

ARCHITECT/ENGINEER VERIFIED REPORT

This form shall be completed by the Architect or Structural Engineer in General Responsible Charge and those architects or engineers with delegated responsibility for observations of construction, as reported on the Application for Approval of Plans and Specifications (form DSA 1), in accordance with California Code of Regulations, Title 24, Part 1, Sections 4-336 or 4-240 and [DSA Procedure PR 13-01](#). The completed form shall be submitted to DSA, the project inspector and the school board.

School District/Owner:		DSA File #:	-
Project Name/School:		DSA App. #:	-
Date of Report:	Number of Attached Pages: (If none, enter zero.)	DSA 152 Card #(s):	
Note that DSA-approved construction documents, referred to below, are those portions of the construction documents, duly approved by DSA, that contain information related to and affecting the Structural Safety, Fire/Life Safety, and Accessibility portions of the project.		List all inspection card numbers for which this verified report applies.	

COMPLETE SECTIONS 1 & 2 AND PROVIDE ALL REQUIRED DOCUMENTATION

1. REASON FOR FILING THIS VERIFIED REPORT (Check applicable box.)

<input type="checkbox"/>	Interim Verified Report: (List affected form DSA 152 Inspection Card Section Numbers): <i>Refer to DSA Procedure 13-01 for additional information and instructions.</i>
<input type="checkbox"/>	Final Verified Report: Construction of all work, shown in the <i>DSA-approved</i> construction documents, is complete. <i>The Design Professional in Responsible Charge shall complete the following:</i> Deferred Submittals: One of the following must be checked in order to file a Final Verified Report <input type="checkbox"/> This project does not require deferred submittals. <input type="checkbox"/> All deferred submittals are approved by DSA.
<input type="checkbox"/>	Termination of services prior to completion of all work shown in the <i>DSA-approved</i> construction documents. <i>The A/E in General Responsible Charge, and the professional whose services are terminated, as indicated below, shall sign the report.</i> <input type="checkbox"/> Arch/Eng. in General Responsible Charge <input type="checkbox"/> Structural Engineer <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> Electrical Engineer
<input type="checkbox"/>	Construction work suspended for more than one month. Provide date of last construction activity:
<input type="checkbox"/>	DSA Request dated:

2. CONSTRUCTION CHANGES AS OF THE DATE OF THIS REPORT (Check applicable box)

<input type="checkbox"/>	There are no changes to the <i>DSA-approved</i> construction documents.
<input type="checkbox"/>	All changes to the <i>DSA-approved</i> construction documents have been approved by DSA.
<input type="checkbox"/>	There are changes to the <i>DSA-approved</i> construction documents that have not been approved by DSA. (<i>Briefly describe the changes. Attach additional pages using form DSA 211 if necessary.</i>)

I attest that, based on my own personal knowledge (as defined in California Code of Regulations, Title 24, Part 1, Sections 4-336 and 4-214) that, except as marked in Section 2, as of the date of this report, the work has been performed and materials have been used and installed, in every material respect, in compliance with the *DSA-approved* construction documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Design Professional in General Responsible Charge: (Signature) _____		
Print Name:	CA Registration No:	Date:
Architect with delegated responsibility: (Signature) _____		
Print Name:	CA Registration No:	Date:
Structural Engineer with delegated responsibility: (Signature) _____		
Print Name:	CA Registration No:	Date:
Mechanical Engineer with delegated responsibility: (Signature) _____		
Print Name:	CA Registration No:	Date:
Electrical Engineer with delegated responsibility: (Signature) _____		
Print Name:	CA Registration No:	Date:
Architect or Structural Engineer with delegated responsibility for site placement of modular/relocatable buildings: (Signature) _____		
Print Name:	CA Registration No:	Date:

Submit completed form to the DSA Regional Office with construction oversight authority for the project.