DSA

5-IPI

IN-PLANT PROJECT INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by the Design Professional delegated or subdelegated the responsibility for observation of in-plant construction. Form must be signed and dated by Inspector, Owner and the Design Professional delegated responsibility listed on Section 1.0 of the DSA 1-MR, or if subdelegated by the individual listed on Section 1.1 of the DSA 1-MR. A completed and 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 Project Inspector prior to the commencement of construction work (for Original Request) or before continuation of construction work (for Replacement Inspector).

1. PROJECT INFORMATION (*To be completed by 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. INSPECTOR INFORMATION (*To be completed by In-Plant Project Inspector*)

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

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

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DSA File #: -	DSA App. #: -

Contact Email Address:	Contact Phone #:

C. Project Name:	
DSA Application #: *(If applicable.)*	Job Duties (Role):
Construction Cost: $	☐ Project Inspector ☐ Assistant Inspector ☐ Field Superintendent ☐ Other:
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:
Contact Email Address:	Contact Phone #:

4. INSPECTOR'S TIME COMMITMENT/WORKLOAD (*To be completed by 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	% Complete

5. IN-PLANT PROJECT INSPECTOR'S AFFIDAVIT

I hereby certify under penalty of perjury that all information reporting in sections 2, 3 and 4 of this form is true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for withdrawal of my DSA approval for this project.

If appointed, I will accept the responsibilities of 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: _____

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DSA File #: -	DSA App. #: -

6. SCHOOL DISTRICT/OWNER'S AFFIDAVIT

The inspector named on this form has been selected by the School District/Owner 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 project inspector will act under the general direction of the project architect or structural engineer in general responsible charge. The inspector shall be directly responsible to the School District/Owner.*

I am aware that any replacement of the approved project inspector must be done 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 certified laboratory.

7. AFFIDAVIT OF DESIGN PROFESSIONAL DELEGATED RESPONSIBILITY FOR THE OBSERVATION OF IN-PLANT CONSTRUCTION

(Section to be completed and signed by the individual listed in Section 1.0 of DSA 1-MR, or if subdelegated by the individual listed on Section 1.1 of DSA 1-MR.)

I find the inspector named on this form to be suitably qualified and satisfactory to perform project inspection on this project. 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 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