



Department of Development Services
333 W. Ocean Boulevard, 4th Floor
Long Beach, CA 90802
Phone: (562) 570-6826 Fax: (562) 570-6271

Registered Deputy Daily Inspection Report and Certificate of Compliance

To: Building Official

Date: _____

1. Job Address _____ Project # _____
2. Piling Footing Reinforcing Steel Concrete Gunite Masonry
 Structural Steel/Welding Seismic Epoxy Other: _____
3. Owner _____ Contractor _____
Architect _____ Engineer _____
4. Job Description (Type of Building/Construction, etc.) _____
5. Approximate percentage of deputy work completed _____
6. Tests (type, number and dates made):

7. Do plans match work? Yes No
Are Engineering Changes needed? Yes No
If yes, explain: _____
8. Welding Inspection – Please record the following:
Fabricator: _____ Welding Machine _____
Rod or Wire: _____ Certified Welders: _____
9. High Strength Bolts (record specification and sized of bolts/washer used; method of tightening, i.e. Ft. Lbs. torque/turns applied, etc.):

10. Give brief description of work inspected this date:

I have represented the owner or his agent (other than the contractor). I have had sufficient time to inspect the reinforcing steel prior to placing concrete. I certify that the work listed above was inspected by me and complies with The California Building Code, local codes, and is in compliance with the approved project plans and specifications.

Name

Signature

LB Cert

WORK INSPECTED LAST WEEK

	Date	Hours	Work Inspected
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

REMARKS

OUTSTANDING VIOLATIONS