

Employee Data Sheet

This form should be filled in by building code enforcement personnel. Please exclude time spent on property maintenance, zoning, etc.

Name of Jurisdiction County State Agency _____ State _____ Survey Date ____/____/____

Employee Name _____ Title _____

1. Continuing education & training hours (use the previous 12 months or annual compilation - see Glossary):

Administration of codes _____ hr(s) Legal aspect of code enforcement _____ hr(s)
 Being mentored in application of codes _____ hr(s) Technical aspect of code enforcement _____ hr(s)

2. Code enforcement experience:

Total number of years in code enforcement _____ yr(s) Total number of years in the construction industry (exclude work as a code enforcement employee) _____ yr(s)
 (Further break down this total number of years by activities 2a. – 2c. below)
 Over the course of your career, how many of the above total years were dedicated to:
 2a. Performing plan reviews _____ yr(s) Total number of years working in this jurisdiction _____ yr(s)
 2b. Conducting field inspections _____ yr(s)
 2c. Administrative duties (For Building Official only) _____ yr(s)

3. Design / professional degrees: Graduate or Licensed Architect Graduate or Licensed Engineer **3a.** Master Code Professional

4. Responsibilities - for each entry below indicate the weekly hours worked and certification status:

Average weekly hours worked _____ Average weekly hours spent in administrative time by the building official _____

Note: Administrative time + A through T below should = Average weekly hours worked

Number of hours supervising plan reviewers _____ hr(s) Number of hours supervising field inspectors _____ hr(s)

Note: Hours spent supervising plan reviewers or field inspectors should be included as plan reviewer or field inspector in items A through T below.

Commercial: further break down the weekly average hours into the following categories:			Certified By			ISO use	Residential: further break down the weekly average hours into the following categories:			Certified By			ISO use
			Adopted Code	State	Other					Adopted Code	State	Other	
A	hr(s)	Building inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K	hr(s)	Building inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	hr(s)	Electrical inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L	hr(s)	Electrical inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	hr(s)	Mechanical inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	hr(s)	Mechanical inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	hr(s)	Fuel Gas inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	hr(s)	Fuel Gas inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	hr(s)	Plumbing inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	hr(s)	Plumbing inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	hr(s)	Building plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	hr(s)	Building plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	hr(s)	Electrical plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q	hr(s)	Electrical plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	hr(s)	Mechanical plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R	hr(s)	Mechanical plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	hr(s)	Fuel gas plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S	hr(s)	Fuel gas plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	hr(s)	Plumbing plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T	hr(s)	Plumbing plan reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "Other" if marked in A through T above: _____