

JOB CARD

SECTION A

This section is required to be completed by the Project Manager, DPOR, or Architect.

UCDH Project Name *:

UCDH Project No *:

UCDH Project Manager *:

Email / Phone *:

Revision No *:

Amended Construction Document (ACD) No:
(If applicable)

Project Address*:

For Official Use Only

Certified Building Official (CBO) Reviewed Stamp

Fire Marshal Office (FMO) Reviewed Stamp

Building Inspection (BI) Services Approval Stamp

SECTION B: Permitted construction documents, including job cards and plans, shall be posted and made available on-site for inspection. Each stage of work should be readily accessible for inspection and should receive approval before covering. Building Inspector (**BI**) and Fire Inspector (**FI**) to initial and date upon completion of the construction work activities.

UCDH Project Name:				UCDH Project No:		ACD No:			
	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS		BI	DATE	FI	DATE
SITE		1.	Site Access/Public Way						
		2.	Landscape						
		3.	Other						

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS		BI	DATE	FI	DATE
FRAMING		1.	Exterior Wall Construction						
		2.	Interior Wall Construction						
		3.	Floor System(s)						
		4.	Roof System(s)						
		5.	Shaft Wall Framing						
		6.	Suspended Ceiling System(s)						

1

¹ BI = Building Inspector
FI = Fire Inspector

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
UNDERGROUND		1.	Sewer					
		2.	Storm Water					
		3.	Gas Piping/Pressure					
		4.	Fire Protection - Hydro					
		5.	Fire Protection - Flush					
		6.	Fire Protection - Rough-in					
		7.	Other					

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
MECHANICAL		1.	Ventilation/Exhaust					
		2.	Combustion Air					
		3.	Air Conditioning/Refrigeration					
		4.	Insulation					
		5.	Environmental Air System(s)					
		6.	Specialty Ducting					

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS		BI	DATE	FI	DATE
STRUCTURE		1.	Pilings/Caissons						
		2.	Footings						
		3.	Foundation Walls						
		4.	Slab on Grade						
		5.	Wall Drainage/Protection System(s)						
		6.	Shear Walls						
		7.	Steel Bolts						
		8.	Steel Welds						

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS		BI	DATE	FI	DATE
ELECTRICAL		1.	Underground						
		2.	Main Service						
		3.	Floor/Ceiling/Wall Rough						
		4.	Meter/Generator						
		5.	Grounding/Bonding						
		6.	Other						

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
PLUMBING		1.	Water Service					
		2.	Underground					
		3.	Sanitary Piping					
		4.	Potable Water					
		5.	Piping Insulation					
		6.	Medical/Lab Gas Piping					
		7.	Gas Piping					
		8.	Grease Traps					
		9.	Gas Pressure					
		10.	Check Valves/Backflow Preventor					
		11.	Hazardous Material Piping					
		12.	Other					

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
FIRE-RATED ASSEMBLIES		1.	Exterior Wall Void Assembly					
		2.	Wall Penetration					
		3.	Floor/Ceiling Penetration					
		4.	Seismic Joints					
		5.	Access Doors/Hatches					
		6.	Penetration Firestop/Fill Void Cavity					
		7.	Base Layer/Outer Layer/Inner Shaft					
		8.	Fire/Smoke Dampers					
		9.	Drywall / Plaster / Backer Board					

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
FIRE SYSTEMS		1.	Fire Alarm(s) Acceptance Testing					
		2.	Special Suppression System/Rough-In Performance Test (PT)					
		3.	Fire Sprinkler(s) – Rough					
		4.	Fire Pump Performance Test (PT)					
		5.	Fire Sprinkler Welding					
		6.	Fire Sprinkler Hydro					
		7.	Standpipe Flow Test					
		8.	Other					

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS	BI	DATE	FI	DATE
FINAL INSPECTIONS		1.	Smoke Control					
		2.	Fire Alarm					
		3.	Fire Sprinkler / Standpipe					
		4.	Fire Pump					
		5.	Radiology Report					
		6.	Emergency Responder Repeater (ERRCS)					
		7.	Two-Way Communication System					
		8.	Generator					
		9.	Fire Department Access Key (Lock BOX)					
		10.	Special Suppression System					
		11.	Means of Egress					
		12.	Hazardous Materials Management Plan					
		13.	Exit Sign(s)					
		14.	Plumbing - Drain Waste Chlorination/Bacteriological Testing					
		15.	Plumbing/Gas					
		16.	Accessibility					
		17.	Structural					
		18.	Electrical					
		19.	Signage					
		20.	Building Address					
		21.	Air Balance Report					
		22.	Range Hood(s)/Vent(s)					
		23.	Mechanical - HVAC					
		24.	Medical Gas Report					
		25.	Anchor Bolt Torque Test Bearing Plate Slotted (BPS) Witness					
		26.	Other					

Supplemental Components: To be utilized by Building Inspection staff to capture components that were not specifically identified above.									
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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	LIST ASSIGN AGENCIES AND / OR INDIVIDUALS		BI	DATE	FI	DATE
FINAL		1	Supplemental 1						
		2.	Supplemental 2						
		3.	Supplemental 3						
		4.	Supplemental 4						

SECTION C	JOB CARD - SUMMARY OF CHANGES
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UCDH Building Number	UCDH Building Name	UCDH Project Number

<u>Note:</u> Please delta any changes/revisions to the Job Card Program, Initial, and Date					UCDH Concurrence (Initial / Date)
Revision Number	Synopsis Of Change	Architect / Engineer of Record Signature (Initial / Date)	Structural Engineer of Record Signature (Initial / Date)	Date of Effective Change	

SIGN OFF SHEET

X

DPOR Name

X

DPOR Signature

INSTRUCTIONS

Job Cards should be submitted in PDF Format Only			
Document Type	File Naming Convention	File Naming - Example	Description
Job Card	<JobCard>_<UCDHProject#>.pdf	JobCard_9559310.pdf	Original Job Card
First - Revised Job Card	<JobCard>_<v1>_<UCDHProject#>.pdf	JobCard_v1_9559310.pdf	1 st Revision – Job Card
Second - Revised Job Card	<JobCard>_<v2>_<UCDHProject#>.pdf	JobCard_v2_9559310.pdf	2 nd Revision – Job Card

NOTE: After the revised Job Card is submitted, triage and approval processing can take up to “**3 business days.**”

Assistance is available Monday–Friday, 9:00 am – 4:00 pm PST, excluding California State holidays, by emailing:

BuildingInspections@health.ucdavis.edu