Special Structural Testing and Inspection Program Summary Schedule

Project Name _____ Project No. _____

Location _____

_____ Permit No. _____ (1)

Technical (2)		Description (3)	Type of Inspector (4)	Specific Report Frequency (5)	Assigned Form (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 in the State 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 No. to be provided by the Building Official
(2) Referenced to the specific technical scope section in the program
(3) Use descriptions per 2006 IBC Chapter 17, Section 1704 as adopted 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 inspectors 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: _____