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# Special Structural Testing and Inspection Program Summary Schedule

PROJECT NAME \_\_\_\_\_ PROJECT NO. \_\_\_\_\_

LOCATION \_\_\_\_\_ PERMIT NO. (1) \_\_\_\_\_

**NOTE: This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.**

- If not otherwise specified, assumed program will be "Guidelines for Special Inspection & Testing" as contained in the State Building Code and as modified by the state adopted IBC
- A complete specification-ready program can be downloaded directly by visiting CASE/MN at [www.cecm.org](http://www.cecm.org)

Technical (2)		Description (3)	Inspector Type (4)	Specific Report Frequency (5)	Assigned Firm (6)
Section	Article				

- (1) Permit No. to be provided by the Building Official
- (2) Referenced to the specific technical scope section in the program
- (3) Use descriptions per IBC Chapter 17, as adopted by Minnesota State Building Code
- (4) Special Inspector–Technical (SI-T); Special Inspector–Structural (SI-S)
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Name of Firm contracted to perform services

### ACKNOWLEDGEMENTS

(Each applicable representative shall sign below)

Owner _____	Firm _____	Date _____
Contractor _____	Firm _____	Date _____
Architect _____	Firm _____	Date _____
SER _____	Firm _____	Date _____
SI-T _____	Firm _____	Date _____
SI-S _____	Firm _____	Date _____
Testing Agency _____	Firm _____	Date _____
Fabricator _____	Firm _____	Date _____

Legend: SER = Structural Engineer of Record SI-T = Special Inspector–Technical SI-S: Special Inspector–Structural

If requested by Engineer/Architect of Record or Building Official, the individual names of all prospective Special Inspectors and the work they intend to observe shall be identified as an attachment.

Accepted for the Building Department By \_\_\_\_\_ Date \_\_\_\_\_