



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

788 Fairview Drive, Suite 200 * Carson City, NV 89701-5453 * (702) 687-4280
e-mail: realest@govmail.state.nv.us http://www.state.nv.us/b&i/red/

**STRUCTURE INSPECTOR
TRAINING AND EVALUATION FORM K
Ref: NAC.645D.220**

Date: _____

Name of Evaluator _____

Name of Inspector Being Evaluated _____

Nevada License # _____

Nevada License # _____

Type of License: Certified Master

Type of License: Residential General

Business Name: _____

Business Name: _____

Address: _____

Address: _____

Purpose of Evaluation (Level Upgrade): Residential to General

General to Master

I, _____ Under penalty of Law, do hereby swear
Evaluator

or affirm that _____ performed his/her
Evaluated Inspector

inspection on _____ and did so to the standards that have been set
Date

forth by NAC 645D.450 to 645D.580 inclusive.

Signature of Evaluator

Evaluation

Address of Facility Inspected _____

Type of Use _____
Residential, Commercial, Industrial

Structure Type _____
Frame, Block, Etc

**In all cases, the evaluation shall be conducted as close as possible to
the standards of practice as set forth in NAC 645D inclusive.**

Evaluation Observations

1. Did the inspector comply with the standards of practice as set forth in NAC 645D inclusive? Explain.

2. What, if any, inspection techniques did the inspector exhibit during the inspection process? Explain.

3. What, if any, weaknesses did the Inspector exhibit during the Inspection? Explain.

4. What, if any, areas do you believe the Inspector should improve upon? Explain.

5. What, if any, areas of the inspection do you consider border-line or unsatisfactory? Explain

6. Was it explained to the Inspector that he/she must have (6) six satisfactory evaluations to advance to the next level?

Overall Evaluation: Satisfactory Unsatisfactory

The content of this form has been discussed with and a copy provided to the Inspector. This form is required to remain on file with the Master Inspector for a period not less than (3) three years.

A copy of this form and completed inspection report shall be provided to the Inspector of Structures Manager at:

Inspector of Structures Manager
Real Estate Division
788 Fairview Drive, Suite 200
Carson City, Nevada 89701-5453

The undersigned swear or affirm that they have read and discussed this evaluation in detail and that all areas have been discussed with the Inspector by the Evaluator.

Evaluator Signature

Inspector Signature

Date

Date

All questions concerning this evaluation form or NAC 645D, inclusive, should be directed to the Inspector of Structures Program Manager at (775) 687-4280 Extension 307.