

INSPECTION REQUEST FORM

Updated: 6/30/20

ALL FIELDS TO BE COMPLETED. NO EXCEPTIONS.



CONTRACTOR: _____

EMAIL: _____ PHONE: _____

SUBCONTRACTOR: _____

DATE SUBMITTED: _____

U PROJECT NAME: _____ U PROJECT NO: _____

U PROJECT MANAGER: _____

EMAIL: _____ PHONE: _____

SPECIFICATION SECTION(S): _____

DWG REF(S): _____

DETAIL(S): _____

PREFERRED DAY / TIME: M T W TH F TIME: morning / afternoon

LOCATION OF INSPECTION: _____

LOCATION DETAILS:

Building No.: _____

Department: _____

Floor No.: _____

Room No.: _____

Other (be specific): _____

TYPE OF INSPECTION(S):

Electrical

Architectural / Building

Structural

Mechanical / Plumbing

Special Inspection

Fire Marshal - Main Campus

Fire Marshal - Hospital/Health Sciences

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. For inspection results, please continue to the following page.

INSPECTOR RESULTS

APPROVED

APPROVED AS NOTED

NOT APPROVED

ADDITIONAL INSPECTION REQUIRED

INSPECTION DETAILS:

IF ACTION IS SPECIFIED ABOVE, PLEASE DO SO BY: _____

INSPECTION DATE: _____

START TIME: _____

END TIME: _____

INSPECTION CONDITIONS:

WEATHER: _____ TEMP: _____ WIND: _____

INSPECTOR SIGNATURE: _____

FORM END