

## SPECIAL INSPECTOR DAILY PERFORMANCE REPORT

DATE	TIME	DR NO.
DATE		DR NO.
SPECIAL INSPECTOR		CITY OF IRVINE SPECIAL INSPECTOR NO./TYPE
SPECIAL INSPECTOR		CITY OF IRVINE SPECIAL INSPECTOR NO./TYPE
PROJECT ADDRESS		PERMIT NUMBER
TROJECT ADDRESS		
REFERENCE; APPROVED PLAN SHEET, DETAIL AND/OR SPECIFICATION		
ORIGINAL SPECIAL INSPECTION	RE-INSPECT, SEE DR NO.	
DESCRIPTION OF INSPECTION PROCESS, TESTING, AND BUILDING COMPONENTS INSPECTED		
NO EXCEPTIONS TAKEN. I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE DESCRIBED WORK IS IN		
CONFORMANCE TO THE APPROVED PLANS, SPECIFICATIONS AND THE APPLICABLE WORKMANSHIP PROVISIONS OF THE		
CODE.		
SIGNATURE		