

4735 Oakado Place
La Canada, CA 91011

Cell (818) 326-4291

Date _____

| | | | |
|-----------------------------|--|---|-----------------------------------|
| TYPE OF INSPECTION REQUIRED | <input type="checkbox"/> Reinforced concrete | <input type="checkbox"/> Structural Steel Assembly | <input type="checkbox"/> Guniting |
| | <input type="checkbox"/> Post Tensioned Concrete | <input type="checkbox"/> Welding | <input type="checkbox"/> Epoxy |
| | <input type="checkbox"/> Reinforced Masonry | <input type="checkbox"/> Spray-Applied Fireproofing | <input type="checkbox"/> Other |

| | | |
|--|---------------|-----------|
| Job Address | City | |
| Job Name | Permit No | Issued By |
| Type of Structure | Architect | |
| Material Description (type, grade, source) | Engineer | |
| | Contractor | |
| Inspector(s) Name | Subcontractor | |

| TYPE OF SAMPLE | SLUMP | QUANTITY IN SET | ADDITIONAL REMARKS ON SAMPLES |
|----------------|-------|-----------------|-------------------------------|
| | | | |
| | | | |
| | | | |

[illegible]

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SIGNATURE OF REGISTERED INSPECTOR

AGENCY

| TIME IN | TIME OUT | REG. HOURS | O.T. HOURS | SAMPLES |
|--|----------|------------|------------|---------|
| | | | | |
| All inspections based on a minimum of 4 hours and over 4 hours — 8 hour minimum. | | | | |
| Approved _____ <div style="text-align: right;">Project Supervisor</div> | | | | |