

**INSERT TAB**

**CHECKLISTS**



# **APPENDIX B**

# **CHECKLISTS**





# PREPOUR CHECKLIST

PROJECT NAME (SECTION)	CONTRACT NO.
HIGHWAY	FEDERAL AID NO.
CONTRACTOR OR SUBCONTRACTOR	
<b>PLACEMENT:</b>	
<b>REINFORCEMENT</b>	<u>DATE</u> <u>INITIALS</u> <u>REMARKS</u>
FABRICATION	_____
INSTALLATION	_____
CLEARANCE	_____
<b>FORMS</b>	
DIMENSIONS	_____
CONST JOINTS	_____
IMBEDDED ITEMS	_____
BLOCKOUTS	_____
SURVEY/GRADE	_____
<b>CONCRETE PLACEMENT</b>	
PLACING METHOD	_____
QUANTITY	_____
POUR CREW	_____
VIBRATION	_____
LIFT SIZE	_____
WEATHER	_____
DURATION	_____ START _____ FINISH _____
<b>TESTING</b>	
MIX DESIGN #	_____
QCT	_____
TEST RESULTS	_____
REJECTED LOADS	_____
REMARKS	_____
REMARKS	
PREPARED BY:	WORK DATE:





# PREPOUR CHECKLIST

PROJECT NAME (SECTION) <b>FORM SAMPLE</b>		CONTRACT NO. <b>12345</b>
HIGHWAY <b>THE DALES - CALIFORNIA</b>		FEDERAL AID NO. <b>BRF-RSTP-5009 (32)</b>
CONTRACTOR OR SUBCONTRACTOR <b>JD CONTRACTORS, INC.</b>		
<b>PLACEMENT:</b> BOTTOM SLAB POUR 3, SPANS 2/3 & 8/9		
	<b>DATE</b>	<b>INITIALS</b>
<b>REINFORCEMENT FABRICATION</b>	2-29-00	BAP
<b>INSTALLATION</b>	2-29-00	BAP
<b>CLEARANCE</b>	2-29-00	BAP
<b>REMARKS</b> MOSTLY STRAIGHT BARS, ALL CORRECT LENGTH PLACED AS PER PLANS TO CLEAR OF FORMS, TOP BETWEEN MATS		
<b>FORMS</b>		
<b>DIMENSIONS</b>	2-13-00	BAP
<b>CONST JOINTS</b>	6-18-00	BAP
<b>IMBEDDED ITEMS</b>	3-13-00	BAP
<b>BLOCKOUTS</b>	3-13-00	BAP
<b>SURVEY/GRADE</b>		
<b>REMARKS</b> SPAN 1/10 BUSH HAMMER & PRESS WASH, SPAN 3 & 8 SURFACE RETARDER VENT TUBES IN WING SECT & HIGH PT EACH SPAN FALSWORK LOWERING & DRAIN HOLES		
<b>CONCRETE PLACEMENT</b>		
<b>PLACING METHOD</b>	3-14-00	BAP
<b>QUANTITY</b>	3-14-00	BAP
<b>POUR CREW</b>	3-14-00	BAP
<b>VIBRATION</b>	3-14-00	BAP
<b>LIFT SIZE</b>	3-14-00	BAP
<b>WEATHER</b>	3-14-00	BAP
<b>DURATION</b>		
<b>REMARKS</b> PUMP 32m 30MINING POP 250m <sup>3</sup> B FINISHERS (VIBRO), 2 VIB (YPC) ONE HIGH CYCLE FULL DEPTH 250mm TEMP 50.5 (20) & WINDY (10-15 MPH CONSTANT) START _____ FINISH _____		
<b>TESTING</b>		
<b>MIX DESIGN #</b>	3-14-00	BAP
<b>QCT</b>	3-14-00	BAP
<b>TEST RESULTS</b>	3-14-00	BAP
<b>REJECTED LOADS</b>	3-14-00	BAP
<b>REMARKS</b>	3-14-00	BAP
<b>REMARKS</b> 2M1 ROUND ROCK DON BRANSON & MIKE LESNEAVE 2M1 AIR 6.7%, SLUMP 150 TO 175mm NONE VERY SMOOTH		
<b>REMARKS</b> FIRST USE OF ROUND ROCK CLASS 35 MIX. VERY CONSISTANT TESTING, SLUMPS SAME THRU LOADS. PUMPING VERY EASY. SCREEDING & FINISHING WENT VERY WELL. PLACED ABOUT 35m 3/HR, 9 HRS TOTAL TIME.		
PREPARED BY: <b>IM INSPECTOR</b>		WORK DATE: <b>6-26-06</b>





# POST POUR CHECK LIST

PROJECT NAME (SECTION)	CONTRACT NO.																																								
HIGHWAY	FEDERAL AID NO.																																								
CONTRACTOR OR SUBCONTRACTOR																																									
<b>PLACEMENT:</b>																																									
Curing materials: 540.50	What materials: _____ _____ When applied: _____ _____																																								
Water source,	_____																																								
Joint preparation: 540.42(a)	How: _____ When: _____ _____																																								
Cold weather protection: 540.48(2)	Plan approved: _____ Date: _____ Description: _____ _____ Temp. monitoring: _____ _____ _____																																								
Curing compound <b>IF APPROVED</b>	Area(m2) _____ Amount applied(liters) _____ Rate _____ l/m2																																								
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%;">Day 1</th> <th style="width:10%;">Day 2</th> <th style="width:10%;">Day 3</th> <th style="width:10%;">Day 4</th> <th style="width:10%;">Day 5</th> <th style="width:10%;">Day 6</th> <th style="width:10%;">Day 7</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Wet cure</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td style="padding: 5px;">Protection</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td style="padding: 5px;">Weather (High/Low/Sky)</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> <tr> <td style="padding: 5px;">Forms Removed</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> </tr> </tbody> </table>		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Wet cure	_____	_____	_____	_____	_____	_____	_____	Protection	_____	_____	_____	_____	_____	_____	_____	Weather (High/Low/Sky)	_____	_____	_____	_____	_____	_____	_____	Forms Removed	_____	_____	_____	_____	_____	_____	_____
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Weather (High/Low/Sky)	_____	_____	_____	_____	_____	_____	_____																																		
Forms Removed	_____	_____	_____	_____	_____	_____	_____																																		
Remarks																																									
PREPARED BY:	WORK DATE:																																								





# PRODUCTION PILING CHECKLIST

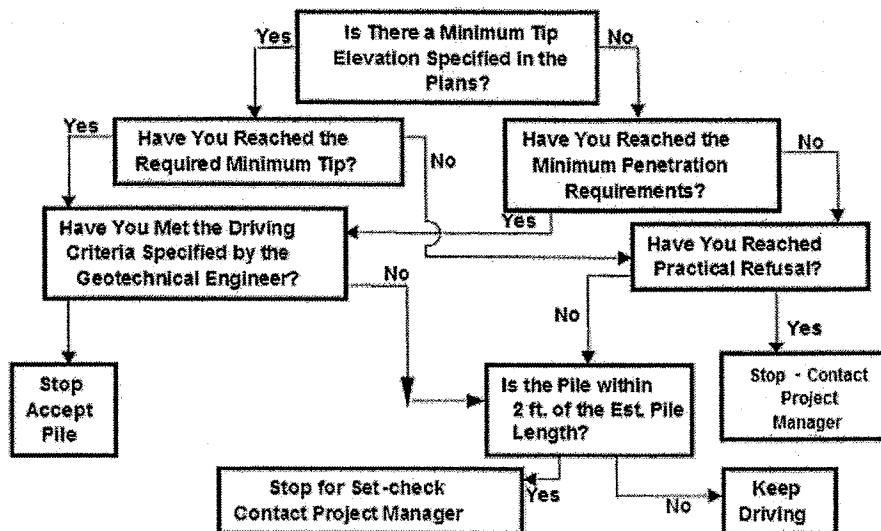
It is intended that all checklist items will be used when inspecting pile projects.

CONTRACTOR & EQUIPMENT ARRIVE ON SITE			
	Yes	No	NA
1. Is the Contractor using the same approved hammer system provided in the Pile & Driving Equipment Data Sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have the Driving Criteria Letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Contractor met the requirements for Protection of Existing Structures (vibration and excavation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the embankment and excavation work been completed according to Section 00520.40a & b?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If a cofferdam is required, has the Contractor submitted a design in accordance with the specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If jetting is required, are the jets and supporting equipment approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If preboring is required, has the equipment and methods been approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If followers are to be used, were they approved by the Engineer or specified in the contract documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a reference elevation so that you know where the pile cut-off is and can determine tip elevations and penetration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have the required inspection & reporting forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PILES ARRIVE ON SITE			
<b>STEEL (00520.43)</b>			
11. Are the piles the right size, length, type and grade for the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any visual defects on the pile? If yes, explain? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the Contractor supply you with the mill certification reports on the piles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do the piles on site match the mill certificate lot numbers provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is all pile splicing properly performed (00520.43f)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are the pile tips the right type and size and welded on properly (reinforced tips or closed end plates)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRESTRESSED CONCRETE PILES (00520.44)</b>			
17. During delivery, are the piles being lift by the correct number of pickups and at the correct points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do the piles have the required information on the pile (stamp, casting date, pile #, length, prestressed yard #)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is the casting date older than 21 days for normal installation and 30 days for exposure to seawater and sulfate soils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the length/cross-section/size/prestress configuration correct for the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Did you physically measure the piles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are the lifting eyes removed and epoxied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are there spalling/cracks or other damage visually apparent? Any damage noted should be reported to your supervisor for evaluation. a) If so, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are prestress strands cut off below surface of concrete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. For storage on job site, is dunnage placed at correct lifting positions and is placed so that it won't settle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Other special details that are in the specifications, such as vents, centerhole jet pipes, voids or other. Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PRODUCTION PILING CHECKLIST

BEGIN PILE DRIVING			
	Yes	No	NA
27. Is the ODOT Pile Record Book properly filled out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Has all available pre-driving data been entered in the Pile Record Book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is a saximeter being used to record stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Has the "Minimum Tip" mark been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Has the "Stop for Set-Check" mark been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Are the piles within allowable tolerances (00520.41f)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Are the piles marked in the correct intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the hammer warmed up and set on the proper fuel setting for starting out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. If using jetting to advance pile, has the Contractor removed the jets a minimum of 5 ft. above the specified tip elevation and used an impact hammer to drive to the required bearing capacity (00520.40e)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. If concrete piles require splicing, is it in accordance with 00520.44?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. If steel piles require splicing, is it in accordance with 00520.43f?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Are the proper number of record piles being recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. If using a pile cushion, does it need replacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is the hammer cushion being regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHEN TO STOP			
41. Is there a Required Tip Elevation specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. If Yes, has the pile reached the Required Tip Elevation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. If no Required Tip Elevation is specified, has the pile achieved Minimum Penetration requirements (00520.41c)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the top of pile within 2 feet of Cut-off elevation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Has the pile met the Driving Criteria specified by the Geotechnical Engineer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Has the pile reached Practical Refusal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have any of the piles heaved? (00520.40g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pile Acceptance Decision Chart**



# DRILLED SHAFT INSPECTOR'S "TOOLS" CHECKLIST

## Approved Job Information

- Project Plans w/ Revisions
- Special Provisions w/ Revisions
- Drilled Shaft Installation Plan

## References

- Standard Specifications
- Drilled Shaft Inspector's Manual
- Drilled Shaft Inspector's  
Qualification Course Manual
- Foundation Report

## Testing Equipment

- Sampler
- Sand Content Testing  
Equipment
- Mud Density Test Equipment
- Viscosity Test Equipment

## Blank Forms

- Drilled Shaft Soil/Rock Excavation Log
- Drilled Shaft Inspection Report
- Concrete Placement Log
- Concrete Volume Form

## Daily Essentials

- Hard Hat
- Boots
- Ear & Eye Protection
- Pen / Pencil (with spare)
- 12' Tape (Preferably 25')
- 150' Tape
- Builders Square
- Life Jacket or reflective jacket
- Watch
- Calculator
- Camera
- Scale
- Level
- Weighted Tape (100')
- Plumb bob



# DECK REBAR CHECKLIST

PROJECT NAME (SECTION)		CONTRACT NO.			
HIGHWAY		FEDERAL AID NO.			
CONTRACTOR OR SUBCONTRACTOR					
	ITEM	COMPLETED			REMARKS
		YES	NO	N/A	
1	Top Mat Bar Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Top Mat Ties @ 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Epoxy Ties If Epoxy Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Dry Run Clearance Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Bottom Mat Bar Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Bottom Mat Ties @ 50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Bottom Mat Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Clearance @ Drip Strip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Supports @ 2' Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Rail Stirrup Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	Additional Rail Stirrups @ Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	Rail 1 1/4" Inside Edge Of Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	Rebar Support @ Corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
COMMENTS:					
INSPECTED BY:				DATE:	

