

SPECIAL INSPECTION REPORT

School District/Owner:	DSA File #:					
District Contact Person:	DSA App. #:					
District Address:	Lab Facility:					
City:			LEA #:		Exp. Date:	
State: CA		Zip Code:	Lab Doc. #:		Lab Job #:	
Special Inspection Reports must be distributed to the parties listed below within the timeframes required per CCR Title 24, Part 1, Section 4-335(f)4. Reports of non-compliant conditions must be distributed immediately. Separate reports shall be prepared for each type of special inspection performed on a daily basis. Each report shall be completed and signed by the special inspector conducting the inspection.						
PROJECT INFORMATION	Day and Daday					
School/Project Name:			Report Date:			
Project Location:		A Zin Cada:	Contractor:			
City:	State: C	A Zip Code:	Fabricator:			
TYPE OF INSPECTION						
Engineered Fill				High-Strength Bolting		
Deep Foundation		Shotcrete		Welding		
Batch Plant	Masonry	Spray-Applied Fireproofing			eproofing	
Other:						
INSPECTION INFORMATION						
DSA-Approved Documents:						
Work Inspected: (Describe the work	k that was	inspected in the space bel	ow.)			
☐ ADDITIONAL COMMENTS (form DSA 211) ATTACHED.						
Work was inspected in accordance with the requirements of the DSA-approved documents.					☐ No	
Work inspected met the requirement	·		Yes	☐ No		
Material sampling was performed in	cuments.	N/A	Yes	☐ No		
Special Inspector Signature:Date:						
Print Full Name and Title:Certification #:						
cc: DSA Regional Office, Project Architect, Structural Engineer, Project Inspector, Contractor						