

INSPECTION REQUEST/REPORT FORM

- Inspection requests must be received prior to 7:00 AM the day of the inspection.
- For inspections **outside** the general vicinity of the UF campus - schedule minimum two working days in advance.
- Inspectors will attempt to arrive as requested.
- Complete form, save to your PC and email to: codes@ehs.ufl.edu

Today's date: _____

Contractor: _____ BUILDING PERMIT No: B

Inspection Location: _____ Requestor's Name: _____

Phone: _____

Requested Inspection Date: _____ Requested Inspection Time: _____ AM PM

Inspection Type Requested (check box below):

Building/Structural	Electrical	Plumbing	Fire Safety	Mechanical
Footing	Underground	Underground	Underground	Duct Rough-in
Slab	Floor Rough-in	Rough-in	Above Ground Sprinkler	Steam Piping & Test
Masonry	Wall Rough-in	Stack Piping & Test	Hydro-test	HW Piping & Test
Wall/Ceiling Framing	Ceiling Rough-in	Water Piping & Test	Fire Alarm Rough-In	CHW Piping & Test
Framing	Panel/Feeder	Gas Piping & Test	Smoke Evacuation Test	Cond. Piping & Test
Structural	Service/Ground	Storm Piping & Test	Fire/Smoke Damper	Insulation
Sheetrock	Appliance/Equipment	Fixtures	Final Fire Alarm	Wall & Ceiling
Roofing	Lightning Protection	Equipment/Fire Sprinkle	Final Fire Sprinkler	Equipment
ADA	ADA Control Rough	ADA Fixture Rough-in	Final Egress/Emerg Lhts	
Erosion Control	Re-inspection	Re-inspection	Re-inspection	Re-inspection
Final Building	Final Electrical	Final Plumbing	Final Fire Safety	Final Mechanical

Specific Inspection Area: _____

Other Inspection Type: _____

Submit

For EH&S Use Only :

Inspection Results: PASSED CONDITIONAL PARTIAL FAILED NOT READY CANCELLED

Conditions/Comments: _____

- _____
- _____
- _____
- _____
- _____

Conditional: Means inspection is approved with conditions noted. **Partial:** Means only part of your inspection passed and you must reschedule for balance.

Inspector Signature _____ Date: _____