

5-PI

PROJECT INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by the Design Professional in General Responsible Charge and Inspector. Form must be signed and dated by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer (when applicable). Completed, signed form must be submitted to the Division of the State Architect (DSA) by the Design Professional in General Responsible Charge to ensure DSA approval of the Project Inspector prior to the commencement of construction work (for Original Request) or before continuation of construction work (for Replacement Inspector).

1. PROJECT INFORMATION	(To be co	ompleted by Design Profess	ional)				
School District/Owner:				DSA File #: -			
Project/School Name:				DSA App. #: -			
Project Class:	Project Class: Estimated Construction Start Date of the v			work requiring inspection:			
Will Assistant Inspector(s) be r	equired on	this project? Yes No	0				
Type of DSA approval request	ed:			DSA 5-PI Submittal Date:			
Project Inspector	(0010)		☐ Initial Request				
☐ Relocatable Building In-Plant (RBIP)☐ Request for Approval of Replacement Project Inspector			Revised Request				
☐ Request for Approvar of Re	piacement	1 Toject Inspector					
2. INSPECTOR INFORMA	TION (To k	pe completed by Project Ins	pector)				
Name:				Date of Birth:			
Address:		City:			State:	ZIP:	
Phone #:		Email Address:		,			
DSA Certification Class:		DSA Certification #:	Expiration Date:				
Is this your first DSA project? [_YesN	lo If "yes," Project Inspector	Overview class attendance date:				
3. EXPERIENCE RECORD	(To be co	ompleted by Project Inspect	or)				
List at least three previous pro	ects that be	est qualify you to perform insp	ection se	ervices	for the projec	t described above.	
Identify projects by name and	where ava	ilable) identification/project nu	ımber(s).				
A. Project Name:							
DSA Application #: (If applicable.)			Job Duties (Role):				
Construction Cost: \$			☐ Project Inspector ☐ Assistant Inspector				
Type: New Construction Alteration Relocatable Bldgs.			Field Superintendent				
New Construction Sq. Ft.:			Other:				
Structural systems of new construction or structural alterations:			Dates Employed				
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame			From: To:				
Employer:			Contact Name: Contact Phone #:				
Contact Email Address:			Contac	l Phon	е #.		
B. Project Name:	1		Lab Dod	: (D	-1-1-		
DSA Application #: (If applicable.) Construction Cost: \$			Job Duties (Role): Project Inspector Assistant Inspector				
					ector intendent	Assistant Inspector	
Type: New Construction New Construction Sq. Ft	Alterat	tion Relocatable Bldgs.	Othe	•	intendent		
Structural systems of new construction or structural alterations:			Dates Employed				
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame			From: To:				
Employer:			Contac	t Name			
Contact Email Address:			Contact Phone #:				

PROJECT INS	PECTOR QUALIFICATIO	Ν ΔΝΟ ΔΡ	PROVA	<u> </u>					
		DSA File #:	-	_		DSA App.	#: .		
C. Project Name): :								
DSA Application	#: (If applicable.)			Job Du	ties (Role	e):			
Construction Cos	st: \$			☐ Proj	ect Inspec	tor 🗌	Assistant In	spector	
	Type: New Construction Alteration Relocatable Bldgs. New Construction Sq. Ft.:			☐ Field Superintendent ☐ Other:					
Structural system	ns of new construction or structural alterations:			Dates Employed					
☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame				From: To:					
Employer:				Contac	t Name:				
Contact Email Ad	Contact Email Address:				Contact Phone #:				
Specify your time	PR'S TIME COMMITMENT/WO e commitment to this project: hours per week)	Part Time	Antici	pated av	erage ho	urs per wee	ek:		
(Attach additional	sheets if necessary.)							T	
DSA Application #	Project/School Nan	e Project Locati		ct Locatio	on (City) Project Class		Avg. Hrs. per Wk.	% Complete	
Will you be worki	I ing concurrently on non-school	nroiects or ot	her emplo	vment?	☐ Yes [∃ No			
-	roject below. (Attach additional s		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Project Name		Project Location (City) Type of Con-		struction Job Dutie		uties/Role	Avg. Hrs. per Wk.	% Complete	
5. PROJECT I	NSPECTOR'S AFFIDAVIT								
I hereby certify un and understand th DSA approval for the If appointed, I will Code Sections 17 Sections 16000-16 If there are any ch Inspector for the p	der penalty of perjury that all in nat any misstatement of materi this project. accept the responsibilities of 7280-17316 (for public schools 6023 (for essential services buil nanges to the information repor- project identified in Section 1 of nal in General Responsible Char	Project Inspects) or 81130-87 ildings). ted herein, what this form, I wi	ed in this ctor and v 1147 (for ich occur Il complet	will perfo commur during the	II be suffirm the dunity collections durations the durations and the second sec	cient cause uties as pre ges), or Hea on of my du DSA 5-PI ar	e for withdrand escribed by alth and Sa ties as a Pa and provide	awal of my Education afety Code roject it to the	
Signature:		Print N	lame:				Date:		

PROJECT INSPEC	TOR QUALIFICA	ATION AND A	PPROVAL		
		DSA File #	! : -	DSA App. #: -	
6. SCHOOL DISTR	ICT/OWNER'S AFF	FIDAVIT			
architect or structural e I further certify that: (CI	ngineer in general re heck one that applie e employed/contract e employed/contract	esponsible charge s.) ed directly by the ed by the followin	e, and approval by DSA. School District/Owner.* g entity,	* on condition of acceptance by the	
the project inspector responsible charge. Th	will act under the e inspector shall be placement of the app	general direction directly responsib proved project ins	of the project architecule to the School District/Copector must be done only	ion of this project. I understand that t or structural engineer in general wner.* upon approval of the replacement	
Signature:		Pri	nt Name:	Date:	
Title:					
*For manufacturer's stockpile a DSA certified laboratory.	projects of relocatable b	uildings, the school di	strict/owner shall be replaced by	the engineering manager of	
7. AFFIDAVIT OF D	ESIGN PROFESSI	ONAL IN GENER	AL RESPONSIBLE CHA	RGE	
will provide general dir f I become aware of an	rview: (Date of inter- rection of the work only changes to the inf to DSA for any repla	view.) If the project insper ormation reported	OR Prior Prector.	ofessional Relationship. ised form DSA 5-PI to the DSA. I I of the replacement inspector prior	
Signature:		Prir	t Name:	Date:	
	STRUCTURAL ENG		uctural Engineer on line	25a of form DSA 1.)	
nspection on this projection on this projection on this provide general direction of the first state of an inspection of the come aware of the	ct. My assessment is rview: (Date of inten- rection of the work on any changes to the inf I to DSA for any repl	s based on: (Checoview.) If the project inspection or mation reported	ck one.) OR	and satisfactory to perform project ofessional Relationship ised form DSA 5-PI to the DSA. I will all of the replacement inspector prior	
Signature:		Print	Name:	Date:	
	ature of the Field Engineer:				
Submit this form electr	onically to the DSA F	Regional Office wit	h construction oversight a	uthority for the project:	
DSA OAKLAND Oakfielddocs@dgs.ca.ge	☐ DSA SAC		DSA LOS ANGELES LAfielddocs@dgs.ca.gov	☐ DSA SAN DIEGO	