

## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin TX 78711-2157 (512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736 ihbtech@tdlr.texas.gov • www.tdlr.texas.gov

ALTERATION INSPECTION DEVIATION REPORT INSTRUCTIONS							
The third-party inspection agency shall provide the industrialized builder or installation permit holder a copy of the inspection report and							
keep one copy for their files. A copy of the inspection report shall be provided to the Department upon request.							
FIELD NAME	DATA ENTERED						
Date of Inspection	Enter the date of the inspection. A separate summary sheet is required for each inspection date.						
Page of	Enter the page number and the total number of pages on each page.						
Builder or Permit Holder	Enter the industrialized builder's or permit holder's name.						
Builder's Reg # or Permit #	Enter the industrialized builder's Texas registration number. Example: IHB-1000. Alternately enter the installation permit # issued by the Department. Example: 02562359 (see "Alteration Transmittal Form")						
Inspector Name/Reg #	Enter the third-party inspector's name and Texas registration number. Example: John D. Inspector/IHI-183						
Inspection Agency/Reg #	Enter the name of the third-party inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51						
Phase of inspection	Check the phase of inspection, rough-in, final, reinspection, or verification. A verification inspection is performed to verify that building construction has not been altered from original approved plans. A verification inspection may be performed at the same time as the rough-in inspection.						
Alteration Identification #	Enter the alteration identification number assigned by the design review agency. This number can be found on the "Alteration Transmittal Form." A copy of this form along with the original approved construction documents and the approved alteration construction documents must be available for the inspector's use at the inspection site.						
DRA Name & Registration #	Enter the name and Texas registration number of the design review agency that approved the alteration construction documents.						
SUMMARIZATION OF DEVIATIONS							
FIELD NAME	DATA ENTERED						
Item #	Enter a sequential number for each deviation written beginning with 1.						
Unit ID Number	Enter the manufacturer's <b>COMPLETE</b> unit ID number or serial number for each Texas unit inspected. Enter one module per line. When inspecting multiple modules that comprise a single building, list each module on a separate line. Please be accurate.						
Deviation	Enter the manufacturer's complete ID number for all units affected by the deviation, starting with the unit on which the deviation was first discovered.						
Corrective Action	Enter the action taken to correct the deviation.						
Reference	Enter the reference, either a page, sheet, or detail from the approved construction document or a code reference.						
Date Corrected	Enter the date the deviation was corrected.						

TDLR Form IHB059N Rev. 10/23 Instructions Page 1 of 1



## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin TX 78711-2157 (512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736 ihbtech@tdlr.texas.gov • www.tdlr.texas.gov

Date	ALTER of Inspection:	ATION INSPECTION DEVI	N INSPECTION DEVIATION RECORD SUMMARY Page of				
	er or Permit Holder:		Reg.# or Permit #:				
Inspe	ctor Name/Reg #:						
Inspe	ction Agency Name/Reg #:						
Phas	e of Inspection: Rough-in	n Final *Verification	on Reinspection – see at	tached deviatio	n report		
Note:	Verification inspection may be	e performed at same time as ro	ough-in inspection.				
**Alte	eration Identification #:	DRA Na	me & Reg #:				
Item #	Unit ID Number (assigned by manufacturer)	Description of Deviation Observed	Description of Corrective Action Observed	Reference	Date Corrected		
		I	1	ľ '	1		

TDLR Form IHB059N Rev. 10/23 Page 1 of 1

<sup>\*</sup> Verification that building matches construction on approved original plans prior to start of construction. If building does not match, then return alteration decals for this project to the Department.

<sup>\*\*</sup> From Alteration Transmittal Sheet – number is assigned by design review agency.