**Sample**

**SPECIAL INSPECTION DAILY REPORT**

City/County of Permit No.: Date:

Project Name/Address:

Inspection type(s) coverage:

**🞎** Continuous **🞎**  Periodic

Inspection time: Beginning: Ending:

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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