

INSPECTION REQUEST FORM

Updated: 9/10/20

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:

TYPE OF INSPECTION(S):

Building No.: _____

Electrical

Department: _____

Architectural / Building

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

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: _____