

State of Kansas - Code Inspection Record

Department of Administration, OFPM-DCC

This is a record of inspection for conformance to adopted codes. This is not an approval of compliance to contract documents. The Project Architect/Engineer has primary responsibility for inspection to determine compliance with the contract documents. This is not a work directive or authorization. Contractor is to coordinate solution of deficiency with Project Architect/Engineer and to correct all noted deficiencies as directed by Project Architect/Engineer.

Date:	date.	Inspector:	Select		Full Service	<input type="checkbox"/>	
Project #:	Enter	Project Name:	Enter				
Area Inspected:	Enter						
DCC PM:	Select	Agency:	Enter	Project A/E:	Enter	Contractor:	Enter

D = Deficiency (see notes) **A = Accepted** **DC = Deficiency Corrected**

GENERAL CONST.:	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Temporary Exiting	<input type="checkbox"/> Complies with accepted plans	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Construction Barrier	<input type="checkbox"/> Barrier between construction-occupied areas complies with accepted plans	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Footing/Foundation	<input type="checkbox"/> Reinforcing Steel <input type="checkbox"/> Forms <input type="checkbox"/> Grade Beams	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Under Floor/under slab	<input type="checkbox"/> SOD <input type="checkbox"/> SOG <input type="checkbox"/> Reinforcing Steel <input type="checkbox"/> Forms <input type="checkbox"/> Vapor Barrier	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Framing/in-Wall	<input type="checkbox"/> Framing <input type="checkbox"/> Bracing <input type="checkbox"/> Blocking <input type="checkbox"/> Sheathing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire-rated Assemblies	<input type="checkbox"/> Walls <input type="checkbox"/> Floor-Ceiling <input type="checkbox"/> Roof-ceiling <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Shutters <input type="checkbox"/> Shaft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire-Rated Penetrations	<input type="checkbox"/> Fire Stop Systems <input type="checkbox"/> Walls <input type="checkbox"/> Floors <input type="checkbox"/> Ceilings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above Ceiling	<input type="checkbox"/> Suspended Ceiling <input type="checkbox"/> Hard-Lid Ceiling <input type="checkbox"/> Ceiling Support <input type="checkbox"/> Ceiling Framing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Roofing/Re-Roofing	<input type="checkbox"/> Tear off <input type="checkbox"/> Insulation <input type="checkbox"/> Membrane <input type="checkbox"/> Flashing <input type="checkbox"/> Drainage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Accessibility	<input type="checkbox"/> Parking <input type="checkbox"/> Doors <input type="checkbox"/> Toilet rooms <input type="checkbox"/> Ramps <input type="checkbox"/> Signage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exit Components	<input type="checkbox"/> Aisles <input type="checkbox"/> Corridors <input type="checkbox"/> Stairs <input type="checkbox"/> Door Hardware <input type="checkbox"/> Exit Discharge <input type="checkbox"/> Railings <input type="checkbox"/> Ramps	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Special inspection	<input type="checkbox"/> Test Agency Present <input type="checkbox"/> Soils <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Spray Fireproof <input type="checkbox"/> Piers/Piles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Final	<input type="checkbox"/> Exit <input type="checkbox"/> Accessibility <input type="checkbox"/> All other inspections verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/> Location <input type="checkbox"/> Type <input type="checkbox"/> Height <input type="checkbox"/> Size	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of Work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	
NOTES:		

MECHANICAL:	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Plenum	<input type="checkbox"/> Sealed <input type="checkbox"/> Opening in slab <input type="checkbox"/> Vertical ducts <input type="checkbox"/> Walls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire-Rated Penetrations	<input type="checkbox"/> Walls <input type="checkbox"/> Floor-ceiling <input type="checkbox"/> Roof-ceiling <input type="checkbox"/> Fire Stop Systems <input type="checkbox"/> Dampers <input type="checkbox"/> Access Panels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above Ceiling	<input type="checkbox"/> Duct <input type="checkbox"/> Equipment <input type="checkbox"/> Fire-rated penetrations above ceiling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Duct Rough-in	<input type="checkbox"/> Sealed <input type="checkbox"/> Equipment room <input type="checkbox"/> Distribution <input type="checkbox"/> Flex <input type="checkbox"/> Exhaust <input type="checkbox"/> Supports	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Duct Insulation	<input type="checkbox"/> Wrap <input type="checkbox"/> Liner	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Equipment	<input type="checkbox"/> AHU <input type="checkbox"/> Terminal units <input type="checkbox"/> Exhaust fan <input type="checkbox"/> Trim out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Final	<input type="checkbox"/> All other inspections verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of Work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NOTES:		

PLUMBING:	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Under floor/under slab	<input type="checkbox"/> Elevated Deck <input type="checkbox"/> SOG <input type="checkbox"/> Excavation <input type="checkbox"/> Compaction <input type="checkbox"/> Piping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pipe Identification	<input type="checkbox"/> Potable <input type="checkbox"/> Non-Potable <input type="checkbox"/> Medical Gas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Site Underground	<input type="checkbox"/> Bedding <input type="checkbox"/> Detection Tape/Tracer Wire <input type="checkbox"/> Piping <input type="checkbox"/> Excavation <input type="checkbox"/> Compaction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In-wall	<input type="checkbox"/> Piping <input type="checkbox"/> Support <input type="checkbox"/> Pressure tests	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire-rated penetrations	<input type="checkbox"/> Walls <input type="checkbox"/> Floor-ceiling <input type="checkbox"/> Roof-ceiling <input type="checkbox"/> Fire Stop Systems	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above ceiling	<input type="checkbox"/> Distribution <input type="checkbox"/> Support <input type="checkbox"/> Insulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Piping pressure test	<input type="checkbox"/> Roof drain <input type="checkbox"/> Waste <input type="checkbox"/> Vent <input type="checkbox"/> Domestic <input type="checkbox"/> Heating <input type="checkbox"/> Chilled <input type="checkbox"/> Condenser <input type="checkbox"/> Gas <input type="checkbox"/> Air	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Backflow Preventer	<input type="checkbox"/> Access <input type="checkbox"/> Installed <input type="checkbox"/> Test Report <input type="checkbox"/> Required Not Installed <input type="checkbox"/> Test certificate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Final	<input type="checkbox"/> ADAAG <input type="checkbox"/> All other inspections verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of Work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	
NOTES:		

ELECTRICAL:	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Under floor/under slab	<input type="checkbox"/> Elevated Deck <input type="checkbox"/> SOG <input type="checkbox"/> Excavation <input type="checkbox"/> Compaction <input type="checkbox"/> Conduit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Site Underground	<input type="checkbox"/> Bedding <input type="checkbox"/> Conduit <input type="checkbox"/> Excavation <input type="checkbox"/> Compaction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In wall	<input type="checkbox"/> Distribution <input type="checkbox"/> Support	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire-rated penetrations	<input type="checkbox"/> Walls <input type="checkbox"/> Floor-ceiling <input type="checkbox"/> Roof-ceiling <input type="checkbox"/> Fire Stop Systems	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above ceiling	<input type="checkbox"/> Distribution <input type="checkbox"/> Support <input type="checkbox"/> Fire-rated penetrations above ceiling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emergency Power	<input type="checkbox"/> Battery <input type="checkbox"/> Unit Equipment <input type="checkbox"/> Generator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exit Path	<input type="checkbox"/> Exit lights <input type="checkbox"/> Emergency lights interior <input type="checkbox"/> Emergency lights exterior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Systems inspected	<input type="checkbox"/> Service <input type="checkbox"/> Panels <input type="checkbox"/> Distribution <input type="checkbox"/> Trim out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power Systems	<input type="checkbox"/> Operational <input type="checkbox"/> Energized <input type="checkbox"/> Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Final	<input type="checkbox"/> Exit <input type="checkbox"/> ADAAG <input type="checkbox"/> All other inspections verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NOTES:		

FIRE ALARM	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Plans	<input type="checkbox"/> Shop Drawing & Battery Calculations accepted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In-Wall	<input type="checkbox"/> Conduit <input type="checkbox"/> Bundled Wire	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
System Monitored	<input type="checkbox"/> Monitored <input type="checkbox"/> Not Monitored	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Curtains/Shutters	<input type="checkbox"/> Smoke Curtain <input type="checkbox"/> Shutters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above-Ceiling	<input type="checkbox"/> Conduit <input type="checkbox"/> Bundled Wire	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pull Station	<input type="checkbox"/> Location <input type="checkbox"/> Color <input type="checkbox"/> Accessible <input type="checkbox"/> Spacing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Visual Devices	<input type="checkbox"/> Spacing <input type="checkbox"/> Synchronized <input type="checkbox"/> Obstructed <input type="checkbox"/> Location	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Audible Devices	<input type="checkbox"/> Obstructed <input type="checkbox"/> Decibels <input type="checkbox"/> Location <input type="checkbox"/> Distinctive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FACP	<input type="checkbox"/> Smoke Detection above panel <input type="checkbox"/> Accessible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/> Coverage <input type="checkbox"/> Elevators <input type="checkbox"/> Location <input type="checkbox"/> Spacing <input type="checkbox"/> Obstructed <input type="checkbox"/> Accessible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heat Detectors	<input type="checkbox"/> Coverage <input type="checkbox"/> Location <input type="checkbox"/> Spacing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Duct Detectors	<input type="checkbox"/> Accessible <input type="checkbox"/> Location	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Dampers	<input type="checkbox"/> Accessible <input type="checkbox"/> Location	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
System Tested	<input type="checkbox"/> (Record of Completion) <input type="checkbox"/> Sprinkler Switches <input type="checkbox"/> HVAC shutdown <input type="checkbox"/> Smoke Control	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NOTES:		

FIRE SUPPRESSION:	<input type="checkbox"/> NO INSPECTION THIS REPORT	D A DC
Plans	<input type="checkbox"/> Shop Drawing & Hydraulic Calculations accepted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signage	<input type="checkbox"/> Standpipe Hydraulic Sign <input type="checkbox"/> Hydraulic Design Sign	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Above Ceiling	<input type="checkbox"/> Leaking <input type="checkbox"/> Damaged <input type="checkbox"/> Loaded <input type="checkbox"/> Painted <input type="checkbox"/> No Coverage <input type="checkbox"/> In Place <input type="checkbox"/> Corrosion <input type="checkbox"/> Secured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Control Valves	<input type="checkbox"/> Identified <input type="checkbox"/> Not Identified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gauges	<input type="checkbox"/> Present <input type="checkbox"/> Accessible <input type="checkbox"/> Non-Accessible <input type="checkbox"/> Operating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sprinklers	<input type="checkbox"/> Leaking <input type="checkbox"/> Corrosion <input type="checkbox"/> Damaged <input type="checkbox"/> Painted <input type="checkbox"/> Loaded <input type="checkbox"/> Escutcheon Plate <input type="checkbox"/> Coverage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Piping Support	<input type="checkbox"/> In Place <input type="checkbox"/> Corrosion <input type="checkbox"/> Damaged <input type="checkbox"/> Secured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Piping & Fittings	<input type="checkbox"/> Leaking <input type="checkbox"/> Damaged <input type="checkbox"/> Hanging or Resting Foreign Material	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FDC	<input type="checkbox"/> Visible <input type="checkbox"/> Accessible <input type="checkbox"/> Leaking <input type="checkbox"/> Operates <input type="checkbox"/> Signage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Main Drain	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protection	<input type="checkbox"/> Water Filled Pipes Protected From Freezing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Obstructions	<input type="checkbox"/> Minimum 18" from obstructions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Backflow	<input type="checkbox"/> Has Forward Flow	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kitchen Suppression	<input type="checkbox"/> Tied to FA (if present) <input type="checkbox"/> Coverage <input type="checkbox"/> 3/8 Piping <input type="checkbox"/> Piping Secured <input type="checkbox"/> Duct Access <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kitchen Suppression	<input type="checkbox"/> K-Class <input type="checkbox"/> Pull Station <input type="checkbox"/> Signage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clean Agent Suppression	<input type="checkbox"/> Smoke Detection <input type="checkbox"/> Pull Station <input type="checkbox"/> Coverage <input type="checkbox"/> Piping <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dry System	<input type="checkbox"/> Inspectors Test <input type="checkbox"/> Gauges <input type="checkbox"/> Signage <input type="checkbox"/> Power Lock Out <input type="checkbox"/> Compressor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quality of work	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor (See Notes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NOTES:		