



JOB CARD

UCDH Project Name:

UCDH Project No:

UCDH Project Manager:

Email / Phone:

Revision #:

Amended Construction Document (ACD) #:
(If applicable)

Project Address:

For Official Use Only

Certified Building Official (CBO) Reviewed Stamp

Fire Marshal Office (FMO) Reviewed Stamp

Building Inspection (BI) Services Approval Stamp

Permitted construction documents, including job cards and plans, shall be posted and made available on-site for inspection. Each stage of work shall be readily accessible for inspection and shall receive approval before covering. Building Inspector (BI) and Fire Inspector (FI) to initial and date upon completion of the construction work activities.

UCDH Project Name:				UCDH Project No:		ACD No:			
	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
SITE		1.	Site Access/Public Way						
		2.	Landscape						
		3.	Other						

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
FRAMING		1.	Exterior Wall Construction						
		2.	Interior Wall Construction						
		3.	Floor System(s)						
		4.	Roof System(s)						
		5.	Shaft Wall Framing						
		6.	Suspended Ceiling System(s)						

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UNDERGROUND		1.	Sewer						
		2.	Storm Water						
		3.	Gas Piping/Pressure						
		4.	Fire Protection - Hydro						
		5.	Fire Protection - Flush						
		6.	Fire Protection - Rough-in						
		7.	Other						

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
MECHANICAL		1.	Ventilation/Exhaust						
		2.	Combustion Air						
		3.	Air Conditioning/Refrigeration						
		4.	Insulation						
		5.	Environmental Air System(s)						
		6.	Specialty Ducting						

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals	BI	DATE	FI	DATE
STRUCTURE		1.	Pilings/Caissons					
		2.	Footings					
		3.	Foundation Walls					
		4.	Slab on Grade					
		5.	Wall Drainage/Protection System(s)					
		6.	Shear Walls					
		7.	Steel Bolts					
		8.	Steel Welds					

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals	BI	DATE	FI	DATE
ELECTRICAL		1.	Underground					
		2.	Main Service					
		3.	Floor/Ceiling/Wall Rough					
		4.	Meter/Generator					
		5.	Grounding/Bonding					
		6.	Other					

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PLUMBING		1.	Water Service					
		2.	Underground					
		3.	Sanitary Piping					
		4.	Potable Water					
		5.	Piping Insulation					
		6.	Medical/Lab Gas Piping					
		7.	Gas Piping					
		8.	Grease Traps					
		9.	Gas Pressure					
		10.	Check Valves/Backflow Preventor					
		11.	Hazardous Material Piping					
		12.	Other					

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
FIRE-RATED ASSEMBLIES		1.	Exterior Wall Void Assembly						
		2.	Wall Penetration						
		3.	Floor/Ceiling Penetration						
		4.	Seismic Joints						
		5.	Access Doors/Hatches						
		6.	Penetration Firestop/Fill Void Cavity						
		7.	Base Layer/Outer Layer/Inner Shaft						
		8.	Fire/Smoke Dampers						
		9.	Drywall / Plaster / Backer Board						

	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
FIRE SYSTEMS		1.	Fire Alarm(s) Acceptance Testing						
		2.	Special Suppression System/Rough-In Performance Test (PT)						
		3.	Fire Sprinkler(s) – Rough						
		4.	Fire Pump Performance Test (PT)						
		5.	Fire Sprinkler Welding						
		6.	Fire Sprinkler Hydro						
		7.	Standpipe Flow Test						
		8.	Other						

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FINAL INSPECTIONS		1.	Smoke Control					
		2.	Fire Alarm					
		3.	Fire Sprinkler / Standpipe					
		4.	Fire Pump					
		5.	Radiology Report					
		6.	Emergency Responder Repeater (ERRCS)					
		7.	Two-Way Communication System					
		8.	Generator					
		9.	Fire Department Access Key (Lock BOX)					
		10.	Special Suppression System					
		11.	Means of Egress					
		12.	Hazardous Materials Management Plan					
		13.	Exit Sign(s)					
		14.	Plumbing - Drain Waste Chlorination/Bacteriological Testing					
		15.	Plumbing/Gas					
		16.	Accessibility					
		17.	Structural					
		18.	Electrical					
		19.	Signage					
		20.	Building Address					
		21.	Air Balance Report					
		22.	Range Hood(s)/Vent(s)					
		23.	Mechanical - HVAC					
		24.	Medical Gas Report					
		25.	Anchor Bolt Torque Test Bearing Plate Slotted (BPS) Witness					
		26.	Other					

Supplemental Components: To be utilized by Field Inspection staff to capture components that were not specifically identified above.

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	(X) CHECK IF REQ'D	ITEM	TYPE OF INSPECTION	List Assign Agencies and / Individuals		BI	DATE	FI	DATE
FINAL		1	Supplemental 1						
		2.	Supplemental 2						
		3.	Supplemental 3						
		4.	Supplemental 4						

SIGN OFF SHEET

X

DPOR Name

X

DPOR Signature