



BUILDING AND SAFETY DIVISION
SPECIAL INSPECTION REPORT

Building Permit # _____ Address _____

General Contractor _____ Structural Engineer _____

Off-Site Fabricator _____

TYPE OF INSPECTION:

REINFORCED CONCRETE _____ SHOTCRETE _____ PRESTRESSED CONCRETE _____ MASONRY _____

WELDING _____ HIGH STRENGTH BOLTS _____ EPOXY _____ GUNITE _____

OTHER _____

DAILY _____ WEEKLY _____ FINAL REPORT _____

Table with 2 columns: DESCRIPTION OF WORK INSPECTED AND LOCATION: and DATE:
Rows include: WELD TYPE: FULL PENETRATION, FILLET; WELDER LICENSE NUMBER; BREAK TEST; DESTRUCTIVE TEST.

Concrete Mix Design Number _____ PSI _____

SAMPLES

Table with 5 columns: GROUT, MORTAR, CONCRETE, BLOCK PRISMS, DENSITY

The work that I have inspected has been completed per the approved plans and the requirements of the California Building Code.

Inspector's name _____ Date _____

Inspector's signature _____ Page ____ of ____