



Special Inspection Program and Designation of Special Inspectors

SPECIAL INSPECTIONS (Only checked items are required)	
INSPECTION ITEMS	SPECIAL INSPECTORS(S) NAME, PHONE NUMBER, REGISTRATION #
<input type="checkbox"/> Concrete (Design Mix, Form Work, Placement, etc., per table 1705.3)	
<input type="checkbox"/> Erection of Pre-Cast Concrete Members	
<input type="checkbox"/> Bolts Installed in Concrete	
<input type="checkbox"/> Reinforcing Steel and Pre-Stressing Steel Tendons	
<input type="checkbox"/> Structural Welding/Rebar Welding	
<input type="checkbox"/> High-Strength Bolting/Material Verification	
<input type="checkbox"/> Steel Frame Joint Details	
<input type="checkbox"/> All Masonry Construction	
<input type="checkbox"/> Sprayed Fire-Resistive Materials	
<input type="checkbox"/> Shotcrete (Curing Temperature, Design Mix, Placement, Strength etc. per table 1705.3)	
<input type="checkbox"/> Soils (Excavation, Fill, etc. per table 1705.6)	
<input type="checkbox"/> Smoke-Control System	
<input type="checkbox"/> Driven Piles per Table 1705.7	
<input type="checkbox"/> Cast in Place Piles per Table 1705.8	
<input type="checkbox"/> Mastic and Intumescent Fire-Resistant Coatings	
<input type="checkbox"/> Exterior Insulation and Finish Systems (EIFS)	
<input type="checkbox"/> Wood for High-Load Diaphragms	
<input type="checkbox"/> Others	
<input type="checkbox"/> Others	
<input type="checkbox"/> Others	
<input type="checkbox"/> Others	

DECLARATION BY OWNER OR ARCHITECT/ENGINEER OF RECORD:

I, the Owner Engineer or Architect of record, declare that the above listed Special Inspector(s) is/are hired by me.

Print Name

Signature

Date