City of Oceanside
Building Division

300 N. Coast Hwy
Oceanside, CA 92054
Phone: 760-435-3950
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SPECIAL INSPECTOR'S REPORT

Dates Covered In Report	Consecutive Report No. 1 of _____

Job Address	Permit No.	Plan File No.

Owner/Name	Architect/Engineer of Record
Project Name	General Contractor
Lab Receiving & Testing Material Samples	Subcontractor Doing Reported Work

I have been approved by the City of Oceanside to perform the following special inspection work:

☐ Reinforced Concrete (f_c = _____)	☐ Welding	☐ Piles / Caissons (f_c = _____)
☐ Prestressed Concrete (f_c = _____)	☐ High Strength Bolting	☐ Driven Piles
☐ Reinforced Masonry (f'_m = _____)	☐ Spray-applied Fireproofing	☐ Other _____

Material Description: Mix Design; Steel Grade; Weld Rod – Manufacturer, Grade, etc.; Rebar Grade; Bolt Grade & Manufacturer; etc.

Insp. Date	Arv Time	Dep Time	Detailed Report of Work Inspected — Location of Work Inspected; Test Samples Taken, including type and ident. Nos.; Handling and Disposition of Samples; Work Rejected; Materials Data Reviewed (Mill Certs, etc.); Names and Cert Numbers of Welders; Testing equipment used and calibration information, etc., etc.

Full Name of Special Inspector	Jurisdiction **Reg. No.**	Company	Phone No.

I DECLARE UNDER PENALTY OF PERJURY THAT I AM NAMED ON THE APPROVED SPECIAL INSPECTION PROGRAM, EMPLOYED BY THE OWNER OR DESIGN PROFESSIONAL OF RECORD, AND APPROVED BY THE CITY OF OCEANSIDE. THE WORK COVERED IN THIS REPORT IS IN CONFORMANCE TO THE APPROVED PLANS, SPECIFICATIONS AND APPLICABLE STANDARDS AND WORKMANSHIP PROVISIONS OF THE CODES, EXCEPT AS INDICATED OTHERWISE.	Signature	**Date**