



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
REAL ESTATE DIVISION

788 Fairview Drive, Suite 200 \* Carson City, NV 89701-5453 \* (775) 687-4280  
2501 East Sahara Avenue, Suite 102 \* Las Vegas, NV 89104-4137 \* (702) 486-4033  
e-mail: realest@red.state.nv.us http://www.red.state.nv.us

INSPECTOR OF STRUCTURE  
TRAINING AND EVALUATION FORM K  
Ref: NAC.645D.220

Date: \_\_\_\_\_

Name of Evaluator \_\_\_\_\_

Name of Inspector Being Evaluated \_\_\_\_\_

Nevada License # \_\_\_\_\_

Nevada License # \_\_\_\_\_

Type of License: Certified Master

Type of License:  Residential  General

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Evaluation (Level Upgrade):  Residential to General  General to Master

I, \_\_\_\_\_ Under penalty of Law, do hereby swear  
*Evaluator*

or affirm that \_\_\_\_\_ performed his/her  
*Evaluated Inspector*

inspection on \_\_\_\_\_ and did so to the standards that have been set  
*Date*

forth by NAC 645D.450 to 645D.580 inclusive.

\_\_\_\_\_  
*Signature of Evaluator*

**Evaluation**

Address of Facility Inspected \_\_\_\_\_

Type of Use \_\_\_\_\_ Structure Type \_\_\_\_\_  
*Residential, Commercial, Industrial* *Frame, Block, Etc*

**In all cases, the evaluation shall be conducted as close as possible to the standards of practice as set forth in NAC 645D inclusive.**

**Evaluation Observations**

1. Did the inspector comply with the standards of practice as set forth in NAC 645D inclusive? Explain.

2. What, if any, inspection techniques did the inspector exhibit during the inspection process? Explain.

3. What, if any, weaknesses did the Inspector exhibit during the Inspection? Explain.

4. What, if any, areas do you believe the Inspector should improve upon? Explain.

5. What, if any, areas of the inspection do you consider border-line or unsatisfactory? Explain

6. Was it explained to the Inspector that he/she must have (6) six satisfactory evaluations to advance to the next level?

Overall Evaluation:     Satisfactory     Unsatisfactory

The content of this form has been discussed with and a copy provided to the Inspector. This form is required to remain on file with the Master Inspector for a period not less than (3) three years.

A copy of this form and completed inspection report shall be provided to the Inspector of Structures Manager at:

Inspector of Structures Manager  
Real Estate Division  
2501 E. Sahara Avenue, Suite 102  
Las Vegas, Nevada 89104-4137

The undersigned swear or affirm that they have read and discussed this evaluation in detail and that all areas have been discussed with the Inspector by the Evaluator.

\_\_\_\_\_  
*Evaluator Signature*

\_\_\_\_\_  
*Inspector Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**All questions concerning this evaluation form or NAC 645D, inclusive, should be directed to the Inspector of Structures Program Manager at (702) 486-4033 Extension 240.**