

Special Inspection Form Existing Building

ECD FORM
#101

SPECIAL INSPECTIONS AND TESTING AGREEMENT- Short Form (2019 CBC)

FORM SUBMITTAL -The Owner or Owner's Agent, on the advice of the Registered Design Professional In Charge, must complete this form, secure signatures by all parties, and submit to the **City of Daly City** for review. **Please Note:** The owner or registered design professional in responsible charge acting as the owner's agent – **NOT THE CONTRACTOR** – shall employ one or more special inspection agencies to perform special inspections services.

- Copies of all laboratory reports and inspections shall be sent directly to the **City of Daly City** Economic and Community Development Division and to the registered design professional in responsible charge by the Testing agency on a weekly basis.
- Prior to issuance of an occupancy permit, the Inspection Agency shall submit a statement that all items of designated work performed were reported. Any items checked but not tested or inspected will be noted and explained.

Project Information		
Building Permit No.:	Project Address:	
Special Inspection Agency Information		
Firm Name:		
Name (Print):	Signature:	Date:
Design Professional in Responsible Charge (Engineer / Architect)		
Name (Print):	Signature:	Date:
Owner / Authorized Owner's Agent Information		
Name (Print):	Signature:	Date:
Contractor Information		
Name (Print):	Signature:	Date:

REINFORCING STEEL					FILL MATERIAL		PILING, CAISSONS, CAPS, TIES		
<input type="checkbox"/> Tensile & Bend, one set per heat per ____ tons					<input type="checkbox"/> Acceptance Test		<input type="checkbox"/> Inspection of Reinforcing Placement		
<input type="checkbox"/> Inspection of Placement					<input type="checkbox"/> Moisture-Density Determination		<input type="checkbox"/> Inspection of Concrete Placement		
<input type="checkbox"/> Inspection of Welding					<input type="checkbox"/> Field Density		<input type="checkbox"/> Inspection of Concrete Batching		
MASONRY					FIREPROOFING		STRUCTURAL WOOD		
<input type="checkbox"/> Prelim. Acceptance Tests (Masonry Units, Wall Prisms)					<input type="checkbox"/> Inspection of Placement		<input type="checkbox"/> Inspection of Fabrication		
<input type="checkbox"/> Subsequent Tests (Mortar, Grout, Field Wall Prisms)					<input type="checkbox"/> Density Tests		<input type="checkbox"/> Inspection of Truss Joist Fabrication		
<input type="checkbox"/> Inspection of Grouting					<input type="checkbox"/> Thickness Tests		<input type="checkbox"/> Sample & Test Components		
<input type="checkbox"/> Inspection of Placement & Grouting					<input type="checkbox"/> Inspect Batching		<input type="checkbox"/> Inspection of Glu-Lam Fabrication		
CONCRETE, SHOTCRETE, GROUT & MORTAR					PRECAST CONCRETE		STRUCTURAL STEEL		
Conc.	Shot.	Grout	Mortar	Type of Test	<input type="checkbox"/> Reinforcing Tests		<input type="checkbox"/> Shop Identification & Welding Inspection		
				Aggregate Tests for Designs	<input type="checkbox"/> Inspection of Reinforcing Placement		<input type="checkbox"/> Shop Ultrasonic Inspection		
				Suitability of Aggregates	<input type="checkbox"/> Inspection of Tendon Placement		<input type="checkbox"/> Shop Radiography		
				Mix Designs	<input type="checkbox"/> Inspection of Concrete Placement		<input type="checkbox"/> Field Welding Inspection		
				Test Panel	<input type="checkbox"/> Inspection of Concrete Batching		<input type="checkbox"/> Field Bolting Inspection		
				Batch Plant Inspection	<input type="checkbox"/> Inspection of Panel Attachments		<input type="checkbox"/> Field Ultrasonic Inspection		
				Cement Grab Sample	<input type="checkbox"/> Compression Tests		<input type="checkbox"/> Field Radiography		
				Inspect Placing	<input type="checkbox"/> Inspection of Stressing/Transfer		<input type="checkbox"/> Metal Deck Welding Inspection		
				Compression Tests	OTHER TESTS				
				Cast Specimens	Specify if other tests, inspections, or special instructions are required for the project:				
				Pick-Up Samples	<input type="checkbox"/> Epoxy Anchors <input type="checkbox"/> Undercut Anchors <input type="checkbox"/> Expansion Anchors <input type="checkbox"/> Screw Anchors *check all applicable*				
				Shrinkage Bars	<input type="checkbox"/>				
				Yield Check	<input type="checkbox"/>				
				Air Check	<input type="checkbox"/>				
				Dry Unit Weight	<input type="checkbox"/>				

OFFICIAL USE ONLY

Signature of Building Official or Designee	Name	Date
--	------	------

