

Form F9 – Verification of Completed Inspections

School District: _____

Name of School: _____

Address: _____

Project Name: _____

Project Scope: _____

If this is a phased project, describe phase name and scope:

Inspections Completed (check which applies):

☐ Above the Ceiling (*Applies to Verification of Inspection – Above Ceiling*)

☐ Final (*Applies to Verification of Inspection - Final Inspection*)

Verification of Inspection – Above Ceiling

I attest that I have performed an above ceiling inspection for the following areas:

I attest that:

1. All major above ceiling inspection deficiencies have been resolved and there are no open deficiencies related to Fire Protection systems and Life Safety Systems. See the Chapter 1 Inspection Report attached to this form that provides the description, specific location, action taken, date of resolution, and any additional information directly related to the deficiency and method of resolution.
2. I performed the required inspection for Above Ceiling during construction and the area in review is ready for concealment. The ceiling systems can be installed for the inspected area(s) per the approved construction documents.

Verification of Inspection – Final Inspection

I attest that I have performed the final inspection for the project listed herein and attest to the following:

1. All major deficiencies have been resolved and there are no open deficiencies related to Fire Protection systems and Life Safety Systems. See the Chapter 1 Inspection Report attached to this form that provides the description, specific location, action taken, date of resolution, and any additional information directly related to the deficiency and method of resolution.
2. All applicable items on the OSF Form F4 have been completed and verified. The Form F4 has been submitted to both the Preferred Chapter 1 Inspector and to OSF, by the design professional, prior to the Final Inspection.
3. The project is safe to occupy and is ready for a Certificate of Approval (CA) to be issued by OSF.

Signatures:

Preferred Chapter 1 Inspector: Your signature means that you conducted this inspection, you are on the OSF Preferred Chapter 1 Inspectors list, you are current with your ICC certification as a Master Code Professional and/or Certified Building Official, and Licensure as a Building Codes Enforcement Officer by SC LLR / SC BCC.

Name (typed): _____

Title: _____

Signature: _____

Date: _____

Architect or Engineer of Record: Your signature means you are attesting, based on your observations, this information is true and accurate.

Name (typed): _____

Title: _____

Signature: _____

Date: _____

District Representative: Your signature means you are attesting, based on your observations, this information is true and accurate.

Name (typed): _____

Title: _____

Signature: _____

Date: _____