

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Fabricators		
<input type="checkbox"/>	Inspection of Steel Construction		
<input type="checkbox"/>	Inspection of Concrete Construction		
<input type="checkbox"/>	Inspection of Masonry Construction		
<input type="checkbox"/>	Inspection of Wood Construction		
<input type="checkbox"/>	Inspection of Soil Conditions		
<input type="checkbox"/>	Inspection of Pile Foundations		

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<input type="checkbox"/>	Inspection of Pier Foundations		
<input type="checkbox"/>	Inspection of Wood Panels and Veneers		
<input type="checkbox"/>	Inspection of Sprayed Fire-Resistant Materials		
<input type="checkbox"/>	Inspection of Smoke Control		
<input type="checkbox"/>	Inspection of Exterior Insulation & Finish System (EIFS)		
<input type="checkbox"/>	Structural Observations		
<input type="checkbox"/>	Inspection of Mastic and Intumescent Fire-Resistant Coatings		