PINELLAS COUNTY SCHOOLS	**INSPECTION REQUEST** Project #_____ Facility_____ Architect _____ Contractor _____ ☐ Building ☐ Mechanical ☐ Electrical ☐ Paint ☐ Plumbing ☐ Civil ☐ Fire/Life and Safety	**REQUEST # _____** *Request numbers shall be in sequence*

CONTRACTOR TO COMPLETE THIS SECTION	
INSPECTION REQUESTED BY:	**Cell #:**
BUILDING #:	**SHEET/DRAWING #:**
DATE INSPECTION NEEDED:	**PARTIAL:** ☐ **FINAL:** ☐
TYPE OF INSPECTION:	
IF PARTIAL INSPECTION IS REQUESTED, LOCATION OF INSPECTION REQUIRED	

INSPECTOR TO COMPLETE THIS SECTION	
INSPECTION RESULTS	
DATE OF INSPECTION:	**TIME OF INSPECTION:**
INSPECTOR NAME:	
INSPECTOR SIGNATURE:	
INSPECTION PASSED: ☐	**INSPECTION FAILED:** ☐
REASON FOR FAILED INSPECTION:	
COMMENTS:	

COPIES SENT TO: FILE: _____ COORDINATOR: _____ PA/E: _____ CONTRACTOR: _____

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