## DICK NIGRA INSPECTIONS, INC.

SIGNATURE OF REGISTERED INSPECTOR

**AGENCY** 

SPECIALTY NUMBER

4735 Oakado Place La Canada, CA 91011 Phone (818) 957-2759 Fax (818) 957-2885 Cell (818) 326-4291

All inspections based on a minimum of 4 hours and over 4 hours — 8 hour minimum.

Project Supervisor

REGISTERED INSF	Date						
TYPEOF  NSPECTION  Post Tensioned Concrete  REQUIRED  Reinforced Masonry			□ Structural Steel Assembly □ Gunite □ Welding □ Epoxy □ Spray-Applied Fireproofing □ Other				
Job Address	City						
Job Name	Permit No Issued By						
Type of Structure	Architect						
Material Description (type	Engineer						
	Contractor						
Inspector(s) Name	Subcontractor						
		TEST PER	FORMED				
TYPE OF SAMPLE	SLUMP	QUANTITY IN SET	ADDITIONAL REMARKS ON SAMPLES				
		INSPECTION	SUMMAR	Υ			
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CERTIFICA				PAGE	OF		
I HEREBY CERTIFY THAT I HAVE INSP ABOVE REPORTED WORK UNLESS COMPLY WITH THE APPROVED PLAN	TIME IN	TIME OUT	REG. HOU	RS O.T. HOURS	SAMPLES		

Approved