## **University of Missouri Building Inspection Report**

Date:	_ Campus:	<del></del>			
Project #:					
Project Name:					
Inspector Name/Conta	act info:				
Weather conditions: (ch	eck all that apply)	Outside temperature:			
Clear	Overcast				
Rain	Storm				
Snow	Very Dry				
Icy	Other:				
Muddy					
Reason for inspection: (	check all that apply)				
Reinspection					
Investigation of non-pe	ermitted work				
Reinspection to clear St					
Other: (list in comment	ts below)				
Type of inspection: (che Utilities (S, SS, CW, Dor Water, Duct Bank, etc.)	nestic	Gas service			
Footings		Insulation			
Ground Works Plumbing		Fire Alarm/Fire Sprinklers			
Slab/Deck Preps		Above ceiling inspections			
Structure/Framing		Final Inspection (no TCO/FCO required)			
Rough Plumbing		Temporary Certificate of Occupancy (Substantial Completion)			
Rough Mechanical		Final Certificate of Occupancy			
Rough Electric		Other:			
Electrical Bonding Temp electric/Construction		Other:			
power	CLIOII	Other.			
Permanent electric serv	vice	Other:			
	1.00				
Area/Space/Room num	bers inspected:				
Are there any code viola	ations noted?: Yes	No			
Noted violations:					
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Plan sheets related to inspection: (list below)	
Comments or other observation notes:	
Communications in the field: (check all that apply)	
Posted inspection results to project file (required)	
Discussed notes w/GC Superintendent	
Discussed notes w/Trades foreman	
Discussed notes w/In House trades foreman	
Discussed notes w/Owners Representative	
Other: (list in comments above)	
Person's name:	<del></del>
Follow up action required? (check all that apply)	
Correct and call for a reinspection	
Requires Arch/Eng review	
Stop Work Order to follow	
Other: list in comments above)	
Comment field (for Contractor use only):	
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