DSA

5-SI

SPECIAL INSPECTOR QUALIFICATION AND APPROVAL

This form must be completed by a Special Inspector who contracts individually and directly with the School Board. It shall be signed and dated by the Special Inspector, School District/Owner, Design Professional in General Responsible Charge, and Structural Engineer (when applicable) prior to submission to DSA. Completed, signed form shall be submitted in advance to the DSA by the Design Professional in General Responsible Charge to ensure DSA approval of special inspector prior to start of work requiring special inspection, per CCR, Part 1, Section 4-335(c) 1B.

Special Inspectors employed by the Laboratory of Record (LOR) do not file this form.

1. PROJECT INFORMATION (To be completed by Design Professional.)			
School District/Owner:		DSA File #: -	
Project/School Name:		DSA App. #: -	
Project Class:	Estimated Start Date of construction work requiring special inspection:		
Special Inspection Discipline: ☐ Masonry ☐ Shotcrete ☐ Other:		Fabrication: ☐ On-site ☐ Off-site	
Type of Inspection: ☐ Periodic ☐ Continuous		DSA 5-SI Submittal Date:	

2. SPECIAL INSPECTOR INFORMATION			
Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Phone #s:	Email Address:		
Special Inspection Certification (issuing authority, cert. number):		Expiration Date:	

3. SPECIAL INSPECTOR EXPERIENCE RECORD *(To be completed by the Special Inspector.)*

List at least three previous projects that best qualify you to perform special inspection services for the project described above. For previous projects under DSA jurisdiction, provide the DSA application number.

A. Project Name:	DSA App. #: *(If applicable.)*
Location:	Inspection type: ☐ Periodic ☐ Continuous
Discipline: ☐ Masonry ☐ Shotcrete ☐ Other:	
Employer:	Dates worked on this project From: To:
Contact Name:	Contact Phone #:
Contact Email Address:	

B. Project Name:	DSA App. #: *(If applicable.)*
Location:	Inspection type: ☐ Periodic ☐ Continuous
Discipline: ☐ Masonry ☐ Shotcrete ☐ Other:	
Employer:	Dates worked on this project From: To:
Contact Name:	Contact Phone #:
Contact Email Address:	

C. Project Name:	DSA App. #: *(If applicable.)*
Location:	Inspection type: ☐ Periodic ☐ Continuous
Discipline: ☐ Masonry ☐ Shotcrete ☐ Other:	
Employer:	Dates worked on this project From: To:
Contact Name:	Contact Phone #:
Contact Email Address:	

SPECIAL INSPECTOR QUALIFICATION AND APPROVAL

DSA File #:	-	-

4. SPECIAL INSPECTOR'S AFFIDAVIT

I hereby certify under penalty of perjury that all information on this form is true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for withdrawal of my DSA approval for this project.

If appointed, I will accept the responsibilities of special inspector and will perform the duties as prescribed by Education Code Sections 17280-17316 (for public schools) or 81130-81147 (for community colleges), or Health and Safety Code Sections 16000-16023 (for essential services buildings).

Signature: _____ Print Name: _____ Date: _____

Title: _____

5. SCHOOL DISTRICT/OWNER'S AFFIDAVIT

The special inspector named on this form is being employed individually and directly by the School District/Owner, conditioned upon acceptance by the architect or structural engineer in general responsible charge, and approval by the Division of the State Architect (DSA). This individual is to provide competent, adequate special inspection (as described in Sections 3 and 4 above) during construction of this project. I understand that the special inspector will act under the direction of the project architect or structural engineer in general responsible charge. The special inspector shall be directly responsible to the School District/Owner.

Signature: _____ Print Name: _____ Date: _____

Title: _____

6. AFFIDAVIT OF DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE

I find the Special Inspector named on this form to be suitably qualified and satisfactory to perform special inspection on this project. Per CCR Part 1, Section 4-335(f) 1B, I have personally verified this individual possesses the training, education, experience, and certification necessary to perform the special inspection indicated above. I will monitor the Special Inspector's activities to assure his/her work is performed in accordance with the requirements of the DSA approved construction documents, and applicable codes and standards. I will verify that the Special Inspector properly documents his/her activities and that reports are distributed as required.

My assessment is based on: ☐ Interview: (Date of interview.) _____ OR ☐ Prior Professional Relationship.

Signature: _____ Print Name: _____ Date: _____

7. AFFIDAVIT OF STRUCTURAL ENGINEER

(Complete when structural work is delegated to Structural Engineer on line 24a of form DSA 1.)

I find the Special Inspector named on this form to be suitably qualified and satisfactory to perform inspection on this project. Per CCR Part 1, Section 4-335(f) 1B, I have personally verified this individual possesses the training, education, experience, and certification necessary to perform the special inspection indicated above. I will monitor the Special Inspector's activities to assure his/her work is performed in accordance with the requirements of the DSA approved construction documents, and applicable codes and standards. I will also verify that the Special Inspector properly documents all his/her activities and that reports are distributed as required by code.

My assessment is based on: ☐ Interview: (Date of interview.) _____ OR ☐ Prior Professional Relationship.

Signature: _____ Print Name: _____ Date: _____

APPROVAL BY DIVISION OF THE STATE ARCHITECT	Signature of DSA Field Engineer:	
	Print Name:	Date:

Submit this form electronically to the DSA Regional Office with construction oversight authority for the project:			
☐ DSA OAKLAND Oakfielddocs@dgs.ca.gov	☐ DSA SACRAMENTO Sacfielddocs@dgs.ca.gov	☐ DSA LOS ANGELES LAfielddocs@dgs.ca.gov	☐ DSA SAN DIEGO SDfielddocs@dgs.ca.gov