



Quality  
Experience  
Dedication

TEL: (562) 634-2131  
CELL: (213) 445-9093

9160 Sonrisa St. # 1  
Bellflower, CA 90706  
www.DeputyInspectionServices.com  
Oscar@DeputyInspectionServices.com

**SPECIAL DEPUTY INSPECTORS TIME SHEET & REPORT**

Building Permit No: \_\_\_\_\_ Dept. of Bldg & Safety, City of \_\_\_\_\_

Job Identification \_\_\_\_\_

General Contractor \_\_\_\_\_

Sub-Contractor \_\_\_\_\_

Engineer \_\_\_\_\_

Type of Work:  Reinforced Concrete  Masonry  Drilled Anchors  
 Ultrasonic Testing  Fireproofing  Welding  Others

| CONCRETE SUPPLIER | MIX DESIGN #    | SPECIFIED PSI | SAMPLES TAKEN   |
|-------------------|-----------------|---------------|-----------------|
|                   |                 |               |                 |
| WELDER            | CERTIFICATION # | WELDER        | CERTIFICATION # |
|                   |                 |               |                 |

**VISUAL INSPECTION REPORT** **DATE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAILY HOURS WORKED**

|               | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| Straight Time |        |         |           |          |        |          |        |
| Time & Half   |        |         |           |          |        |          |        |
| Double Time   |        |         |           |          |        |          |        |

All inspections are based on a minimum of 4 hours. Over 4 hours is an 8 hour minimum. After 8 hours is by the hour. All lab work necessary to complete inspections will be paid by owner, engineer or contractor.  
 Invoices not paid within 30 days will be subject to 18% A.P.R. finance charge and other related collection fees. **TERMS AND CONDITIONS IN BACK ALSO APPLY.**  
**ATTORNEY'S FEES:** If any action at law or equity is brought into enforce or interpret the terms of this contract, the prevailing party shall be entitle to reasonable attorney's fees, costs and necessary disbursement, in addition to any other relief to which party may be entitled.

**VERIFY TIME ONLY**

Print Name \_\_\_\_\_ I.D.No \_\_\_\_\_

Registered Deputy Building Inspector's Certificate Signed by \_\_\_\_\_

Approved by: \_\_\_\_\_ Company: \_\_\_\_\_