



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	l (Complet	ted by the Design Professio	nal.)			
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 r	equired on	this project? Yes No.	D			
Type of DSA approval request	ed:		DSA 5-PI Submittal Date:			
Project Inspector			Initial Request			
Request for Approval of Re	placement	Project Inspector	Revised Request			
2. PROJECT INSPECTOR'S	INFORMA	TION (Completed by the Pr	oject Ins	pector.)		
Name:						
Work Address:						
City:			State:	ZIP:		
Work Phone:		Work Email:				
DSA Certification Class:		DSA Certification #:		Expiration Date:		
3. PROJECT INSPECTOR'S	EXPERIE	NCE RECORD (Completed k	by the Pro	oject Inspector.)		
				ervices for the project described above.		
Identify projects by name and	(where ava	ilable) identification/project nu	mber(s).			
A. Project Name:						
DSA Application #: (If applicable	ə.)		Job Duties (Role):			
Construction Cost: \$			Project Inspector Assistant Inspector			
Type: New Construction Alteration Relocatable Bldgs. New Construction Sq. Ft.:			Field Superintendent Other:			
Structural systems of new construction or structural alterations:			Dates Employed:			
Wood Shear Wall Concrete/Masonry Shear Wall Steel Frame			From: To:			
Employer:			Contact Name:			
Work Contact Email:			Work Contact Phone:			
B. Project Name:						
DSA Application #: (If applicable.)			Job Dut	ties (Role):		
Construction Cost: \$			🗌 Proje	ect Inspector		
Type: New Construction Alteration Relocatable Bldgs. New Construction Sq. Ft.:		Field	Superintendent r:			
Structural systems of new construction or structural alterations:			Dates Employed:			
Wood Shear Wall Concrete/Masonry Shear Wall Steel Frame			From: To:			
Employer:			Contact Name:			
Work Contact Email:			Work Contact Phone:			

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C. Project Name:								
DSA Application #: (If applicable.)				Job Duties (Role):				
Construction Cost: \$				Project Inspector Assistant Inspector Field Superintendent Other:				spector
Type: New Construction Alteration Relocatable Bldgs.								
Structural systems of new construction or structural alterations:				Dates Employed:				
Wood Shear W	all 🗌 Concrete/N	Masonry Shear Wall 🗌 Ste	eel Frame	From: To:				
Employer:				Contact Name:				
Work Email:				Work F	hone:			
4. PROJECT IN	SPECTOR'S T		ORKLOAD (C	omplete	d by the Pro	oject Ins	pector.)	
4. PROJECT INSPECTOR'S TIME COMMITMENT/WORKLOAD (Completed by the Project Inspector.) Specify your time commitment to this project: Full Time (40 hours per week) Part Time Anticipated average hours per week: Will you be working concurrently on other school projects? Yes If yes, list each project below. (Attach additional sheets if necessary.) DSA Application # Project Name Project Location (City) Project Avg. Hrs. per Wk. Complete Image: Complete Completed City Image: Complete City Project Name Project Location (City) Image: Complete City Image: Complete City Image: Complete City								
Will you be working concurrently on non-school projects or other employment? Yes No If yes, list each project below. (Attach additional sheets if necessary.)								
Project Name	Project Location (City) Type of Co		Type of Const	struction Job Duties/Role		lole	Avg. Hrs. per Wk.	% Complete
		1			I			

PROJECT INSPECTOR'S AFFIDAVIT 5.

I hereby certify under penalty of perjury that all information reported in Sections 2, 3 and 4 of this form is true, and I understand and agree that any misstatement of material fact contained in this form will be sufficient cause for withdrawal of my DSA approval for this project. I further certify that I am aware that my DSA Project Inspector Certification must remain valid throughout the duration of my assignment to the project identified in Section 1 of this form.

If appointed, I will accept the responsibilities of Project Inspector and will perform the duties as prescribed by Education Code Sections 17280–17316 (for public schools), or 81130–81147 (for community colleges), or Health and Safety Code Sections 16000–16023 (for essential services buildings).

Signature: Print Name: Date:

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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.
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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:	Prin	nt Name:	Date:
	RAL ENGINEER'S AFFIDAVIT (Complete line 24a of form DSA 1.)	when structural work is del	egated to Structural
on this project, as schools and com [I will provide gen If I become awar will submit a form	or named on this form to be suitably qualified s described in CCR, Title 24, Part 1, Section munity colleges). My assessment is based of Interview: (Date of interview.) eral direction of the work of the Project Inspe- e of any significant changes to the information of DSA 5-PI to DSA for any replacement insp f construction work.	ns 4-219 (for essential services on: <i>(Check one.)</i> OR	s buildings) or 4-342 (for public ssional Relationship. it a revised form DSA 5-PI to DSA. I
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:					
DSA OAKLAND Oakfielddocs@dgs.ca.gov	DSA SACRAMENTO Sacfielddocs@dgs.ca.gov	DSA LOS ANGELES LAfielddocs@dgs.ca.gov	DSA SAN DIEGO SDfielddocs@dgs.ca.gov		