

University of Missouri Building Inspection Report

Date: _____ Campus: _____

Project #: _____

Project Name: _____

Inspector Name/Contact Info: _____

Weather conditions (check all that apply)

Outside temperature: _____

Clear		Overcast	
Rain		Storm	
Snow		Very Dry	
Icy		Other:	
Muddy			

Reason for inspection (check all that apply)

Initial inspection	
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CC:Project software file GC Superintendent (Constr Services for in house projects) Owners rep Consultant/EOR and AHJ (if stop work required)
