



Employee-Owned

CONTRACTOR INSPECTION REQUEST FOR CSG:

Complete the form below and e-mail to: **Chai Lor** [Chai Lor Chail@csgengr.com](mailto:Chai.Lor.Chail@csgengr.com) and copy **Michael McGill** MMcGill@presidiotrust.gov and **Catherine Su** CSu@presidiotrust.gov

A	Facility Name: The Presidio Trust	Inspection Request #:	
	Title of Project:	Presidio Permit #:	Date:

B	Date Ready for Inspection:	Continuous Inspection (start/end):
----------	----------------------------	------------------------------------

C	Contractor(s) Sub-Contractor(s) Name:
	Person Making Request:
	Work Verified By (GC Rep.):

D	Inspection is for:	Structural	Architectural	Mechanical	Electrical	Plumbing	Fire Alarm	Fire Suppression	Other
----------	--------------------	------------	---------------	------------	------------	----------	------------	------------------	-------

E	Specification Section Number(s):	Drawing Sheet Number(s):
	Describe Location: (Detail Number, Column Reference, etc.)	

F	Describe Inspection Required:
----------	-------------------------------

MINIMUM ADVANCE TIME REQUIRED WHEN REQUESTING AND INSPECTION IS 48 HOURS.
Note: Subcontractor must inspect work prior to scheduled time. Notify GC immediately if work is not ready for inspection.

G	Inspector Comments:
----------	---------------------

H	Action Required:
----------	------------------

I	Re-Inspection Time:
Inspector's Signature:	Date: