



**City of San Diego  
Development Services**  
General Office: (858)492-5070  
[SpecialInspections@sanidiego.gov](mailto:SpecialInspections@sanidiego.gov)

**Construction Materials  
Testing/Inspection  
Laboratory Final Report**

**FORM  
DS-310**  
April 2021

To: **Building Official, City of San Diego  
Development Services Department, Inspection Office**

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

Subject: Satisfactory Completion of Work Requiring Construction Materials Testing/Inspection

Permit/Approval No: \_\_\_\_\_ Project No. \_\_\_\_\_

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

Identify the Materials Tested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The construction materials testing/inspection was performed by:**

Name of Testing Laboratory: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

Name of Responsible Managing Civil Engineer of the Testing Laboratory:

\_\_\_\_\_  
First Name Last Name M.I.

State of California Registration Number: \_\_\_\_\_

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

I declare under penalty of perjury that to the best of my knowledge, all work requiring special inspection and/or material sampling and testing for the structure(s) constructed under the permit are in conformance with the approved plans and construction documents, the approved inspection and testing program, and the applicable workmanship provisions of the California Building Code as amended by the City of San Diego.

Executed on This Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Responsible Managing Civil Engineer)

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



Engineer's Stamp