



# Clark County Building Department

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<b>Division:</b>	<b>Engineering</b>	<b>Policy &amp; Procedure:</b>	<b>TG-15-2023</b>
<b>Subject:</b>	<b>Quality Systems Manual</b>	<b>Effective Date:</b>	<b>11/15/2023</b>
<b>Code:</b>	<b>BAC 22.02.530 (A)</b>	<b>Revised Date:</b>	<b>07/01/2023</b>

**1.0 PURPOSE: BAC 22.02.530(A)** - To perform quality assurance as set forth in the technical codes, an approved agency is a quality agency approved by the Building Official. The Building Official shall establish and enforce all applicable codes, rules, and regulations for approval. Rules and regulations for the quality systems manual shall be contained in technical guidelines.

**2.0 SCOPE:** This guideline lists the information and forms that are required to be in the Quality Systems Manual (QSM). This guideline also states the minimum quality system requirements of the agency to ensure compliance with the Clark County Building Administrative Code (BAC) and Technical Guidelines (TG).

**3.0 ABBREVIATIONS & ACRONYMS:**

- ASTM:** American Society for Testing and Materials
- BAC:** Clark County Building Administrative Code
- CCBD:** Clark County Building Department
- IA:** Inspection Agency
- QSM:** Quality Systems Manual
- TG:** Technical Guideline

**4.0 DEFINITIONS:** For the purposes of this technical guideline, certain terms, phrases, words, and their derivatives shall be construed as specified in this section and the Building Administrative Code of Clark County.

**Quality Systems Manual:** A manual composed of a series of documents that contain policy statements, procedures, forms, reporting requirements, personnel qualifications, and statements of compliance with Clark County Codes and Standards. The QSM contains, outlines and/or references the procedural responsibilities to ensure the operations are completed, reviewed, and documented.

**5.0 REFERENCES:**

- ASTM E 329:** Standard Specification for Agencies Engaged in Construction Inspection, Testing, or Special Inspection
- ASTM E 543:** Standard Specification for Agencies Performing Nondestructive Testing International Standards Organization (ISO)
- ISO/IEC 17020:** General criteria for the operation of various types of bodies performing inspection
- ISO/IEC/EN 17025:** General Requirements for the Competence of Calibration and Testing Laboratories
- ASTM E 548:** Standard Guide for General Criteria Used for Evaluating Laboratory Competence
- Southern Nevada Building Code Amendments
- Technical Guideline 16
- Technical Guideline 17

**6.0 RESPONSIBILITIES:**

**6.1 Inspection Agency:**

- 6.1.1 An inspection agency seeking approval status must submit a QSM and approval request to CCBD, for review.
  - A QSM shall be prepared in accordance with Section 7.0 of this TG.
  - The QSM shall be approved in writing by the quality control manager and the engineering manager.

## 6.2 Clark County Building Department

6.2.1 CCBD personnel shall review the agency QSM for compliance with this document.

## 7.0 PROCEDURE:

7.1 The QSM shall be prepared in accordance with ASTM E 329, ASTM E 543, and ASTM E 548. Firms accredited in accordance with ISO standards 17020 and 17025, meet the intent of ASTM E 329, ASTM E 543, and ASTM E 548.

7.2 The QAA engaged in inspection services shall prepare a QSM as specified herein:

7.2.1 The agency shall provide a title sheet with the agencies contact information, manual issuance date, and revision history dates after issuance.

7.2.2 The agency shall provide a table of contents, with the sections 7.2.3 through 7.2.9 identified.

### 7.2.3 Organization of the Agency:

- Description of the organization including complete legal name and address. The name shall be as shown on the Clark County Business License
- Incorporation documents.
- All QAA branch offices, principal officers, and offices directors, shall be included when approval is sought for additional office locations.
- External organizations, organizational components, and functions utilized for significant supporting technical services shall also be included.

### 7.2.4 Organization History:

- A brief history of the agency, and a general description of the organization's service types of users, shall be provided.

### 7.2.5 Organization Charts and Functions:

- A functional description of the agency's organizational structure, operational departments, support departments, and services shall be included in the form of chart. Lines of responsibility, authority, and supervisory accountability must be clearly detailed.

### 7.2.6 Agency Human Resources:

- Minimum personnel qualifications contained in the QSM shall be in accordance and comply with TG-17.
- In-house training program in Appendix A that requires at a minimum quarterly education to ensure the continued competence of its personnel.
  - The quarterly training will contain ethics training, TG review, code and standard review, and general inspection topics.
- Agency conflict of interest policy.
- Personnel conflict of interest policy.

### 7.2.7 Technical Services:

- Technical Services Acknowledgment, form 862.
- Calibration Program & Testing Methods Acknowledgment, form 863.
- Final report certificate of compliance templates, form 843 & 844, shall not be altered and shall be in compliance with the requirements of TG-50.
- Final commissioning report certificate of compliance templates, form 845, shall not be altered, and shall be in compliance with the requirements of TG-92.
- Inspection forms shall not be altered and shall be in compliance with the requirements of TG-50, TRG-Daily, TG-92, and TG-95.

### 7.2.8 Material Resources of the Agency:

- Calibration and testing program for all field and laboratory equipment.
- A list of building codes and standards that are accessible to all personnel, via as digital or printed versions, and are permanently located at the approved agency office.

7.2.9 **Audit Forms:**

- The auditor(s) shall document audit findings if when issues are identified.
  - The approved agency’s Quality Control Manager, Engineering Manager, and agency’s management shall recommend appropriate corrective actions.
  - The Engineering Manager shall ensure that the agency implements recommended corrective actions.
- **Internal Project Audit**
  - Internal Project Audit form in Appendix B, is required to be in the QSM. The auditor must perform an in-depth field audit of two projects per year.
  - Provide photos for the validity of field audit(s) performance.
  - Provide an internal project audit summary form.
- **Internal Approved Personnel Audit**
  - Internal Approved Personnel Audit form in Appendix C, is required to be in the QSM. This audit must be performed on a semi-annually basis.
  - Provide an inspector audit summary form.
- **Internal Office Audit**
  - Internal Office Audit form in Appendix D, is required to be in the QSM. This audit is required on an annual basis and must be performed during the last quarter of the agency’s annual renewal period.

**8.0 RECORDS:**

8.1 **CCBD**

- Clark County Building Department adheres to the Clark County record retention program, managed by the Records Division.

8.2 **Approved Agency**

- The Approved Agency shall retain copies of all reports, audits, and data, which shall be available to CCBD when requested or audited.

**9.0 ATTACHMENTS:**

- Appendix A** In-house Training Record
- Appendix B** Internal Project Audit
- Appendix C** Internal Approved Personnel Audit
- Appendix D** Internal Office Audit

Prepared By: Agatha Lallana

Date Prepared: July 2023

**Revision History:**

Title	Revision/Approved Date	Effective Date
TG-15-2023	July 1, 2023	November 15, 2023
TG-15-2018	December 12, 2018	December 12, 2018
TG-15-2014	October 10, 2014	November 1, 2014
TG-15-2011	June 17, 2011	July 1, 2011
TG-15-2009	April 17, 2009	April 24, 2009
TG -15-2007	August 31, 2007	September 14, 2007
TG -15-2004	November 16, 2004	November 18, 2004
TG -15-2000	December 26, 2000	January 31, 2001

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Director/Building Official

# **APPENDIX A**

**(TG-15)**

**In-house Training Records**

### In-house Training Record

Approved Agency Name: \_\_\_\_\_

Annual Renewal Date: \_\_\_\_\_

In-house Training Number (One through Four): \_\_\_\_\_

In-house Training Date: \_\_\_\_\_

In-house Training Performed by: \_\_\_\_\_

In-house Training Topics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The in-house training was performed pursuant to the Building Administrative Code of Clark County, Technical Guidelines TG-15, TG-16, TG-17, TG-20, TG-50, and ASTM E 329.

I, \_\_\_\_\_, the Quality Control Manager, has supervised and documented this in-house training.

Signature of the Quality Control Manager \_\_\_\_\_.

I, \_\_\_\_\_, the Engineering Manager, has directed and reviewed this in-house training. Content of the training complies with referenced documents.

Signature of the Engineering Manager \_\_\_\_\_.

## List of Attendees

Date \_\_\_\_\_

NAME	SIGNATURE

**Signature of Trainer** \_\_\_\_\_

# **APPENDIX B**

(TG-15)

**Internal Project Audit**



**Internal Project Audit Results**

Approved Agency Name: \_\_\_\_\_

Annual Renewal Date: \_\_\_\_\_

Audit Number (One or Two): \_\_\_\_\_

Inspection Areas of Inspection for Permit (i.e. Concrete, Masonry, Smoke Control):  
\_\_\_\_\_

Inspection Items Audited: \_\_\_\_\_

Stage/Status of Project (i.e. Grading, Foundation, Framing, Exterior Walls):  
\_\_\_\_\_

Permit Number: \_\_\_\_\_

First Inspection Date: \_\_\_\_\_

Most Recent Inspection Date: \_\_\_\_\_

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

Audit Performed by: \_\_\_\_\_

Number of Photos: \_\_\_\_\_

The Audit was performed to verify compliance with the Building Administrative Code of Clark County, Technical Guidelines TG-15, TG-16, TG-17, TG-20, TG-50, and ASTM E 329.

I, \_\_\_\_\_, the Quality Control Manager, has supervised and documented this audit.

Signature of the Quality Control Manager\_\_\_\_\_.

I, \_\_\_\_\_, the Engineering Manager, has directed and reviewed this audit. All corrective actions were undertaken.

Signature of the Engineering Manager\_\_\_\_\_.

1.0 The approved personnel is currently approved for the areas of inspection categories being performed at the time of the field audit.

**Auditor Initials** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

2.0 In speaking with the approved personnel, they have verified that the permit covers the work in progress.

**Auditor Initials** \_\_\_\_\_ **Approved Personnel Name:** \_\_\_\_\_

3.0 The approved personnel has notified CCBD of commencement of inspection of a job through filing a project start up form.

**Auditor Initials** \_\_\_\_\_ **Date of Startup Form** \_\_\_\_\_

4.0 The approved personnel has notified CCBD within one business day when the work does not have a permit or exceeds the scope of an active permit.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

5.0 Unless otherwise approved by the Building Official or provided in the technical codes, the approved personnel is providing inspection on a continuous basis.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

6.0 The approved personnel is inspecting the work for conformance with approved construction documents, plan revisions, and supporting documents.

**Auditor Initials** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Plan Sheets Used by Approved Personnel** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

7.0 The approved personnel is not utilizing construction documents for acceptance that do not carry the CCBD approval mark except as an aid to inspection.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

8.0 The approved personnel is maintaining inspection reports, testing results and other project documents in the project field file.

**Auditor Initials** \_\_\_\_\_

9.0 Daily reports are legible and signed by the approved personnel performing the work.

**Auditor Initials** \_\_\_\_\_

10.0 The daily reports comply with the technical guidelines and the technical codes. Numbered and ordered per the Inspection Report Designation System.

**Auditor Initials** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

**Approved Personnel Name:** \_\_\_\_\_ **Report #** \_\_\_\_\_ **Report Date** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

11.0 Nonconforming items not resolved the same day, or about to be incorporated in the work, were recorded in a non-compliance report. **Auditor Initials** \_\_\_\_\_

**NCR #** \_\_\_\_\_

12.0 The approved personnel is maintaining a log of non-compliance reports and corrections in the project field file. Numbered and ordered per the Inspection Report Designation System.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	



## **Field Audit Photos**

# **APPENDIX C**

(TG-15)

**Internal Approved Personnel Audit**

### Internal Approved Personnel Audit

Approved Agency Name: \_\_\_\_\_

Annual Renewal Date: \_\_\_\_\_

Audit Number: \_\_\_\_\_

Inspector Audited: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Daily Report: \_\_\_\_\_

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

Audit Performed by: \_\_\_\_\_

The Audit was performed to verify compliance with the Building Administrative Code of Clark County, Technical Guidelines TG-15, TG-16, TG-17, TG-20, TG-50, and ASTM E 329.

I, \_\_\_\_\_, the Quality Control Manager, has supervised and documented this audit.

Signature of the Quality Control Manager \_\_\_\_\_.

I, \_\_\_\_\_, the Engineering Manager, has directed and reviewed this audit. All corrective actions were undertaken.

Signature of the Engineering Manager \_\_\_\_\_.



1.0 The approved personnel is approved for the special inspection category being performed at the time of the audit.

**Auditor Initials** \_\_\_\_\_ **Certification** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

2.0 The approved personnel has notified CCBD of commencement of inspection of a job through filing a project start up form.

**Auditor Initials** \_\_\_\_\_ **Date of Startup Form** \_\_\_\_\_

3.0 The approved personnel has verified that the permit covers the work in progress.

**Auditor Initials** \_\_\_\_\_

4.0 The approved personnel has notified CCBD within one business day when the work does not have a permit or exceeds the scope of an active permit.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

5.0 Unless otherwise approved by the Building Official or provided in the technical codes, the approved personnel is providing inspection on a continuous basis.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

6.0 The approved personnel is inspecting the work for conformance with approved construction documents, plan revisions, and supporting documents.

**Auditor Initials** \_\_\_\_\_ **Plan Sheets Used by Inspector** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

7.0 The approved personnel is not utilizing construction documents for acceptance that do not carry the CCBD approval mark except as an aid to inspection.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

8.0 Daily reports are legible and signed by the approved personnel performing the work.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

9.0 The daily reports comply with the technical guidelines and the technical codes. Numbered and ordered per the Inspection Report Designation System.

**Auditor Initials** \_\_\_\_\_ **TRG's Used** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

10.0 Nonconforming items not resolved the same day, or about to be incorporated in the work, were recorded in a non-compliance report.

**Auditor Initials** \_\_\_\_\_ **NCR #** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

11.0 The approved personnel is maintaining a log of non-compliance reports and corrections in the project field file.

**Auditor Initials** \_\_\_\_\_

12.0 Record of Correction Reports are generated as required by the approved personnel. approved personnel have attached the approved structural revision including any sketch, detail, engineering analysis, and calculations approved by CCBD that were needed to clear the non-compliance report.

**Auditor Initials** \_\_\_\_\_

13.0 The approved personnel is maintaining inspection reports, testing results and other project documents in the project field file.

**Auditor Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	



# APPENDIX D

(TG-15)

Internal Office Audit

### Internal Office Audit

Approved Agency Name: \_\_\_\_\_

Annual Renewal Date: \_\_\_\_\_

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

The Audit was performed to verify compliance with the Building Administrative Code of Clark County, Technical Guidelines TG-15, TG-16, TG-17, TG-20, TG-50, and ASTM E 329.

I, \_\_\_\_\_, the Quality Control Manager, has supervised and documented this audit.

Signature of the Quality Control Manager \_\_\_\_\_.

I, \_\_\_\_\_, the Engineering Manager, has directed and reviewed this audit. All corrective actions were undertaken.

Signature of the Engineering Manager \_\_\_\_\_.

- 1.0 Quality Systems Manual
- 1.1 Version of Quality Systems Manual (QSM) being used by this agency is approved by CCBD.  
 Current QSM in use by the agency:  
**Revision Number** \_\_\_\_\_ **Date** \_\_\_\_\_
- 1.2 Approved QSM has been reviewed for this annual renewal period and found to be current and suitable for the type and scope of the agency’s approved services.  
**EM Initials** \_\_\_\_\_
- 1.3 QSM revisions may be triggered by organizational changes, changes in the facility and equipment used during the performance of special inspection activities, new code cycle, etc.  
**QSM Revision Required? (Y/N)** \_\_\_\_\_  
**If yes, was the revised QSM submitted to CCBD.? (Y/N)** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

- 2.0 Approval by CCBD
- 2.1 Approved agency only performs special inspection services for which it is approved.  
**EM Initials** \_\_\_\_\_
- 2.2 Agency staffs project with Clark County approved personnel.  
**EM Initials** \_\_\_\_\_
- 2.3 Agency has submitted required annual renewal Information.  
**EM Initials** \_\_\_\_\_
- 2.4 Agency has submitted required annual renewal fees.  
**EM Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

- 3.0 Quality Management and Responsibilities
- 3.1 The agency has employed a Quality Control Manager (QM) on a continuous basis.  
**EM Initials** \_\_\_\_\_
- 3.2 The agency has notified CCBD of any changes in the designated QM.  
**EM Initials** \_\_\_\_\_

- 3.3 The QM has reviewed the reports generated by the inspection process in accordance with the QA QSM, the BAC, project requirements, and technical codes.  
**EM Initials** \_\_\_\_\_
- 3.4 In-house training of personnel has been performed every quarter.  
**EM Initials** \_\_\_\_\_
- 3.5 In-house training included administrative provisions related to inspection activities in the agency’s QSM, the Technical Guidelines, and the Building Administrative Code, and technical provisions in the technical codes.  
**EM Initials** \_\_\_\_\_
- 3.6 Copies of the latest CCBD Technical Guidelines have been distributed to agency’s approved personnel.  
**EM Initials** \_\_\_\_\_
- 3.7 The QM has performed audits of inspection activities prior to it being covered or incorporated into the work.  
**EM Initials** \_\_\_\_\_
- 3.8 The QM or the designated auditor has performed an audit of all approved personnel on a semi-annual basis per TG-15.  
**EM Initials** \_\_\_\_\_
- 3.9 The personnel audit summary report is up to date.  
**EM Initials** \_\_\_\_\_
- 3.10 Additional in-house training was undertaken based on internal audit results, enforcement actions issued by CCBD staff, mandatory meeting results documented by CCBD, and/or outcome of an administrative hearing.  
**EM Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

- 4.0 Engineering Management and Responsibilities
  - 4.1 The approved agency has employed and Engineering Manager (EM) on a continuous basis.  
**EM Initials** \_\_\_\_\_
  - 4.2 The approved agency has notified CCBD of any changes in the designated EM.  
**EM Initials** \_\_\_\_\_
  - 4.3 The EM has supervised and performed a review that:
    - 4.3.1 The approved agency has complied with policies and procedures in the agency’s QSM.  
**EM Initials** \_\_\_\_\_



4.3.2 Approved personnel are inspecting the work performed and verifying that it is within the scope of the permit.

**EM Initials** \_\_\_\_\_

4.3.3 Approved personnel are being correctly assigned to projects.

**EM Initials** \_\_\_\_\_

4.3.4 The inspection process is accredited through participation in AMRL, CCRL, A2LA, LAB, NAVLAP, ISO, or IAS. (Circle all that apply)

**EM Initials** \_\_\_\_\_

4.4 The EM has supervised the submittal of all required reports:

**EM Initials** \_\_\_\_\_

4.5 Two projects have been field audited in depth, with the photo documentation and paperwork reviewed.

**EM Initials** \_\_\_\_\_ **Permit Number of Projects** \_\_\_\_\_

4.6 All equipment that is in use by the approved personnel are calibrated or placed out of service.

**EM Initials** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

5.0 Reporting

5.1 Daily reports are generated as required by approved personnel.

**EM Initial** \_\_\_\_\_

5.2 Non-compliance reports are generated as required by approved personnel.

**EM Initial** \_\_\_\_\_

5.3 CCBD is notified of the issuance of non-compliance reports as required.

**EM Initial** \_\_\_\_\_

5.4 The agency has submitted required reports to CCBD as required in the Technical Guidelines and the BAC.

**EM Initial** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

6.0 Assignment of Approved Personnel

6.1 Approved personnel assigned on Clark County projects were approved by CCBD at the time of assignment.

**EM Initial** \_\_\_\_\_

6.2 Approved personnel assigned on Clark County projects are trained and experienced in the performance of required inspection activities.

**EM Initial** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

7.0 Review of enforcement actions issued by CCBD

7.1 Did the approved agency receive an enforcement action during the renewal period?

(Y/N) \_\_\_\_\_

**EM Initial** \_\_\_\_\_ (If yes, complete the following.)

7.1.1 Number of enforcement actions issued to approved agency this renewal period.

\_\_\_\_\_

7.1.2 The EM and QM have reviewed the enforcement actions. (Y/N) \_\_\_\_\_

7.1.3 The agency has submitted required written responses. (Y/N) \_\_\_\_\_

7.1.4 The agency has paid all assessed administrative fees. (Y/N) \_\_\_\_\_

**EM Initial** \_\_\_\_\_

Comments	
Deficiencies Noted	
Recommended Corrective Actions	
Corrective Actions Undertaken	

