



DATE OF ISSUANCE _____

SPECIAL INSPECTION REPORT # _____

PROJECT DATA

SITE INFORMATION

CONTRACTOR

DATE _____ TIME OF ARRIVAL _____, TIME OF DEPARTURE _____ WEATHER _____ T: _____ °F

INSPECTION ITEM _____

STRUCTURAL ELEMENT INSPECTED & WORK LOCATION _____

CHECK BELOW ANY APPLICABLE OCCURANCES OBSERVED

- ☐ DEVIATIONS FROM THE DESIGN DOCUMENTS
- ☐ ANY SIGNIFICANT OBSERVATIONS CONTRADICTING ANTICIPATED FIELD CONDITIONS
- ☐ ANY WORK IMPROPERLY EXECUTED
- ☐ ANY UNSAFE JOB CONDITIONS
- ☐ ANY PRECAUTIONS TAKEN TO MAINTAIN SAFE CONDITIONS IF WORK WAS STOPPED FOR ANY REASON

NOTES & DESCRIPTION OF SAMPLES OBTAINED IF ANY

Note: Construction and installation nonconformities or discrepancies not included on this report do not imply acceptance. This report does not relieve the contractor or subcontractor of the responsibility of project completion per all applicable codes and standards, approved submittal, approved, plans, or approved technical specifications. This report is subject to a technical review by a professional engineer, based on applicable codes and standards approved project submittals, approved plan, and approved technical specifications, which may result in the issuance of an amended report. To the best of my knowledge, work inspected and tested has been done in accordance with applicable codes and standards, approved project submittal, plans or technical specifications and applicable workmanship provisions of the contract with the exception of that noted above. The results relate only to the items inspected or tested. The report shall not be reproduced, except in full, without the prior written approval of the agency.

Inspector: _____ Supervisor's Signature: _____

**U BAR #6@12" TOP OF FOUNDATION
WALL BW3**

**U BAR #6 TOP OF FOUNDATION WALL BW3,
VERIFIED**

SHEAR WALL SW7 REINFORCEMENT

**SHEAR WALL SW7 REINFORCEMENT
ZONE 61 BAR 8#9**

**DOWELS LAP SPLICE SHEAR WALL SW7
BAR #9**

**LOGITUDINAL BAR #9 SHEAR WALL SW7,
VERIFIED**

LATERAL TIES #4@10"O.C. ZONE 60, SW7

**LATERAL CROSS TIES #4@10"O.C. ZONE 60,
SW7**

HORIZONTAL REINFORCEMENT #5@10"
INSIDE FACE, SHEAR WALL SW7 NON ZONE

HORIZONTAL REINFORCEMENT #5 I.F.,
SHEAR WALL SW7, NON ZONE, VERIFIED

VERTICAL REINFORCEMENT #5@12"
INSIDE FACE, SHEAR WALL SW7, NON ZONE

VERTICAL REINFORCEMENT #5 I.F., SHEAR WALL
SW7, NON ZONE, VERIFIED

DIAGONAL BAR IN OPENING

**ADDITIONAL BAR #5 E.F. TOP AND SIDES OF
OPENINGS**