



NYC Department of Buildings Construction Superintendent (CS) Inspection Log

Date: __/__/__

Project Name:	Project Location:
Superintendent Name:	Superintendent Signature:
Arrival Time:	Departure Time:
Note General Progress of the Work Site / Summary of the Day's Work Activities:	
Note Superintendent's Activities at the Site / Areas and Floors Inspected:	
<input type="checkbox"/> Verify work is being conducted in accordance with sound construction/demolition processes. <input type="checkbox"/> Verify compliance with the approved construction documents. <input type="checkbox"/> Verify compliance with Chapter 33 of the Building Code and any rules promulgated thereunder.	
Note any Pre Task Plan Meetings: (List Contractor(s) and scope of work)	Note any General Safety Orientations: (List Contractor(s) attending)
<input type="checkbox"/> Any conditions required to notify DOB?: <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, include separate documentation)	<input type="checkbox"/> DOB Notification Sent if required?:
<input type="checkbox"/> Accident Reported to DOB?: <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, include separate documentation)	<input type="checkbox"/> Damage to Adjoining Property Caused by Construction or Demolition?:
Designated Competent Person: <input type="checkbox"/> N/A: Construction Superintendent on site at all times	Competent Person Signature:

Unsafe Condition Noted: <small>(Include area/floor and time)</small>	Notification Sent To:	Condition Corrected Order: <small>(Include name of individual ordered to correct; refusal to do so; follow up by CS; where violation corrected; nature of correction)</small>	Registered Design Professional or Special Inspection Agency Notified:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Note Violations, Stop Work Orders, or Summonses Issued by the DOB (include date issued and date listed or dismissed)

N/A