

# INSPECTION REQUEST FORM

Project:

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OSHPD#: \_\_\_\_\_

Date/Time Requested: \_\_\_\_\_ Request Number: \_\_\_\_\_  
**(Minimum 48 Hours Notice)**

TIO: \_\_\_\_\_

Date/Time Submitted: \_\_\_\_\_  Re-Inspection

Contractor/Representative Name & Title: \_\_\_\_\_

Item to be inspected (One Per Request): \_\_\_\_\_

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Sheet & Detail Numbers: \_\_\_\_\_ Spec. Section: \_\_\_\_\_

Reviewed for compliance with the contract documents before making this request

\_\_\_\_\_  
(General Contractor Signature) (Sub-Contractor Signature)

**Attach a map of the area being inspected:**

Approved  Work Not Complete  Correction Required

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IOR Signature

Date