



Inspection Report – Daily, Weekly or Final

VR Form 9 Page 1 of _____

Jurisdiction _____

Building Permit Number _____ Address _____

Daily Report Weekly Report Final Report

General Contractor _____ Structural Engineer _____

Inspection frequency- check one:

Periodic Continuous

Type of Inspection - check one:

Reinforced Concrete Shotcrete Prestressed Concrete Masonry

For any of the above insert Mix Design No. _____ PSI: _____

Welding: High-strength Bolts Epoxy Other

Welder Name/s _____

Describe Below _____

Off Site Fabricator _____

| Time present at project; location and description of work inspected: | Date |
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| (Insert additional pages if necessary) | |

To the best of my knowledge, the work that I have inspected has been completed per the stamped, approved plans and the requirements of the California Building Code pertaining to special inspections.

Inspectors Name _____ Date _____

Print

Inspectors Signature _____

