Inspection Report – Daily, Weekly or Final

VR Form 9 Page 1 of _____

Jurisdiction _____

Building Permit Number _____ **Address** _____

☐ **Daily Report** ☐ **Weekly Report** ☐ **Final Report**

General Contractor _____ **Structural Engineer** _____

Inspection frequency- ***check one*****:**

☐ **Periodic** ☐ **Continuous**

Type of Inspection - ***check one*****:**

☐ **Reinforced Concrete** ☐ **Shotcrete** ☐ **Prestressed Concrete** ☐ **Masonry**

For any of the above insert **Mix Design No.** _____ **PSI:** _____

☐ **Welding:** ☐ **High-strength Bolts** ☐ **Epoxy** ☐ **Other**

Welder Name/s _____ *Describe Below*

Off Site Fabricator _____ _____

Time present at project; location and description of work inspected:	Date
(Insert additional pages if necessary)	

To the best of my knowledge, the work that I have inspected has been completed per the stamped, approved plans and the requirements of the California Building Code pertaining to special inspections.

Inspectors Name _____ Date _____

Print

Inspectors Signature _____