



CITY OF WEST ST. PAUL

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Special Structural Testing and Inspection Program Summary Schedule

Project Name _____ Project No. _____

Location _____ Permit No. _____ (1)

Technical (2)		Description (3)	Type of Inspector (4)	Specific Report Frequency (5)	Assigned Firm (6)
Section	Article				

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 TA = Testing Agency
 SI-S = Special Inspector - Structural F = Fabricator

Accepted for the Building Department By _____ Date _____