

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

_____, 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

_____, (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 min

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: _____

 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

201 Harris Avenue, Suite 14
Sacramento, CA 95838
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	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: * 20 miles Round Trip to Pick up Permits in Sacramento.

Inspector's Signature: [Signature]

Verification Signature: [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.				



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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: ~~_____~~ Reinforced
 Continuous Periodic

Prime Contractor _____ Superintendent _____

Summary of Work Done _____

WHILE IN SITE I OBSERVED THE INSTALLATION OF 91
5/8" x 16' HULL EXPOSED ANCHORS. ALL WORK TO BE DONE
TO 95 FT CBS AS PER CHART 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 [Signature] Date: 11/1/00

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

- 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: _____

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
LABORATORIES**

- 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: _____

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**

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, REVIEWED TWO A2 DRAWINGS
WALKED IN SHOP AND REVIEWED TO SITE,
THESE WERE WALKED IN ACCORDANCE WITH
SECTION 01-20-00-02 OF BIDDING 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]
(ATTACH - Quantities Reports, Inspector's Check List)

Date: 11-9-00

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 fillet welds
 multi-pass fillet 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 Report.

- 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 hilift grouting.

Inspected: a. Hilift; 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: 10
 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 #
710	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: Quast
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 _____

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: _____ 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:
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