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Inspection Report

| | | | | | | | | | |
|--|------------|---|---|------------------------|---|--------------|---|---|---|
| INSPECTOR CODE | JOB NUMBER | DATE | M | T | W | T | F | S | S |
| JOB NAME | | BUILD PERMIT NUMBER / DSA/OSHPD APP. FILE # | | | | JURISDICTION | | | |
| ADDRESS | | GENERAL CONTRACTOR | | | | | | | |
| ARCHITECT | | ENGINEER | | SUBCONTRACTOR OR OWNER | | | | | |
| <small>REQUIREMENTS: Limit of one job number, one permit number per sheet. Identify all work by type and SPECIFIC location. Non-compliant work must be specifically identified. Communication (RFI, Sketch, etc.) voiding previous non-compliant items must be listed, record conversations and communications with project designers, building and permit granting authority officials.</small> | | | | | | | | | |

HOURS

| REGULAR | 1.5X | 2X | TIME IN | TIME OUT |
|---------|------|----|---------|----------|
| | | | | |

- Re-inspection _____
 Show-Up Only _____
 Expenses _____
- Structural Steel _____
 Concrete Placement _____
 Masonry _____
 Proprietary Anchors _____
- Fireproofing/ Intumescent Paint _____
 High Strength Bolts _____
 Prestress/Post Tension _____
 Wood Construction _____
- Others _____

INSPECTION

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Additional Page (Page #) CM _____
 REPORT Other
 Non-Compliant Items Does Not Contain

Certification of Compliance
 I declare under penalty of perjury that all of the above statements are true, and that of my own personal knowledge the work during the period covered by this report has been performed and installed in compliance with the approved plans, specifications and all applicable codes.

All inspections based on minimum of 4 hours for work performed over 4 hours ; 8 hours minimum. If inspector is called to a project and no work is performed, a 2 hour minimum charge will be applied.

Inspector's Name: _____
 Approved/Authorized by: _____ (PROJECT SUPERINTENDENT)
 Inspector's Signature: _____
 Inspector's License #: _____
 Submitted by: _____