



TEXAS DEPARTMENT OF LICENSING AND REGULATION
Regulatory Program Management - Industrialized Housing & Buildings Program
 P.O. Box 12157 Austin, Texas 78711 • (512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736
 Email Address: ihbtech@tdlr.texas.gov Internet Address: www.tdlr.texas.gov

In-Plant Inspection – Summary of Units Inspected – Cover Page of Inspection Report

A. Summary Page _____ **of** _____ **Inspection Date:** _____
Manufacturer: _____ **Manufacturer Reg. #IHM-** _____
Inspector Name: _____ **Inspector Reg. #IHI-** _____
Inspection Agency: _____ **TPIA Reg. #IHIA-** _____

B. Date of Last TX Inspection: _____ **Total # Units Inspected Today's Inspection =** _____
 1. Check if you witnessed tests: # of inspections since tests last witnessed: _____
 2. Check if manufacturer is on an increased frequency of inspections
 3. Check if the manufacturer QC/QA inspectors are verifying energy compliance with approved energy compliance checklist
 4. Check if you have any comments or concerns about the inspection (see Part E of form)
 5. Check if Possible DRA Approval Error Attached
 6. Check if the manufacturer has plans and QC manual approved to the 2015 I Codes if construction started after 8/1/17
 7. Check if construction began before 8/1/17

Use continuation sheet on page 2 of form if more space is needed.

| C. | Unit ID Number | TX Decal or Insignia # | IF? | Station/Phase | Model # or Project Name/Plan Approval Date | # of Deviations | C? |
|---|----------------|------------------------|-----|---------------|--|-----------------|----|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 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): | | | | | | | |

D. DID YOU CLEAR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION – IF SO DOCUMENT ON FORM IHB 215.
Total units inspected for corrections from previous inspection = _____

E. Please list any comments or concerns that you have about the inspection (continued on page 2 of form)

(Continued on back)

In-Plant Inspection – Summary of Units Inspected – Cover Page of Inspection Report (continued)

A. Summary Page _____ **of** _____

Inspection Date: _____

Manufacturer Reg. #IHM- _____

C.

| Unit ID Number | TX Decal or Insignia # | IF? | Station/Phase | Model # or Project Name/Plan Approval Date/States Inspected | # of Deviations | C? |
|----------------|------------------------|-----|---------------|---|-----------------|----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (15) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (20) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (25) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (30) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (35) | | | | | | |

E. Please list any comments or concerns that you have about the inspection.
