

5-PI

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	N (Complet	ted by the Design Professio	nal.)				
School District/Owner:				DSA File #: -			
Project/School Name:				DSA App. #: -			
Project Class: Estimated Construction Start Date of th			e work re	quiring i	nspection:		
Will Assistant Inspector(s) be i	equired on	this project? Yes N	0				
Type of DSA approval request	ed:			DSA 5-F	PI Submittal Date:		
☐ Project Inspector				☐ Initia	l Request		
Request for Approval of Re	placement	Project Inspector	☐ Revised Request				
2. PROJECT INSPECTOR'S	INFORMA	TION (Completed by the Pr	oject Ins	ector.)			
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 I	by the Pro	oject Ins	spector.)		
List at least three previous pro	•			rvices fo	or the project described above.		
Identify projects by name and	(where ava	ilable) identification/project nu	ımber(s).				
A. Project Name:							
DSA Application #: (If applicable.)			Job Duties (Role):				
Construction Cost: \$			☐ Project Inspector ☐ Assistant Inspector				
Type: New Construction Alteration Relocatable Bldgs.			Field Superintendent				
New Construction Sq. Ft.:			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:			T				
DSA Application #: (If applicable.) Construction Cost: \$			Job Duties (Role):				
Construction Cost: \$			- ·	ct Inspec			
Type: New Construction New Construction Sq. Ft	☐ Alterat .:	ion	Other	Superinte :	endent		
Structural systems of new construction or structural alterations:			Dates Employed:				
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame			From: To:				
			Contact Name:				
Work Contact Email:			Work Contact Phone:				

DSA 5-PI									
PROJECT INS	PECTOR QU	ALIFICATION AND		ROVAI		DCA	N		
		DSA F	riie #:			DSA	App. #:	-	
C. Project Name):								
DSA Application	#: (If applicable.))			Job Du	ties (Role	e):		
Construction Cos	st: \$				☐ Proj	ect Inspec	tor	Assistant In	spector
	Construction struction Sq. Ft.:	Alteration Rel	locatable	Bldgs.	Field	d Superinte er:	endent		
Structural system	ns of new const	ruction or structural alte	erations:		Dates I	Employed	l:		
☐ Wood Shear W	all Concrete/l	Masonry Shear Wall 🗌 S	Steel Fran	ne	From:		To:		
Employer:					Contac	t Name:			
Work Email:					Work F	hone:			
4. PROJECT IN	ISPECTOR'S T	TIME COMMITMENT/W	VORKLO	DAD (Co	omplete	d by the	Project Ins	pector.)	
Specify your time				•		•		•	
	hours per weel		me	Antici	oated av	erage ho	urs per wee	ek:	
Will you be worki	ng concurrently	on other school project	cts? 🗌 🗅				<u> </u>		
If yes, list each p	roject below. (A	ttach additional sheets if	necessar	ry.)					
DSA Application #	Project Name			Project	Location	(City)	Project Class	Avg. Hrs. per Wk.	% Complete
				,		(0.0)	00	P 0	Сотран
Will you be worki	ng concurrently	on non-school project	s or othe	er emplo	yment?	☐ Yes [No	I	
If yes, list each p	roject below. (A	Attach additional sheets if	necessar	ry.)					
Project Name		Project Location (City)	Type of Constru		uction Job Dutie		es/Role	Avg. Hrs. per Wk.	% Complete
5. PROJECT IN	ISPECTOR'S A	AFFIDAVIT							
understand and ag of my DSA approv remain valid through If appointed, I will	gree that any meal for this proje ghout the durat accept the resp	perjury that all information isstatement of material ct. I further certify that library in a signment to consibilities of Project In public schools), or 811	I fact cor I am awa o the pro	ntained i are that o oject ide and will	n this formy DSA ntified in I perform	m will be Project li Section the dutie	sufficient on spector Co of this for es as presc	ause for wi ertification r m. ribed by Ed	thdrawal must lucation
		ntial services buildings)		-					

Signature: _____Print Name: _____Date: ____

PROJECT IN	SPECTOR	QUALIFICATION	AND APPROVAL	-	
		С	OSA File #: -	DSA App	o. #: -
6. SCHOOL	DISTRICT/O	WNER'S AFFIDAVIT			
Design Profession I further certify the transpector The inspector The inspector	onal in genera nat: <i>(Check of</i> r will be empl r will be empl	al responsible charge,	and approval by DSA tly by the School Distr e following entity,	ict/Owner.	tion of acceptance by the
he Project Inspense nspector shall b	ector will act u e directly resp		ction of the Design Pro I District/Owner.	ofessional in genera	is project. I understand that all responsible charge. The upon approval of the
replacement insp	pector by DS/	A and prior to continua	ation of construction w	ork.	
Signature:			Print Name:		Date:
on this project, a schools and com [will provide gen f I become awar	s described in munity colleg Interview: eral direction e of any signi	n CCR, Title 24, Part 1 ges). My assessment is (Date of interview.) of the work of the Pro	1, Sections 4-219 (for s based on: <i>(Check of OR O)</i> pject Inspector. information reported h	essential services Ine.) Prior Professionerein I will submit a	a revised form DSA 5-PI to
nspector prior to		of construction work.	·	nsure DOA approve	·
Signature:			Print Name:		Date:
		EER'S AFFIDAVIT <i>(C</i> form DSA 1.)	omplete when struc	tural work is deleg	ated to Structural
on this project, as schools and com [will provide gen f I become awar	s described ir munity colleg Interview: eral direction e of any signin DSA 5-PI to	n CCR, Title 24, Part 1 ges). My assessment is (Date of interview.) of the work of the Pro ificant changes to the DSA for any replacer	i, Sections 4-219 (for s based on: (Check of OR O) ject Inspector. information reported h	essential services b ne.) Prior Professionerein I will submit a	e duties of Project Inspector pulldings) or 4-342 (for public conal Relationship. The revised form DSA 5-PI to DSA of the replacement inspector properties.
Signature:			Print Name:		Date:
APPROVAL BY	Signature o				
DIVISION OF THE STATE	DSA Field B	_ -			Date
ARCHITECT	Print Name	<u>:</u>			Date:
Submit this form	n electronicall	y to the DSA Regional	Office with construction	on oversight authori	ty for the project:
☐ DSA OAKLAN	ND	DSA SACRAMENT Sacfielddocs@dgs.	O DSA LO	S ANGELES docs@dgs.ca.gov	DSA SAN DIEGO SDfielddocs@dgs.ca.gov