

PROJECT INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by the Design Professional in General Responsible Charge and the Project Inspector. Form must be signed and dated by the Project Inspector, School District/Owner, Design Professional in General Responsible Charge, and Structural Engineer (when applicable). The completed, signed form must be submitted to the Division of the State Architect (DSA) by the Design Professional in General Responsible Charge to ensure DSA approval of the Project Inspector prior to the commencement of construction work (for Original Request) or before continuation of construction work (for Replacement Inspector).

1. PROJECT INFORMATION (Completed by the Design Professional.)			
School District/Owner:		DSA File #: -	
Project/School Name:		DSA App. #: -	
Project Class:	Estimated Construction Start Date of the work requiring inspection:		
Will Assistant Inspector(s) be required on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of DSA approval requested:		DSA 5-PI Submittal Date:	
<input type="checkbox"/> Project Inspector		<input type="checkbox"/> Initial Request	
<input type="checkbox"/> Request for Approval of Replacement Project Inspector		<input type="checkbox"/> Revised Request	
2. PROJECT INSPECTOR'S INFORMATION (Completed by the Project Inspector.)			
Name:			
Work Address:			
City:		State:	ZIP:
Work Phone:		Work Email:	
DSA Certification Class:		DSA Certification #:	Expiration Date:
3. PROJECT INSPECTOR'S EXPERIENCE RECORD (Completed by the Project Inspector.)			
List at least three previous projects that best qualify you to perform inspection services for the project described above. Identify projects by name and (where available) identification/project number(s).			
A. Project Name:			
DSA Application #: (If applicable.)		Job Duties (Role):	
Construction Cost: \$		<input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector	
Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs. New Construction Sq. Ft.:		<input type="checkbox"/> Field Superintendent	
		<input type="checkbox"/> Other:	
Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame		Dates Employed: From: To:	
Employer:		Contact Name:	
Work Contact Email:		Work Contact Phone:	
B. Project Name:			
DSA Application #: (If applicable.)		Job Duties (Role):	
Construction Cost: \$		<input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector	
Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs. New Construction Sq. Ft.:		<input type="checkbox"/> Field Superintendent	
		<input type="checkbox"/> Other:	
Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame		Dates Employed: From: To:	
Employer:		Contact Name:	
Work Contact Email:		Work Contact Phone:	

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DSA File #:	-	DSA App. #:	-
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6. SCHOOL DISTRICT/OWNER'S AFFIDAVIT

The inspector named on this form has been selected by the School District/Owner, on condition of acceptance by the Design Professional in general responsible charge, and approval by DSA.

I further certify that: *(Check one that applies.)*

The inspector will be employed/contracted directly by the School District/Owner.

The inspector will be employed/contracted by the following entity, _____ which provides only project inspection services to the School District/Owner:

This individual is to provide competent, adequate project inspection during construction of this project. I understand that the Project Inspector will act under the general direction of the Design Professional in general responsible charge. The inspector shall be directly responsible to the School District/Owner.

I am aware that any replacement of the approved Project Inspector must be completed only upon approval of the replacement inspector by DSA and prior to continuation of construction work.

Signature: _____ Print Name: _____ Date: _____

Title: _____

7. DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE'S AFFIDAVIT

I find the inspector named on this form to be suitably qualified and satisfactory to perform the duties of Project Inspector on this project, as described in CCR, Title 24, Part 1, Sections 4-219 (for essential services buildings) or 4-342 (for public schools and community colleges). My assessment is based on: *(Check one.)*

Interview: (Date of interview.) _____ OR Prior Professional Relationship.

I will provide general direction of the work of the Project Inspector.

If I become aware of any significant changes to the information reported herein I will submit a revised form DSA 5-PI to DSA. I will submit a form 5-PI to DSA for any replacement inspectors to ensure DSA approval of the replacement inspector prior to continuation of construction work.

Signature: _____ Print Name: _____ Date: _____

8. STRUCTURAL ENGINEER'S AFFIDAVIT *(Complete when structural work is delegated to Structural Engineer on line 24a of form DSA 1.)*

I find the inspector named on this form to be suitably qualified and satisfactory to perform the duties of Project Inspector on this project, as described in CCR, Title 24, Part 1, Sections 4-219 (for essential services buildings) or 4-342 (for public schools and community colleges). My assessment is based on: *(Check one.)*

Interview: (Date of interview.) _____ OR Prior Professional Relationship.

I will provide general direction of the work of the Project Inspector.

If I become aware of any significant changes to the information reported herein I will submit a revised form DSA 5-PI to DSA. I will submit a form DSA 5-PI to DSA for any replacement inspectors to ensure DSA approval of the replacement inspector prior to continuation of construction work.

Signature: _____ Print Name: _____ Date: _____

APPROVAL BY DIVISION OF THE STATE ARCHITECT	Signature of the DSA Field Engineer:	
	Print Name:	Date:

Submit this form electronically to the DSA Regional Office with construction oversight authority for the project:			
<input type="checkbox"/> DSA OAKLAND Oakfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA SACRAMENTO Sacfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA LOS ANGELES LAfielddocs@dgs.ca.gov	<input type="checkbox"/> DSA SAN DIEGO SDfielddocs@dgs.ca.gov