

Daily Special Inspection Report Form



Permit #: _____ Date: _____
Project Address: _____ Time On: _____
Project Name: _____ Time Off: _____
Agency Name: _____ Insp/Engr: _____

Indicate the items inspected and/or tested:

REINFORCED CONCRETE

- ☐ Placement of Reinforced Concrete
- ☐ Placement of Shotcrete
- ☐ Testing of Reinforced Concrete
- ☐ Reinforcing Steel Placement
- ☐ Bolts Installed in Concrete
- ☐ Prestressing Concrete

SOILS AND FOUNDATIONS

- ☐ Verification of Soils
- ☐ Excavation
- ☐ Structural Fill
- ☐ Piles and/or Piers
- ☐ Detention Basin
- ☐ Earth Retaining Structure

STRUCTURAL MASONRY

- ☐ Inspection of Rebar Placement/Grouting
- ☐ Mortar and Grout Testing
- ☐ Wall Prisms

SPECIAL

- ☐ Post-Installed Anchors
- ☐ Smoke Control
- ☐ Firestop
- ☐ EIFS

STRUCTURAL STEEL

- ☐ High Strength Bolting
- ☐ Welding of Structural Steel
- ☐ Metal Deck Welding
- ☐ Shear Stud Welding
- ☐ Welding of Reinforcing Steel
- ☐ Steel Frame Inspection

SPRAYED FIRE RESISTANT MATERIALS OR MASTIC AND INTUMESCENT FIRE RESISTIVE COATINGS

- ☐ Placement Inspection
- ☐ Bond Strength
- ☐ Density Tests
- ☐ Substrate Temperature
- ☐ Thickness Tests

PRECAST CONCRETE

- ☐ Inspection of Erected Panels
- ☐ Welding of Panel Connections

INSPECTION OF FABRICATORS

- ☐ Metal Building
- ☐ Structural Steel
- ☐ Wood Construction
- ☐ Precast Concrete

- ☐ Seismic Resistance
- ☐ Wood Construction
- ☐ Drill & Epoxy
- ☐ _____

List locations of inspections/tests made:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Were there any discrepancies with the reviewed plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were there any changes to the reviewed plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were any previously listed items corrected or resolved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are the signed/sealed resolutions by the EOR/AOR attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, on items 1, 2, or 3, describe below:

Inspector: _____ Signature: Joshua Jensen

Denver, CO 720-588-3222

Kansas City, MO 816-421-3222

Lawrence, KS 785-337-3222

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