

Inspection Record Summary

Cover Page of Inspection Report

Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

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(800) 803-9202 - In State Only

Email Address: industrialized.buildings@license.state.tx.us
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Date of Inspection: _____

Manufacturer: _____

Manufacturer's Registration #IHM-_____

Inspector Name/Reg #: _____

Inspection Agency Name/Reg #: _____

Summary Page _____ of _____

Total # Units Inspected = _____

Did you witness tests during this inspection? Yes No **# of Inspections since tests last witnessed:** _____

Did you inspect a substantial portion of the energy design? Yes No **# of Inspections since last inspected:** _____

Date of last Texas inspection: _____

Increased frequency of inspections required per in plant inspection procedures? Yes No

Unit ID Number	TX Decal or Insignia #	IF?	E?	Station/Phase	Model # or Project Name/Plan Approval Date/States Inspected	# of Deviations	C?
1			<input type="checkbox"/>				<input type="checkbox"/>
2			<input type="checkbox"/>				<input type="checkbox"/>
3			<input type="checkbox"/>				<input type="checkbox"/>
4			<input type="checkbox"/>				<input type="checkbox"/>
5			<input type="checkbox"/>				<input type="checkbox"/>
6			<input type="checkbox"/>				<input type="checkbox"/>
7			<input type="checkbox"/>				<input type="checkbox"/>
8			<input type="checkbox"/>				<input type="checkbox"/>
9			<input type="checkbox"/>				<input type="checkbox"/>
10			<input type="checkbox"/>				<input type="checkbox"/>
11			<input type="checkbox"/>				<input type="checkbox"/>
12			<input type="checkbox"/>				<input type="checkbox"/>
13			<input type="checkbox"/>				<input type="checkbox"/>
14			<input type="checkbox"/>				<input type="checkbox"/>
15			<input type="checkbox"/>				<input type="checkbox"/>
16			<input type="checkbox"/>				<input type="checkbox"/>

Total # of Uncorrected Deviations Previous Inspection (Complete only on first page of summary & attach copy of deviation report):	
Total # of Uncorrected Deviations This Inspection (Complete only on first page of summary):	
Total # of Deviations This Inspection (Complete only on first page of summary):	

LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.

Do not list the unit here if deviation was not corrected. **Total units inspected for corrections =** _____

Unit ID Number	Decal or Insignia #	Previous Insp Date	Unit ID Number	Decal or Insignia #	Previous Insp Date

INSTRUCTIONS FOR USING INSPECTION RECORD SUMMARY FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report.

GENERAL

Always file the original inspection report with the Department.

FIELD NAME	DATA ENTERED
Date of Inspection	Enter the date of the inspection. A separate summary sheet is required for each inspection date.
Manufacturer	Enter the manufacturer's name.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-183
Inspection Agency/Reg #	Enter the name of the inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51
Summary Page _____ of _____	Enter the page number of the summary page. If you have two summary pages, then the page number on the last summary page would be "Page 2 of 2."
Total # Units Inspected	On the first summary page, enter the total number of modules (not buildings) inspected for Texas during this inspection.
Did you witness tests during this inspection?	On the first summary page, check either yes or no.
# of Inspections Since Tests Last Witnessed:	On the first summary page, enter the number of inspections since you last witnessed any tests in this plant.
Did you inspect a substantial portion of the energy design?	On the first summary page, check either yes or no. Inspection shall be documented on manufacturer's energy compliance checklist. Inspector may be asked to provide a copy of the energy compliance checklist.
# of Inspections Since Last Inspected:	On the first summary page, enter the number of inspections since you last inspected a substantial portion of the energy design.
Date of last Texas inspection	Enter the date of the last Texas in plant inspection performed
Increased frequency of inspections required per in plant inspection procedures?	On the first summary page, check either yes or no. Increase frequency of inspections is required if more than 3 months since inspections for any state modular program or if more than 6 months since inspections for the Texas IHB program.

SUMMARIZATION OF UNITS INSPECTED

FIELD NAME	DATA ENTERED
Unit ID Number	Enter the manufacturer's COMPLETE unit ID number or serial number for each Texas unit inspected. Enter one module per line. When inspecting multiple modules that comprise a single building, list each module on a separate line. Please be accurate. This is the manufacturer's evidence that these units were inspected.
TX Decal or Insignia #	Enter the Texas decal or insignia number for each unit inspected.
Station or Phase	Enter the station or phase of construction in which the unit was inspected.
IF?	If yes is checked for increased frequency of inspections question, then enter # of inspection for this unit, i.e., 1 st , 2 nd , or 3 rd inspection – complete only if on increased frequency of inspections
E?	Check if inspected energy design features on this unit.
Model # or Project Name/Plan Approval Date/States Inspected	Enter the model # or project name and plan approval date of the model or project for the units inspected for Texas and for reciprocal states. Enter 2 letter designation of the reciprocal state after the plan approval date for that state. It is not necessary to enter TX for Texas. All units documented on this form must have been inspected in accordance with Texas procedures to Texas approved plans. However, the more stringent requirement prevails whenever there is a conflict between the Texas approved plans and plans approved for a reciprocal state.
# of Deviations	Enter the number of deviations that were written against each module.
C	Check if the Texas decal or insignia (or label from reciprocal states) was confiscated for this unit.
Total # of Uncorrected Deviations from previous inspection	On the first summary page, enter the total number of uncorrected deviations from previous inspections. Attach a copy of the deviation report or reports from the previous inspection to the report for this inspection.
Total # of Uncorrected Deviations this Inspection	On the first summary page, enter the total number of uncorrected deviations for this inspection.
Total # of Deviations this Inspection	On the first summary page, enter the total number of deviations for this inspection.

LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.

FIELD NAME	DATA ENTERED
Total units inspected for corrections =	Enter the total number of units inspected for uncorrected deviations from a previous inspection. Only count units where the deviations have been corrected.
Unit ID Number	Enter the unit ID number for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.
Decal or Insignia #	Enter the decal or insignia number for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.
Previous Insp Date	Enter the original inspection date for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.