City of Kingman - Developmental Services
Building Division
Special Inspector
Daily Report

Date: _____

Project name/address:_____
_____

Inspection type(s) coverage: _____

[ ] Continuous [ ] Periodic

Inspection time: Beginning: _____ Ending:_____
Describe inspections, including locations: _____
_____
_____
_____
_____
List tests made:_____
_____
_____
_____
List items requiring correction, corrections of previous listed items and previously listed uncorrected items: _____
_____
_____
_____
_____
List changes to approved plans authorized by architect or engineer: _____
_____
_____
_____
Comments: _____
_____
_____
To the best of my knowledge, work inspected was in accordance with the approved geotechnical investigation report and the approved construction documents, except as noted above:

Signed: _____ Date:_____

Print full name:_____ ID Number:_____
(This report is to remain at the job site with the contractor for review by the building department's inspector upon request.)