CITY OF BEMIDJI
Special Structural Testing & Inspection Program
Summary Schedule

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<tr>
<th>Technical (2)</th>
<th>Description (3)</th>
<th>Type of Inspector (4)</th>
<th>Specific Report Frequency (5)</th>
<th>Assigned Firm (6)</th>
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Note: This schedule shall be filled out and included in a Special Structural Testing and Inspection Program.
(If not otherwise specified, assumed program will be “Guidelines for Special Inspection & Testing” as contained in the State Building Code and as modified by the state adopted IBC.)
*A complete specification-ready program can be downloaded directly by visiting CASE/MN at www.cecm.org*

(1) Permit No. to be provided by the Building Official
(2) Referenced to the specific technical scope section in the program.
(3) Use descriptions per Chapter 17, as adopted by Minnesota State Building Code.
(4) Special Inspector – Technical (SIT); Special Inspector – Structural (SIS)
(5) Weekly, monthly, per test/inspection, per floor, etc.
(6) Name of Firm contracted to perform services.

ACKNOWLEDGEMENTS (Each appropriate representative shall sign below)

Owner: __________________ Firm: __________________ Date: ______________
Contractor: __________________ Firm: __________________ Date: ______________
Architect: __________________ Firm: __________________ Date: ______________
SER: __________________ Firm: __________________ Date: ______________
SI-T: __________________ Firm: __________________ Date: ______________
SI-S: __________________ Firm: __________________ Date: ______________
TA: __________________ Firm: __________________ Date: ______________
F: __________________ Firm: __________________ Date: ______________

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified as an attachment.

Legend:  
SER = Structural Engineer of Record  
SI-T = Special Inspector – Technical  
SI-S = Special Inspector – Structural  
TA = Testing Agency  
F = Fabricator

Accepted for the Building Department by ___________________________ Date: ______________