

ASSISTANT INSPECTOR QUALIFICATION AND APPROVAL

Division of the State Architect (DSA) documents referenced within this form are available on the [DSA Forms](#) and [Publications](#) webpages.

This form is to be completed by the Design Professional in General Responsible Charge and the Assistant Inspector. Form must be signed and dated by the Assistant Inspector, Project Inspector, School District/Owner, and Design Professional in General Responsible Charge. The completed, signed form must be submitted to DSA by the Design Professional in General Responsible Charge at least 10 days prior to the Assistant Inspector beginning work on the project to allow time for DSA review.

1. PROJECT INFORMATION *(Completed by the Design Professional.)*

School District/Owner:	DSA File #:	-
Project/School Name:	DSA App. #:	-
Project Class:	Estimated Start Date of Assistant Inspector Assignment:	
Project Inspector Name:	Date of DSA 5-PI: <i>Project Inspector Qualification and Approval</i> Submittal to DSA:	

2. ASSISTANT INSPECTOR'S PROPOSED DUTIES *(Completed by the Project Inspector.)*

Specify which code-prescribed duties will be performed by the assistant inspector, as outlined in *IR A-8: Project Inspector and Assistant Inspector Duties and Performance*.

<input type="checkbox"/> Administrative (maintain job file)	<input type="checkbox"/> Reporting/Notifications	<input type="checkbox"/> Monitoring Tests and Special Inspections
<input type="checkbox"/> Inspections: <i>(List which aspects of the construction the Assistant Inspector will be inspecting on each building.)</i>		

3. ASSISTANT INSPECTOR'S INFORMATION *(Completed by the Assistant Inspector.)*

Name:			
Work Address:			
City:		State:	ZIP:
Work Phone:	Work Email:		
DSA Certification Class:	DSA Certification #:	Expiration Date:	

4. ASSISTANT INSPECTOR'S EXPERIENCE RECORD *(Completed by the Assistant 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 #: <i>(If applicable.)</i>	Job Duties (Role):
Construction Cost: \$	<input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector
<input type="checkbox"/> New Construction (Enter New Construction Sq. Ft.:)	<input type="checkbox"/> Field Superintendent
<input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs.	<input type="checkbox"/> Other:
Structural systems of new construction or structural alterations:	Dates Employed:
<input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	From: To:
Employer:	Contact Name:
Work Contact Email:	Work Contact Phone:

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B. Project Name:	
DSA Application #: <i>(If applicable.)</i>	Job Duties (Role):
Construction Cost: \$	<input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector
<input type="checkbox"/> New Construction (Enter New Construction Sq. Ft.: _____)	<input type="checkbox"/> Field Superintendent
<input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs.	<input type="checkbox"/> Other:
Structural systems of new construction or structural alterations:	Dates Employed:
<input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	From: _____ To: _____
Employer:	Contact Name:
Work Contact Email:	Work Contact Phone:

C. Project Name:	
DSA Application #: <i>(If applicable.)</i>	Job Duties (Role):
Construction Cost: \$	<input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector
<input type="checkbox"/> New Construction (Enter New Construction Sq. Ft.: _____)	<input type="checkbox"/> Field Superintendent
<input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs.	<input type="checkbox"/> Other:
Structural systems of new construction or structural alterations:	Dates Employed:
<input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	From: _____ To: _____
Employer:	Contact Name:
Work Contact Email:	Work Contact Phone:

5. ASSISTANT INSPECTOR'S TIME COMMITMENT/WORKLOAD (Completed by the Assistant 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 No
 If yes, list each project below. *(Attach additional sheets if necessary.)*

DSA Application #	Project Name	Project Location (City)	Project Class	Avg. Hrs. per Wk.	% Complete

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 Construction	Job Duties/Role	Avg. Hrs. per Wk.	% Complete

6. ASSISTANT INSPECTOR'S AFFIDAVIT

I hereby certify under penalty of perjury that all information reported in Sections 3, 4 and 5 on 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 Assistant 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) applicable to duties identified in Section 2 of this form.

Signature: _____ Print Name: _____ Date: _____

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7. PROJECT INSPECTOR'S AFFIDAVIT (Completed by the Project Inspector approved on the form DSA 5-PI for the same project.)

I find that this inspector is qualified to perform the duties of Assistant Inspector on this project, as described in Section 2 of this form. My assessment is based on: *(Check one.)*

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

I certify that I will accept responsibility to monitor the Assistant Inspector, as prescribed in DSA IR A-8, Section 2.7.

If I become aware of any significant changes to the information reported herein I will coordinate with the Design Professional in General Responsible Charge to submit a revised form DSA 5-AI to DSA.

Signature: _____ Print Name: _____ Date: _____

8. 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 Assistant Inspector will act under the general direction of the Project Inspector. The Assistant Inspector shall be directly responsible to the School District/Owner.

Signature: _____ Print Name: _____

Title: _____ Date: _____

9. 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 Assistant Inspector on this project (identified in Section 2 of this form), 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.

If I become aware of any significant changes to the information reported herein I will coordinate with the Project Inspector and submit a revised form DSA 5-PI to DSA.

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