

SPECIAL INSPECTORS EMPLOYED DIRECTLY BY THE DISTRICT VERIFIED REPORT

This form shall be completed by any special inspector who contracts individually and directly with the school board, in accordance with California Code of Regulations (CCR), Title 24, Part 1, Sections 4-335/336 and [DSA Procedure PR 13-01](#). The completed form shall be submitted to the design professional in general responsible charge, DSA, the project inspector and the school board.

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|--|--|---|---|
| School District/Owner: | | DSA File #: | - |
| Project Name/School: | | DSA App. #: | - |
| Date of Report: | Number of Attached Pages: <i>(If none, enter zero.)</i> | DSA 152/152-IPI Card #(s): | |
| Note that DSA-approved construction documents, referred to below, are those portions of the construction documents, duly approved by the DSA, that contain information related to and affecting the Structural Safety, Fire/Life Safety, and Accessibility portions of the project. | | <i>List all inspection card numbers for which this verified report applies.</i> | |
| COMPLETE SECTIONS 1, 2 & 3 AND PROVIDE ALL REQUIRED DOCUMENTATION | | | |
| 1. DESCRIBE TYPE OF SPECIAL INSPECTION PROVIDED: <i>(Example: Welding, Masonry, Glulam, etc.)</i> Note: A separate form DSA 292 must be submitted for each type of special inspection. | | | |
| 2. REASON FOR FILING THIS VERIFIED REPORT: <i>(Check applicable box)</i> | | | |
| <input type="checkbox"/> | Interim Verified Report: <i>(List affected form DSA 152/152-IPI Inspection Card Section Numbers)</i> <i>Refer to DSA Procedure 13-01 for additional information and instructions</i> | | |
| <input type="checkbox"/> | Final Verified Report: <i>(Conclusion of the type of special inspection work identified above)</i> | | |
| <input type="checkbox"/> | Construction work suspended for more than one month: <i>(Provide date of last inspection)</i> | | |
| <input type="checkbox"/> | Termination of special inspector's services prior to completion of the type of special inspection work identified above: <i>(Provide date of last inspection)</i> | | |
| <input type="checkbox"/> | DSA Request dated: | | |
| 3. CERTIFICATIONS: <i>(Complete sections A, B, C & D)</i> | | | |
| A. | <input type="checkbox"/> I personally performed the type of special inspection listed above for the following form DSA 152/152-IPI sections: <i>(List affected form DSA 152/152-IPI Inspection Card Section Numbers)</i> | | |
| B. | <input type="checkbox"/> My inspections were performed in accordance with the requirements of the DSA-approved construction documents. | | |
| C. | I know from my personal knowledge that for the type of special inspection identified in section 1 of this report: <i>(Check only one box.)</i> | | |
| | <input type="checkbox"/> The work is in compliance with the DSA-approved construction documents; any noncompliant work has been resolved by the date of this report. | | |
| | <input type="checkbox"/> There is noncompliant work that has not been resolved <i>(List on form DSA 211 and attach to this report)</i> . All other work is in compliance with the <i>DSA-approved</i> construction documents. | | |
| D. | <input type="checkbox"/> All special inspection reports pertinent to my services have been filed as required by Sections 4-335 and 4-336 of Part 1, Title 24, CCR, and all associated records will be maintained by me for at least six years from the date of this report and will be made available to the school board, design professional in responsible charge and DSA upon request. | | |

I attest that based on my own personal knowledge (as defined in California Code of Regulations, Title 24, Part 1, Sections 4-336 and 4-214) that, except as marked in Section 3.C as of the date of this report, the work requiring the type of special inspection identified on this form has been performed and materials have been used and installed, in every material respect, in compliance with the DSA-approved construction documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature of Special Inspector: _____ Date: _____

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|-------------------------|--------|---------------|--|
| Special Inspector Name: | | | |
| Email: | | Phone Number: | |
| Address: | | | |
| City: | State: | Zip | |
| Certification #: | | Issued By: | |

Submit completed form to the DSA Regional Office with construction oversight authority for the project.