Figure IV-F: Summary of Inspections Log Form

Summary of Inspections Log

Evaluator Name:_____ **Evaluator ID #:**_____

Jurisdiction:_____ **WAsafe Region:**_____

Date this report submitted to Authority Having Jurisdiction: _____

Report Number	Address	Inspection Date (m/d/y)	Type of Report	Receiving Official	Occupancy Type	Structure Status

PRIMARY OCCUPANCY TYPE			
D/SFR	Dwelling/Single Family Residence	OFF	Office
OR	Other Residential	IND	Industrial
PA	Public Assembly	GOV	Government
ES	Emergency Services	HI	Historic
C	Commercial	SCH	School
		OTH	Other (specify)

STRUCTURE STATUS	
R	Unsafe (red)
Y	Restricted Use (yellow)
G	Inspected (green)

DRAFT