OFFICE OF UNIVERSITY BUILDING OFFICIAL
George Mason University

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703-993-6070; Email: oubo@gmu.edu; Web: oubo.gmu.edu

INSTRUCTIONS

1) Submit the completed HECO-6a form only in the PDF format in the CO17 Permit Application Process.
2) Complete Form HECO-6a, the "Statement of USBC Special Inspections" top section.
3) Complete the applicable fields under the “Testing and Inspection Services” section.
4) Complete all the applicable fields under the “University Representatives and Project Staff” section.
5) Obtain the Structural Engineer of Record, A/E of Record, and Smoke Control RDP signatures for the HECO-6a form.

STATEMENT OF STRUCTURAL & SPECIAL INSPECTIONS

2021 Code Version
(Revised 05/27/26)

HECO-6a

DATE:

PROJECT TITLE:

PROJECT CODE/ PROJECT #:

A/E OF RECORD:

The following firms and/or individuals (with address and telephone number shown) are designated to perform the Structural & Special Inspections designated on the HECO-6b. The firm/ individual has the necessary experience, qualifications, certifications, and/or licenses to perform the indicated functions.

TESTING AND INSPECTION SERVICE

	SPECIAL INSPECTION & TEST LAB		INSPECTION MANAGER RDP OF RECORD		SMOKE CONTROL TESTING & INSPECTION
Name:		Name:		Name:	
Address:		Address:		Address:	
City/St/Zip		City/St/Zip		City/St/Zip	
Phone:		Phone:		Phone:	

UNIVERSITY REPRESENTATIVES & PROJECT STAFF

	STRUCTURAL OBSERVER		CONST. FIELD REP. (CFR)		PROJECT MANAGER
Name:		Name:		Name:	
Address:		Email:		Email:	
City/St/Zip					
Phone:					

Inspection and/or Testing responsibilities are indicated on the Structural & Special Inspections Schedule, HECO-6b. Copies of all test data and reports shall be provided to the A/E of Record and to the University's Project Manager on a timely basis. The Contractor and OUBO shall be notified of all deficiencies and discrepancies in a timely manner so that corrective action can be taken.

PROFESSIONAL OVERSIGHT AND CERTIFICATION

	STRUCTURAL ENGINEER OF RECORD		RDP of RECORD		SMOKE CONTROL RDP
Name:		Name:		Name:	
Address:		Address:		Address:	
City/St/Zip		City/St/Zip		City/St/Zip	
Phone:		Phone:		Phone:	
	(Signature) *(Date)*		*(Signature)* *(Date)*		*(Signature)* *(Date)*

CODE OFFICIAL'S ACCEPTANCE

Approved: This form is approved by the University Building Official upon acceptance and permitting of the project plans and specifications.

Comments:

Original to: University Project Manager

Copies to: Design Team
Support Staff