

Special Structural Testing and Inspection Program Summary Schedule

Project name: _____ Project number: _____

Location: _____ Permit number (1): _____

Technical (2)		Description (3)	Type of inspector (4)	Specific report frequency (5)	Assigned firm (6)
Section	Article				

Note: This schedule shall be filled out and included in a Special Structural Testing and Inspection Program. (If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained building code and as modified by the state adopted IBC.)

*A complete specification-ready program can be downloaded directly by visiting CASE/MN at www.cecm.org.

- (1) Permit number – to be provided by the building official
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per IBC Chapter 17, as adopted by Minnesota State Building Code.
- (4) Special inspector – Technical (SIT); Special Inspector – Structural (SIS)
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Name of firm contracted to perform services.

Acknowledgements

(Each appropriate representative shall sign below)

Owner: _____ Firm: _____ Date: _____

Contractor: _____ Firm: _____ Date: _____

Architect: _____ Firm: _____ Date: _____

SER: _____ Firm: _____ Date: _____

SI-S: _____ Firm: _____ Date: _____

TA: _____ Firm: _____ Date: _____

F: _____ Firm: _____ Date: _____

If requested by engineer/architect of record or building official, the individual names of all prospective special inspector and the work they intend to observe shall be identified as an attachment.

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency
 SI-S = Special Inspector - Structural F = Fabricator

Accepted for the building department by: _____ Date: _____