**Inspection Request & Report Form**

**TN-000000**

The Inspection Request/Report Form must submitted by 3:00 PM in order for the inspection to occur within the next five business days.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project:** |  |  | **BCA Permit No:** | **1200000** |
| Inspection Location: |  |  | **IRR No:\*** |  |
| Request Date/Time: |  |  | Requestor Name: |  |
| Other Inspection Type:  |  |  | Phone No: |  |
| Note: \* Contractor to assign non-repeating sequential ID/Number for each inspection request for tracking purposes. |

**Inspection Type and Date** (by Requestor) [ ]  **SFM Site Inspection** request

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Building/Structure** | **Date** | **Electrical** | **Date** | **Plumbing** | **Date** | **Mechanical** | **Date** |
| Footing  |  | Underground |  | Underground |  | Duct Rough-in |  |
| Slab |  | Floor Rough-in |  | Rough-in |  | Steam Piping & Test |  |
| Masonry |  | Wall Rough-in |  | Stack Piping & Test |  | HW Piping & Test |  |
| Wall/Ceiling |  | Ceiling Rough-in |  | Water Piping & Test |  | CHW Piping & Test |  |
| Framing |  | Panel/Feeder |  | Gas Piping & Test |  | Cond. Piping & Test |  |
| Structural |  | Service/Ground |  | Storm Piping & Test |  | Insulation |  |
| Sheetrock |  | Appliance/Equipment |  | Fixtures |  | Wall & Ceiling |  |
| Roofing |  | Lightning Protection |  | Equipment |  | Equipment |  |
| Re-inspection |  | Re-inspection |  | Re-inspection |  | Re-inspection |  |
| Final Building |  | Final Electrical |  | Final Plumbing |  | Final Mechanical |  |

**Inspection Results** (by Inspector)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Passed** | **Conditional\*** | **Partial** | **Failed** | **Not Ready** |
| **1** | Date |  |  |  |  |  |
| **Signature** |  |  |  |  |  |
| **2** | Date |  |  |  |  |  |
| **Signature** |  |  |  |  |  |
| **3** | Date |  |  |  | [ ]  **Failed** or **Not Ready** on third try require a new **Inspection Request** and re-inspection fee may apply. |
| **Signature** |  |  |  |

**Conditions/Comments** (by Inspector)

|  | **Date** | **Code** | **QM** | **Comment\*** |
| --- | --- | --- | --- | --- |
| **1** |  | [ ]  | [ ]  |  |
| **2** |  | [ ]  | [ ]  |  |
| **3** |  | [ ]  | [ ]  |  |
| **4** |  | [ ]  | [ ]  |  |
| **5** |  | [ ]  | [ ]  |  |
| **6** |  | [ ]  | [ ]  |  |
| **7** |  | [ ]  | [ ]  |  |

[ ]  **\*See additional Conditional comments on reverse side of this form.**

**File:** BCA-Form 05 Inspection Request-BCA.docx