



CITY OF OXNARD PROCEDURES FOR SPECIAL INSPECTION

Special Inspection is the monitoring of materials, construction procedures and workmanship while the work is in progress. It is in addition to the regular inspections performed by the City of Oxnard, which focus on code compliance of the end products instead of working procedures and workmanship. As used in this bulletin, the term *Special Inspection* includes sampling and testing of materials and specimens.

Special Inspectors, who are retained by the owner or design professional to assist in quality control of construction, do not represent an extension of the City of Oxnard's inspection services. The code, however, requires that they be pre-qualified by the Building Official by demonstrating their expertise in the type of work they inspect.

Special Inspection often requires continuous inspection, in which case the Special Inspector must be on site at all times while work is in progress. Some Special Inspections may be made on a periodic basis per the tables in Section 1705 of the 2019 edition of the California Building Code provided the inspection schedule is outlined on the plans and specifications and approved by the Building Official.

This bulletin provides specific guidelines with which a project may comply with the Special Inspection requirements of the 2019 edition of the California Building Code. It should be noted, however, the Special Inspectors should follow the *Special Inspection Program* and other quality control requirements specified in the construction documents approved by the City of Oxnard. Based on specific needs of each project, design professionals often prescribe more stringent quality assurance programs than those required by the California Building Code (CBC). The scopes of inspection that are required of the Special Inspectors for a particular project may very well exceed those outlined in this bulletin.

1. Special Inspection Program

When Special Inspection or Structural Observation is required by Chapter 17 of the CBC, the owner or architect / engineer of record shall prepare an Inspection and Observation Program that shall be submitted to the Building Official for approval prior to issuance of the building permit. The following procedures are provided to meet this requirement:

- a. The City of Oxnard's *Special Inspection Program* Form (see pages 9 & 10) or a similar form approved by the City, shall be used for the *Special Inspection Program*, and
- b. The *Special Inspection Program*, along with a Structural Observation Program where applicable, shall be made a part of the approved plans.

CBC Section 1704.2 requires that the owner or the owner's authorized agent, other than the contractor, shall employ the Special Inspectors. The *Special Inspection Program*, and any subsequent substitution thereof, should include a declaration signed by the person who hires the Special Inspectors. The Building Official may waive certain *Special Inspection Program* requirements pursuant to the Exceptions listed in Section 1704.2.

2. Registration and Approval List

Prospective Special Inspectors shall complete the City of Oxnard's *Special Inspector Registration Form* (see pages 5 and 6). Based on the information provided on the form, and an interview with the Supervising Building Inspector, qualified inspectors shall be approved. Only approved Special Inspectors will be permitted within the City of Oxnard.

Upon approval, Special Inspectors shall pay the required fees and will be issued a registration number with the City. Certifications expire on June 30 of even numbered years. Fees are not prorated. It shall be the responsibility of the Special Inspector to renew their registration before it expires. Renewal Applications submitted more than 30 days after the expiration date will be considered New Applications when calculating fees.

The Building Inspection Office shall maintain a list of approved inspectors with contact information, certification fields and expiration dates.

3. Minimum Qualifications of Special Inspectors

CBC Section 1704.2.1 empowers the Building Official to determine whether an individual is qualified as a Special Inspector based on a person's competence and relevant experience or training in a particular type of construction. The following criteria are to establish a minimum competence level by which an individual may be qualified:

a. Individual vs. Company. To determine whether an individual is qualified as a Special Inspector, consideration must be based on the individual's own merits. Being employed by a reputable testing lab or inspection firm alone is not sufficient to qualify an individual as a Special Inspector. The individual who performs the inspection must meet the criteria described in this section and be approved by the Building Official before any inspection.

b. Registered Design Professional. The registered design professional in responsible charge and engineers of record involved in the design of the project are permitted to act as the approved agency and their personnel are permitted to act as Special Inspectors for the work designed by them, provided they qualify as Special Inspectors.

c. Certification. Except for smoke control, all Special Inspectors shall be certified in their areas of expertise. The table shown on page 4 of this information bulletin indicates required certification for each type of Special Inspection and the recognized agencies who issue such or equivalent certifications.

4. Responsibilities of the Special Inspector

In addition to any duties that may arise out of a particular service agreement between the Special Inspector and the client, all Special Inspectors shall fulfill the following basic responsibilities:

a. Start Work Notification. Before starting any inspection for a project, the Special Inspector must notify the Building Inspection Office. This notification shall be made no later than 8:15 a.m. the day of the inspection. The Special Inspector shall fax or hand deliver the *City of Oxnard Special Inspection Notification* form to the Building Inspection Office.

b. Observing Designated Work. The Special Inspector shall observe the work assigned for conformance to the approved plans, specifications, and the applicable code requirements. Where continuous inspection is required, the Special Inspector shall be present at all times while the work is in progress. Where periodic inspection is specified in the *Special Inspection Program* for the project, or otherwise required by the CBC, the Special Inspector shall inspect the work according to the schedule outlined in the plans and specifications, and make sure that the periodic inspection is adequate to satisfy the purpose of a continuous inspection on the particular work.

c. Reporting Discrepancies. Work not conforming to the approved plans, specifications, and applicable code requirements shall be brought to the immediate attention of the Contractor for correction. If any discrepancy is not corrected in a timely manner, the Special Inspector shall submit a *Discrepancy Report* to the Building Inspector, using the *City of Oxnard Special Inspection Report* form or a comparable replica, and distribute copies to the Contractor, Architect/Engineer of Record and the Owner.

d. Filing a Conformance Report. If no discrepancies are observed, or all discrepancies are corrected in a timely manner, the Special Inspector shall submit a *Conformance Report* to the Building Inspector, using the *City of Oxnard Special Inspection Report* form, and distribute copies to the Contractor, Architect/Engineer of Record and the Owner. If the duration of the work is longer than five days, a progress *Conformance Report* shall be submitted at intervals of no more than five days.

e. Required Inspection Result Documents. Special Inspection reports (including material testing reports) shall be submitted using the *City of Oxnard Special Inspection Report* form. If the required information is submitted on another form, it shall include all the information requested on the *City of Oxnard Special Inspection Report* form.

- **Progress Reports** (*if multiple inspection reports are necessary due to size or scope of project*). Progress inspection documents shall be completed and kept on the job for review by the Building Inspector at any time.
- **Final Report.** The completion of work within a category shall be evidenced by the Final Report box being checked. And this report shall be kept on file at the job site. A copy of this report and all progress inspection reports (including material test reports) shall be given to the Building Inspector prior to requesting Final Building Inspection.

City of Oxnard
 Procedures for Special Inspection

| Special Inspection Category | Certifications will be accepted from the following agencies. |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Structural Welding | ICC - Structural Welding; L.A. City - Steel Construction; |
| High-strength Bolting | ICC - Structural Steel and Bolting; L.A. City - Steel Construction; |
| Reinforced Concrete/Gyp-crete | ICC - Reinforced Concrete; L.A. City and ACI - Concrete Construction |
| Pre-stressed/Post-tension Tendons | ICC and L.A. City - Pre-stressed Concrete |
| Shotcrete | ICC - Reinforced Concrete; ACI - Concrete Construction; L.A. City - Shotcrete or Concrete Construction; |
| Drilled-in Anchors | ICC - Reinforced Concrete or Structural Masonry or Structural Steel and Bolting or Master of Special Inspection; L.A. City - Drilled-in Anchors; ACI - Adhesive Anchor Installation |
| Masonry Construction | ICC - Structural Masonry; L.A. City - Masonry Construction |
| Soils | ICC - Soils; L.A. City - Soils Technician; or the Engineering Geologist of record |
| Piling, Drilled Piers, Caissons | ICC - Reinforced Concrete and the Geotechnical Report; L.A. City and ACI - Concrete Construction and the Geotechnical Report |
| Structural Wood / Plate Trusses | ICC - Residential or Commercial Building Inspector or Master of Special Inspection; L.A. City - Wood Construction |
| Sprayed Fire-resistant Materials | ICC - Spray-applied Fireproofing; L.A. City - Sprayed Fire-resistant Materials |
| Exterior Insulation and Finish Systems | ICC - Residential or Commercial Building Inspector or Master of Special Inspection; L.A. City - Exterior Insulation and Finish Systems; or AWCI Certification |
| Smoke Control Systems | L.A. City - Smoke Control and Air Balancer Certification; or Documented Expertise in Fire Protection Engineering and Mechanical Engineering plus Air Balancer Certification (NEBB,AABC) |
| Architectural Components | ICC - Residential or Commercial Building Inspector or Master of Special Inspection |

Note: The City of Oxnard does not currently accept L.A. County certifications because expiration dates cannot be verified on line.

Special Inspector Fee Schedule –

There is currently no fee for Special Inspector Registration in the City of Oxnard.



**CITY OF OXNARD
SPECIAL INSPECTOR
REGISTRATION**

When Completed Return to:
Community Development, Building Inspections
214 South C Street, Oxnard, CA 93030
Phone (805) 385-7936 Fax (805) 385-7920

PLEASE PRINT LEGIBLY

Full Legal Name: _____

Your Phone No: _____ Company (or Self): _____

Your Complete Address: _____

New Application Renewal Application Re-application for Expired Certification

Categories of Registration:

Please check all that apply. You will need to provide copies of your Drivers License and the Certifications you are submitting as qualification for the categories applied for. See page 4 for accepted certifications per category.

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Structural Welding | <input type="checkbox"/> Soils |
| <input type="checkbox"/> High-strength Bolting | <input type="checkbox"/> Piling, Drilled Piers, Caissons |
| <input type="checkbox"/> Reinforced Concrete/Gyp-Crete | <input type="checkbox"/> Structural Wood / Plate Trusses |
| <input type="checkbox"/> Pre-stressed/Post-tension Tendons | <input type="checkbox"/> Sprayed Fire-resistant Materials |
| <input type="checkbox"/> Shotcrete | <input type="checkbox"/> Exterior Insulation and Finish |
| <input type="checkbox"/> Drilled-in Anchors | <input type="checkbox"/> Smoke Control |
| <input type="checkbox"/> Masonry Construction | <input type="checkbox"/> Architectural Components |
| <input type="checkbox"/> Other _____ | |

Education and Experience:

Please complete the Education and Experience information on the page that follows.

Declaration:

I have read and understand the preceding "Responsibilities of Special Inspector" Section. I hereby affirm that all the information I have given is true and complete to the best of my knowledge. I will apply for renewal prior to the expiration of certification and I will immediately notify this jurisdiction in writing if any certification listed above is no longer in good standing. I understand that any false statement herein will subject me to disqualification at any time.

Applicant Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Approved - ID# _____ Not Approved _____

EXPERIENCE AND EDUCATION

EXPERIENCE: Begin with your most recent job. List previous work experience you have in the last 10 years that is relevant to the certification categories you are applying for. Clearly indicate the duties performed and the dates you were employed. If you have no, or limited, work experience in the field, also complete the Education Section below.

| DATES | | EMPLOYER | DUTIES |
|--------------|--------|-------------------|--------------|
| MONTH / YEAR | | NAME OF EMPLOYER: | YOUR TITLE: |
| FROM: | TO: | ADDRESS: | YOUR DUTIES: |
| TOTAL | | | |
| YEARS | MONTHS | PHONE: | |

| DATES | | EMPLOYER | DUTIES |
|--------------|--------|-------------------|--------------|
| MONTH / YEAR | | NAME OF EMPLOYER: | YOUR TITLE: |
| FROM: | TO: | ADDRESS: | YOUR DUTIES: |
| TOTAL | | | |
| YEARS | MONTHS | PHONE: | |

| DATES | | EMPLOYER | DUTIES |
|--------------|--------|-------------------|--------------|
| MONTH / YEAR | | NAME OF EMPLOYER: | YOUR TITLE: |
| FROM: | TO: | ADDRESS: | YOUR DUTIES: |
| TOTAL | | | |
| YEARS | MONTHS | PHONE: | |

| DATES | | EMPLOYER | DUTIES |
|--------------|--------|-------------------|--------------|
| MONTH / YEAR | | NAME OF EMPLOYER: | YOUR TITLE: |
| FROM: | TO: | ADDRESS: | YOUR DUTIES: |
| TOTAL | | | |
| YEARS | MONTHS | PHONE: | |

EDUCATION: List any education you would like to be considered when reviewing your application for approval. You must complete this section if you have no, or limited, work experience in the field performing Special Inspections.

| | | | | | | |
|-----------------------------------------------------------|-------|--------------------------------|----------------------------------|--------------------------|-----------------------|--------------------------------|
| H.S. Education: Circle Last Grade Completed | | DID YOU GRADUATE? YES NO | IF NOT, HAVE YOU PASSED THE GED? | | | |
| 9 | 10 | | YES | NO | | |
| NAMES AND LOCATIONS OF COLLEGES OR TRADE SCHOOLS ATTENDED | | DATES ATTENDED | MAJOR | UNITS COMPLETED IN MAJOR | TOTAL UNITS COMPLETED | DEGREE OR CERTIFICATE RECEIVED |
| Name: | FROM: | | | | | |
| City & State: | TO: | | | | | |
| Name: | FROM: | | | | | |
| City & State: | TO: | | | | | |
| Name: | FROM: | | | | | |
| City & State: | TO: | | | | | |

ATTACH ADDITIONAL SHEETS AS REQUIRED



**CITY OF OXNARD
SPECIAL INSPECTION
NOTIFICATION**

Community Development, Building Inspections
214 South C Street, Oxnard, CA 93030
Phone (805) 385-7936 Fax (805) 385-7920
Office Hours 8:00 a.m. – 5:00 p.m.

Complete this form and provide a copy to Community Development, Building Inspections by 8:15a.m. the day of the scheduled Special Inspection. The form may be hand delivered or faxed to (805) 305-7920.

PROJECT ADDRESS _____

PERMIT/APPLICATION NUMBER _____

DATE AND TIME OF SCHEDULED WORK _____

Full Name of Special Inspector _____

City of Oxnard Special Inspector Number _____

Phone Number of Special Inspector _____

Type of Inspection:

- | | | |
|------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete Reinforcement | <input type="checkbox"/> Masonry Construction |
| <input type="checkbox"/> Shotcrete/Gunite | <input type="checkbox"/> Pre-stressed Concrete | <input type="checkbox"/> Reinforced Gypsum Concrete |
| <input type="checkbox"/> Structural Welding | <input type="checkbox"/> High-strength Bolting | <input type="checkbox"/> Bolts in Concrete/Masonry |
| <input type="checkbox"/> Soils, Excavation and Fills | <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> Piling, Piers and Caissons |
| <input type="checkbox"/> Smoke Control | <input type="checkbox"/> Material Testing | <input type="checkbox"/> Sprayed Fire-resistant Materials |
| <input type="checkbox"/> Architectural Components | <input type="checkbox"/> Wood / Plate Trusses | <input type="checkbox"/> Other _____ |

Description of work:



**CITY OF OXNARD
SPECIAL INSPECTION
REPORT**

Community Development, Building Inspections
214 South C Street, Oxnard, CA 93030
Phone (805) 385-7936 Fax (805) 385-7920
Office Hours 8:00 a.m. – 5:00 p.m.

Complete the following and provide a minimum of four copies; one each for the Contractor, Architect/Engineer of Record, and Owner plus one to be assembled with all Special Inspection reports in this category. Once the final report is ready, submit the complete set to the Building Inspector.

PROJECT ADDRESS _____

PERMIT/APPLICATION NUMBER _____

DESCRIPTION OF WORK _____

Full Name of Special Inspector _____

Phone Number of Special Inspector _____

DISCREPANCY REPORT

All discrepancies shall be brought to the immediate attention of the Contractor for correction. If corrections are not made in a timely manner, this report shall be used as a DISCREPANCY NOTICE. Submit the original to the Building Inspector and copies to the Contractor, Architect/Engineer of Record, and Owner.

CONFORMANCE REPORT

If work conforms to the approved design and code requirements, submit this report to the Building Inspector and copies to the Contractor, Architect/Engineer of Record, and Owner no later than the business day following the conclusion of the Special Inspection. For inspections greater than 5 days duration, submit a CONFORMANCE REPORT at least once every week.

THIS IS A: Progress Report

Final Report – Page No. _____ of _____

Type of Inspection:

- | | | |
|------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Concrete Reinforcement | <input type="checkbox"/> Masonry Construction |
| <input type="checkbox"/> Shotcrete/Gunite | <input type="checkbox"/> Pre-stressed Concrete | <input type="checkbox"/> Reinforced Gypsum Concrete |
| <input type="checkbox"/> Structural Welding | <input type="checkbox"/> High-strength Bolting | <input type="checkbox"/> Bolts in Concrete/Masonry |
| <input type="checkbox"/> Soils, Excavation and Fills | <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> Piling, Piers and Caissons |
| <input type="checkbox"/> Smoke Control | <input type="checkbox"/> Material Testing | <input type="checkbox"/> Sprayed Fire-resistant Materials |
| <input type="checkbox"/> Architectural Components | <input type="checkbox"/> Wood / Plate Trusses | <input type="checkbox"/> Other _____ |

I HEREBY DECLARE THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE:

1. I AM, OR MY COMPANY IS, RETAINED BY THE OWNER OR THE ARCHITECT/ENGINEER OF RECORD TO PROVIDE SPECIAL INSPECTION FOR THE WORK COVERED IN THIS REPORT.
2. I HAVE PERFORMED THE REQUIRED INSPECTION DURING THE TIME PERIOD AS STATED ABOVE.
3. THE WORK COVERED IN THIS REPORT IS IN CONFORMANCE TO THE APPROVED PLANS, SPECIFICATIONS AND APPLICABLE WORKMANSHIP PROVISIONS OF THE CODE, EXCEPT AS INDICATED OTHERWISE.

Signature

Special Inspector Number

Date

| | |
|-----------------------------------------------------------------------|---------------|
| For Department Use only: Reviewed, Accepted and Ready for Imaging: | |
| _____ Building Inspector | _____ Date |



CITY OF OXNARD
SPECIAL INSPECTION
PROGRAM

The following Special Inspection Program, or a comparable replica, shall be submitted prior to plan check approval. It must be incorporated into the building structural design plan submittal.

Project Address _____ **Permit Number** _____

Description of Work: _____

Owner _____ Architect _____ Engineer _____

Phone _____ Phone _____ Phone _____

Email _____ Email _____ Email _____

| Items (only checked items are required) | Description (only checked items are required) |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> All Concrete <input type="checkbox"/> All except _____ Test: _____ per _____ c.y. : _____ @7 days, _____ @28 days, _____ hold. |
| <input type="checkbox"/> Bolts Installed in Concrete or Masonry | <input type="checkbox"/> Bolts in existing concrete/masonry <input type="checkbox"/> Bolts in shear walls <input type="checkbox"/> Epoxy <input type="checkbox"/> Cast-in-place |
| <input type="checkbox"/> Special Moment-resisting Concrete Frames | <input type="checkbox"/> Locations as indicated <input type="checkbox"/> All Concrete Frames Test: _____ per _____ c.y. : _____ @7 days, _____ @28 days, _____ hold. |
| <input type="checkbox"/> Reinforcing Steel and Pre-stressing Tendons | <input type="checkbox"/> Stressing and grouting of tendons Steel placement: <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Continuous Inspection |
| <input type="checkbox"/> Structural Welding | <input type="checkbox"/> All welds except Periodic: <input type="checkbox"/> Single pass fillet welds <5/16" <input type="checkbox"/> Cladding Connection <input type="checkbox"/> Reinforcing Steel <input type="checkbox"/> Cold-formed studs/joist <input type="checkbox"/> Metal Deck <input type="checkbox"/> Stairs & Railing <input type="checkbox"/> Welded Studs NDT: <input type="checkbox"/> UT <input type="checkbox"/> Rg <input type="checkbox"/> MPT <input type="checkbox"/> PT |
| <input type="checkbox"/> High-strength Bolting | Snug tight: <input type="checkbox"/> All <input type="checkbox"/> As indicated Pre-tension: <input type="checkbox"/> All <input type="checkbox"/> As indicated |
| <input type="checkbox"/> Shotcrete | <input type="checkbox"/> Pre-construction panel testing <input type="checkbox"/> In-place cores testing |
| <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Periodic Inspection during placing of concrete <input type="checkbox"/> Strength testing |
| <input type="checkbox"/> Reinforced Gypsum Concrete | Mixing & Placement: <input type="checkbox"/> Continuous Inspection <input type="checkbox"/> Periodic Inspection <input type="checkbox"/> Test _____ specimens/5,000ft ² during construction |

| | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Working Stress Design: <input type="checkbox"/> full-stress <input type="checkbox"/> half-stress <input type="checkbox"/> as indicated; <input type="checkbox"/> Strength Design <input type="checkbox"/> Empirical Design Testing: <input type="checkbox"/> Before <input type="checkbox"/> During Other remarks: Prisms Grout Mortar Units |
| <input type="checkbox"/> Soils: Grading, Excavation & Fill | Inspections: <input type="checkbox"/> Continuous <input type="checkbox"/> Periodic Civil Engineer <input type="checkbox"/> Geotechnical/Soils Engineer <input type="checkbox"/> Engineering Geologist <input type="checkbox"/> Certified Grading Inspector <input type="checkbox"/> <input type="checkbox"/> Subgrade tests @ _____ ft ² <input type="checkbox"/> Compaction tests @ _____ ft ² each lift |
| <input type="checkbox"/> Piling, Drilled Piers and Caissons | <input type="checkbox"/> Inspection by Geotechnical Engineer in addition to S.I. <input type="checkbox"/> Load testing Driving: <input type="checkbox"/> Continuous Inspection <input type="checkbox"/> Periodic Inspection Drilling <input type="checkbox"/> Continuous Inspection <input type="checkbox"/> Periodic Inspection |
| <input type="checkbox"/> Light Frame Construction - Seismic Resistance | <input type="checkbox"/> Continuous Inspection during field gluing operations <input type="checkbox"/> Periodic Inspection of nailing, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including: wood shear walls, wood diaphragms, drag struts, braces, shear panels and hold downs. Note: Special Inspection of walls and diaphragms with fasteners spaced greater than 4" o.c. is not required. |
| <input type="checkbox"/> Sprayed Fire-resistant Materials | <input type="checkbox"/> Fireproofing schedule as indicated <input type="checkbox"/> Prepared a fireproofing schedule as an attachment to S.I. Report Spray application: <input type="checkbox"/> Continuous Inspection <input type="checkbox"/> Periodic Inspection |
| <input type="checkbox"/> Smoke-control Systems | Duct erection: <input type="checkbox"/> Continuous Inspection <input type="checkbox"/> Periodic Inspection Air testing: <input type="checkbox"/> Differential pressure <input type="checkbox"/> Air velocity <input type="checkbox"/> Exhaust Rate <input type="checkbox"/> Power system test <input type="checkbox"/> Detection & Control system test |
| <input type="checkbox"/> Others | |

DECLARATION BY OWNER OR ARCHITECT / ENGINEER OF RECORD

I, the Owner Architect / Engineer of Record (please check item that applies), declare that I will hire the Special Inspector(s) for the fields noted above. I further understand that the inspector must have the prior approval of the City of Oxnard and must provide prior written notice of when the inspections will take place.

Signature _____ Date _____