



Uniform Code Program

Uniform Procedure I -7: Special Inspections

SPECIAL INSPECTION REPORT



DISCREPANCY

All discrepancies shall be brought to the immediate attention of the Contractor for correction. If corrections are not made in a timely manner, this report shall be used as a discrepancy notice. Submit the original to Building Department and copies to Contractor, Engineer/Architect of record and Owner.

CONFORMANCE

If work conforms to approved design and code requirements, submit this report to Building Department and copies to contractor, Engineer/Architect of record and Owner no later than the business day following the conclusion of the special inspection. For inspections greater than 5 days duration, submit a conformance report at least once every week.

This is a : Progress Report Final Report Report No.: _____ Page No. _____ of _____

Project Address:		Description of Project:	
Permit Number:	Owner:	Architect/Engineer of Record:	Contractor:
Full Name of Special Inspector:	City Registration Number:	Company:	Phone Number:

Type of Inspection:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Reinf'd Gypsum Concrete | <input type="checkbox"/> Structural Welding | <input type="checkbox"/> Excavation and Fills |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> High Strength Bolting | <input type="checkbox"/> Piling, Piers and Caissons |
| <input type="checkbox"/> Prestressed Concrete | <input type="checkbox"/> Bolts in Concrete/Masonry | <input type="checkbox"/> Spray-Applied Fire Proofing | <input type="checkbox"/> Smoke Control |
| <input type="checkbox"/> Shotcrete/Gunite | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Other _____ | |

	Time	Time	
Date	Arrived	Departed	Description and Location of Work Inspected

Remarks:

I HEREBY DECLARE THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE:

1. I AM, OR MY COMPANY IS, RETAINED BY THE OWNER OR THE ARCHITECT/ENGINEER OF RECORD TO PROVIDE SPECIAL INSPECTION FOR THE WORK COVERED IN THIS REPORT.
2. I HAVE PERFORMED THE REQUIRED INSPECTION DURING THE TIME PERIOD AS STATED ABOVE.
3. THE WORK COVERED IN THIS REPORT IS IN CONFORMANCE TO THE APPROVED PLANS, SPECIFICATIONS AND APPLICABLE WORKMANSHIP PROVISIONS OF THE CODE, EXCEPT AS INDICATED OTHERWISE.

Signature

Date