

Special Structural Testing and Inspection Schedule Program Summary Schedule

Project Name _____ Project No. _____
 Location _____ Permit No. _____ (1)

Technical (2)		Description (3)	Type of Inspector (4)	Report Frequency (5)	Assigned Firm (6)
Section	Article				

Notes: This schedule shall be filled out and included in the Special Structural Testing and Inspection Program.

- (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 IBC Section 17, as adopted by Minnesota State Building Code.
- (4) Special Inspector - Technical, Special Inspector - Structural.
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) 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:
SI-T:	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.

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: _____