



Special Inspections and Testing Program Summary Schedule

PROJECT NAME	PROJECT NO.
LOCATION	PERMIT NO.

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

- (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 Chap 17, as adopted by MN State Bldg. Code.
(4) Special Inspector – Technical (SIT); Special Inspector – Structural (SIS)
(5) Weekly, monthly, per test/inspection, per floor, etc.
(6) Name of Firm contracted to perform services.

ACKNOWLEDGEMENTS (Each appropriate representative shall sign below)

Owner: _____ Firm: _____ Date: _____
Contractor: _____ Firm: _____ Date: _____
Architect: _____ Firm: _____ Date: _____
SER: _____ Firm: _____ Date: _____
SI-T _____ Firm: _____ Date: _____
SI-S: _____ Firm: _____ Date: _____
TA: _____ Firm: _____ Date: _____
E: _____ 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 SI-T = Special Inspector - Technical TA = Testing Agency SI-S = Special Inspector - Structural F = Fabricator

Accepted for the Building Department By _____ Date _____ This material
can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.
BSC 10 (7/19)