SOUTH CAROLINA DEPARTMENT OF EDUCATION

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: (School District) _____ acknowledges that our district utilized a Chapter 1 Inspector from the *OSF Preferred Listing of Chapter 1 Inspectors* list as referenced in OSF's Policy and Procedures Manual. The Preferred Chapter 1 Inspector utilized was (Name) _____ with (Company) _____.

Name (typed): _____ Title: _____

Signature: _____ Date: _____