



City of Redlands

Building & Safety Division
35 Cajon St., Suite 20 Redlands, Ca 92373

SPECIAL INSPECTOR'S DUTIES AND RESPONSIBILITIES

1. The Special Inspector must call the Building & Safety Division 24 hours prior to arriving at the job location (909) 798-7536. Waiver of this requirement is subject to the approval of the Building Official.
2. The Special Inspector shall observe the work assigned to be certain it conforms to the City Approved Plans. The approved plans shall be available when work is in progress. The Special Inspector shall not accept any deviation from approved plans unless the revision has been approved by the Building & Safety Division.
3. The Special Inspector shall furnish inspection reports on approved report forms (attached) to the Building and Safety Division, the Engineer or Architect of Record, and other designated persons in a timely manner. All discrepancies shall be brought to the immediate attention of the contractor for correction, then, if uncorrected, to the proper design authority and to the Building & Safety Division.
4. Notify the Building & Safety Division, if any emergency arises and you are to be absent from the job while work is in progress, and then notify the person in responsible charge of work. Work requiring a Special Inspector must be stopped unless the owner has obtained an approved substitute Inspector, licensed by this City.
5. The Special Inspector shall submit a **Final Report** (attached) to the Building & Safety Division, stating whether the work requiring special inspection was to the best of their knowledge, in conformance with the approved plans and specifications and the applicable workmanship provision of this code.
6. Your presence on the job does not excuse the project from the other formal inspection made by the regular inspection force of the City. Concrete shall not be placed on any job until approval to do so has been granted by the City Building Inspector.

In clarifying the role of the Special Inspector, it is important to remember that the inspections you will perform are required **in addition** to the inspections performed by the City Building Inspectors. Therefore, you are **not** authorized to assume the role or responsibility of the City Building Inspectors; rather, you should work closely with them to ensure code compliance.

If you have any questions regarding the performance of duties and responsibilities, please contact the Building & Safety Division at (909) 798-7536.

Failure to comply with these policies and procedures may result in the revocation of your City of Redlands Special Inspector License



City of Redlands

Building & Safety Division
35 Cajon St., Suite 20 Redlands, Ca 92373

SPECIAL INSPECTOR REGISTRATION

NAME: _____ Registration No.: _____
COMPANY: _____ City Business License No.: _____
PHONE & E-MAIL: _____ Date: _____
ADDRESS: _____

I. Categories of Registration:

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Reinforced Concrete (RC) | 2. <input type="checkbox"/> Structural Masonry (SM) | 4. <input type="checkbox"/> Welding & Bolting (WB) |
| 3. <input type="checkbox"/> Pre-stressed/Post-tensioned
Concrete/Masonry (PC) | 5. <input type="checkbox"/> Spray-applied Fireproofing (SF) | 6. <input type="checkbox"/> Other: _____ |

II. Related Certifications in Good Standing:

- | | | |
|---|--|--|
| ICBO <input type="checkbox"/> Structural Steel & Welding | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Spray-Applied Fire Proofing |
| ACI + <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Pre-stressed Concrete | |
| LA. City <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Structural Steel & Welding |
| <input type="checkbox"/> Fireproofing Controlled Activity | <input type="checkbox"/> Grading | |
| L. A. County <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Pre-stressed Concrete | <input type="checkbox"/> Structural Masonry |
| <input type="checkbox"/> Welding & High-strength Bolting | | |

III. Education & Experience:

Please complete the education and experience information on the reverse side of this form.

IV. Declaration

I hereby affirm that all the information I have given herein is true and complete to the best of my knowledge, and that I will inform this jurisdiction in the event any certification listed above is no longer in good standing. I understand that any false statement herein will subject me to disqualification anytime.

Signature

Date

Supporting documents verified by:

Signature

Date

Application for Registration Approved by:

Signature

Date

EDUCATION AND EXPERIENCE

EDUCATION: Circle Last Grade Completed: 8 9 10 11 12		DID YOU GRADUATE? YES/NO		IF NOT, HAVE YOU PASSED GED? YES/NO		
NAME AND LOCATION OF COLLEGES OR TRADE SCHOLLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEM UNITS	QTR UNITS			
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					

EXPERIENCE: Begin with your most recent job. List each job separately. List all jobs and any periods of unemployment in the last 10 years. Include military service. Also list any job you held more than 10 years ago, which relate to the job for which you are applying and indicate the number of months and years that you worked.

DATES		EMPLOYERS		DUTIES				
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE				
FROM	TO			DUTIES				
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER		Concrete	Masonry	Steel	Fireproofing	Others
				%	%	%	%	%

DATES		EMPLOYERS		DUTIES				
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE				
FROM	TO			DUTIES				
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER		Concrete	Masonry	Steel	Fireproofing	Others
				%	%	%	%	%

DATES		EMPLOYERS		DUTIES				
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE				
FROM	TO			DUTIES				
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER		Concrete	Masonry	Steel	Fireproofing	Others
				%	%	%	%	%

DATES		EMPLOYERS		DUTIES				
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER		YOUR TITLE				
FROM	TO			DUTIES				
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER		Concrete	Masonry	Steel	Fireproofing	Others
				%	%	%	%	%



City of Redlands

Building & Safety Division
35 Cajon St., Suite 20 Redlands, Ca 92373

SPECIAL INSPECTOR – PROGRESS REPORT

Permit Number: _____

Project Name/Address: _____

Inspections Type(s)/Coverage: _____

Continuous

Periodic

Time Inspection Began: _____

Time Inspection Ended: _____

Describe inspections and/or test made, including locations:

List items requiring correction, include previously listed uncorrected items:

List changes to approved plans authorized by Architect, Engineer and/or City of Redlands:

To the best of my knowledge, work inspected was in accordance with the Building & Safety Division's approved plans, specifications and applicable workmanship provision of the C.B.C. except as noted above.

Signed: _____

Date: _____

Print Name: _____ City I.D. Number: _____

This Report is to remain at the Job Site with the Contractor for review by the City's Building Inspector.



City of Redlands

Building & Safety Division
35 Cajon St., Suite 20 Redlands, Ca 92373

SPECIAL INSPECTOR – FINAL REPORT

Permit Number: _____

Project Name/Address: _____

To the Building Official:

I hereby certify that the following portions of the work at the above address which required continuous inspection, and which I was employed to inspect, were inspected by me and comply with the provisions of the Building Code applicable thereto. Based upon approved plans, specifications, and the applicable workmanship provisions of the California Building Code.

TYPE OF INSPECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> Slump/cylinders | <input type="checkbox"/> Rebar Placement | <input type="checkbox"/> Tendon Placement |
| <input type="checkbox"/> Welding/Structural Steel | <input type="checkbox"/> Concrete Placement | <input type="checkbox"/> Shot Crete |
| <input type="checkbox"/> High-Strength Bolts | <input type="checkbox"/> Precast/Post Tensioned Concrete | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Spray-Applied/Fire Proofing | | |
| <input type="checkbox"/> Nondestructive Testing (NDT) | <input type="checkbox"/> Other | |

Offsite Fabricator (if any): _____

Description and location of work completed:

I had sufficient time to inspect all materials used and placed. I was not employed by the contractor, subcontractor or material vendor.

Signed: _____ *Print Name:* _____

Date: _____ *City I.D. Number:* _____