

## Employee Data Sheet

*To be completed by building official and every department employee involved in the conducting of plan reviews and inspections.*

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Continuing Education

*Provide total number of documented training hours received during the reporting period for each category (see Glossary)*

Administration of codes \_\_\_\_\_ hrs  
 Legal aspects of code enforcement \_\_\_\_\_ hrs  
 Being mentored in code application \_\_\_\_\_ hrs  
 Technical aspect of code enforcement \_\_\_\_\_ hrs

### Design & Professional Certifications

Graduate or Licensed Architect   
 Graduate or Licensed Engineer   
 Master Code Professional

### Experience

*Provide aggregate number years of experience for each of the following functions::*

a. Performing plan reviews \_\_\_\_\_ yrs  
 b. Performing inspections \_\_\_\_\_ yrs  
 c. Administrative duties  
*(as a building official only)* \_\_\_\_\_ yrs  
 d. Code enforcement experience  
*(a + b + c = d)* \_\_\_\_\_ yrs  
 Construction experience  
*(prior to years in code enforcement)* \_\_\_\_\_ yrs  
 Working in code enforcement  
 for this jurisdiction \_\_\_\_\_ yrs

### Hours and Responsibilities

Average weekly hours worked \_\_\_\_\_ hrs Weekly hours spent on administration \_\_\_\_\_ hrs  
*(sum of all hours indicated in items A through T below plus administration time)* *(building official only, See Glossary)*

Weekly hours supervising plan reviewers \_\_\_\_\_ hrs Weekly hours supervising inspectors \_\_\_\_\_ hrs

*NOTE: hours spent supervising should be included as part of the time spent in plan review or inspection in items A through T below.*

*INSTRUCTIONS: Enter the average hours worked per week for each category in items A through T below. If work hours are indicated, check the 'Certified' box if you hold certification in that category.*

### **Inspection**

<b>Commercial</b>	Hours	Certified	ISO Use	<b>Residential</b>	Hours	Certified	ISO Use
A. Building		<input type="checkbox"/>	<input type="checkbox"/>	F. Building		<input type="checkbox"/>	<input type="checkbox"/>
B. Electrical		<input type="checkbox"/>	<input type="checkbox"/>	G. Electrical		<input type="checkbox"/>	<input type="checkbox"/>
C. Fuel Gas		<input type="checkbox"/>	<input type="checkbox"/>	H. Fuel Gas		<input type="checkbox"/>	<input type="checkbox"/>
D. Mechanical		<input type="checkbox"/>	<input type="checkbox"/>	I. Mechanical		<input type="checkbox"/>	<input type="checkbox"/>
E. Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	J. Plumbing		<input type="checkbox"/>	<input type="checkbox"/>

### **Plan Review**

<b>Commercial</b>	Hours	Certified	ISO Use	<b>Residential</b>	Hours	Certified	ISO Use
K. Building		<input type="checkbox"/>	<input type="checkbox"/>	P. Building		<input type="checkbox"/>	<input type="checkbox"/>
L. Electrical		<input type="checkbox"/>	<input type="checkbox"/>	Q. Electrical		<input type="checkbox"/>	<input type="checkbox"/>
M. Fuel Gas		<input type="checkbox"/>	<input type="checkbox"/>	R. Fuel Gas		<input type="checkbox"/>	<input type="checkbox"/>
N. Mechanical		<input type="checkbox"/>	<input type="checkbox"/>	S. Mechanical		<input type="checkbox"/>	<input type="checkbox"/>
O. Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	T. Plumbing		<input type="checkbox"/>	<input type="checkbox"/>