**JOB CARD**

**SECTION A**

*This section must be completed by the Project Manager, DPOR, or Architect.*

**UCDH Project Name \***: **UCDH Project No \*:**

**UCDH Project Manager \*:**  **Email / Phone \*:**

**Revision No \*:** **Amended Construction Document (ACD) No:**

*(If applicable)*

**Project Address\*:**

***For Official Use Only***

**Certified Building Official (CBO) Reviewed Stamp**

**Fire Marshal Office (FMO) Reviewed Stamp**

**Building Inspection (BI) Services Approval Stamp**

**SECTION B**: Permitted construction documents, including job cards and plans, shall be posted and made available on-site for inspection. Each stage of work should be readily accessible for inspection and should receive approval before covering. Building Inspector (***BI***) and Fire Inspector (***FI)*** to initial and date upon completion of the construction work activities.

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| **UCDH Project Name:** | | | | **UCDH Project No:** | **ACD No:** | | | |
|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **SITE** |  | 1. | Site Access/Public Way |  |  |  |  |  |
|  | 2. | Landscape |  |  |  |  |  |
|  | 3. | Other |  |  |  |  |  |
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|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **FRAMING** |  | 1. | Exterior Wall Construction |  |  |  |  |  |
|  | 2. | Interior Wall Construction |  |  |  |  |  |
|  | 3. | Floor System(s) |  |  |  |  |  |
|  | 4. | Roof System(s) |  |  |  |  |  |
|  | 5. | Shaft Wall Framing |  |  |  |  |  |
|  | 6. | Suspended Ceiling System(s) |  |  |  |  |  |
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[[1]](#footnote-2)

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| **UCDH Project Name:** | | | | **UCDH Project No:** | **ACD No:** | | | |
|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **UNDERGROUND** |  | 1 | Sewer |  |  |  |  |  |
|  | 2. | Storm Water |  |  |  |  |  |
|  | 3. | Gas Piping/Pressure |  |  |  |  |  |
|  | 4. | Fire Protection - Hydro |  |  |  |  |  |
|  | 5. | Fire Protection - Flush |  |  |  |  |  |
|  | 6. | Fire Protection - Rough-in |  |  |  |  |  |
|  | 7. | Other |  |  |  |  |  |
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|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **MECHANICAL** |  | 1. | Ventilation/Exhaust |  |  |  |  |  |
|  | 2. | Combustion Air |  |  |  |  |  |
|  | 3. | Air Conditioning/Refrigeration |  |  |  |  |  |
|  | 4. | Insulation |  |  |  |  |  |
|  | 5. | Environmental Air System(s) |  |  |  |  |  |
|  | 6. | Specialty Ducting |  |  |  |  |  |
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|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **STRUCTURE** |  | 1. | Pilings/Caissons |  |  |  |  |  |
|  | 2. | Footings |  |  |  |  |  |
|  | 3. | Foundation Walls |  |  |  |  |  |
|  | 4. | Slab on Grade |  |  |  |  |  |
|  | 5. | Wall Drainage/Protection System(s) |  |  |  |  |  |
|  | 6. | Shear Walls |  |  |  |  |  |
|  | 7. | Steel Bolts |  |  |  |  |  |
|  | 8. | Steel Welds |  |  |  |  |  |
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|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **ELECTRICAL** |  | 1. | Underground |  |  |  |  |  |
|  | 2. | Main Service |  |  |  |  |  |
|  | 3. | Floor/Ceiling/Wall Rough |  |  |  |  |  |
|  | 4. | Meter/Generator |  |  |  |  |  |
|  | 5. | Grounding/Bonding |  |  |  |  |  |
|  | 6. | Other |  |  |  |  |  |
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|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **PLUMBING** |  | 1. | Water Service |  |  |  |  |  |
|  | 2. | Underground |  |  |  |  |  |
|  | 3. | Sanitary Piping |  |  |  |  |  |
|  | 4. | Potable Water |  |  |  |  |  |
|  | 5. | Piping Insulation |  |  |  |  |  |
|  | 6. | Medical/Lab Gas Piping |  |  |  |  |  |
|  | 7. | Gas Piping |  |  |  |  |  |
|  | 8. | Grease Traps |  |  |  |  |  |
|  | 9. | Gas Pressure |  |  |  |  |  |
|  | 10. | Check Valves/Backflow Preventor |  |  |  |  |  |
|  | 11. | Hazardous Material Piping |  |  |  |  |  |
|  | 12. | Other |  |  |  |  |  |
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| **UCDH Project Name:** | | | | **UCDH Project No:** | **ACD No:** | | | |
|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **FIRE-RATED ASSEMBLIES** |  | 1. | Exterior Wall Void Assembly |  |  |  |  |  |
|  | 2. | Wall Penetration |  |  |  |  |  |
|  | 3. | Floor/Ceiling Penetration |  |  |  |  |  |
|  | 4. | Seismic Joints |  |  |  |  |  |
|  | 5. | Access Doors/Hatches |  |  |  |  |  |
|  | 6. | Penetration Firestop/Fill Void Cavity |  |  |  |  |  |
|  | 7. | Base Layer/Outer Layer/Inner Shaft |  |  |  |  |  |
|  | 8. | Fire/Smoke Dampers |  |  |  |  |  |
|  | 9. | Drywall / Plaster / Backer Board |  |  |  |  |  |
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| **FIRE SYSTEMS** |  | 1. | Fire Alarm(s) Acceptance Testing |  |  |  |  |  |
|  | 2. | Special Suppression System/Rough-In Performance Test (PT) |  |  |  |  |  |
|  | 3. | Fire Sprinkler(s) – Rough |  |  |  |  |  |
|  | 4. | Fire Pump Performance Test (PT) |  |  |  |  |  |
|  | 5. | Fire Sprinkler Welding |  |  |  |  |  |
|  | 6. | Fire Sprinkler Hydro |  |  |  |  |  |
|  | 7. | Standpipe Flow Test |  |  |  |  |  |
|  | 8. | Other |  |  |  |  |  |
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| **UCDH Project Name:** | | | | **UCDH Project No:** | **ACD No:** | | | |
|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **FINAL INSPECTIONS** |  | 1. | Smoke Control |  |  |  |  |  |
|  | 2. | Fire Alarm |  |  |  |  |  |
|  | 3. | Fire Sprinkler / Standpipe |  |  |  |  |  |
|  | 4. | Fire Pump |  |  |  |  |  |
|  | 5. | Radiology Report |  |  |  |  |  |
|  | 6. | Emergency Responder Repeater (ERRCS) |  |  |  |  |  |
|  | 7. | Two-Way Communication System |  |  |  |  |  |
|  | 8. | Generator |  |  |  |  |  |
|  | 9. | Fire Department Access Key (Lock BOX) |  |  |  |  |  |
|  | 10. | Special Suppression System |  |  |  |  |  |
|  | 11. | Means of Egress |  |  |  |  |  |
|  | 12. | Hazardous Materials Management Plan |  |  |  |  |  |
|  | 13. | Exit Sign(s) |  |  |  |  |  |
|  | 14. | Plumbing - Drain Waste Chlorination/Bacteriological Testing |  |  |  |  |  |
|  | 15. | Plumbing/Gas |  |  |  |  |  |
|  | 16. | Accessibility |  |  |  |  |  |
|  | 17. | Structural |  |  |  |  |  |
|  | 18. | Electrical |  |  |  |  |  |
|  | 19. | Signage |  |  |  |  |  |
|  | 20. | Building Address |  |  |  |  |  |
|  | 21. | Air Balance Report |  |  |  |  |  |
|  | 22. | Range Hood(s)/Vent(s) |  |  |  |  |  |
|  | 23. | Mechanical - HVAC |  |  |  |  |  |
|  | 24. | Medical Gas Report |  |  |  |  |  |
|  | 25. | Anchor Bolt Torque Test Bearing Plate Slotted (BPS) Witness |  |  |  |  |  |
|  | 26. | Other |  |  |  |  |  |
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| **Supplemental Components: To be utilized by Building Inspection staff to capture components that were not specifically identified above.** | | | | | | | | |
| **UCDH Project Name:** | | | | **UCDH Project No:** | **ACD No:** | | | |
|  | **(X)**  **CHECK IF REQ’D** | **ITEM** | **TYPE OF INSPECTION** | **LIST ASSIGN AGENCIES AND / OR INDIVIDUALS** | **BI** | **DATE** | **FI** | **DATE** |
| **FINAL** |  | 1 | Supplemental 1 |  |  |  |  |  |
|  | 2. | Supplemental 2 |  |  |  |  |  |
|  | 3. | Supplemental 3 |  |  |  |  |  |
|  | 4. | Supplemental 4 |  |  |  |  |  |
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| **SECTION C** | **JOB CARD - SUMMARY OF CHANGES** |

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| **UCDH Building Number** | **UCDH Building Name** | **UCDH Project Number** |
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| ***Note:* Please delta any changes/revisions to the Job Card Program, Initial, and Date** | | | | | **UCDH Concurrence**  **(Initial / Date)** |
| **Revision Number** | **Synopsis Of Change** | **Architect / Engineer of Record Signature**  **(Initial / Date)** | **Structural Engineer of Record Signature**  **(Initial / Date)** | **Date of Effective Change** |
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**SIGN OFF SHEET**



**INSTRUCTIONS**

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| --- | --- | --- | --- |
| **Job Cards should be submitted in PDF Format Only** | | | |
| **Document Type** | **File Naming Convention** | **File Naming - Example** | **Description** |
| Job Card | <JobCard>\_<UCDHProject#>.pdf | JobCard\_9559310.pdf | Original Job Card |
| First - Revised Job Card | <JobCard>\_<**v1**>\_<UCDHProject#>.pdf | JobCard\_**v1**\_9559310.pdf | 1st Revision – Job Card |
| Second - Revised Job Card | <JobCard>\_<**v2**>\_<UCDHProject#>.pdf | JobCard\_**v2**\_9559310.pdf | 2nd Revision – Job Card |

**NOTE:** After submitting the revised Job Card, triage and approval processing can take up to “***3 business days***.”

Assistance is available Monday–Friday, 9:00 am – 4:00 pm PST, excluding California State holidays, by emailing:

[BuildingInspections@health.ucdavis.edu](mailto:BuildingInspections@health.ucdavis.edu)

1. BI = Building Inspector

   FI = Fire Inspector [↑](#footnote-ref-2)