Report of One-Year Corrective Inspection

Fill in the project identification below.

Project:
Include SBC number and work name.

An inspection was conducted on

Fill in the date of inspection above.

Mark only one of the following.

☐ for all of the Work of the contract.
☐ for only the portion of the Work identified below:

Fill in a description below only if this latter box is checked.

Leave space above blank if inspection is for all of the Work of the Contract.

Mark only one of the following.

In the Work or portion thereof identified above ...

☐ **No corrections** are known to be required at this time.
☐ **Corrections are needed**,

If the latter of the two boxes above is marked, provide an attached list, and a date below.

and are identified in an attached list, which the Contractor will address by

Leave space above blank or “n/a” if no list of corrections.

Fill in signatory name and company name below the signature line.

DESIGNER Signature: