University of Missouri Building Inspection Report

Date: _____ Campus: _____

Permit #: _____ Project #: _____

Project Name: _____

Inspector Name & Contact info: _____

Weather conditions (check all that apply) Outside temperature: _____

Clear		Overcast	
Rain		Storm	
Snow		Very Dry	
Icy		Other:	
Muddy			

Reason for inspection (check all that apply)

Initial inspection	
Reinspection	
Investigation of non-permitted work	

		Insulation	
Ground Works Plumbing		Fire Alarm/Fire Sprinklers	
Slab/Deck Preps		Above ceiling inspections	
Structure/Framing		Final Inspection (no TCO/FCO required)	
Rough Plumbing		Temporary Certificate of Occupancy (Substantial Completion)	
Rough Mechanical		Final Certificate of Occupancy	
Rough Electric		Other:	
Electrical Bonding		Other:	
Temp electric/Construction power Permanent electric service		Other:	

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Plan sheets related to inspection(list below)

_____

_____

Commentsor other observation notes

_____

_____

_____

Communications in the field: (check all that apply)

Posted inspection results to project file (required)	
Discussed notes w/GC Superintendent	
Discussed notes w/Trades foreman	
Discussed notes w/In House trades foreman	
Discussed notes w/Owners Representative	
Other: (list in commentsabove)	

Person's name: _____

Follow up action required?Yes/No (check all that apply)

Correct and call for a reinspection	
Requires Arch/Eng review	
Stop Work Order to follow	
Other: listin comments above)	

Comment field (for Contractor use only):

1. _____

2. _____

3. _____

4. _____

5. _____

CC: Project software file, GC Superintendent (Constr Services for in house projects), Owners rep, Consultant/EOR and AHJ (if stop work required)