Prefabricated Structure Third-Party Monthly Report

REPORT FOR	
Month:	Year:
Page:	of

Department of Consumer & Business Services
Building Codes Division • State Inspection Services
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Monthly report must be received by the 10th day of each month. OAR 918-674-0290(1).

Third-party name: _____

Address (street or P.O. box): _____

City: _____ State: _____ ZIP: _____

Phone no.: ( ) _____ Registration no.: _____

Insignia number	Job number	Plan number	Manufacturer	OCC group	Destination	
					Address	City

Total of test observed:	(Electrical)	(Plumbing)	(Other)

Total insignias issued:	Total inspections performed:
Total plan reviews performed:	Total reinspections performed:

I hereby certify that each insignia has been affixed only to the prefabricated structure to which it is assigned and for which an Oregon plan review has been performed.

Name of owner or authorized agent (type or print) _____ Title or position _____

Signature _____ Date _____

DEPARTMENT OF CONSUMER & BUSINESS SERVICES