

## PROJECT INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by the Design Professional in General Responsible Charge and Inspector. Form must be signed and dated by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer (when applicable). 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 (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:		
Will Assistant Inspector(s) be required on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of DSA approval requested:		DSA 5-PI Submittal Date:	
<input type="checkbox"/> Project Inspector <input type="checkbox"/> Relocatable Building In-Plant (RBIP) <input type="checkbox"/> Request for Approval of Replacement Project Inspector		<input type="checkbox"/> Initial Request <input type="checkbox"/> Revised Request	

### 2. INSPECTOR INFORMATION (To be completed by Project Inspector)

Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Phone #:	Email Address:		
DSA Certification Class:	DSA Certification #:	Expiration Date:	
Is this your first DSA project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," Project Inspector Overview class attendance date:			

### 3. EXPERIENCE RECORD (To be completed by 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): <input type="checkbox"/> Project Inspector <input type="checkbox"/> Assistant Inspector <input type="checkbox"/> Field Superintendent <input type="checkbox"/> Other:
Construction Cost: \$	
Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs. New Construction Sq. Ft.:	Dates Employed From: _____ To: _____
Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	
Employer:	Contact Name:
Contact Email Address:	Contact Phone #:

#### B. Project Name:

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

I find the inspector named on this form to be suitably qualified, sufficiently available, 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 project inspector.

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**8. AFFIDAVIT OF STRUCTURAL ENGINEER**  
*(Complete when structural work is delegated to Structural Engineer on line 25a of form DSA 1.)*

I find the inspector named on this form to be suitably qualified, sufficiently available, 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 project inspector.

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>APPROVAL BY DIVISION OF THE STATE ARCHITECT</b>	Signature of the DSA Field Engineer:		
	Print Name:		Date:

<b>Submit this form electronically to the DSA Regional Office with construction oversight authority for the project:</b>			
<input type="checkbox"/> DSA OAKLAND <a href="mailto:Oakfielddocs@dgs.ca.gov">Oakfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA SACRAMENTO <a href="mailto:Sacfielddocs@dgs.ca.gov">Sacfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA LOS ANGELES <a href="mailto:Lfielddocs@dgs.ca.gov">Lfielddocs@dgs.ca.gov</a>	<input type="checkbox"/> DSA SAN DIEGO <a href="mailto:SDfielddocs@dgs.ca.gov">SDfielddocs@dgs.ca.gov</a>