



City of Long Beach  
**Department of Development Services**  
 333 West Ocean Blvd., 4<sup>th</sup> Floor  
 Long Beach, CA 90802  
 Phone: (562) 570-5237 Fax: (562) 570-6753  
 Website: www.lbds.info

## REGISTERED DEPUTY DAILY INSPECTION REPORT AND CERTIFICATE OF COMPLIANCE

To: Building Official \_\_\_\_\_ Date: \_\_\_\_\_

1. Job Address \_\_\_\_\_ Project # \_\_\_\_\_

2.  Piling  Footing  Reinforcing Steel  Concrete  Gunite  Masonry  
 Structural Steel/Welding  Seismic  Epoxy  Other: \_\_\_\_\_

3. Owner \_\_\_\_\_ Contractor \_\_\_\_\_  
 Architect \_\_\_\_\_ Engineer \_\_\_\_\_

4. Job Description: (Type of Building/Construction, etc.) \_\_\_\_\_

5. Approximate percentage of deputy work completed: \_\_\_\_\_

6. Test (type, number and dates made):  
 \_\_\_\_\_

7. Do plans match work?  Yes  No  
 Are Engineering Changes needed?  Yes  No

If yes, explain: \_\_\_\_\_

8. Welding Inspection – Please record the following:

Fabricator: \_\_\_\_\_ Welding Machine: \_\_\_\_\_

Rod or Wire: \_\_\_\_\_ Certified Welders: \_\_\_\_\_

9. High Strength Bolts (record specification and sized of bolts/washer used; method of tightening, i.e. Ft. Lbs. Torque/turns applied, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

10. Give brief description of work inspected this date:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I have represented the owner or his agent (other than the contractor). I have had sufficient time to inspect the reinforcing steel prior to placing concrete. I certify that the work listed above was inspected by me and complies with The California Building Code, local codes, and is in compliance with the approved project plans and specifications.*

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 LB Cert

# WORK INSPECTED LAST WEEK

	Date	Hours	Work Inspected
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

REMARKS

\_\_\_\_\_

OUTSTANDING VIOLATIONS

\_\_\_\_\_

\_\_\_\_\_