INSPECTION REQUEST FORM



ALLFIELDS TOBE COMPLETED. NO EXCEPTIONS.

CONTRACTOR:	
EMAIL:	PHONE:
SUBCONTRACTOR:	
DATE SUBMITTED:	_
II DDOIECT NAME.	II DDOIECT NO.
	U PROJECT NO:
U PROJECT MANAGER:	
SPECIFICATION SECTION(S):	PHONE:
DWG REF(S):	
DETAIL(S):	
PREFERRED DAY / TIME: M T W TH F TIME: LOCATION OF INSPECTION:	
LOCATION OF INSPECTION:	TYPE OFINSPECTION(S):
LOCATION DETAILS:	
Building No.:	Electrical Architectural / Building
Department:Floor No.:	Structural
Room No.:	Mechanical / Plumbing
Other (be specific):	Special Inspection
	Fire Marshal - Main Campus
	Fire Alarm Test or Pre-Test - Main Campus
	Fire Marshal - Hospital/Health Sciences
	Fire Alarm Test or Pre-Test - Hospital/Health Sciences
	Final Inspection - Site Visit
	Final Inspection - Completion Document Review
BRIEF DESCRIPTION OF WORK TO BE INSPECTED:	

All work requested for inspection has been reviewed for compliance with the Contract documents by contractor's Superintendent prior to notification of Inspection Request. Please review your form before submitting. If you are having trouble submitting, please manually attach and email to: UofUInspectionRequest@utah.edu.