INSPECTION REQUEST FORM

PROJECT DESIGN & CONSTRUCTION
THE UNIVERSITY OF UTAH

ALL FIELDS TO BE COMPLETED. NO EXCEPTIONS.

CONTRACTOR: _____

EMAIL: _____ PHONE: _____

SUBCONTRACTOR: _____

DATE SUBMITTED: _____

U PROJECT NAME: _____ U PROJECT NO: _____

U PROJECT MANAGER: _____

EMAIL: _____ PHONE: _____

SPECIFICATION SECTION(S): _____

DWG REF(S): _____

DETAIL(S): _____

PREFERRED DAY / TIME: ☐ M ☐ T ☐ W ☐ TH ☐ F TIME: ☐ Morning or ☐ Afternoon

LOCATION OF INSPECTION: _____

LOCATION DETAILS:

Building No.: _____

Department: _____

Floor No.: _____

Room No.: _____

Other (be specific): _____

TYPE OF INSPECTION(S):

- ☐ Electrical
- ☐ Architectural / Building
- ☐ Structural
- ☐ Mechanical / Plumbing
- ☐ Special Inspection
- ☐ Fire Marshal - Main Campus
- ☐ Fire Alarm Test or Pre-Test - Main Campus
- ☐ Fire Marshal - Hospital/Health Sciences
- ☐ Fire Alarm Test or Pre-Test - Hospital/Health Sciences
- ☐ Final Inspection - Site Visit
- ☐ Final Inspection - Completion Document Review

BRIEF DESCRIPTION OF WORK TO BE INSPECTED:

All work requested for inspection has been reviewed for compliance with the Contract documents by contractor's Superintendent prior to notification of Inspection Request. Please review your form before submitting. If you are having trouble submitting, please manually attach and email to: UofUInspectionRequest@utah.edu and UT@shumscoda.com

Form Updated 08/02/2024