**Sample**

**SPECIAL INSPECTION WEEKLY REPORT**

City/County of Permit No.: Date:

Project Name/Address:

Total inspection time each day:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |
| **Hours** |  |  |  |  |  |  |  |
| **Inspection Type** |  |  |  |  |  |  |  |
| **Frequency** **(P or C)** |  |  |  |  |  |  |  |
| **Location** |  |  |  |  |  |  |  |

**P – Periodic inspection**

**C – Continuous inspection**

Describe inspections made, including locations:

Tests performed:

New Items needing correction:

Corrected items from previous reports:

Item corrections remaining incomplete:

Changes to approved plans authorized by registered design professional in responsible charge:

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Comments:

To the best of my knowledge, work inspected was in accordance with the building department approved plans, specifications and applicable workmanship provisions of the IBC except as noted above.

Signed: Inspection Agency\*:

Print full name:

ID / Certificate

Number:

Cc: Project Owner

\* Building official may require the signature/stamp of agency engineer responsible for special inspection.

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