

## SPECIAL STRUCTURAL TESTING & INSPECTION PROGRAM SUMMARY SCHEDULE

**Project Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Permit Number (1):** \_\_\_\_\_

Technical (2)		Description (3)	Type of Inspector *see legend	Specific Report Frequency (4)	Assigned Firm (5)
Section	Article				

**\*Note: This section 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 from CASE/MN at [www.cecm.org](http://www.cecm.org)*

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|--|---|
| <ol style="list-style-type: none"> <li>1. Permit Number to be provided by the Building Official</li> <li>2. Referenced to the specific technical scope section of the program</li> </ol> | <ol style="list-style-type: none"> <li>3. Use description per IBC Chapter 17 as adopted by Minnesota State Building Code</li> <li>4. Weekly, monthly, per test/inspection, per floor, etc.</li> <li>5. Name of Firm contracted to perform services</li> </ol> |
|--|---|

**ACKNOWLEDGEMENTS:** each appropriate representative shall sign below

Owner: _____	Firm: _____	Date: _____
Contractor: _____	Firm: _____	Date: _____
Architect: _____	Firm: _____	Date: _____
SER: _____	Firm: _____	Date: _____
SI-S: _____	Firm: _____	Date: _____
TA: _____	Firm: _____	Date: _____
F: _____	Firm: _____	Date: _____

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.

**LEGEND**

SER = Structural Engineer of Record	F = Fabricator
SI-S = Special Inspector - Structural	TA = Testing Agency
SI-T = Special Inspector - Technical	

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