

# SPECIAL INSPECTION REQUEST FORM

## Post Installed Anchor Torque

Project:

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OSHPD#: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_ Request Number: \_\_\_\_\_  
**(Minimum 48 Hours Notice)**

Estimated Time to Complete: \_\_\_\_\_ TIO Reference: \_\_\_\_\_

Submitted Date: \_\_\_\_\_ Time: \_\_\_\_\_

Company: \_\_\_\_\_ Superintendent Name: \_\_\_\_\_

Superintendent Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Location: \_\_\_\_\_

Sheet: \_\_\_\_\_ Detail: \_\_\_\_\_ Specification Section: \_\_\_\_\_

Reviewed for compliance with the contract documents before making this request

\_\_\_\_\_  
(General Contractor Signature)

\_\_\_\_\_  
(Sub-Contractor Signature)

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Anchor Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Anchor Size: \_\_\_\_\_

Embedment Depth: \_\_\_\_\_ Torque or Tension Required: \_\_\_\_\_

Quantity: \_\_\_\_\_ Percentage Testing: \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_