

BOAF Application # _____
(Assigned by BOAF Office) **Part II-D**

Date Received by BOAF _____

1&2 FAMILY INSPECTOR

BCAIB Provider #0001001



OJT CHECKLIST

Training Program # 6576

ONLY THE CURRENT EDITION OF THE BOAF OJT CHECKLIST WILL BE ACCEPTED

Please check the website at www.boaf.net to be sure you are submitting the most current edition of the applicable form. Each form becomes effective on the revision date contained on the form. Training completed prior to that date may be submitted on the previous form.

This curriculum requires 72 hours (minimum) of FLORIDA BUILDING CODE classroom training, as approved by BOAF. Certificates **MUST** be provided.

This curriculum also requires 450 hours (minimum) of properly documented On the Job Training (OJT) with a **Florida Standard Licensed 1&2 Family Inspector Trainer** as evidenced by this and other required forms, including the notarized trainers affidavit.

A. Extensive training on all aspects of Residential dwelling systems should include residential sections of the code as scripted under the training segments.

B. Trainees must mark each item trained on, and initial in the spaces provided on the OJT Checklist, when each training segment has been completed.

C. Trainees must also include the approximate percentage of the total number of hours spent in OJT for each segment.



1&2 FAMILY INSPECTION OJT CHECKLIST

My specific On the Job Training (OJT) has included instruction on the following items as indicated by “X” or “✓”.

Building Training

1. Fundamentals
2. Footings, piers, foundation walls, slabs and lintels.
3. Soil conditions and excavations.
4. Site plan verifications.
5. Roof framing and roof sheathing.
6. Interior and exterior framing, fire stopping.
7. Infiltration practices.
8. Accessibility requirements.
9. Emergency egress windows.
10. Blocking and tie downs for mobile homes.
11. Final building inspection including interior finishes, finish grades, right of way requirements, exterior finishes, stairs and landings.

Building Trade Inspections

General Site Conditions OJT Checklist:

- | | |
|--|----------------------------------|
| ____ Permit, site plan, & plans posted | ____ Address posted |
| ____ Lot corners identified | ____ Required setbacks |
| ____ Required site drainage | ____ Sanitary facilities on site |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Footing Inspection OJT Checklist:

- | | |
|--|---|
| ____ Depth, width, steel per plan | ____ Soil conditions - density report if required |
| ____ Bar laps & corners continuous | ____ Dowels per plan |
| ____ Steps per code/engineering | ____ Complies with site requirements |
| ____ Reinforcing steel tied and elevated | ____ Spacing and distance from forms/earth |
| ____ Flood FFE ok or in file if required | ____ Concrete placement equipment on hand |

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Mono Slab, Stem Wall and Slab Inspection Checklist:

- | | |
|--|--|
| <input type="checkbox"/> All "footing" items | <input type="checkbox"/> Vapor barrier, 6 mil./as required |
| <input type="checkbox"/> V.B. seams & penetrations sealed | <input type="checkbox"/> Wire mesh lapped |
| <input type="checkbox"/> Pipe sleeves through footings | <input type="checkbox"/> All forms in place |
| <input type="checkbox"/> Soil treatment certification | <input type="checkbox"/> Water pipes protected |
| <input type="checkbox"/> Column pads ready | <input type="checkbox"/> Foundation block alignment |
| <input type="checkbox"/> Block head and bed joints | <input type="checkbox"/> Slab thickness |
| <input type="checkbox"/> Vertical poured cells clean | <input type="checkbox"/> Vertical dowel lap adequate |
| <input type="checkbox"/> Complies with site requirements | <input type="checkbox"/> Under slab electric & mechanical to code |
| <input type="checkbox"/> Flood FFE OK or in file if required | <input type="checkbox"/> In slab electric, mechanical and/or plumbing in place |
| <input type="checkbox"/> Reinforcing steel in place, tied, chaired | <input type="checkbox"/> Column, beam steel size, tied, spaced |
| <input type="checkbox"/> Special conditions (post tension, etc.) | <input type="checkbox"/> Special equipment on hand |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Rough Insulation Inspection OJT Checklist:

- | | |
|--|---|
| <input type="checkbox"/> All "rough" inspections approved | <input type="checkbox"/> Exterior envelope walls insulated |
| <input type="checkbox"/> Infiltration caulking complete | <input type="checkbox"/> Inaccessible ceiling batted |
| <input type="checkbox"/> Dams, baffles, & gauges installed | <input type="checkbox"/> Weather protected |
| <input type="checkbox"/> R-value matches plan | <input type="checkbox"/> Holes in walls & floors sealed |
| <input type="checkbox"/> Access for "blow-in" | <input type="checkbox"/> Separation walls, etc. insulated as required |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Final Insulation Inspection (for "blown" insulation) OJT Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Depth matches R-value | <input type="checkbox"/> Insulation certificate complete |
| <input type="checkbox"/> Attic accessible | <input type="checkbox"/> Energy code compliance |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Final Roof Inspection OJT Checklist:

- | | |
|---|--|
| <input type="checkbox"/> All flashing in place | <input type="checkbox"/> Final roof product in place |
| <input type="checkbox"/> Vents installed per code | <input type="checkbox"/> Water shed from foundation |

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Final Building Inspection OJT Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Site work & grade as required | <input type="checkbox"/> Compliance to termite sections |
| <input type="checkbox"/> Weather & rodent proofed | <input type="checkbox"/> All plumbing complete |
| <input type="checkbox"/> All electrical complete | <input type="checkbox"/> All mechanical complete |
| <input type="checkbox"/> All means of egress ok | <input type="checkbox"/> Walls & ceilings covered |
| <input type="checkbox"/> Insulation & infiltration ok | <input type="checkbox"/> Complies with Accessibility Code |
| <input type="checkbox"/> All "fire" requirements met | <input type="checkbox"/> Garage door meets wind load region |
| <input type="checkbox"/> Fireplace(s) meet all codes | <input type="checkbox"/> All stairs to code |
| <input type="checkbox"/> Safety glazing where required | <input type="checkbox"/> Guard rails to code |
| <input type="checkbox"/> Completed per plans as relate to code | <input type="checkbox"/> Water & sewer operational |

Approximate percent of total training hours spent on this segment _____% Initials _____

Plumbing Training

1. Administration
2. General Regulations
3. Fixtures, Faucets & Fixture Fittings
4. Water Heaters
5. Water Supply & Distribution
6. Sanitary Drainage
7. Indirect/Special Waste
8. Vents
9. Traps
10. Storm Drainage
11. Fuel Piping
12. Special Piping & Storage

Under Slab Rough Plumbing Inspection OJT Checklist:

- | | |
|---|--|
| <input type="checkbox"/> DWV pipe & fittings per code | <input type="checkbox"/> DWV graded per code |
| <input type="checkbox"/> DWV fully bedded | <input type="checkbox"/> DWV sized per code |
| <input type="checkbox"/> All vents to code | <input type="checkbox"/> Developed lengths |
| <input type="checkbox"/> Traps per code | <input type="checkbox"/> Sleeving in place |
| <input type="checkbox"/> DWV head test | <input type="checkbox"/> All stacks properly supported |
| <input type="checkbox"/> Water pipe & fittings per code | <input type="checkbox"/> Water piping properly sized |
| <input type="checkbox"/> Water pipe sleeving as required | <input type="checkbox"/> Water pressure test to code |
| <input type="checkbox"/> Under slab electric & mechanical to code | <input type="checkbox"/> Complies with site requirements |

Approximate percent of total training hours spent on this segment _____% Initials _____

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Second Rough Plumbing Inspection OJT Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Materials per code | <input type="checkbox"/> Fall, grade & support maintained |
| <input type="checkbox"/> Vents complete & through roof | <input type="checkbox"/> Tubs, stalls, & pans set |
| <input type="checkbox"/> Cutting, notching & boring ok | <input type="checkbox"/> Second floor water tests |
| <input type="checkbox"/> Scald-guard shower valves | <input type="checkbox"/> All fixtures with required stops |
| <input type="checkbox"/> Accesses where required | <input type="checkbox"/> Water piping secured to code |
| <input type="checkbox"/> Nail guards in place | |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Final Plumbing Inspection OJT Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Main shut-off & fixture stops | <input type="checkbox"/> System under pressure |
| <input type="checkbox"/> All fixtures set & sealed | <input type="checkbox"/> Hot on left, cold on right |
| <input type="checkbox"/> Compliance with Fl. Energy Code | <input type="checkbox"/> Back-flow requirements met |
| <input type="checkbox"/> Tub /shower areas water-tight | <input type="checkbox"/> Air admittance valves installed |
| <input type="checkbox"/> Sewer/septic hookup complete | <input type="checkbox"/> Indirect wastes where needed |
| <input type="checkbox"/> Air gaps/air breaks | <input type="checkbox"/> All accessibility requirements met |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Final Sewer/Septic Inspection OJT Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Pipe & fittings per code | <input type="checkbox"/> Fall & grade proper per code |
| <input type="checkbox"/> Size of pipe & fittings per code | <input type="checkbox"/> Clean-outs & clearance |
| <input type="checkbox"/> Septic sealed | <input type="checkbox"/> Tap inspected by Utility Co. |
| <input type="checkbox"/> Separation from water service | <input type="checkbox"/> Lift station per design |
| <input type="checkbox"/> Interceptor piped per code | <input type="checkbox"/> Well and pump installations completed |
| <input type="checkbox"/> Florida Energy Code | |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Mechanical Training

1. Fundamentals
2. Air Conditioning Systems and Equipment
3. Heating Systems
4. Fuel Systems
5. Combustion and Venting
6. Mechanical Piping materials and Fittings
7. Duct and Venting Systems
8. Exhaust Systems
9. Smoke Control
10. Boilers and Water Heaters
11. Refrigeration
12. Special Systems
13. Piping Systems

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Mechanical Trade Inspections

Rough Mechanical Inspection OJT Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Approved materials | <input type="checkbox"/> Duct connections & support |
| <input type="checkbox"/> Sized per Manual "D" & "J" | <input type="checkbox"/> Register locations & size /plan |
| <input type="checkbox"/> "Flex"; extension & radius | <input type="checkbox"/> "R" value to code |
| <input type="checkbox"/> Return air plenum – mechanical closet | <input type="checkbox"/> Equipment platforms & access |
| <input type="checkbox"/> Lighting & servicing electric | <input type="checkbox"/> Drip pan overflow protection |
| <input type="checkbox"/> Bath exhaust fan requirements | <input type="checkbox"/> Exhaust discharge locations |
| <input type="checkbox"/> Dryer vent material & distance | <input type="checkbox"/> Non-screened termination |
| <input type="checkbox"/> Range hood material & joints | <input type="checkbox"/> Discharge/intake locations |
| <input type="checkbox"/> Fireplace & chimney clearance | <input type="checkbox"/> Chimney height |
| <input type="checkbox"/> Combustion air | <input type="checkbox"/> Plenum boxes |
| <input type="checkbox"/> Gas piping materials & joints | <input type="checkbox"/> Gas piping support & size |
| <input type="checkbox"/> Gas vent materials & joints | <input type="checkbox"/> Gas vent support & size |
| <input type="checkbox"/> Gas vent clearance | <input type="checkbox"/> Gas appliance protection |
| <input type="checkbox"/> Gas appliance locations | <input type="checkbox"/> Combustion air |
| <input type="checkbox"/> Confined space ventilation | <input type="checkbox"/> Gas piping pressure test |
| <input type="checkbox"/> Heating system requirements | <input type="checkbox"/> Other fuel systems |
| <input type="checkbox"/> Testing of piping systems | <input type="checkbox"/> Duct insulation |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Final Mechanical Inspection OJT Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Equipment & ducts complete | <input type="checkbox"/> Equipment clearance |
| <input type="checkbox"/> Chases sealed | <input type="checkbox"/> Condensate drainage |
| <input type="checkbox"/> Access to equipment | <input type="checkbox"/> Equipment servicing needs |
| <input type="checkbox"/> Flood requirements | <input type="checkbox"/> Duct clearance from grade |
| <input type="checkbox"/> Gas appliance set w/shut-off | <input type="checkbox"/> Gas appliance protection |
| <input type="checkbox"/> Gas vents complete | <input type="checkbox"/> Combustion air |
| <input type="checkbox"/> Confined space requirements | <input type="checkbox"/> Range hood sealed |
| <input type="checkbox"/> Dryer discharge non-screened | <input type="checkbox"/> Duct insulation |
| <input type="checkbox"/> Fire dampers | <input type="checkbox"/> Smoke control tested |
| <input type="checkbox"/> Solar system | |

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Electrical Training

1. Temporary power poles. (Overhead and underground)
2. Electrical ground rough. (Wet locations)
3. Electrical rough in above ground. (Residential)
4. Pool electrical requirements
5. Mobile home electrical services. (Overhead and underground)
6. Final electrical on dwellings. (1 & 2 family)
7. Misc. Electrical services, barn, agricultural well, etc
8. Three phase electric services
9. Services over 600 volts
10. More than one service per structure
11. Conductor ampacity
12. Hazardous locations
13. Signs

Electric Trade Inspections

Rough Electric Inspection OJT Checklist:

- | | |
|--|---|
| _____ Wire size, type, & securing | _____ Required circuits |
| _____ GFCI/AFCI circuits | _____ Small appliance circuits |
| _____ Lighting circuits | _____ Emergency circuits |
| _____ Smoke detector circuits | _____ Misc. "Dedicated" circuits |
| _____ Buried/underground circuits | _____ Required lighting |
| _____ Required servicing receptacles | _____ Receptacles spacing (habitable rooms) |
| _____ Receptacle spacing (counter tops) | _____ Required outside receptacles |
| _____ Approved boxes & box fill | _____ Accessible J-boxes |
| _____ Conduit type, support, & termination | _____ Conduit bond & fill |
| _____ Wire protected in attic | _____ Nail plates - clear of sharp edges |
| _____ Wiring below 8' above ground | _____ Buried cable, plain & conduit |
| _____ Bending radius & kinks | _____ Corrosion inhibitor required |
| _____ Panel protection & clear space | _____ Approved "grounding" system |
| _____ Required bonding | _____ Required disconnects & locations |
| _____ Wiring terminated in box | _____ Boxes all made up per code |
| _____ Pool equipment & metal bonding | |

Approximate percent of total training hours spent on this segment _____ % Initials _____

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Final Electrical Inspection OJT Checklist:

- | | |
|--|--|
| _____ All electric trimmed or bugged | _____ Required lighting |
| _____ Working & identified GFCI/AFCI | _____ Breakers identified & sized |
| _____ Panels/disconnects covered/secured | _____ Panel/disconnect clearance |
| _____ Grounding system complete | _____ Neutrals isolated in sub-panels |
| _____ Lightning protection installed | _____ Wire color coding |
| _____ Proper wire connections | _____ Overhead clearance |
| _____ Underground depth | _____ Light fixture clearance/protection |
| _____ Equipment bonding | _____ Equipment loads identified |
| _____ Flood elevation clearance | _____ MH sections bonded together |
| _____ Well casing bonded | _____ Pool bonding BCAIB |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Temporary Pole Inspection OJT Checklist:

- | | |
|--|------------------------------------|
| _____ Proper height & stable post & mast | _____ Post bracing adequate |
| _____ GFCI / AFCI protection | _____ Secure & bonded panels |
| _____ Proper grounding system | _____ Proper conductor size & type |

Approximate percent of total training hours spent on this segment _____ % Initials _____

Total Hours on All segments = _____ hours

Trainee and Trainer(s) should sign this form after all segments of OJT Training has been completed. Include all Trainers that have trained on the hours shown on the Checklist.

By affixing our signatures and BCAIB (BN/PX) numbers below, we affirm and attest the above specific areas and hours of 1 & 2 Family Dwelling Inspection Training have been successfully completed.

_____	_____/_____/_____ Date Completed	_____ BCAIB #
Trainee		
_____	_____/_____/_____ Date Completed	_____ BCAIB #
1 & 2 Family Trainer		
_____	_____/_____/_____ Date Completed	_____ BCAIB #
1 & 2 Family Trainer		
_____	_____/_____/_____ Date Completed	_____ BCAIB #
1 & 2 Family Trainer		
_____	_____/_____/_____ Date Completed	_____ BCAIB #
1 & 2 Family Trainer		

Attach additional sheets if necessary
Revision Date April 1, 2010