

**University of Illinois at Urbana-Champaign Facilities and Services
Contractor Services Inspection and Risk Assessment Form**

Project Name/Description: _____
Request/Permit # _____

Complete the following assessment to determine if a project inspection is required. Fill in your response to each statement. A “yes” answer to any question requires an inspection or an explanation of the exception in the box below.

Potential Source Of Risk	Yes	No
Will this work require changes or connections to the existing building electrical system?		
Will this work require changes or connections to the existing building HVAC/Controls/Exhaust system?		
Will this work require changes or connections to the existing building plumbing system?		
Will this work require changes or connections to the existing building heating or cooling system?		
Will this work require changes or connections to any structural member or floor plan of the existing building?		
Will this work require changes to the existing building envelope?		
Is this work related to a project that requires Engineering?		

<p>*Exception (if any):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p>Printed Name: _____</p>
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*Please attach documentation of exception.