## DICK NIGRA INSPECTIONS, INC.

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Beam Stressin		Date:	Date:			Page:of		
Job Name:		City:	City:			Permit #:		
Contractor:		Subcontractor:						
Engineer:		Inspector:						
Placement Date: Conc			ncrete PSI:_	rete PSI:(high)(low)				
Deck Number: Stressing		oy:	Ga	Gauge Number:				
<u> </u>					CALICE	FIO	NG	LIFT OFF
ROW/#/ COLOR	GUAGE READING	ELONG. ACT CALC	LIFT OFF ORIENT	ROW/#/ COLOR	GAUGE READING	ELO ACT	CALC	ORIENT.
Engineer Co	ntacted Yes	s No					Αs	gency