



BUILDING INSPECTION RECORD

Institution or Agency:

Project No./Name:

Inspection Entity/Code Review Agent:

Architect/Engineer:

Contractors:

General:

Electrical:

Mechanical:

Plumbing:

Notice to Proceed Date:

Type of Construction:

Occupancy Classifications:

Project Manager:

Project Manager Signature

at Completion:

Inspector of Record Signature

At Completion:

BIR Completion Date:

No work shall be concealed or covered until the appropriate inspector has inspected and approved.

Provide inspection if checked below:

Building Inspections

Check	Inspection requested	Date	Inspector/ICC #	Comments or Corrections
<input type="checkbox"/>	Footings/Foundations			
<input type="checkbox"/>	Concrete Slab / Under-Floor			
<input type="checkbox"/>	Framing (after rough Elec/Mech/Plumbing)			
<input type="checkbox"/>	Lath and Gypsum Board			
<input type="checkbox"/>	Fire-Resistant Penetration			
<input type="checkbox"/>	Mechanical / Energy Efficiency			
<input type="checkbox"/>	Roofing			
<input type="checkbox"/>	Other			
<input type="checkbox"/>	Deferred Submittal			
<input type="checkbox"/>	Final			

Special Inspections

Check	Inspection requested	Date	Inspector/ICC #	Comments or Corrections
<input type="checkbox"/>	Steel			
<input type="checkbox"/>	Concrete			
<input type="checkbox"/>	Masonry			
<input type="checkbox"/>	Wood			
<input type="checkbox"/>	Soils / Foundations			
<input type="checkbox"/>	Spray-Applied Fireproofing			
<input type="checkbox"/>	Smoke Control Systems			
<input type="checkbox"/>	Other			

Elevator

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Progress			
<input type="checkbox"/>	Final			

Electrical (State Electrical Board)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Underground			
<input type="checkbox"/>	Rough Walls			
<input type="checkbox"/>	Rough Ceilings			
<input type="checkbox"/>	Final			

Plumbing (State Plumbing Board)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Underground			
<input type="checkbox"/>	Rough Walls			
<input type="checkbox"/>	Inside Water			
<input type="checkbox"/>	Final			

Fire Department (Local)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Fire Sprinkler			
<input type="checkbox"/>	Fire Alarm			
<input type="checkbox"/>	Other			
<input type="checkbox"/>	Final			

CODE COMPLIANCE POLICY EXHIBIT D

Health Department (Local)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Progress			
<input type="checkbox"/>	Final			

School/Healthcare Occupancy (Division of Fire Prevention & Control)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	Progress			
<input type="checkbox"/>	Final			

Boiler (Department of Local Affairs)

Check	Inspection requested	Date	Inspector/ICC #	Comment
<input type="checkbox"/>	New Installation			
<input type="checkbox"/>	Repair/Alteration			
<input type="checkbox"/>	Final			

Place this card in an obvious, protected location, along with all related inspection reports and documentation.

INSPECTION COMMENTS (hand-written comments below)

[illegible]