



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 &amp; 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]