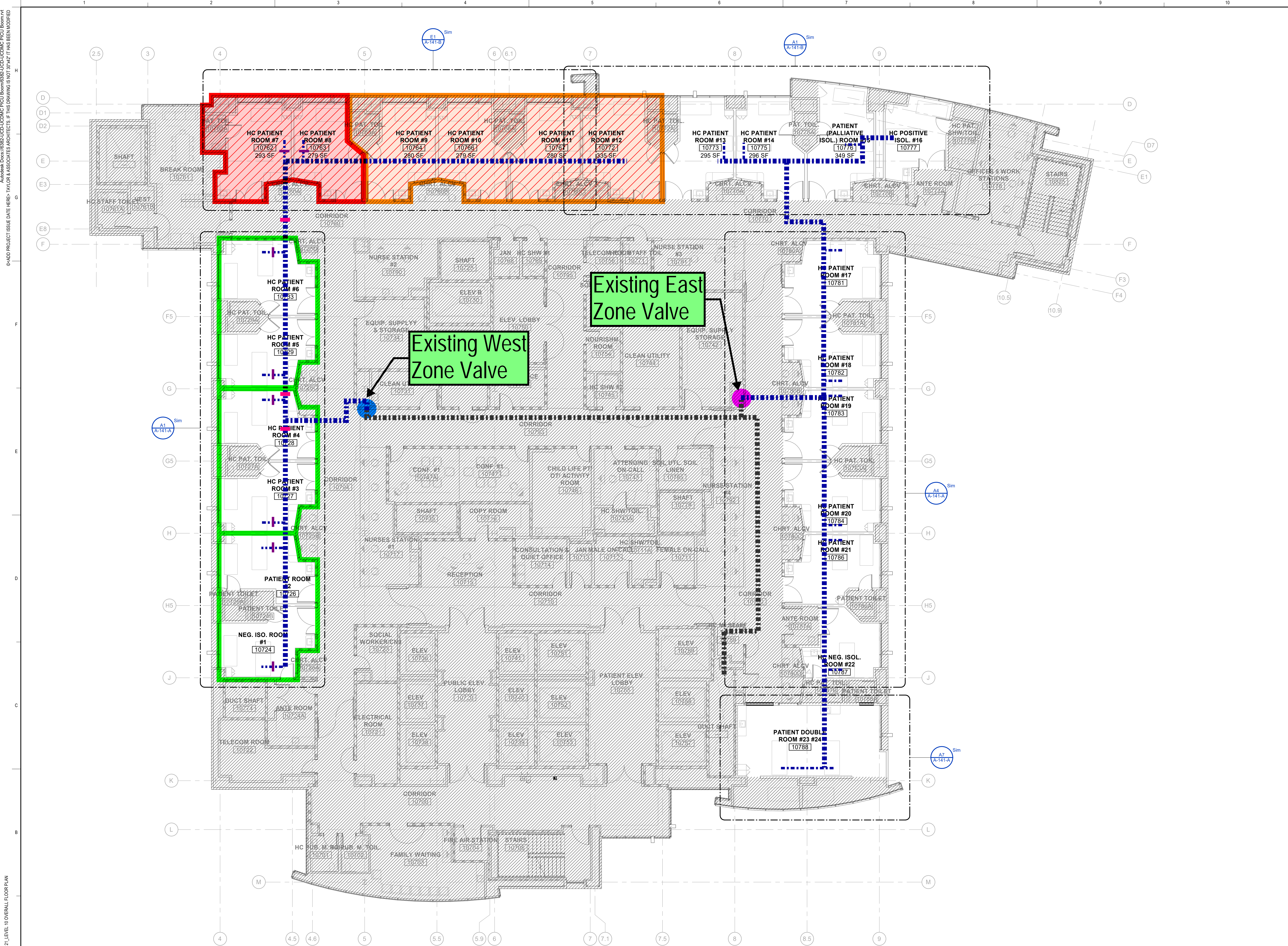
SHEET NUMBER: A-121  
SCALE: As indicated

CONSTRUCTION PHASING PLAN - PHASE W3

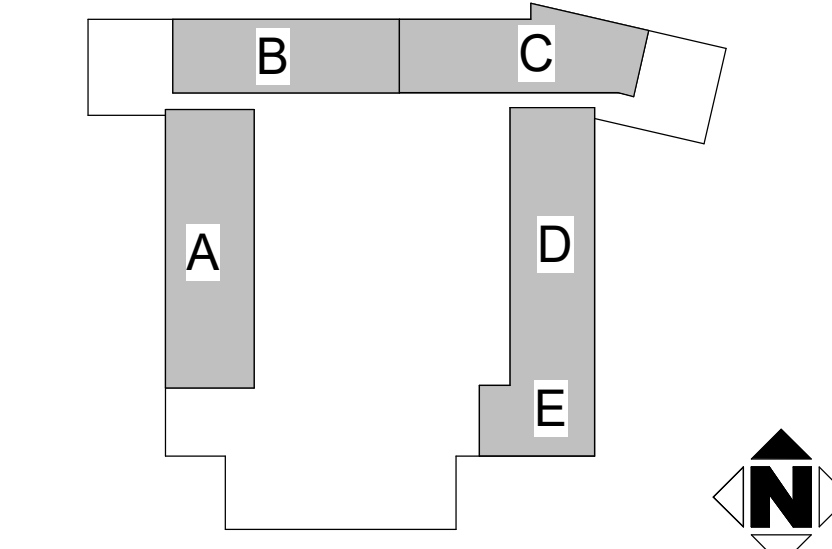
PRELIMINARY:  
NOT FOR  
CONSTRUCTION

14/2024 5:13:52 PM  
A-121 LEVEL 10 OVERALL FLOOR PLAN  
©-ADD PROJECT ISSUE DATE HERE  
TAYLOR ASSOCIATES ARCHITECTS IF THIS DRAWING IS NOT 30%2 IT HAS BEEN MODIFIED

1 2 3 4 5 6 7 8 9 10  
D D1 D2 E E3 E6 F F5 G G5 H H5 J K L M  
2.5 3 4 5 6 6.1 7 8 9 10.5 10.9



KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

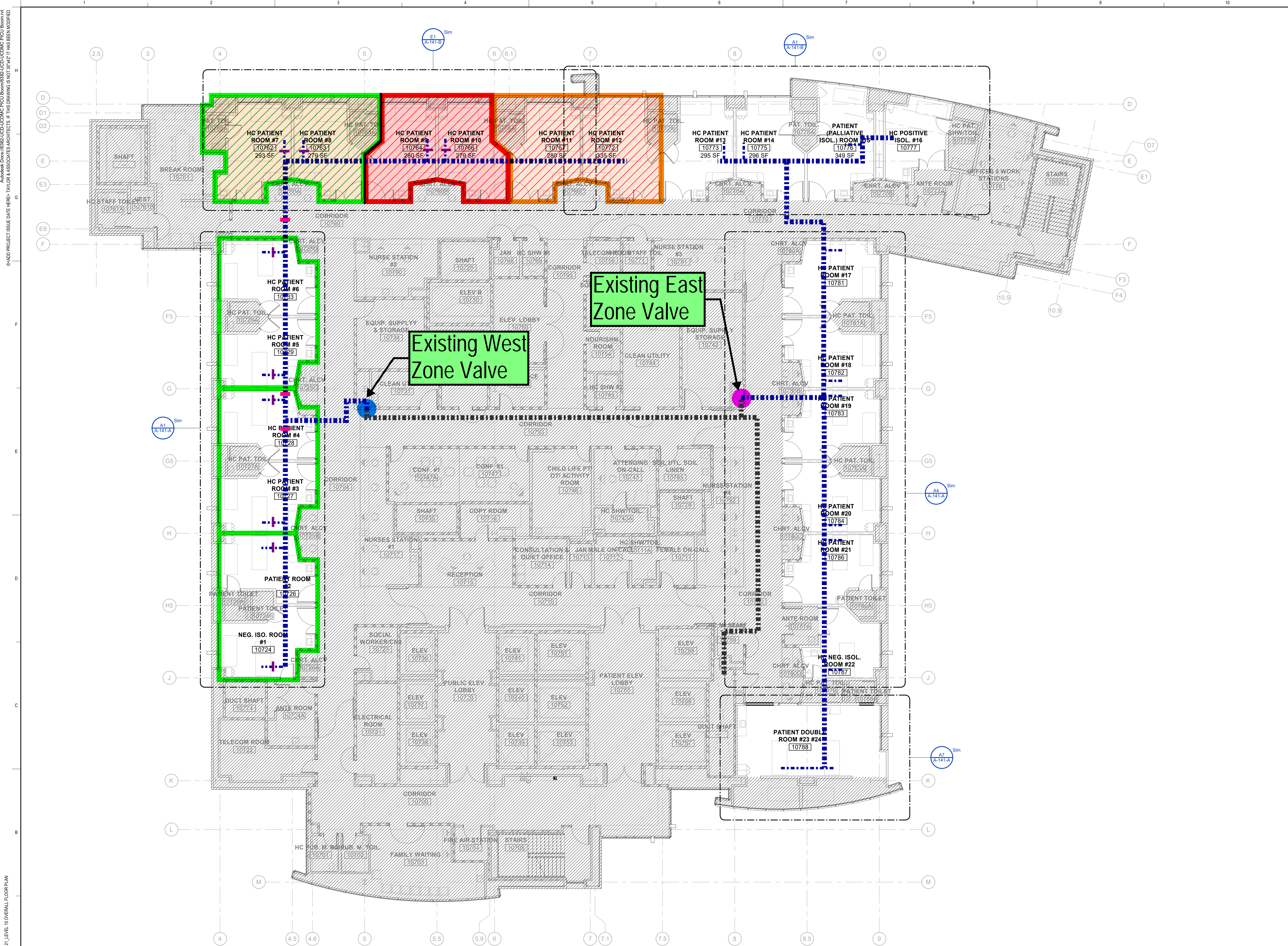
LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER: A-121  
SCALE: As indicated

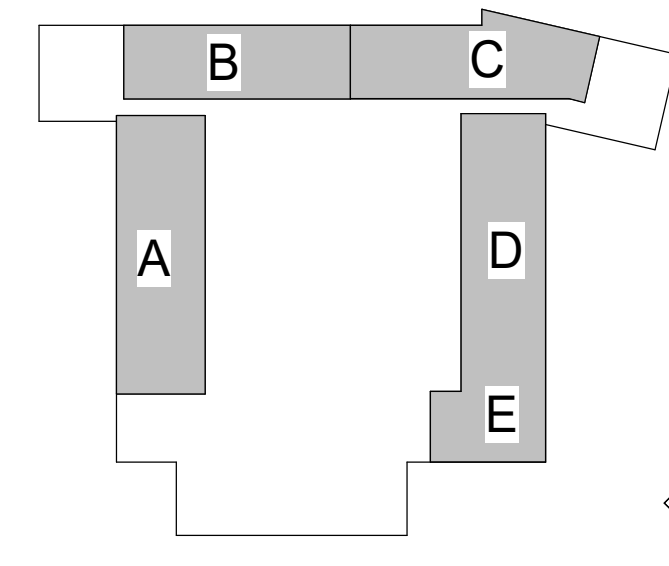
CONSTRUCTION PHASING PLAN - PHASE W4

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

14/2024 5:13:52 PM  
A-121 LEVEL 10 OVERALL FLOOR PLAN  
©-ADD PROJECT ISSUE DATE HERE  
TAYLOR ASSOCIATES ARCHITECTS IF THIS DRAWING IS NOT 30%2 IT HAS BEEN MODIFIED



KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER: A-121 SCALE: As indicated

CONSTRUCTION PHASING PLAN - PHASE W5



## KEYPLA



### REVISION SCHEDULE

NO.	REVISION NAME	DATE:
-----	---------------	-------

FACILITY NAME:	UC DAVIS MEDICAL CENTER
FACILITY ADDRESS:	2315 STOCKTON BLVD, SACRAMENTO, CA 95817
OWNER PROJECT NUMBER:	9557750 - L010335
AUTHORITY HAVING JURISDICTION:	OSHPD
AGENCY FACILITY NUMBER:	10619
AGENCY BUILDING NUMBER:	01445
AGENCY PROJECT NUMBER:	TBD
ARCHITECT PROJECT NO:	6382.100

SHEET TITLE: DATE: 08/23/2023

QUEST NUMBER: \_\_\_\_\_ SCALE: As indicated

SCALE: As indicated

9 PACKAGE ISSUANCE: 50% SCHEMATIC DESIGN 10



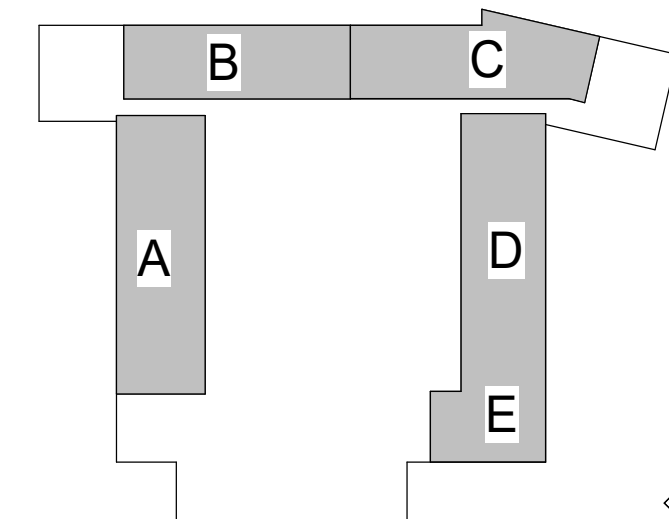
11/4/2024 6:13:52 PM

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

All Construction is Complete  
at entire West-side of PICU.  
> Patient Rooms #1 thru 12.  
> All booms replaced.  
> Med Gas Shut-off valves installed  
at every Patient Room.  
> (3) new Isolation Valves installed.

CONSTRUCTION PHASING PLAN - WEST ZONE COMPLETE

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

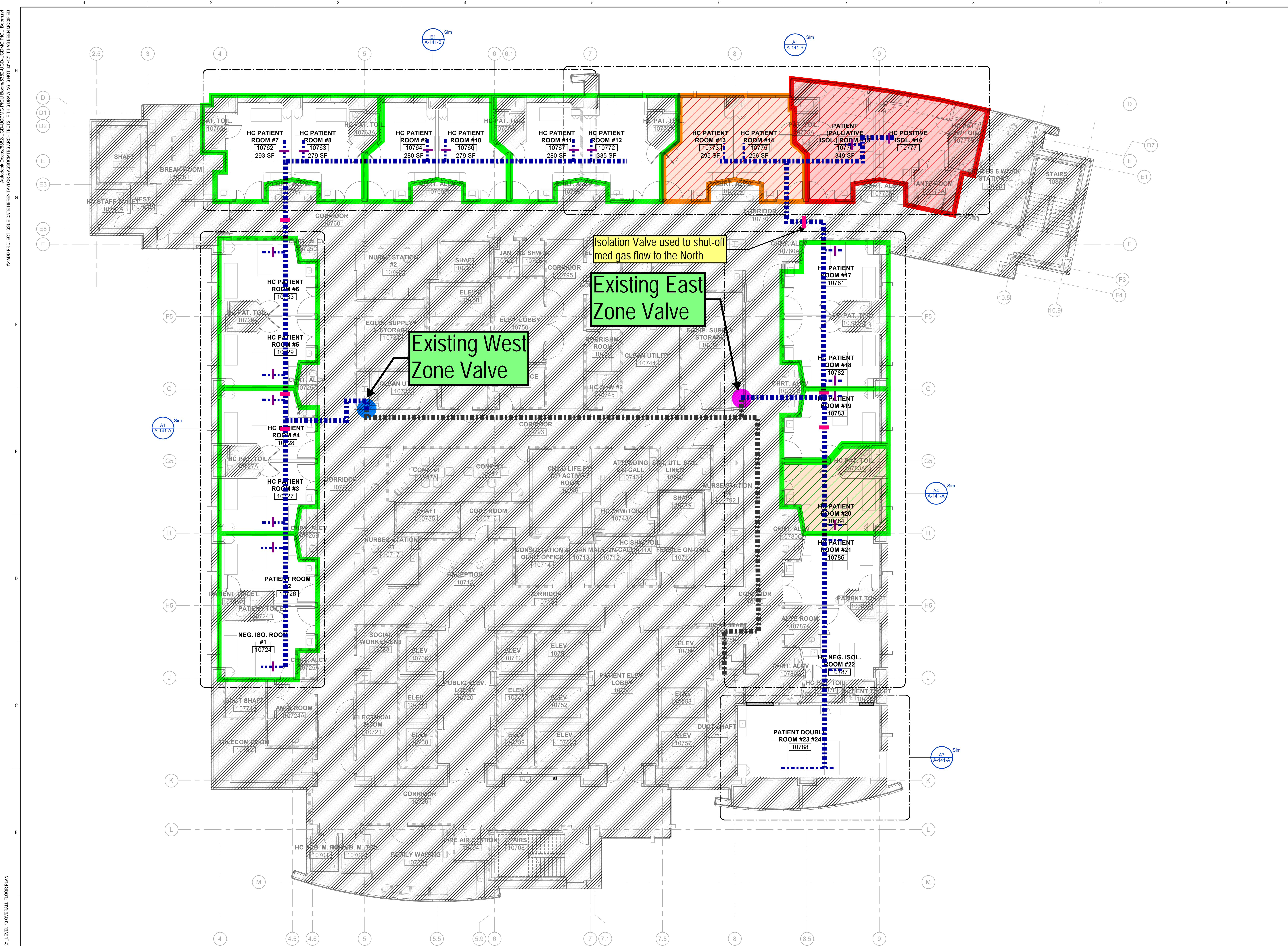
SHEET NUMBER: A-121  
SCALE: As indicated



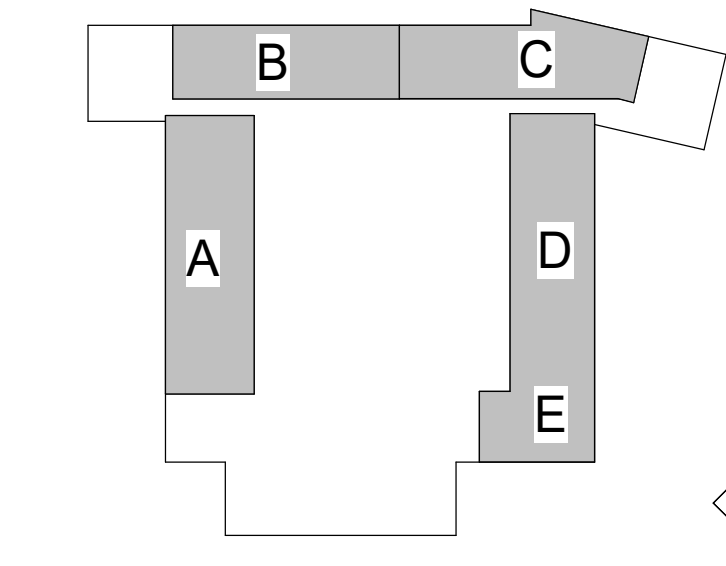


PRELIMINARY:  
NOT FOR  
CONSTRUCTION

14/2024 6:13:52 PM  
A-121 LEVEL 10 OVERALL FLOOR PLAN  
©-ADD PROJECT ISSUE DATE HERE  
TAYLOR ASSOCIATES ARCHITECTS IF THIS DRAWING IS NOT 30%2 IT HAS BEEN MODIFIED



KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

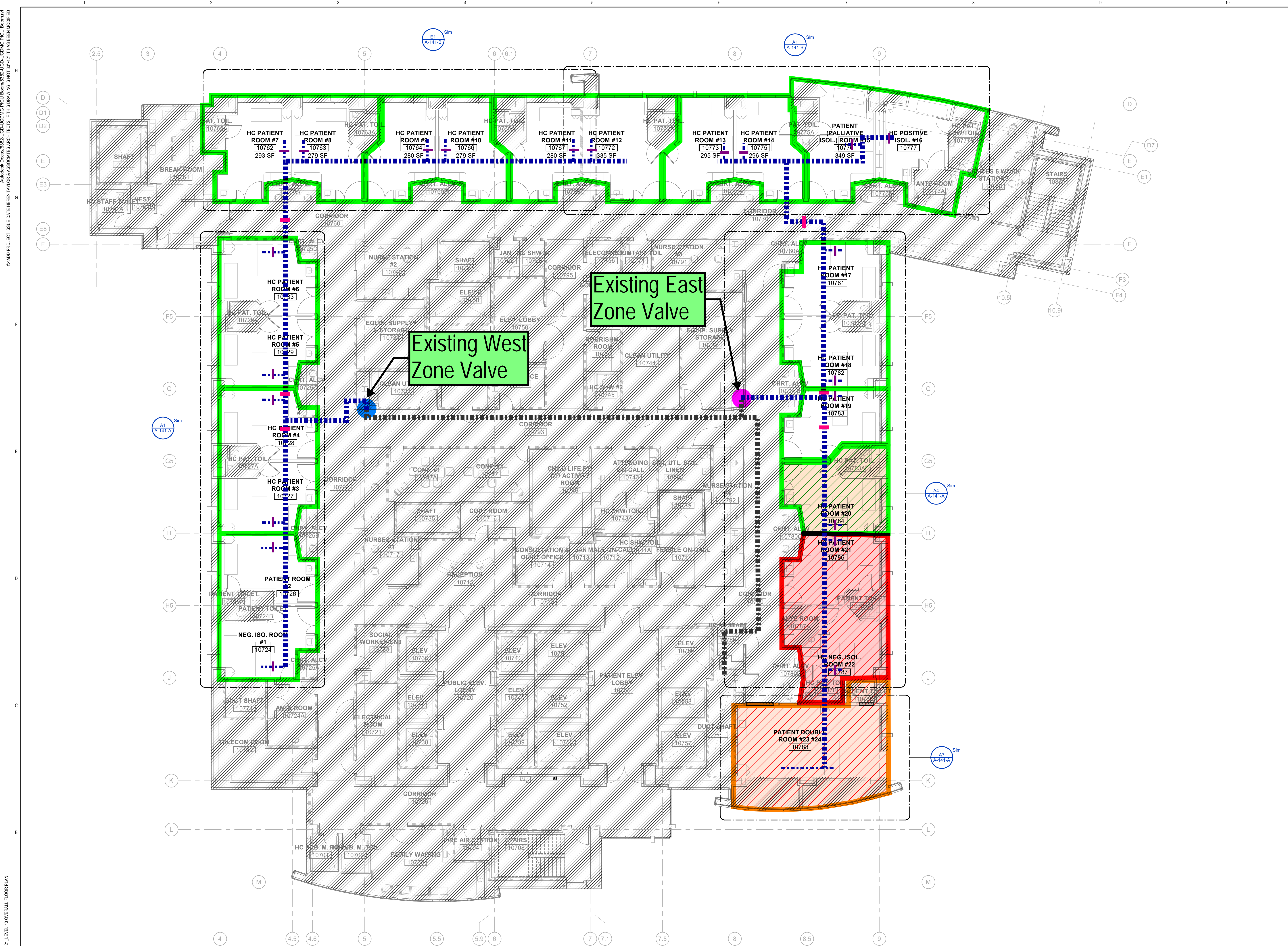
SHEET NUMBER: A-121  
SCALE: As indicated

CONSTRUCTION PHASING PLAN - PHASE E3

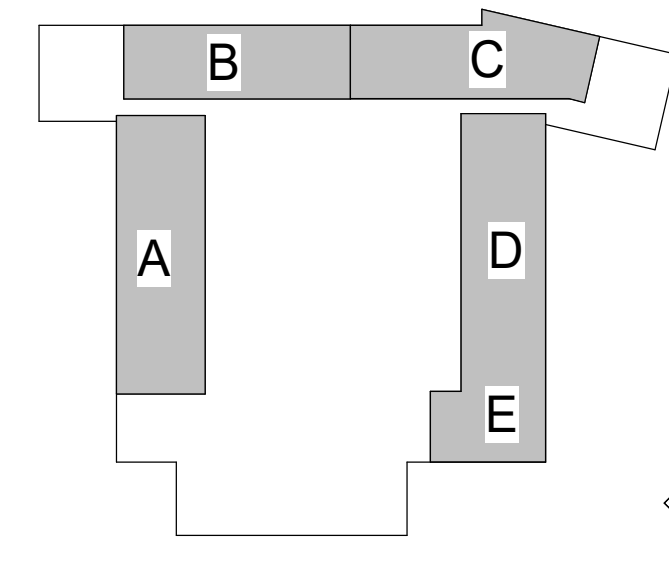


PRELIMINARY:  
NOT FOR  
CONSTRUCTION

14/2024 6:13:52 PM  
A-121 LEVEL 10 OVERALL FLOOR PLAN  
©-ADD PROJECT ISSUE DATE HERE  
TAYLOR ASSOCIATES ARCHITECTS IF THIS DRAWING IS NOT 30x42 IT HAS BEEN MODIFIED



KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO.: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

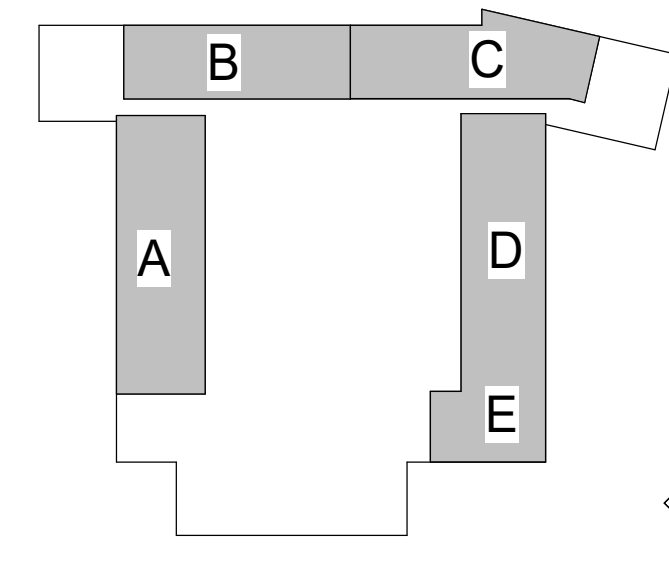
SHEET NUMBER SCALE: As indicated

CONSTRUCTION PHASING PLAN - PHASE E5

A-121

PRELIMINARY:  
NOT FOR  
CONSTRUCTION

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557750 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO.: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER SCALE: As indicated

A-121

CONSTRUCTION PHASING PLAN - PHASE E6

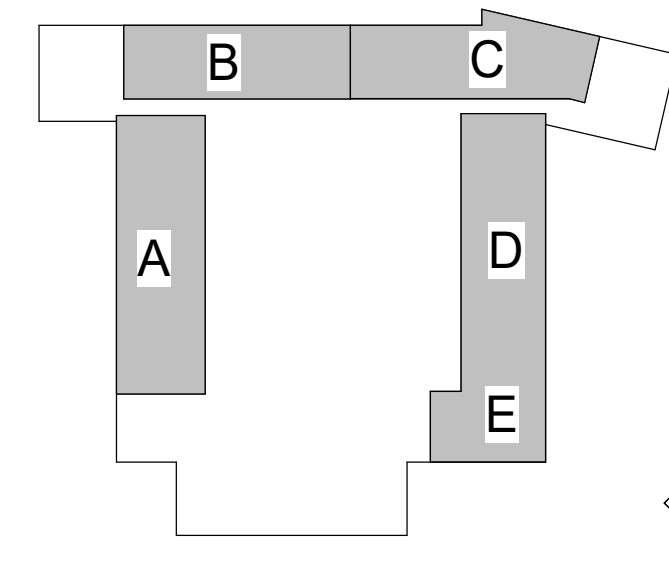
PRELIMINARY:  
NOT FOR  
CONSTRUCTION

All Construction is Complete  
Throughout the PICU.

- > Patient Rooms #1 thru 24.
- > All booms replaced.
- > Med Gas Shut-off valves installed at every Patient Room.
- > (6) new Isolation Valves installed.

CONSTRUCTION PHASING PLAN - PROJECT COMPLETE

KEYPLAN



AGENCY APPROVAL

REVISION SCHEDULE

NO. REVISION NAME DATE

PROJECT INFORMATION  
UC DAVIS HEALTH  
UCDMC PICU BOOM  
REPLACEMENT

FACILITY NAME: UC DAVIS MEDICAL CENTER  
FACILITY ADDRESS: 2315 STOCKTON BLVD, SACRAMENTO, CA 95817  
OWNER PROJECT NUMBER: 9557720 - L010335  
AUTHORITY HAVING JURISDICTION: OSHPD  
AGENCY FACILITY NUMBER: 10619  
AGENCY BUILDING NUMBER: 01445  
AGENCY PROJECT NUMBER: TBD  
ARCHITECT PROJECT NO: 6382.100  
SHEET TITLE: LEVEL 10 OVERALL FLOOR PLAN  
DATE: 08/23/2023

LEVEL 10 OVERALL FLOOR  
PLAN

SHEET NUMBER: A-121  
SCALE: As indicated

