



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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## 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)**

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(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.**

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