

# American Pacific Inspection

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## INSPECTION REQUEST FORM

Project: \_\_\_\_\_

OSHPD#: \_\_\_\_\_

Date/Time Requested: \_\_\_\_\_ Request Number: \_\_\_\_\_  
**(Minimum 48 Hours Notice)**

TIO: \_\_\_\_\_

Date/Time Submitted: \_\_\_\_\_  Re-Inspection

Contractor/Representative Name & Title: \_\_\_\_\_

Item to be inspected (One Per Request): \_\_\_\_\_

Sheet & Detail Numbers: \_\_\_\_\_ Spec. Section: \_\_\_\_\_

Reviewed for compliance with the contract documents before making this request

\_\_\_\_\_  
(General Contractor Signature)

\_\_\_\_\_  
(Sub-Contractor Signature)

### Attach a map of the area being inspected:

Approved       Work Not Complete       Correction Required

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

\_\_\_\_\_  
IOR Signature

\_\_\_\_\_  
Date