

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0011633**  
**Insp Area: 1**

**Site Address: 770 L ST SAC**  
Parcel No: 006-0153-015 5TH & 6TH FLOOR, STE 610

**Sub-Type: REM**  
**Housing (Y/N): N**

CONTRACTOR  
RE DOLPH AND SLETTEN INC

OWNER  
CITY CENTRE PARTNERS, AN ILLINOIS GEN PAR  
1717 I ST  
SACRAMENTO CA 95814

ARCHITECT

**Nature of Work: RELOCATE COMMUNICATION BATTERIES TO 5TH FL./ UPGRADE HVAC ,  
(FIRE PROTECTION & FIRE MONITORING DEFERRED)**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class BA License Number 198069 Date 11-17-00 Contractor Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

\_\_\_\_\_, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_\_, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 11-17-00 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_\_, I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued

→ [Signature] I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier AMERICAN ZURICH INSURANCE CO Policy Number WC 3495307 - 00 Exp Date 06/30/2001 [Signature]

\_\_\_\_\_, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 11-17-00 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-10-00

Project Number: 51767

Day: Fri

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) Dan Robbins

Job Name: (Required) QUIST

Shop Name: \_\_\_\_\_

Job/Shop Address: (Required) 770 LST SAC.

Equipment Pick-up:  YES  NO  
 Type of Equipment: Skid Steer  
 Travel Time to Lab to pick-up equip.: 15

Lab Site: SAC  
 Pick-up Time: 5:50 AM/PM  
 Mileage to Lab to pick-up equip.: 12

Travel Time to Job-site: \_\_\_\_\_  
 From Home  From Lab  Other  
 Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
<u>5100</u>	<u>00</u>	<u>Lab Balance</u>	<u>1.25</u>			
<u>5400</u>	<u>00</u>	<u>Field Work</u>	<u>1</u>			

Equipment Drop-off:  YES  NO Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_  
 If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_ Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO  
 Is this the last job of the day?  YES  NO Notified Dispatch?  YES  NO Time: \_\_\_\_\_  
 Travel Time to Home: \_\_\_\_\_ Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: [Signature]

Verification Signature: [Signature]

Print Name/Company: \_\_\_\_\_

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 ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			



CONSOLIDATED ENGINEERING  
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201 Harris Avenue, Suite 14  
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916-568-6700 / Fax: 916-568-1212

SPECIAL INSPECTOR'S  
DAILY REPORT

CEL No.: 51767  
Page 2 of 2

Project Name Q West Report No. \_\_\_\_\_ Date 11-10-00  
Project Address 770 L ST Permit No. \_\_\_\_\_  
City/County San. Inspection Type: Welding / Fabrication  
[ ] Continuous [  ] Periodic  
Prime Contractor \_\_\_\_\_ Superintendent \_\_\_\_\_

Summary of Work Done

While on site I checked 3/4" A325 TO BOLTS  
WITH THE SKIDMOR. Results are as follows.

3/4" A325

1) 32000

2) 34000

3) 33000

7/8" A325

1) 45000

2) 46000

3) 45000

The 5907 GUN CALIBRATION WAS WITHIN AISC SPEC'S.

I ALSO EXAMINED THE WELDS AT THE 1/2" BOLT PLATE  
ON THE WIP 46 ON LINE 3. INWARD I WEL AT STA  
FLOOR LEVEL. I FOUND THIS TO BE WELDED IN ACCORDANCE  
WITH DETAIL 1 ON SHEET S1.1 OF APPROVED PLANS.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature]  
(ATTACH - Quantities Reports, Inspector's Check List)

Date: 11-10-00

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



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- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-11-00

Project Number: 51767

Day: SATURDAY

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) RON ROBINSON

Job Name: (Required) QUAST

Shop Name: \_\_\_\_\_

Job/Shop Address: (Required) 770 L ST. SAC

Equipment Pick-up:  YES  NO Lab Site: SAC

Type of Equipment: TRANSIT Pick-up Time: 2:45 AM/PM

Travel Time to Lab to pick-up equip.: 15 MINUTES Mileage to Lab to pick-up equip.: 1

Travel Time to Job-site: 15 MIN Mileage to Job-site: 12 + 20 = 32

From Home  From Lab  Other  From Home  From Lab  Other

Time Start: 7:00 AM/PM Lunch Start: 12:00 Lunch Stop: 12:30 Time Stop: 2:30 AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
13100	DI	PERMITS TYPING	7			

Equipment Drop-off:  YES  NO Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_ Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_ Mileage to Home: \_\_\_\_\_

Remarks: \* Some of Round Trip to Lab to pick-up and drop-off.

Inspector's Signature: [Signature]

Verification Signature: [Signature]

Print Name/Company: \_\_\_\_\_

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ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			



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**SPECIAL INSPECTOR'S  
DAILY REPORT**

CEL No.: 5167  
Page 2 of 2

Project Name QuikST Report No. \_\_\_\_\_ Date 11/1/00  
Project Address 770 L ST Permit No. \_\_\_\_\_  
City/County Sac. Inspection Type: ~~\_\_\_\_\_~~ Re-Load  
[  ] Continuous [  ] Periodic  
Prime Contractor \_\_\_\_\_ Superintendent \_\_\_\_\_

Summary of Work Done

WHILE IN SITE I OBSERVED THE INSTALLATION OF 91  
5/8" x 16' HULL EXPT. ANCHORS. ALL WORK TO BE DONE  
TO 95 FT CBS AS PER. CHECK ON SHEET S1-1 OF APPROVED  
PLANS. TWO ANCHORS DID NOT MEET 4' EMBEDMENT SO  
CONTRACTOR INSTALLED TWO NEW ANCHORS NEXT TO FAILED  
ONES, THESE MET REQUIREMENT.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector \_\_\_\_\_  
(ATTACH - Quantities Reports, Inspector's Check List)

Date: 11/1/00

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



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- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-11-00

Project Number: 51767

Day: SAT

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) Alan R...

Job Name:(Required) ...

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) 770 ...

Equipment Pick-up:  YES  NO Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_ Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: \_\_\_\_\_ Mileage to Job-site: 13000

From Home  From Lab  Other  From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
5400	02	FIELD WORKING	2			

Equipment Drop-off:  YES  NO Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_ Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_ Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: [Signature]

Verification Signature: \_\_\_\_\_

Print Name/Company: \_\_\_\_\_

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ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			



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SPECIAL INSPECTOR'S  
DAILY REPORT

CEL No.: 51767  
Page 2 of 2

Project Name Q West Report No. \_\_\_\_\_ Date 11-11-00

Project Address 770 L St. Permit No. \_\_\_\_\_

City/County Sacramento Inspection Type: Final Walkdown  
 Continuous  Periodic

Prime Contractor \_\_\_\_\_ Superintendent Tom

Summary of Work Done \_\_\_\_\_

While on site I observed the removal of four  
concrete support legs, eight steel support legs and  
four pump support legs, this work was performed in accordance  
with details 1 and 4 on sheet 51.2 of attached plans.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature] Date: 11-11-00

(ATTACH - Quantities Reports, Inspector's Check List)

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
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- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-13-00

Project Number: 51767

Day: Mon

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) D. W. RUSSELL

Job Name:(Required) QUEST

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) 770 L ST SAC.

Equipment Pick-up:  YES  NO Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_ Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: 30 min Mileage to Job-site: 30 miles

From Home  From Lab  Other  From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
5400	CO	Field Work	2			

Equipment Drop-off:  YES  NO Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_ Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_ Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Verification Signature: \_\_\_\_\_

Print Name/Company: \_\_\_\_\_

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ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			





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SPECIAL INSPECTOR'S  
DAILY REPORT

CEL No.: 51767  
Page 2 of 2

Project Name A West Report No. \_\_\_\_\_ Date 11-13-00  
Project Address 770 L ST. Permit No. \_\_\_\_\_  
City/County SAC Inspection Type: Field Welding  
 Continuous  Periodic  
Prime Contractor RUDOLPH C. SHATTAN Superintendent Bob

Summary of Work Done

While on site I observed the welding of the 7/8" fillet  
welds at the beam-to-column connection at L-3 as well as  
at the angle braces at G-3 and J-3. The welds were all  
welded in accordance with details 2 and 3 on sheet S1-1.  
I also examined the welds on the beam flange between  
I and J on lines J and J.75. These were welded in  
accordance with detail 1 on sheet S1-1 of approved plans.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature] Date: 11-13-00  
(ATTACH - Quantities Reports, Inspector's Check List)

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
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- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-9-00

Project Number: 51767

Day: THUR

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) \_\_\_\_\_

Job Name:(Required) QWAST

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) 770 LST

Equipment Pick-up:  YES  NO

Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_

Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: 15 min

Mileage to Job-site: 10 miles

From Home  From Lab  Other

From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
5100	00	Site Inspection	1.5			

Equipment Drop-off:  YES  NO

Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_

Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO

Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_

Mileage to Home: \_\_\_\_\_

Remarks: Examined site and found no issues.

Inspector's Signature: \_\_\_\_\_

Verification Signature: \_\_\_\_\_

Print Name/Company: \_\_\_\_\_

\*\*\*\*\*  
**ACCOUNTING USE ONLY**      **ACCOUNTING USE ONLY**      **ACCOUNTING USE ONLY**  
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01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			



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**SPECIAL INSPECTOR'S  
DAILY REPORT**

CEL No.: 5707  
Page 2 of 2

Project Name QUEST Report No. \_\_\_\_\_ Date 11-9-00  
Project Address 770 L ST Permit No. \_\_\_\_\_  
City/County CA Inspection Type: FIELD INSPECTION  
[ ] Continuous [  ] Periodic  
Prime Contractor RANDALL FOSTER Superintendent BOB

Summary of Work Done  
WALKED ON SITE, REANNOUDED TWO #2 DRAINS  
WALKED IN SHOP AND BELIEVED TO SITE,  
THESE WERE WALKED IN ACCORDANCE WITH  
SECTION 05110 PART 1.2 OF PROVIDED SHOP DRAWINGS.  
CHECKED WELDER'S QUALIFICATIONS.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature] Date: 11-9-00  
(ATTACH - Quantities Reports, Inspector's Check List)

**CONSOLIDATED ENGINEERING LABS - INSPECTION REPORT**  
**STRUCTURAL STEEL - WELDING/NDE/BOLTING**

Project Name: QWEST  
 Proj. Address: \_\_\_\_\_  
 Field  Shop \_\_\_\_\_

Date 11/9/00 Project No. 51747  
 Inspector D. Robbins  
 OSHPD/ORS/PERMIT# \_\_\_\_\_

Reported to: Bob (Name)  
 \_\_\_\_\_ (Company)

- Material Identification**
1.  Collected/checked mill certificates.  
 2.  Sampled: \_\_\_\_\_

- Structural Steel**
3.  Checked welder qualifications.  
 4.  Checked procedure qualifications.  
 5.  Visually inspected the  in progress  completed welding performed by \_\_\_\_\_ qualified welders using  
 SMAW  FCAW  GMAW  
 SAW  \_\_\_\_\_  
 process with E \_\_\_\_\_ filler metal (s).

6.  Verified proper electrode storage.  
 7. a.  Weldments consist of  
 complete penetration groove welds  
 partial penetration groove welds  
 single-pass fillet welds  
 multi-pass fillet welds  
 flare-bevel groove welds  
 direct  indirect butt splice on reinforcing steel

- b.  for:  
 base plate  connection plate  moment plate  
 plate to plate splices  stiffener plate

- c.  at:  
 wide flange columns  wide flange beams  
 tube steel columns  tube steel beams  
 angle to \_\_\_\_\_  
 beam seat to \_\_\_\_\_  
 column to column splices  
 beam to column  girder to column connections  
 diagonal brace to \_\_\_\_\_  
 studs to \_\_\_\_\_  
 other \_\_\_\_\_  
 chord bar splices  embeds

8.  Pre-heat temp. maintained at \_\_\_\_\_  
 Metal Deck/Studs

9.  Inspected:  
 Arc spot welds  Stitch welds  
 Shear studs on metal decking  
 \_\_\_\_\_

- NDE (UT-MT-PT)**
10.  Performed  ultrasonic  magnetic particle examination on:  complete penetration welds  
 partial penetration welds  
 fillet welds

11.  A total of \_\_\_\_\_ welds were tested with \_\_\_\_\_ rejectable indications.

12.  Rejectable indications detected at the following locations: \_\_\_\_\_  
 \_\_\_\_\_

13.  \_\_\_\_\_ Retests were performed on repaired welds with \_\_\_\_\_ rejectable indications.  
 14.  Retest of repaired welds performed at \_\_\_\_\_

- High Strength Bolting**
15.  Verified the use of specified high strength bolts, nuts and washers.  
 a.  Verified installation equipment and bolts using Skidmore-Wilhelm tension measuring device.  
 b.  Verified bolts achieve minimum required pre-tension.  
 c.  Monitored installation and tightening of bolts using  
 turn-of-the-nut  direct tension indicator washers  
 calibrated wrench  alternative design bolts
16.  Applied inspection torque of:  
 \_\_\_\_\_ ft. lbs. to \_\_\_\_\_" dia. H.S. bolts  
 \_\_\_\_\_ ft. lbs. to \_\_\_\_\_" dia. H.S. bolts  
 with calibrated torque wrench.
17.  A total of 10% or 2 per connection were tested.  
 18.  Loose bolts were identified and reported to contractor.  
 19.  Retest of loose bolts was satisfactory a  with the exception of: \_\_\_\_\_

20. Refer to the attached:  
 Field Inspection Record.  
 Member Completion Record.  
 Material Identification Record.  
 (Note: Mandatory to attach one or more of the above!)

21. Work inspected was:  
 completed  in progress  pending approval
22.  Work in progress punch list dated \_\_\_\_\_  
 Non-compliance report dated \_\_\_\_\_  
 was left with contractor.  
 was reinspected and resolved.  
 See attached.

23.  Issues/problems?  yes  no  
 Notified: \_\_\_\_\_

24. Work inspected was in compliance with  approved plans and specifications  shop drawings  structural drawings using drawing(s) no(s) \_\_\_\_\_  
 except as noted below:

Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-21-00

Project Number: 31701

Day: THUR

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) Paul Lewis

Job Name: (Required) QUEST

Shop Name: \_\_\_\_\_

Job/Shop Address: (Required) \_\_\_\_\_

Equipment Pick-up:  YES  NO

Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_

Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: 45 min.

Mileage to Job-site: 4.8 miles

From Home  From Lab  Other

From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
6210	01	QUEST	1			

Equipment Drop-off:  YES  NO

Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: SAC

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_

Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO

Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_

Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: [Signature]

Verification Signature: \_\_\_\_\_

Print Name/Company: \_\_\_\_\_

\*\*\*\*\*  
ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

**CONSOLIDATED ENGINEERING LABS - INSPECTION REPORT**  
**STRUCTURAL STEEL - WELDING/NDE/BOLTING**

Project Name: QWRST  
 Proj. Address: \_\_\_\_\_  
 Field  Shop \_\_\_\_\_

Date 12/24/00 Project No. 51769  
 Inspector Dean Roberts  
 OSHPD/ORS/PERMIT# \_\_\_\_\_

Reported to: Dean (Name)  
 \_\_\_\_\_ (Company)

**Material Identification**

1.  Collected/checked mill certificates.  
 2.  Sampled: \_\_\_\_\_

**Structural Steel**

3.  Checked welder qualifications.  
 4.  Checked procedure qualifications.  
 5.  Visually inspected the  in progress  completed welding performed by \_\_\_\_\_ qualified welders using  
 SMAW  FCAW  GMAW  
 SAW  \_\_\_\_\_  
 process with E \_\_\_\_\_ filler metal (s).  
 6.  Verified proper electrode storage.  
 7. a.  Weldments consist of  
 complete penetration groove welds  
 partial penetration groove welds  
 single-pass filler welds  
 multi-pass filler welds  
 flare-bevel groove welds  
 direct  indirect butt splice on reinforcing steel  
 8.  for:  
 base plate  connection plate  moment plate  
 plate to plate splices  stiffener plate  
 9.  at:  
 wide flange columns  wide flange beams  
 tube steel columns  tube steel beams  
 angle to \_\_\_\_\_  
 beam seat to \_\_\_\_\_  
 column to column splices  
 beam to column  girder to column connections  
 diagonal brace to \_\_\_\_\_  
 studs to \_\_\_\_\_  
 other \_\_\_\_\_  
 chord bar splices  embeds  
 10.  Pre-heat temp. maintained at \_\_\_\_\_  
 Metal Deck/Studs

**Inspected:**

- Arc spot welds  Stitch welds  
 Shear studs on metal decking  
 \_\_\_\_\_

**NDE (UT-MT-PT)**

10.  Performed  ultrasonic  magnetic particle examination on:  complete penetration welds  
 partial penetration welds  
 fillet welds

11.  A total of \_\_\_\_\_ welds were tested with \_\_\_\_\_ rejectable indications.

12.  Rejectable indications detected at the following locations: \_\_\_\_\_

13.  \_\_\_\_\_ Retests were performed on repaired welds with \_\_\_\_\_ rejectable indications.

14.  Retest of repaired welds performed at \_\_\_\_\_

**High Strength Bolting**

15.  Verified the use of specified high strength bolts, nuts and washers.  
 a.  Verified installation equipment and bolts using Skidmore-Wilhelm tension measuring device.  
 b.  Verified bolts achieve minimum required pre-tension.  
 c.  Monitored installation and tightening of bolts using  
 turn-of-the-nut  direct tension indicator washers  
 calibrated wrench  alternative design bolts  
 16.  Applied inspection torque of:  
 \_\_\_\_\_ ft. lbs. to \_\_\_\_\_" dia. H.S. bolts  
 \_\_\_\_\_ ft. lbs. to \_\_\_\_\_" dia. H.S. bolts  
 with calibrated torque wrench.  
 17.  A total of 10% or 2 per connection were tested.  
 18.  Loose bolts were identified and reported to contractor.  
 19.  Retest of loose bolts was satisfactory a  with the exception of: \_\_\_\_\_

20. Refer to the attached:  
 Field Inspection Record.  
 Member Completion Record.  
 Material Identification Record.  
 (Note: Mandatory to attach one or more of the above!)

21. Work inspected was:  
 completed  in progress  pending approval

22.  Work in progress punch list dated \_\_\_\_\_  
 Non-compliance report dated \_\_\_\_\_  
 was left with contractor.  
 was reinspected and resolved.  
 See attached.

23.  Issues/problems?  yes  no  
 Notified: \_\_\_\_\_

24. Work inspected was in compliance with  approved plans and specifications  shop drawings  structural drawings using drawing(s) no(s) \_\_\_\_\_  
 except as noted below:

Note: All 5th Floor Framing  
Welded in Accordance with  
Project Specs, OK to File Print.

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 972-8200
- Santa Rosa (707) 542-0279

Date: 1-3-01

Project Number: 51769

Day: Wed.

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) Dean Fennings

*griff  
structure  
Test  
of Markete*

Job Name:(Required) WEST

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) \_\_\_\_\_

Equipment Pick-up:  YES  NO

Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_

Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: 20 min

Mileage to Job-site: 20 miles

From Home  From Lab  Other

From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
7100	02	Pre-Inspection	2			

Equipment Drop-off:  YES  NO

Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_

Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO

Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_

Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Verification Signature: \_\_\_\_\_

Print Name/Company: Ken Fennings at West

\*\*\*\*\*  
ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

CONSOLIDATED ENGINEERING LABORATORIES

STRUCTURAL MASONRY AND FIREPROOFING

Project Name: QWEST  
Project Address: \_\_\_\_\_  
Type of Work: FIRE PROOFING

Date: 1/3/01 Project No.: 51769  
Inspector: P. ROBBINS  
 Sampling;  Inspection -  Continuous  Per

Reported to \_\_\_\_\_  
at jobsite.

MASONRY

Obtained samples of: a.  Block; b.  Brick

Inspected placement of rebar/masonry for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cast \_\_\_\_\_ specimens representing: a.  Type S;  
b.  Type M; mortar for the above location.

Inspected cleanouts prior to hilit grouting.

Inspected: a.  Hilit; b.  Lowlift; grout  
placement for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cast \_\_\_\_\_ specimens representing grout  
placement for the above location.

Witnessed preparation of composite masonry prism.  
(One per 5,000 sq. ft. of wall area.)

FIREPROOFING

Inspected members prior to fireproofing for  
preparation per manufacturer's instructions.

Performed random thickness measurements of  
applied fireproofing at the following locations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11  Obtained 2 density samples from each:  
a.  Level; b.  10,000 SF of floor area  
fireproofing applied at the above locations.

12  Performed final inspection of fireproofing cover  
for the following locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13  Job cancelled due to: \_\_\_\_\_

14  Work inspected was in compliance with appr  
plans and specifications; a.  except, as no

15  per approved drawings no. \_\_\_\_\_

16  Non-Compliance Report left at jobsite. (Lab  
attached.)

17  \_\_\_\_\_ hours spent performing reinspection.

Unusual circumstances or problems?  No

\*Describe below. Notified \_\_\_\_\_  
at jobsite and \_\_\_\_\_ at

NOTES/COMMENTS:  Continued on back of p

OBTAINED ONE SAMPLE AT  
A PRIMARY BEAM AND ONE SAMPLE  
AT A SECONDARY BEAM AT  
THE 6TH FLOOR LEVEL.  
MARKED AREAS TO BE REPAIRED  
WITH YELLOW PAINT.



- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 972-8200
- Santa Rosa (707) 542-0279

Date: 1-3-01  
Day: Mon

Project Number: 51764  
# 1 of 3

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) John Roberts

Job Name:(Required) AWAST

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) \_\_\_\_\_

Equipment Pick-up:  YES  NO  
 Type of Equipment: \_\_\_\_\_  
 Travel Time to Lab to pick-up equip.: \_\_\_\_\_  
 Lab Site: \_\_\_\_\_  
 Pick-up Time: 12:45 AM/PM  
 Mileage to Lab to pick-up equip.: 12  
 Travel Time to Job-site: \_\_\_\_\_  
 From Home  From Lab  Other  
 Mileage to Job-site: \_\_\_\_\_  
 From Home  From Lab  Other  
 Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
7120	12		1.25			

Equipment Drop-off:  YES  NO Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_  
 If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_ Mileage to Lab to drop-off equip.: \_\_\_\_\_  
 Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_ Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO  
 Is this the last job of the day?  YES  NO Notified Dispatch?  YES  NO Time: \_\_\_\_\_  
 Travel Time to Home: \_\_\_\_\_ Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Verification Signature: \_\_\_\_\_

Print Name/Company: Kerry Duncan

\*\*\*\*\*  
 ACCOUNTING USE ONLY      ACCOUNTING USE ONLY      ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

CONSOLIDATED ENGINEERING LABORATORIES

STRUCTURAL MASONRY AND FIREPROOFING

Project Name: Quinst  
Project Address: \_\_\_\_\_  
Type of Work: Fire Proofing

Date: 1/8/01 Project No: 51769  
Inspector: D. RABIN  
 Sampling;  Inspection -  Continuous  Per

Reported to \_\_\_\_\_  
at jobsite.

MASONRY

Obtained samples of: a.  Block; b.  Brick

Inspected placement of rebar/masonry for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cast \_\_\_\_\_ specimens representing: a.  Type S;  
b.  Type M; mortar for the above location.

Inspected cleanouts prior to hilit grouting.

Inspected: a.  Hilit; b.  Lowlift; grout  
placement for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cast \_\_\_\_\_ specimens representing grout  
placement for the above location.

Witnessed preparation of composite masonry prism.  
(One per 5,000 sq. ft. of wall area.)

FIREPROOFING

Inspected members prior to fireproofing for  
preparation per manufacturer's instructions.

Performed random thickness measurements of  
applied fireproofing at the following locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11  Obtained 3 density samples from each:  
a.  Level; b.  10,000 SF of floor area  
fireproofing applied at the above locations.

12  Performed final inspection of fireproofing cover  
for the following locations: 5th Floor

Level Under Battney  
Room

13  Job cancelled due to: \_\_\_\_\_

14  Work inspected was in compliance with approved  
plans and specifications; a.  except, as noted

15  per approved drawings no. \_\_\_\_\_

16  Non-Compliance Report left at jobsite. (Lab  
attached.)

17  1 hours spent performing reinspection.

Unusual circumstances or problems?  No  Yes

\*Describe below. Notified \_\_\_\_\_

at jobsite and \_\_\_\_\_ at \_\_\_\_\_

NOTES/COMMENTS:  Continued on back of page \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
M. M. K. K. K.

**CONSOLIDATED ENGINEERING LABS - INSPECTION REPORT**  
**STRUCTURAL STEEL - WELDING/NDE/BOLTING**

Project Name: QWAST  
 Project Address: \_\_\_\_\_  
 Field  Shop

Date 1/8/01 Project No. 51769  
 Inspector P. Roberts  
 OSHPD/ORS/PERMIT# \_\_\_\_\_

Inspected by: \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Company)

**Material Identification**

Collected/checked mill certificates.  
 Sampled: \_\_\_\_\_

**Structural Steel**

- Checked welder qualifications.
- Checked procedure qualifications.
- Visually inspected the  in progress  completed welding performed by \_\_\_\_\_ qualified welders using
  - SMAW  FCAW  GMAW
  - SAW  \_\_\_\_\_
 process with E \_\_\_\_\_ filler metal (s).
- Verified proper electrode storage.
- Weldments consist of
  - complete penetration groove welds
  - partial penetration groove welds
  - single-pass fillet welds
  - multi-pass fillet welds
  - flare-bevel groove welds
  - direct  indirect butt splice on reinforcing steel
 for:
  - base plate  connection plate  moment plate
  - plate to plate splices  stiffener plate
 at:
  - wide flange columns  wide flange beams
  - tube steel columns  tube steel beams
  - angle to \_\_\_\_\_
  - beam seat to \_\_\_\_\_
  - column to column splices
  - beam to column  girder to column connections
  - diagonal brace to \_\_\_\_\_
  - studs to \_\_\_\_\_
  - other \_\_\_\_\_
  - chord bar splices  embeds
- Pre-heat temp. maintained at \_\_\_\_\_  
 Metal Deck/Studs
- Inspected:
  - Arc spot welds  Stitch welds
  - Shear studs on metal decking
  - \_\_\_\_\_

**NDE (UT-MT-PT)**

- Performed  ultrasonic  magnetic particle examination on:
  - complete penetration welds
  - partial penetration welds
  - fillet welds
- A total of \_\_\_\_\_ welds were tested with \_\_\_\_\_ rejectable indications.
- Rejectable indications detected at the following locations: \_\_\_\_\_

- 13.  \_\_\_\_\_ Retests were performed on repaired welds with \_\_\_\_\_ rejectable indications.
- 14.  Retest of repaired welds performed at \_\_\_\_\_

**High Strength Bolting**

- 15.  Verified the use of specified high strength bolts, nuts and washers.
  - a.  Verified installation equipment and bolts using Skidmore-Wilhelm tension measuring device.
  - b.  Verified bolts achieve minimum required pre-tension.
  - c.  Monitored installation and tightening of bolts using
    - turn-of-the-nut  direct tension indicator washers
    - calibrated wrench  alternative design bolts
- 16.  Applied inspection torque of:
  - 350 ft. lbs. to 3/4" dia. H.S. bolts
  - \_\_\_\_\_ ft. lbs. to \_\_\_\_\_ dia. H.S. bolts
 with calibrated torque wrench.
- 17.  A total of 10% or 2 per connection were tested.
- 18.  Loose bolts were identified and reported to contractor.
- 19.  Retest of loose bolts was satisfactory a  with the exception of: \_\_\_\_\_
- 20. Refer to the attached:
  - Field Inspection Record.
  - Member Completion Record.
  - Material Identification Record.
 (Note: Mandatory to attach one or more of the above!)
- 21. Work inspected was:
  - completed  in progress  pending approval
- 22.  Work in progress punch list dated \_\_\_\_\_
- Non-compliance report dated \_\_\_\_\_
  - was left with contractor.
  - was reinspected and resolved.
  - See attached.
- 23.  Issues/problems?  yes  no  
 Notified: \_\_\_\_\_
- 24. Work inspected was in compliance with  approved plans and specifications  shop drawings  structural drawings using drawing(s) no(s). \_\_\_\_\_  
 except as noted below:

**Note:**

Checked 50% (2 per conn.) of the A325 3/4" H.S. Bolts at Chiller and Condenser.  
Visually checked all 7/8" A325 snaroffs

**ROOF TORQ OK**