DSA

5-IPI

IN-PLANT PROJECT INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by the Design Professional delegated or sub delegated the responsibility for observation of in-plant construction and the In-Plant Project Inspector. Form must be signed and dated by the In-Plant Project Inspector, School District/Owner and the Design Professional delegated responsibility listed in Section 1.0 of the form DSA 1-MR or, if sub delegated, by the individual listed in Section 1.1 of the form DSA 1-MR. The completed, signed form must be submitted to the Division of the State Architect (DSA) by the Design Professional delegated responsibility for observation of construction to ensure DSA approval of the In-Plant Project Inspector prior to the commencement of construction work (for Original Request) or before continuation of construction work (for Replacement Inspector).

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

School District/Owner:	DSA File #: -
Project/School Name:	DSA App. #: -
Project Class:	Estimated Construction Start Date of the work requiring inspection:
Type of DSA approval requested: ☐ Relocatable Building In-Plant (RBIP) & ☐ AWS CWI/SCWI #:_____ ☐ Request for Approval of Replacement In-Plant Inspector	DSA 5-IPI Submittal Date: ☐ Initial Request ☐ Revised Request

2. IN-PLANT PROJECT INSPECTOR'S INFORMATION *(Completed by the In-Plant Project Inspector.)*

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

3. IN-PLANT PROJECT INSPECTOR'S EXPERIENCE RECORD *(Completed by the In-Plant Project 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 #: *(If applicable.)*	Job Duties (Role): ☐ Project Inspector ☐ Assistant Inspector ☐ Field Superintendent ☐ Other:
Construction Cost: $	
Type: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs. New Construction Sq. Ft.:	
Structural systems of new construction or structural alterations: ☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame	Dates Employed: From: To:
Employer:	Contact Name:
Work Contact Email:	Work Contact Phone:
B. Project Name:	
DSA Application #: *(If applicable.)*	Job Duties (Role): ☐ Project Inspector ☐ Assistant Inspector ☐ Field Superintendent ☐ Other:
Construction Cost: $	
Type: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs. New Construction Sq. Ft.:	
Structural systems of new construction or structural alterations: ☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame	Dates Employed: 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): ☐ Project Inspector ☐ Assistant Inspector ☐ Field Superintendent ☐ Other:
Construction Cost: $	
Type: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs. New Construction Sq. Ft.:	
Structural systems of new construction or structural alterations: ☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame	Dates Employed: From: To:
Employer:	Contact Name:
Work Contact Email:	Work Contact Phone:

4. IN-PLANT PROJECT INSPECTOR'S TIME COMMITMENT/WORKLOAD *(Completed by the In-Plant 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 ☐ 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

5. IN-PLANT PROJECT INSPECTOR'S AFFIDAVIT

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 In-Plant 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: _____

IN-PLANT PROJECT INSPECTOR QUALIFICATION AND APPROVAL

DSA File #: -	DSA App. #: -

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 delegated responsibility for the observation of in-plant construction, 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 in-plant project inspection during construction of this project. I understand that the In-Plant Project Inspector will act under the general direction of the Design Professional delegated responsibility for the observation of in-plant construction. The inspector shall be directly responsible to the School District/Owner.*

I am aware that any replacement of the approved In-Plant 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: _____

**For manufacturer's stockpile projects of relocatable buildings, the school district/owner shall be replaced by the engineering manager of a DSA-accepted laboratory.*

7. DESIGN PROFESSIONAL DELEGATED RESPONSIBILITY FOR THE OBSERVATION OF IN-PLANT CONSTRUCTION'S AFFIDAVIT *(Section to be completed and signed by the individual listed in Section 1.0 of form DSA 1-MR or, if sub delegated, by the individual listed In Section 1.1 of form DSA 1-MR.)*

I find the inspector named on this form to be suitably qualified and satisfactory to perform the duties of In-Plant 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.

I will provide general direction of the work of the In-Plant Project Inspector.

If I become aware of any significant changes to the information reported herein I will submit a revised form DSA 5-IPI to DSA. I will submit a form DSA 5-IPI to DSA for any replacement inspectors to ensure DSA approval of the replacement inspector prior to continuation of construction work.

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