Special Structural Testing and Inspection Program Summary Schedule

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<tr>
<th>Technical (2)</th>
<th>Description (3)</th>
<th>Type of Inspector (4)</th>
<th>Specific Report Frequency (5)</th>
<th>Assigned Firm (6)</th>
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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 Chapter 17, as adopted by Minnesota State Building 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-S: _____________________________ Firm: ___________________________ Date: ______________
TA: _______________________________ Firm: ___________________________ Date: ______________
F: ________________________________ 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
SI-S = Special Inspector - Structural
TA = Testing Agency
F = Fabricator

Accepted for the Building Department By __________________________________________ Date ______________