



City of Pacifica

SPECIAL INSPECTION AND TESTING AGREEMENT

All Projects that have been identified as requiring Special Inspection and Testing shall obtain the services of an approved Special Inspection and Testing Agency. The Special Inspection and Testing Agency shall be employed by the Property Owner, and acting as the Building Official's agent shall provide reports to the Building Official as required under California Building Codes Section 109.4 and 1704. The Special Inspector is not empowered by the jurisdiction to enforce any regulations upon the project, site or workers. All Special Inspection and Testing Agencies shall first be approved by the Building Official and there shall be a signed Special Inspection and Testing Agreement in place prior to the issuance of any Building Permit.

Duties and Responsibilities of the Special Inspector

Observe Work – the Special Inspector shall observe work for compliance with the Approved Plans, Specifications and applicable workmanship provisions of the California Building Codes and Reference Standards. Inspections are to be performed on a continuous basis, meaning that the inspector is on the jobsite at all times that work or materials are being placed that require Special Inspection. Periodic inspections, if any, must have prior written approval by both the Building Official and engineer or architect that outlines the specific nature of any periodic inspections.

Obtain Test Samples – The Special Inspector shall obtain samples of specified materials, and send to the appropriate laboratories for testing. Reports from the laboratories shall be submitted to the Building Official in a timely manner, with due consideration to construction schedules.

Report Non-conforming Items – The Special Inspector shall bring non-conforming items to the immediate attention of the contractor and note all such items in their daily report. If any item is not resolved in a timely manner or is about to be incorporated into the work, the Special Inspector shall immediately notify the Building Official by telephone or in person, notify the engineer and/or architect, and post a Discrepancy Notice.

Furnish Daily Reports – On request, the Special Inspector shall complete and sign both the Special Inspection Record and the Daily Report Form for each day's inspections. These records shall remain at the jobsite with the contractor; for review by the Building Official or designee.

Furnish Weekly Reports – On request, the Special Inspector shall furnish weekly reports of tests and inspections to the Building Official.

Furnish a Final Report – The Special Inspector or Testing Agency shall submit a final signed report to the Building Official stating that all items requiring Special Inspection and Testing were fulfilled, reported and to the best of his/her knowledge in conformance with the approved design drawings, specifications, approved change orders and applicable workmanship provisions of the CBC. This document is required to be submitted to the Building Official prior to scheduling of any Final Inspections.

Contractor Responsibilities

Notify the Special Inspector – The contractor is responsible for notifying the Special Inspector, or Testing Agency regarding individual inspections for items identified on the Special Inspection and Testing Agreement and as noted on the Building Department Approved plans and specifications. Adequate notice shall be provided so that the Special Inspector has time to become familiar with the project.

Provide Access to Approved Plans – The contractor is responsible for providing the Special Inspector access to the approved plans and specifications at the jobsite.

Retain Special Inspection Records – The contractor is also responsible for retaining, at the jobsite, all Special Inspection records submitted by the Special Inspector, and providing these records for review by the Building Official, or designee, upon request.

SPECIAL INSPECTION AND TESTING AGREEMENT

Job Address: _____ Application # _____

Project Description: _____

Owner: _____ Phone: _____

Address: _____

SPECIAL INSPECTION & TESTING AGENCY:

Name: _____

Address: _____

Responsible Party: _____ Phone: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Reinforce Concrete, Gunite, Grout and Mortar: Concrete Gunite Grout Mortar</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"></td> <td style="width: 50%;">Aggregate Tests</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Reinforcing Tests</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Mix Designs</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Reinforcing Placement</td> </tr> <tr> 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type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Batch Plant Inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Inspect Placing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Cast Samples | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Compression Tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Aggregate Tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Placement Inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Tendon Tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Mix Designs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Insert Placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Concrete Batching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Concrete Placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Installation Inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Cast Samples | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Compression Tests | <p>Structural Steel / Welding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample and Test (List Specific Members Below) <input type="checkbox"/> Shop Material Identification <input type="checkbox"/> Welding Inspection <input type="checkbox"/> Shop <input type="checkbox"/> Field <input type="checkbox"/> Welding Inspection <input type="checkbox"/> Shop <input type="checkbox"/> Field <input type="checkbox"/> High-Strength Bolting Inspection <input type="checkbox"/> Shop <input type="checkbox"/> Field <ul style="list-style-type: none"> <input type="checkbox"/> A 325 <input type="checkbox"/> A 490 <input type="checkbox"/> N <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> Metal Deck Welding Inspection <input type="checkbox"/> Reinforce Steel Welding Inspection <input type="checkbox"/> Metal Stud Welding Inspection <input type="checkbox"/> Concrete Inset Welding Inspection <p>INSULATING CONCRETE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample Test <input type="checkbox"/> Placement Inspection <input type="checkbox"/> Unit Weights <p>FILL MATERIAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acceptance Tests <input type="checkbox"/> Placement Inspection <input type="checkbox"/> Field Density <p>PILE DRIVING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Placement Inspection <p>FIREPROOFING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Placement Inspection <input type="checkbox"/> Density Tests <input type="checkbox"/> Thickness Tests <input type="checkbox"/> Inspect Batching <p style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;">Engineer's Seal & Signature Here</p> <p>STRUCTURAL WOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shear Wall Nailing Inspection <input type="checkbox"/> Inspection of Glulam Fab. <input type="checkbox"/> Sample and Test Components |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Aggregate Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Mix Designs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Batch Plant Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Inspect Placing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Cast Samples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Compression Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Aggregate Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Placement Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Tendon Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Mix Designs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Reinforcing Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Insert Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Concrete Batching | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Concrete Placement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Installation Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Cast Samples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Compression Tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS OR OTHER TESTS AND INSPECTIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I have read and agree to comply with the terms and conditions of this agreement

| | | |
|------------|-----------|------|
| Owner | Signature | Date |
| Contractor | Signature | Date |
| Agency | Signature | Date |

Building Official Approval

Date