

BENCHMARK
INSPECTION

SPECIAL INSPECTION REQUEST FORM

WELDING INSPECTION

Project:

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)

Weld Type: _____ Weld Size: _____ Field: ___ (or) Shop: ___

Shop Address: _____

Shop Contact Name: _____ Phone: _____

Miscellaneous Information: _____