



### Texas Foundation Inspection Report

- OK to Proceed
- Correct and Proceed (re-inspection not required)
- Correct and call for re-inspection

Builder Name: \_\_\_\_\_ Builder No: \_\_\_\_\_  
 Location Observed: \_\_\_\_\_ Enrollment No: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NOTE: NOTIFY SHW IMMEDIATELY IF EVIDENCE OF FILL OR UNSTABLE SOIL AND/OR UNSTABLE FOUNDATION CONDITIONS ARE PRESENT.

SLAB TYPE:

- POST TENSION       CONVENTIONAL (STEEL) REINFORCEMENT       PIERS  
 OTHER (Specify) \_\_\_\_\_

A = APPROVED    R = REJECTED    N/A = NOT APPLICABLE

PIERS

Y    N    N/A

1. Piers are located per plan and no water at the bottom of the pier hole	1.			
2. Piers are drilled straight to correct depth or refusal materials.	2.			
3. Piers are drilled with correct diameter and no belling at the top.	3.			
4. Void material installed per plan.	4.			
5. Void thickness _____	5.			

SLAB

1. Forms are straight, level and properly braced.	1.			
2. Beams are spaced per plan. <input type="checkbox"/> Y <input type="checkbox"/> N    Max spacing = _____ AVG spacing = _____	2.			
3. Beam depth:    Ext. = _____ Int. = _____ Beam width:    Ext. = _____ Int. = _____ Slab Thickness = _____	3.			
4. Beams extend into 6" undisturbed soil or compacted fill.	4.			
5. Tendons are properly secured, placed, chaired and are installed per plan.	5.			
6. Quantity of the tendons in: _____ Long Direction = _____ Short direction = _____	6.			
7. Beam strands and steels are a minimum of 3" above ground.	7.			
8. Tendons are in good condition and damaged sheathings are taped.	8.			
9. Slab rebar is properly sized, spaced, chaired, and overlapped 36" bar diameter.	9.			
10. Top and bottom rebar in the beams are supported every 4' to prevent sagging.	10.			
11. All exterior corners and interior beams which dead ends into exterior beams have corner bars.	11.			
12. All steel splices overlap 24" or 36" diameters rebar.	12.			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Foundation Plans are on site:  Y     N    **Absence of plans may result in automatic failure.** Where other than a conventional foundation system is being placed, plans shall be available to the inspector at the time of the inspection. The inspector may require plans for conventional foundations.

Has the foundation system for this structure been designed by an engineer, architect, or other design professional?  Y     N  
 If yes, provide name and registration number of designer: \_\_\_\_\_

Inspection Sticker Location: \_\_\_\_\_ Type of Home: \_\_\_\_\_

CERTIFICATION: I certify that I have personally and physically evaluated the above structure to the best of my knowledge and ability, and that I have no interest, present or prospective in the same. I have reported all conditions observed to be at variance with good construction methods and standards. This evaluation does not constitute any type of guarantee or warranty on the structure.

NOTE: THIS REPORT IS FOR WARRANTY EVALUATION PURPOSES ONLY. APPROVAL OR REJECTION DOES NOT CONSTITUTE COMPLIANCE OR NON-COMPLIANCE WITH STATE OR LOCAL BUILDING CODES.

\_\_\_\_\_  
 (Please Print) Name of Authorized Inspector

\_\_\_\_\_  
 Inspector No.

\_\_\_\_\_  
 Signature of Authorized Inspector

\_\_\_\_\_  
 Date

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