Send To: contrec@okstate.edu kyle.w.smith@okstate.edu



SURVEYOR INSPECTION / OBSERVATION REQUEST

Inspection	
Observation	
Project Name:	
Project Location:	
Date Request Submitted:	
Inspection is requested prior to date a	ind time:
Type of Inspection Requested	
Description of work to be inspected and I	ocation (Area or Room) (Give detailed description of the
entire area to be inspected). Example: Footings @ grid line xx & yy or north wall, or floor in room 100	
INSPECTIONS / OBSERVATIONS HAVE	BEEN CONDUCTED AND THE WORK IS:
Approved to continue:	
	Inspector / Observer Signature / Date
Approved to Continue as Noted:	
	Inspector / Observer Signature / Date
Notes:	
Not Approved to Continue:	
Not Approved to Continue.	Language (Olamona Circum) D. da
Notes:	Inspector / Observer Signature / Date
ivoles.	