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|  |  |  | **NORTHERN ARIZONA UNIVERSITY** |  |
|  |  |  | **CAPITAL ASSETS & SERVICES** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | **INSPECTION REPORT CARD – FORM FS # 15A** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Project #:** |  | **Project Name:** |  |  |  |  |  |  |
|  | **Building #:** |  | **NAU Project Manager:** |  |
|  | **Date called:** |  | **Time called:** |  | **Trade:**  |  | **Inspection Code:** |   |  |
|  | **Date needed:** |  | **Requested by (company/ contact name& phone number):** | **Inspection Type:**(pressure/ visual/ other) |   |
|  | **Date inspected:** |  | **Time inspected:** |   | **Inspector name:** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Area inspected:** | **Floor #:** |  |  |  |  | **RE-INSPECTION?**  |  |  |
|  |  | **Gridlines (one direction):** |  |  |  |  YES / NO (circle) |  |  |
|  |  | **Gridlines (other direction):** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Item #/** **Equipment** | **Location/****Room #** | **Comments** | **Sign Off** |  |  |
|  |  |  |    |   |  |  |
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|  |  |  |  |  |  |  |
|  |   |   |    |   |  |  |
|  |   |   |    |   |  |  |
|  | **Pressure Test:** | Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finish Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  **Inspection Results:** | \_\_ Approved |  | \_\_ Approved with Actions  | \_\_ Rejected |  |  |
| **Inspector Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Formal Report to follow:** YES NO (circle) **Additional Page attached:** YES NO (circle) |  |  |
| ON SITE NOTIFICATION TO:  |  |  |

**Distribution:** Contractor: (pink)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NAU Project Manager: (yellow)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NAU Inspector/Lead Building Inspector: (original)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
STARRS : (scan of original)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_