



# Cayman Islands Government Department of Planning Special Inspection

Project:

Location:

Owner:

Design Professional in Responsible Charge:

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the Building Code. It includes a schedule of Special Inspection services applicable to this project as well as the name of the Special Inspection Coordinator and the identity of other approved agencies to be retained for conducting these inspections and tests. This *Statement of Special Inspections* encompasses all aspects of Structural Tests and Special Inspections as stated in Chapter 17, IBC, as adopted.

The Special Inspection Coordinator shall keep records of all inspections performed and shall furnish inspection reports to the Director of Planning and the Registered Design Professional in Responsible Charge. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Director of Planning and the Registered Design Professional in Responsible Charge. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Director of Planning and the Registered Design Professional in Responsible Charge.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Use and Occupancy.

Interim Report Frequency:

or  per attached schedule.

Prepared by:

\_\_\_\_\_

(type or print name)

\_\_\_\_\_

Signature

Date



*Design Professional Seal*

Owner's Authorization:

Director of Planning Acceptance:

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Signature

Date



**Cayman Islands Government  
Department of Planning  
Special Inspection**

Page      of

## Schedule of Inspection and Testing Agencies

This Statement of Special Inspections / Quality Assurance Plan include the following building systems:

- |   |  |
|---|--|
| <input type="checkbox"/> Soils and Foundations<br><input type="checkbox"/> Cast-in-Place Concrete<br><input type="checkbox"/> Precast Concrete<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Cold-Formed Steel Framing | <input type="checkbox"/> Spray Fire Resistant Material<br><input type="checkbox"/> Wood Construction<br><input type="checkbox"/> Exterior Insulation and Finish System<br><input type="checkbox"/> Mechanical & Electrical Systems<br><input type="checkbox"/> Architectural Systems<br><input type="checkbox"/> Special Cases |
|---|--|

Special Inspection Agencies	Firm	Address, Telephone, e-mail
1. <b>Special Inspection Coordinator</b>		
2. Inspector		
3. Inspector		
4. Testing Agency		
5. Testing Agency		
6. Other		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Director of Planning, prior to commencing work.



**Cayman Islands Government  
Department of Planning  
Special Inspection**

Page      of

## **Quality Assurance Plan**

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### Quality Assurance for Seismic Resistance

Seismic Design Category

Quality Assurance Plan Required (Y/N)

Description of seismic force resisting system and designated seismic systems:

### Quality Assurance for Wind Requirements

Basic Wind Speed (3 second gust)

Wind Exposure Category

Quality Assurance Plan Required (Y/N)

Description of wind force resisting system and designated wind resisting components:

### Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated above must submit a Statement of Responsibility.



# Cayman Islands Government Department of Planning Special Inspection

## Soils and Foundations

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Shallow Foundations	PE/GE	<p><i>Inspect soils below footings for adequate bearing capacity and consistency with geotechnical report.</i></p> <p><i>Inspect removal of unsuitable material and preparation of subgrade prior to placement of controlled fill</i></p>
2. Controlled Structural Fill	PE/GE	<p><i>Perform sieve tests (ASTM D422 &amp; D1140) and modified Proctor tests (ASTM D1557) of each source of fill material.</i></p> <p><i>Inspect placement, lift thickness and compaction of controlled fill.</i></p> <p><i>Test density of each lift of fill by nuclear methods (ASTM D2922)</i></p> <p><i>Verify extent and slope of fill placement.</i></p>
3. Deep Foundations	PE/GE	<p><i>Inspect and log pile driving operations. Record pile driving resistance and verify compliance with driving criteria.</i></p> <p><i>Inspect piles for damage from driving and plumbness.</i></p> <p><i>Verify pile size, length and accessories.</i></p> <p><i>Inspect installation of drilled pier foundations. Verify pier diameter, bell diameter, lengths, embedment into bedrock and suitability of end bearing strata.</i></p>
4. Load Testing		



**Cayman Islands Government  
Department of Planning  
Special Inspection**

4. Other:		
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# Cayman Islands Government Department of Planning Special Inspection

## Cast-in-Place Concrete

Page        of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Mix Design	ACI-CCI ICC-RCSI	Review concrete batch tickets and verify compliance with approved mix design. Verify that water added at the site does not exceed that allowed by the mix design.
2. Material Certification		
3. Reinforcement Installation	ACI-CCI ICC-RCSI	Inspect size, spacing, cover, positioning and grade of reinforcing steel. Verify that reinforcing bars are free of form oil or other deleterious materials. Inspect bar laps and mechanical splices. Verify that bars are adequately tied and supported on chairs or bolsters
4. Post-Tensioning Operations	ICC-PCSI	Inspect placement, stressing, grouting and protection of post-tensioning tendons. Verify that tendons are correctly positioned, supported, tied and wrapped. Record tendon elongations.
5. Welding of Reinforcing	AWS-CWI	Visually inspect all reinforcing steel welds. Verify weldability of reinforcing steel. Inspect preheating of steel when required.
6. Anchor Rods		Inspect size, positioning and embedment of anchor rods. Inspect concrete placement and consolidation around anchors.
7. Concrete Placement	ACI-CCI ICC-RCSI	Inspect placement of concrete. Verify that concrete conveyance and depositing avoids segregation or contamination. Verify that concrete is properly consolidated.
8. Sampling and Testing of Concrete	ACI-CFTT ACI-STT	Test concrete compressive strength (ASTM C31 & C39), slump (ASTM C143), air-content (ASTM C231 or C173) and temperature (ASTM C1064).
9. Curing and Protection	ACI-CCI ICC-RCSI	Inspect curing, cold weather protection and hot weather protection procedures.
10. Other:		



# Cayman Islands Government Department of Planning Special Inspection

## Precast Concrete

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Plant Certification / Quality Control Procedures <input type="checkbox"/> Fabricator Exempt	ACI-CCI ICC-RCSI	Review plant operations and quality control procedures.
2. Mix Design	ACI-CCI ICC-RCSI	Inspect concrete batching operations and verify compliance with approved mix design
3. Material Certification		
4. Reinforcement Installation	ACI-CCI ICC-RCSI	Inspect size, spacing, position and grade of reinforcing steel. Verify that reinforcing bars are free of form oil or other deleterious materials.
5. Prestress Operations	ICC-PCSI	Inspect placement, stressing, grouting and protection of prestressing tendons
6. Connections / Embedded Items		
7. Formwork Geometry		
8. Concrete Placement	ACI-CCI ICC-RCSI	Inspect placement of concrete. Verify that concrete conveyance and depositing avoids segregation or contamination. Verify that concrete is properly consolidated.
9. Sampling and Testing of Concrete	ACI-CFTT ACI-STT	Test concrete compressive strength (ASTM C31 & C39), slump (ASTM C143), air-content (ASTM C231 or C173) and temperature (ASTM C1064).
10. Curing and Protection	ACI-CCI ICC-RCSI	Inspect curing, cold weather protection and hot weather protection procedures.
11. Erected Precast Elements	PE/SE	Inspect erection of precast concrete including member configuration, connections, welding and grouting.
12. Other:		



# Cayman Islands Government Department of Planning Special Inspection

## Masonry

Required Inspection Level:  1  2

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Material Certification		
2. Mixing of Mortar and Grout	ICC-SMSI	<i>Inspect proportioning, mixing and re-tempering of mortar and grout.</i>
3. Installation of Masonry	ICC-SMSI	<i>Inspect size, layout, bonding and placement of masonry units.</i>
4. Mortar Joints	ICC-SMSI	<i>Inspect construction of mortar joints including tooling and filling of head joints.</i>
5. Reinforcement Installation	ICC-SMSI AWS-CWI	<i>Inspect placement, positioning and lapping of reinforcing steel. Inspect welding of reinforcing steel.</i>
6. Pre-stressed Masonry	ICC-SMSI	<i>Inspect placement, anchorage and stressing of pre-stressing bars.</i>
7. Grouting Operations	ICC-SMSI	<i>Inspect placement and consolidation of grout. Inspect masonry clean-outs for high-lift grouting.</i>
7. Weather Protection	ICC-SMSI	<i>Inspect hot weather protection procedures. Verify that wall cavities are protected against precipitation.</i>
9. Evaluation of Masonry Strength	ICC-SMSI	<i>Test compressive strength of mortar and grout cube samples (ASTM C780). Test compressive strength of masonry prisms (ASTM C1314).</i>
10. Anchors and Ties	ICC-SMSI	<i>Inspect size, location, spacing and embedment of dowels, anchors and ties.</i>
11. Other:		





# Cayman Islands Government Department of Planning Special Inspection

## Structural Steel

Page        of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt	AWS/AISC- SSI ICC-SWSI	<i>Review shop fabrication and quality control procedures.</i>
2. Material Certification	AWS/AISC- SSI ICC-SWSI	<i>Review certified mill test reports and identification markings on wide-flange shapes, high-strength bolts, nuts and welding electrodes</i>
3. Open Web Steel Joists		<i>Inspect installation, field welding and bridging of joists.</i>
4. Bolting	AWS/AISC- SSI ICC-SWSI	<i>Inspect installation and tightening of high-strength bolts. Verify that splines have separated from tension control bolts. Verify proper tightening sequence. Continuous inspection of bolts in slip-critical connections.</i>
5. Welding	AWS-CWI ASNT	<i>Visually inspect all welds. Inspect pre-heat, post-heat and surface preparation between passes. Verify size and length of fillet welds. Ultrasonic testing of all full-penetration welds.</i>
6. Shear Connectors	AWS/AISC- SSI ICC-SWSI	<i>Inspect size, number, positioning and welding of shear connectors. Inspect studs for full 360 degree flash. Ring test all shear connectors with a 3 lb hammer. Bend test all questionable studs to 15 degrees.</i>
7. Structural Details	PE/SE	<i>Inspect steel frame for compliance with structural drawings, including bracing, member configuration and connection details.</i>
8. Metal Deck	AWS-CWI	<i>Inspect welding and side-lap fastening of metal roof and floor deck.</i>
9. Other:		



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**Cold-Formed Steel Framing**

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Member Sizes		
2. Material Thickness		
3. Material Properties		
4. Mechanical Connections		
5. Welding		
6. Framing Details		
7. Trusses		
8. Permanent Truss Bracing		
9. Other:		



# Cayman Islands Government Department of Planning Special Inspection

## Spray-Applied Fire Resistant Material

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Material Specifications		
2. Laboratory Tested Fire Resistance Design	ICC-SFSI	Review UL fire resistive design for each rated beam, column, or assembly.
3. Schedule of Thickness	ICC-SFSI	Review approved thickness schedule.
4. Surface Preparation	ICC-SFSI	Inspect surface preparation of steel prior to application of fireproofing
5. Application	ICC-SFSI	Inspect application of fireproofing.
6. Curing and Ambient Condition	ICC-SFSI	Verify ambient air temperature and ventilation is suitable for application and curing of fireproofing.
7. Thickness	ICC-SFSI	Test thickness of fireproofing (ASTM E605). Perform a set of thickness measurements for every 1,000 SF of floor and roof assemblies and on not less than 25% of rated beams and columns.
8. Density	ICC-SFSI	Test the density of fireproofing material (ASTM E605).
9. Bond Strength	ICC-SFSI	Test the cohesive/adhesive bond strength of fireproofing ASTM E736). Perform not less than one test for each 10,000 SF.



**Cayman Islands Government  
Department of Planning  
Special Inspection**

10. Other:		
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# Cayman Islands Government Department of Planning Special Inspection

## Wood Construction

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt		<i>Inspect shop fabrication and quality control procedures for wood truss plant.</i>
2. Material Grading		
3. Connections		
4. Framing and Details		
5. Diaphragms and Shear walls		<i>Inspect size, configuration, blocking and fastening of shear walls and diaphragms. Verify panel grade and thickness.</i>
6. Prefabricated Wood Trusses		<i>Inspect the fabrication of wood trusses.</i>
7. Permanent Truss Bracing		
8. Other:		



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**Exterior Insulation & Finish Systems (EIFS)**

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Material Submittals		
2. Condition of Substrate		
3. Application of Foam Plastic Board		
4. Application of Coatings		
5. Application of Mesh		
6. Ambient Condition and Curing		
7. Flashing and Joint Details		
8. Sealants/Caulks		
9. Other:		



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**Mechanical & Electrical Systems**

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Smoke Control		
2. Mechanical, HVAC & Piping		
3. Electrical System		
4. Other: Medical Gas		



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**Architectural Systems**

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope
1. Wall Panels & Veneers		
2. Suspended Ceilings		
3. Access Floors		





**Cayman Islands Government  
Department of Planning  
Special Inspection**

4. Other:		
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# Cayman Islands Government Department of Planning Special Inspection

## Special Cases

Page      of

Statement of Special Inspection must state either periodic or continuous inspection and shall be specific to each project.

Item	Agency # (Qualif.)	Scope



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**SPECIAL INSPECTION DAILY REPORT**

Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Inspection type(s) coverage: \_\_\_\_\_

Continuous

Periodic

Inspection time: Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

Describe inspections performed, including locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Items needing correction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Corrected items from previous reports: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Item corrections remaining incomplete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Changes to approved plans authorized by Registered Design Professional in Responsible Charge:

\_\_\_\_\_  
\_\_\_\_\_

**Cayman Islands Government  
Department of Planning  
Special Inspection**



Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the work inspected was in accordance with the Department of Planning approved plans, specifications and applicable workmanship provisions of the IBC except as noted above.

Signed: \_\_\_\_\_

Inspection Agency\*: \_\_\_\_\_

Full Name (print): \_\_\_\_\_

Cc: Project Owner



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**SPECIAL INSPECTION WEEKLY REPORT**

Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name/Address: \_\_\_\_\_

Total inspection time each day:

Date							
Hours							
Inspection Type							
Frequency (P or C)							
Location							

P – Periodic inspection

C – Continuous inspection

Describe inspections made, including locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tests performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Items needing correction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Corrected items from previous reports: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Item corrections remaining incomplete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Changes to approved plans authorized by Registered Design Professional in Responsible Charge: \_\_\_\_\_



**Cayman Islands Government  
Department of Planning  
Special Inspection**

Comments:

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To the best of my knowledge, the work inspected was in accordance with the approved plans, specifications and applicable workmanship provisions of the Cayman Islands Building Code except as noted above.

Full Name (print): \_\_\_\_\_

Signed: \_\_\_\_\_  
Special Inspector



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**SPECIAL INSPECTION FINAL REPORT**

Project Name/Address: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Attention: \_\_\_\_\_

In accordance with Chapter 17 of the *Cayman Islands Building Code*, special inspection has been provided for the following items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I performed special inspection on the following portions of the work at the above address that required continuous inspections, and for which I was employed.

Based upon inspections performed and my substantiating reports, it is my professional judgment that, to the best of my knowledge, the inspected work was performed in accordance with the approved plans, specifications and applicable workmanship provisions of the *Cayman Islands Building Code*.

Full Name (print): \_\_\_\_\_

ID / Certificate Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Inspection Agency\*:



**Cayman Islands Government  
Department of Planning  
Special Inspection**

**STRUCTURAL OBSERVER DISCREPANCY NOTICE**

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Address: \_\_\_\_\_

Structural Observation Type/Coverage: \_\_\_\_\_

Notice delivered to:

- Contractor       Engineer/Architect       Department of Planning  
 Special Inspector       Owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Full Name (print): \_\_\_\_\_

Company: \_\_\_\_\_