



Benton County Community Development  
 Building Division  
 360 SW Avery Ave  
 Corvallis OR 97330  
 Phone: 541-766-6819  
[www.co.benton.or.us](http://www.co.benton.or.us)

_____	_____
Building Permit #	Date
_____	
Project Title	
_____	
Project Address	

**SPECIAL INSPECTION AND TESTING**

To applicants of projects requiring Special Inspection or Testing as per Section 1704 of the Oregon Structural Specialty Code, please review the information below, acknowledge an understanding of the information by signing below, and return this form to the City.

**BEFORE A PERMIT CAN BE ISSUED:** The Owner or his representative, on the advice of the responsible Project Engineer or Architect, shall complete, sign, and submit to this Department for review and approval two (2) copies of the attached "Structural Tests and Inspection Schedule."

The Owner and General Contractor, where applicable, shall also acknowledge the following conditions applicable to Special Inspection and/or Testing.

1. Contractor is responsible for proper notification to the Inspecting or Testing Agency for items listed.
2. Testing laboratory only should take samples and transport them to their laboratory.
3. Copies of all laboratory reports and inspections are to be sent directly to the City by the Testing Agency. All reports and correspondence shall contain permit, project title and project address.
4. Inspection Agency to submit names and qualifications of on-site Special Inspectors to the City for approval.
5. Special Inspectors shall provide appropriate reports to this department of all inspection activity.
6. It is the responsibility of the Contractor to review City approved plans for additional inspection or testing requirements that may be noted.
7. **BEFORE A CERTIFICATE OF OCCUPANCY PERMIT CAN BE ISSUED:** The Inspection Agency shall submit a statement that all items requiring testing and inspection have been fulfilled and reported. Those items not tested and/or inspected shall be noted in this statement. Copy of statement to be maintained at the job site for City's Building Inspector's review prior to final inspections.

**ACKNOWLEDGMENTS**

_____	_____
Owner Name (Printed)	Owner Signature
_____	_____
General Contractor Firm Name (Printed)	General Contractor Signature
_____	_____
Project Engineer or Architect Firm Name (Printed)	Project Engineer or Architect Signature
_____	_____
Special Inspection Agency Firm Name (Printed)	Special Inspection Agency Rep. Signature
_____	_____
Testing Laboratory Name (Printed)	Testing Laboratory Name Signature
_____	_____
Building Official Name (Printed)	Building Official Signature

# SPECIAL INSPECTION AND TESTING SCHEDULE

PROJECT NAME \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

TESTING LABORATORY \_\_\_\_\_

INSPECTION AGENCY OR SPECIAL INSPECTOR \_\_\_\_\_

## REINFORCED CONCRETE, GUNITE, GROUT, & MORTAR:

CONCRETE	GUNITE	GROUT	MORTAR	
				AGGREGATE TESTS FOR MIX DESIGN
				REINFORCING TEST
				MIX DESIGN-WEIGHMASTER CERT.*
				REINFORCING PLACEMENT
				CONTINUOUS BATCH PLANT INSP
				INSPECT PLACING
				CAST SAMPLES
				SAMPLES (PICKUP/DELIVERED)
				COMPRESSION TESTS*

## PRE-CAST/PRE-STRESSED CONCRETE:

PILES	POST-TENS	PRE-TENS	CLADDING	
				AGGREGATE TESTS
				REINFORCING TESTS
				TENDON TEST
				MIX DESIGNS*
				REINFORCING PLACEMENT
				INSERT PLACEMENT
				CONCRETE PATCHING
				CONCRETE PLACEMENT
				INSTALLATION INSPECTION
				CAST SAMPLES
				PICK-UP SAMPLES
				PICK-UP SAMPLES

## MASONRY:

- \_\_\_ Special inspection stresses used \* \_\_\_ f'm \_\_\_ f'g
- \_\_\_ Preliminary acceptance tests (masonry units, wall prisms)
- \_\_\_ Subsequent tests (mortar, grout, field wall prisms)
- \_\_\_ Placement inspection of units
- \_\_\_ Masonry, mortar, grout, and reinforcing steel certificates

## PERIODIC INSPECTION (See attached for scope of work):

- \_\_\_ Masonry
- \_\_\_ High strength bolting
- \_\_\_ Structural welding
- \_\_\_ Other \_\_\_\_\_

## ADDITIONAL INSTRUCTIONS, OTHER TEST, & INSPECTIONS:

\_\_\_\_\_

\_\_\_\_\_

(IS THIS LIST CONTINUED ON AN ATTACHED SHEET? Y / N)

## \*PROVIDE STRENGTH REQUIRED BY ARCHITECT OR ENGINEER OR CONTRACT DOCUMENT LOCATION OF VALUES

All inspections are continuous, unless specifically marked in the periodic inspection section and scope of work attached

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

## STRUCTURAL STEEL/WELDING:

- \_\_\_ Sample and test (list specific members below)\*
- \_\_\_ Shop material identification (mill cert.)
- \_\_\_ Welding inspection shop field
- \_\_\_ Ultrasonic inspection shop field
- \_\_\_ High-strength bolting shop field
- A325  N  X  F  SC
- A490  N  X  F  SC
- \_\_\_ Metal deck welding inspection
- \_\_\_ Reinforcing steel welding inspection
- \_\_\_ Reinforcing steel mill certificate
- \_\_\_ Metal stud welding inspection
- \_\_\_ Concrete insert welding inspection
- \_\_\_ Moment resisting steel frames

## FIREPROOFING:

- \_\_\_ Placement inspection
- \_\_\_ Density tests
- \_\_\_ Thickness tests
- \_\_\_ Inspect batching

## INSULATING CONCRETE:

- \_\_\_ Sample and test
- \_\_\_ Placement inspection
- \_\_\_ Unit weights

## SMOKE CONTROL:

- \_\_\_ Leakage testing
- \_\_\_ Control verification

## FILL MATERIAL:

- \_\_\_ Acceptance tests \* \_\_\_ PSF
- \_\_\_ Placement inspection/continuous
- \_\_\_ Field density

## STRUCTURAL WOOD:

- \_\_\_ Shear wall nailing inspection
- \_\_\_ Shear wall anchors
- \_\_\_ Inspection of Glu-lam fab. \* \_\_\_ T/C psi
- \_\_\_ Inspection of truss joist fab.
- \_\_\_ Sample and test components
- \_\_\_ Fabrication welding of steel accessories

## COPIES OF REPORTS TO:

- \_\_\_ ARCHITECT \_\_\_ INSPECTOR
- \_\_\_ ENGINEER \_\_\_ BUILDING OFFICIAL
- \_\_\_ CONTRACTOR \_\_\_ OWNER