



Quality
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SPECIAL DEPUTY INSPECTORS TIME SHEET & REPORT

Building Permit No: _____ Dept. of Bldg. & Safety, City of _____

Job ID & Address: _____

General Contractor: _____

Owner's Name & Number's _____

Sub-Contractor: _____

Engineer: _____

Type of Work: Reinforced Concrete Masonry Drilled in Anchors
 Shotcrete Wood / Shear Walls Pull Test Welding Observation

CONCRETE SUPPLIER	MIX DESIGN #	SPECIFIED PSI	SAMPLES TAKEN
WELDER	CERTIFICATION #	WELDER	CERTIFICATION #

VISUAL INSPECTION REPORT XX or CERTIFICATE OF COMPLIANCE DATE: _____

DAILY HOURS WORKED

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Straight Time							
Time & Half							
Double Time							

All inspections are based on a minimum of 4 hours. Over 4 hours is an 8 hour minimum. After 8 hours is by the hour. All lab work necessary to complete inspections will be paid by owner, engineer or contractor.

Invoices not paid within 30 days will be subject to 18% A.P.R. finance charge and other related collection fees. TERMS AND CONDITIONS IN BACK ALSO APPLY.
ATTORNEY'S FEES: If any action at law or equity is brought into enforce or interpret the terms of this contract, the prevailing party shall be entitle to reasonable attorney's fees, costs and necessary disbursement, in addition to any other relief to which party may be entitled.

VERIFY TIME ONLY

Print Inspector's Name: _____ License No. _____

Certified Deputy Building Inspector's Certificate Signed by _____

Time Frame Approved by: _____ Company: _____