



CITY OF WEST COVINA
 1444 West Garvey Avenue South
 West Covina, CA 91790
 (626) 939-8400

**SPECIAL INSPECTOR
 CHECK-IN AND JOB ASSIGNMENT
 FORM**



This form is required for every project.

PROJECT/SITE ADDRESS			
BUILDING PERMIT NUMBER			
DEPUTY/ SPECIAL INSPECTORS NAME			
DEPUTY/ SPECIAL INSPECTORS ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL			
PHONE NUMBER			
REGISTERING AGENCY			
LA County #	LA City #	IAS #	LIC/TYPE
INSPECTION FIRM			
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER			
DESCRIPTION OF WORK TO BE INSPECTED, TESTS TO BE PERFORMED AND DATE(S) OF INSPECTION			

- 1.) This form shall be approved by the building department prior to the scheduled special inspection. No special inspection report will be accepted without prior approval.
- 2.) Special inspection reports shall be provided prior to, or at the time of building inspection, where work will be covered by subsequent construction.
- 3.) The special inspection reports to the building department shall include the following information:
 - a. A description of all the work inspected and/or test(s) made, including sizes, quantities, locations and details of inspections.
 - b. The date and time the inspections(s) and/or test(s) were performed.
 - c. A list of all unresolved, nonconforming work, the parties notified, and the date and time each party was notified.
- 4.) If any nonconforming work is not corrected in a timely manner or is about to be incorporated into the structure, the special inspector shall immediately notify the building department.
- 5.) The following statement shall be included on the final special inspection report:

To the best of my knowledge, all work was performed in conformance with the building department stamped approved design drawings."

CIRCLE ONE OF THE FOLLOWING	
I certify that I have been employed by:	
Owner/Owner's Agent	Architect of Record
Engineer of Record	Inspection Firm
I have read the requirements listed here within. I agree to perform all work in accordance with these requirements and the requirements of the registering agency.	
I also fully understand that failure to comply with any provision of the requirements listed above may result in my revocation as a special inspector approved by the building department.	
_____ Print Name	
_____ Signature	
_____ Date	
FOR BUILDING DIVISION ONLY	
APPROVED BY	DATE APPROVED

Program Criteria	City of Los Angeles	County of Los Angeles
Categories of Special Inspection	Classification of Deputy Inspector	Classification of Special Inspector
Post-tensioned / Precast / Pre-stressed Concrete	PSC	P
Reinforced Concrete / Cast-in-place / Poured – in- Place	CC	C
Pier and Pile Foundations	CC or MC	C
Post-installed Structural Anchors in Concrete & <u>Drilled-in-Anchor</u>	DIA	C
Gunite / Shotcrete	GU	C
Sprayed Fire-Resistant Materials	SFRM	
Structural Steel High-strength Bolting and Welding	SC	W
Structural Masonry	MC	M

Verify current status of certification or accreditation online:

City of Los Angeles

<http://ladbs.org/LADBSWeb/services-deputy-inspector.jsf>

County of Los Angeles

http://dpw.lacounty.gov/bsd/index.cfm?p=cert_specinsp

International Accreditation Service

http://www.iasonline.org/Special_Inspection/SIA.html