

Appendix B

Checklists



Deck Rebar Checklist

Project Information

Project Name (Section) <input style="width: 95%;" type="text"/>	Contract No. <input style="width: 95%;" type="text"/>
Highway <input style="width: 95%;" type="text"/>	Federal Aid No. <input style="width: 95%;" type="text"/>
Contractor or Subcontractor <input style="width: 95%;" type="text"/>	

Deck Placement Date:

Item	Item	Inspected			Date (mm/dd/yyyy)	Remarks
		Yes	No	N/A		
1	Bottom Mat Bar Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Bottom Mat Ties @ 50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Bottom Mat Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Epoxy Ties (if epoxy bars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Supports @ 2' Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Clearance @ Drip Strip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Lap Splices have three (3) ties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Top Mat Bar Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9a	Top Mat Ties @ 100% if spacing is greater than or equal to 6"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9b	Top Mat Ties @ 50% if spacing is less than 6"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Top Mat Bars directly over Bottom Mat Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Top & Bottom Mat Bars installed parallel to skewed joint at both ends of deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Side & End Form Clearances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Rail Stirrup Size & Spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Additional Rail Stirrups @ Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Rail longitudinal bars cut at joint except bottom two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Rail 1-1/4" inside Edge of Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Rebar Support @ Corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Dry Run Clearance Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks

Inspected by <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

5300 S. DICKINSON DRIVE

CHICAGO, ILLINOIS 60637

TEL: 773-936-3636

FAX: 773-936-3636

WWW: WWW.PHYSICS.UCHICAGO.EDU

PHYSICS 435

CLASSICAL MECHANICS

LECTURE 1

REVIEW OF CLASSICAL MECHANICS

1.1. INTRODUCTION

1.2. REVIEW OF NEWTON'S LAWS

1.3. REVIEW OF ENERGY AND MOMENTUM

1.4. REVIEW OF ANGULAR MOMENTUM

1.5. REVIEW OF HAMILTONIAN MECHANICS

1.6. REVIEW OF LAGRANGIAN MECHANICS

1.7. REVIEW OF QUANTUM MECHANICS



PREPOUR CHECKLIST

PROJECT NAME (SECTION)	CONTRACT NO.
HIGHWAY	FEDERAL AID NO.
CONTRACTOR OR SUBCONTRACTOR	

PLACEMENT:

	<u>DATE</u>	<u>INITIALS</u>	<u>REMARKS</u>
REINFORCEMENT			
FABRICATION	_____	_____	_____
INSTALLATION	_____	_____	_____
CLEARANCE	_____	_____	_____

FORMS			
DIMENSIONS	_____	_____	_____
CONST JOINTS	_____	_____	_____
IMBEDDED ITEMS	_____	_____	_____
BLOCKOUTS	_____	_____	_____
SURVEY/GRADE	_____	_____	_____

CONCRETE PLACEMENT			
PLACING METHOD	_____	_____	_____
QUANTITY	_____	_____	_____
POUR CREW	_____	_____	_____
VIBRATION	_____	_____	_____
LIFT SIZE	_____	_____	_____
WEATHER	_____	_____	_____
DURATION	_____	_____	START _____ FINISH _____

TESTING			
MIX DESIGN #	_____	_____	_____
QCT	_____	_____	_____
TEST RESULTS	_____	_____	_____
REJECTED LOADS	_____	_____	_____
REMARKS	_____	_____	_____

REMARKS

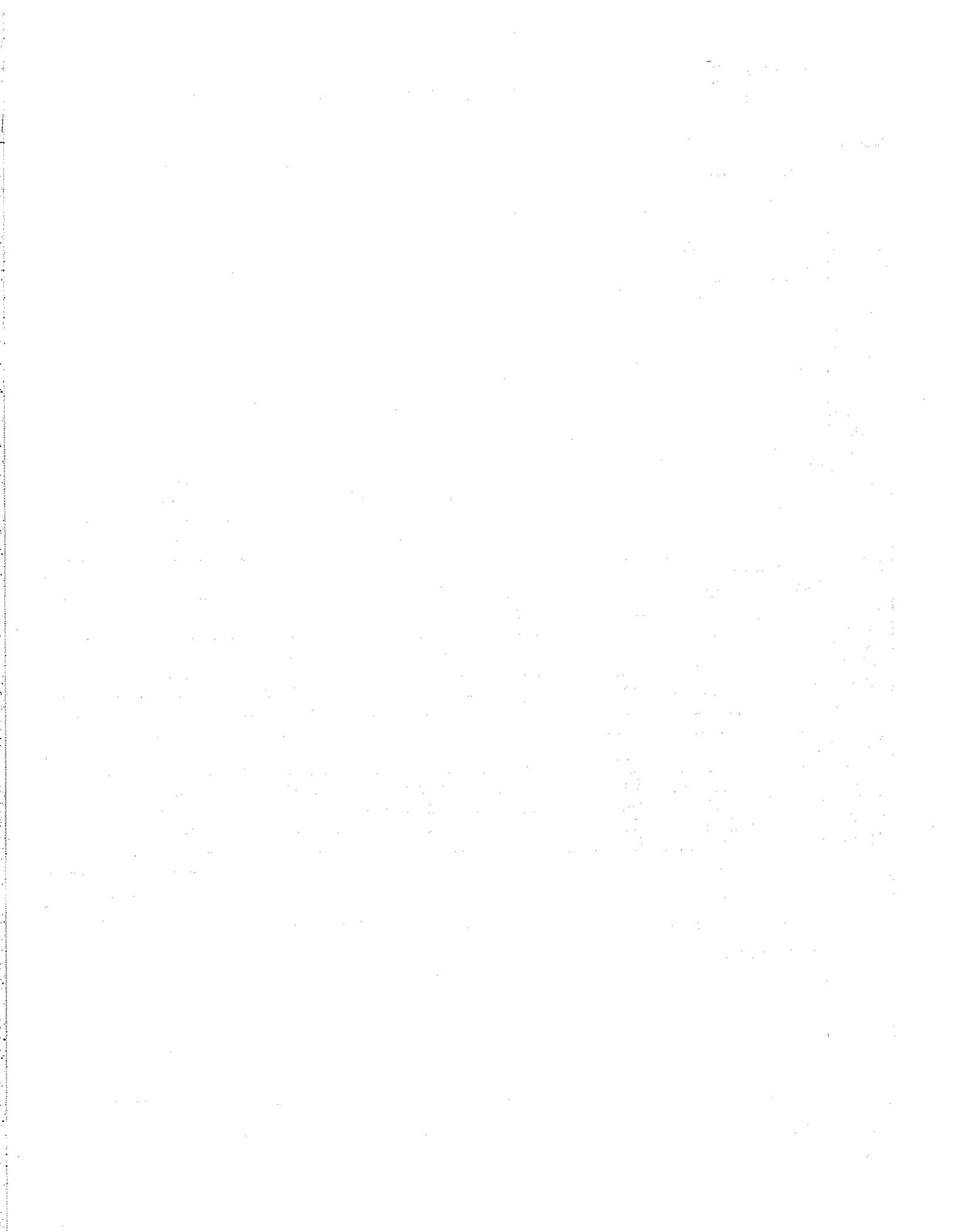
PREPARED BY:	WORK DATE:
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PREPOUR CHECKLIST

PROJECT NAME (SECTION) FORM SAMPLE		CONTRACT NO. 12345	
HIGHWAY THE DALLES - CALIFORNIA		FEDERAL AID NO. BRF-RSTP-S004 (32)	
CONTRACTOR OR SUBCONTRACTOR JD CONTRACTORS, INC.			
PLACEMENT: BOTTOM SLAB POUR 3; SPANS 2/3 & 8/9			
	DATE	INITIALS	REMARKS
REINFORCEMENT FABRICATION	<u>2-29-00</u>	<u>BAP</u>	<u>MOSTLY STRAIGHT BARS, ALL CORRECT LENGTH</u>
INSTALLATION	<u>2-29-00</u>	<u>BAP</u>	<u>PLACED AS PER PLANS</u>
CLEARANCE	<u>2-29-00</u>	<u>BAP</u>	<u>40 CLEAR OF FORMS, TOP BETWEEN MATS</u>
FORMS			
DIMENSIONS	<u>3-13-00</u>	<u>BAP</u>	
CONST JOINTS	<u>3-13-00</u>	<u>BAP</u>	<u>SPAN 1/10 BUSH HAMMER & PRESS WASH, SPAN 3/8 SURFACE RETARDER</u>
IMBEDDED ITEMS	<u>3-13-00</u>	<u>BAP</u>	<u>VENT TUBES IN WING SECT & HIGH PT EACH SPAN</u>
BLOCKOUTS	<u>3-13-00</u>	<u>BAP</u>	<u>FALSEWORK LOWERING & DRAIN HOLES</u>
SURVEY/GRADE			
CONCRETE PLACEMENT			
PLACING METHOD	<u>3-14-00</u>	<u>BAP</u>	<u>PUMP, 32m SCHWING - PCP</u>
QUANTITY	<u>3-14-00</u>	<u>BAP</u>	<u>250 m³</u>
POUR CREW	<u>3-14-00</u>	<u>BAP</u>	<u>B FINISHERS (LAROSO), 2 VIB (KPC)</u>
VIBRATION	<u>3-14-00</u>	<u>BAP</u>	<u>ONE HIGH CYCLE</u>
LIFT SIZE	<u>3-14-00</u>	<u>BAP</u>	<u>FULL DEPTH 250mm</u>
WEATHER	<u>3-14-00</u>	<u>BAP</u>	<u>FAIR, 50 1/5 (°F) & WINDY (10-15 MPH CONSISTANT)</u>
DURATION			<u>START _____ FINISH _____</u>
TESTING			
MIX DESIGN #	<u>3-14-00</u>	<u>BAP</u>	<u>2 M1 ROUND ROCK</u>
QCT	<u>3-14-00</u>	<u>BAP</u>	<u>DON BRANDON & MIKE LESNEGUE 2 M1</u>
TEST RESULTS	<u>3-14-00</u>	<u>BAP</u>	<u>AIR 6-7%, SLUMP 150 TO 175mm</u>
REJECTED LOADS	<u>3-14-00</u>	<u>BAP</u>	<u>NONE</u>
REMARKS	<u>3-14-00</u>	<u>BAP</u>	<u>VERY SMOOTH</u>
REMARKS			
<p>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 35 m 3/HR, 9 HRS TOTAL TIME.</p>			
PREPARED BY: IM INSPECTOR		WORK DATE: 6-26-06	





Post Pour Checklist

Project Information

Project Name (Section) Contract No.

Highway Federal Aid No.

Contractor or Subcontractor

Placement Description:

Cure Materials 540.51	Placed			Date/Time Placed	Remarks
	Yes	No	N/A		
Burlap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Polypropylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Polyethylene (plastic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Continuous water for decks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soaker hoses at 10 feet on decks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Water Source:

Joint Preparation 540.43(a) When

How

Cold Weather Protection 540.29(a) Plan Approved: Yes No Date Approved:

Description	<input type="text"/>
Temp. Monitoring	<input type="text"/>

CURE DURATION	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Wet Cure	<input type="checkbox"/>													
Protection	<input type="checkbox"/>													
Forms Removed	<input type="checkbox"/>													

WEATHER	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
High Temp														
Low Temp														
Sky Conditions														

Curing Compound on Non-Structural Items (only if approved)

Area (yd²) Amount Applied (gallons) Rate gallon/yd²

Remarks

Prepared by Work Date

Pile Driving Checklist

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

Pre-Construction

- | | | | |
|------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 1. Is the Contractor using the same approved hammer system provided in the Pile & Driving Equipment Data Sheet? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 2. Do you have the Hammer Approval Letter? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 3. Has the Contractor met the requirements for Protection of the Existing Structures (vibration and excavation)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 4. Has the embankment and excavation work been completed according to Section 00520.40(a) and (b)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 5. If a cofferdam is required, has the Contractor submitted a design in accordance with the specifications? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 6. If jetting is required, are the jets and supporting equipment approved? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 7. If preboring is required, have the equipment and methods been approved? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 8. If followers are to be used, were they approved by the Engineer or specified in the contract documents? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 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"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 10. Do you have the required inspection and reporting forms? |

Piles Arrive On Site

- | | | | |
|------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 11. Are the piles the right size, length, type and grade for the job? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 12. Are there any visual defects on the pile? (If yes, please explain in the Notes / Comments section below.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 13. Did the Contractor supply you with the mill certification reports on the piles? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 14. Do the piles on site match the mill certification reports on the piles? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 15. Is all pile splicing properly performed (00520.43(f))? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 16. Are the pile tips the right type and size and welded on properly (reinforced tips or closed end plates)? |

Prestressed Concrete Piles (00520.44)

- | | | | |
|------------------------------|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 17. During delivery, are the piles being lifted by the correct number of pick points and at the correct locations? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 18. Do the piles have the required information on the pile (stamp, casting date, pile #, length, prestressed yard #)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 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"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 20. Is the length/cross-section/size/prestress configuration correct for the job? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 21. Did you physically measure the piles? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 22. Are the lifting eyes removed and coated with epoxy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 23. Are there spalling/cracks or other damage visually apparent? Any damage should be reported to your supervisor for evaluation. (If so, please explain in the Notes / Comments section below.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 24. Are prestress strands cut off below the surface of concrete? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 25. For storage on job site, is dunnage placed at correct lifting positions and is it placed so that it won't settle? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | 26. Other special details that are in the specifications, such as vents, centerhole jet pipes, voids, etc., should be explained in the Notes / Comments section below. |

Begin Pile Driving

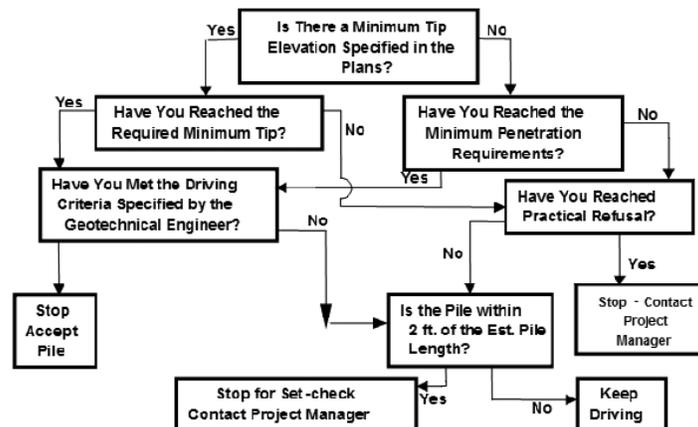
- Yes No NA 27. Is the ODOT Pile Record Book properly filled out?
- Yes No NA 28. Has all available pre-driving data been entered into the Pile Record Book?
- Yes No NA 29. Is the saximeter being used to record stroke?
- Yes No NA 30. Has the "Minimum Tip" mark been determined?
- Yes No NA 31. Has the "Stop for Set-Check" mark been determined?
- Yes No NA 32. Are the piles within allowable tolerances (00520.41(f))?
- Yes No NA 33. Are the piles marked in the correct intervals?
- Yes No NA 34. Is the hammer warmed up and set on the proper fuel setting for starting out?
- Yes No NA 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 (00520.41(e))?
- Yes No NA 36. If concrete piles require splicing, is it in accordance with 00520.44?
- Yes No NA 37. If steel piles require splicing, is it in accordance with 00520.43(f) and (g)?
- Yes No NA 38. Are the proper number of record piles being recorded?
- Yes No NA 39. If using a pile cushion, does it need replacing?
- Yes No NA 40. Is the hammer cushion being regularly checked out?

When to Stop

- Yes No NA 41. Is there a Required Tip Elevation specified?
- Yes No NA 42. If "Yes" to #41, has the pile reached the Required Tip Elevation?
- Yes No NA 43. If "No" to Required Tip Elevation specified, has the pile achieve Minimum Penetration requirements (00520.41(c))?
- Yes No NA 44. Is the top of pile within 2 feet of cut-off elevation.
- Yes No NA 45. Has the pile met the Driving Criteria specified by the Geotechnical Engineer?
- Yes No NA 46. Has the pile reached Practical Refusal?
- Yes No NA 47. Have any of the piles heaved (00502.41(g))?

NOTES / COMMENTS

Sample Pile Acceptance Decision Chart



Drilled Shaft Inspector's Checklist

The following is a general checklist to follow when constructing a drilled shaft. The answer to each of these questions should be "Yes" or "No" unless plans, specifications or specific approval has been given otherwise. Any answer of "No" should be explained in the Notes/Comments.

CONSULT WITH PROJECT MANAGER FOR YOUR SPECIFIC PROJECT RESPONSIBILITIES.

Pre-Construction

- Yes No NA 1. Has the Contractor submitted a Drilled Shaft Installation Plan (00512.40)?
- Yes No NA 2. Has the Drilled Shaft Installation Plan been approved?
- Yes No NA 3. Does the Contractor have an approved concrete mix design (00512.12)?
- Yes No NA 4. Has the Contractor run the required Trial Mix and slump loss tests for their concrete mix design (00512.12)?
- Yes No NA 5. If concreting is estimated to take over two hours, has the Contractor performed a satisfactory slump loss test for the extended time period in accordance with Section 00512.12, Concrete Mix Design?
- Yes No NA 6. If the Contractor proposed a polymer or blended mineral-polymer, do you have a copy of the quality control plan for the slurry (00512.43(f)) and the name and phone number of the slurry manufacturer's representative who will be providing technical assistance?
- Yes No NA 7. Have you reviewed the Foundation Data Sheet and boring logs and understand the subsurface conditions?
- Yes No NA 8. Has the Contractor addressed the Protection of Existing Structures?
- Yes No NA 9. Does the Contractor have all the equipment and tools shown in the Drilled Shaft Installation Plan (Section 00512.40)?
- Yes No NA 10. If casing is to be used, is it the right size and material in accordance with the plans and Section 00512.13?
- Yes No NA 11. If the Contractor plans to use a manufactured slurry, do they have the proper equipment to mix it?
- Yes No NA 12. Is a desander required?
- Yes No NA 13. If a desander is required, does the Contractor have it on site and operational?
- Yes No NA 14. Does the Contractor's tremie meet the requirements of Section 00512.47(a), Concrete Placement?
- Yes No NA 15. Do you have all the required drilled shaft forms that need to be filled out during shaft construction?

Shaft Excavation & Cleaning

- Yes No NA 16. Is the shaft being constructed in the correct location and within tolerance (00512.42, Construction Tolerances)?
- Yes No NA 17. Does the Contractor have a benchmark so the shaft can be constructed and inspected to the proper elevations?
- Yes No NA 18. If the Contractor is using slurry, can they perform tests and report results in accordance with 00512.43(g), Drilling Slurry Inspection and Testing?
- Yes No NA 19. Is the slurry level being properly maintained in accordance with 00512.43(f), Drilling Slurry Installation?
- Yes No NA 20. Are the proper number of types of tests being performed on the slurry in accordance with 00512.43(g)?
- Yes No NA 21. Are all excavated materials (spoils) property contained and disposed of (00512.43(a))?
- Yes No NA 22. If temporary casing is being used, does it meet the requirements of Section 00512.43(c), Casing Removal?
- Yes No NA 23. Is the shaft within allowable vertical alignment tolerances (Section 00512.42, Construction Tolerances)?
- Yes No NA 24. Is the shaft of proper depth?
- Yes No NA 25. Does the shaft bottom meet the clean-out requirements of Section 00512.43(h), Clean-out?
- Yes No NA 26. Have the Drilled Shaft Excavation forms been completed?

Reinforcing Cage

- Yes No NA 27. Is the rebar the correct sizes and configured in accordance with the project plans?
- Yes No NA 28. Is the rebar properly tied in accordance with Section 00530.41(b), Ties and Supports?
- Yes No NA 29. Are the proper number of CSL tubes furnished and installed according to the plans?
- Yes No NA 30. Does the Contractor have the proper spacers for the steel cage in accordance with 00512.45(d), Concrete Cover?
- Yes No NA 31. Does the Contractor have the proper amount of spacers for the steel cage in accordance with the approved Drilled Shaft Installation Plan?

Reinforcing Steel Cage Construction and Placement

- Yes No NA 32. If the steel cage was spliced, was it done in accordance with the details shown on the contract plans?
- Yes No NA 33. Is the steel cage secured from settling and from floating? (During concrete placement steel cages sometimes rise with the placement of concrete.) (00512.45(a) & 00512.47(e), Reinforcing Steel and Casing Removal)
- Yes No NA 34. Is the top of the steel reinforcement at the proper elevation (00512.45)?

Concreting Operations

- Yes No NA 35. Prior to concrete placement, has the slurry (both manufactured and natural) been tested in accordance with Section 00512.43(g), Drilling Slurry Inspection and Testing?
- Yes No NA 36. If required, was the casting removed in accordance with 00512.47(e), Casing Removal?
- Yes No NA 37. Was the discharge end of the tremie maintained in the concrete mass with proper concrete head above it at all times (00512.47(c), Concrete Placement)?
- Yes No NA 38. Did concrete placement occur within the specified time limit (00512.47(a), Concrete Placement)?
- Yes No NA 39. Have the Concrete Placement and Volume forms been completed?
- Yes No NA 40. When placing concrete, did the Contractor overflow the shaft until good concrete flowed out of the top of the excavation (00512.47(a), Concrete Placement)?
- Yes No NA 41. Were concrete acceptance tests performed as required?

Post Installation

- Yes No NA 42. Is all casing removed to the proper elevation in accordance with 00512.47(e), Casing Removal?
- Yes No NA 43. Has all Crosshole Sonic Log Testing been completed in accordance with the Specifications (Section 00512.48, Crosshole Sonic Log Testing)?
- Yes No NA 44. Is the shaft within the applicable construction tolerances (00512.42, Construction Tolerances)?
- Yes No NA 45. Has the Contractor completed the Drilled Shaft Inspection Report (Section 00152.40(c))?
- Yes No NA 46. Have you documented the pay items (Section 00512.90)?

NOTES / COMMENTS

SAMPLE INSPECTOR'S "TOOLS" CHECKLIST

Approved Job Information

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

References

- Standard Specifications
- Drilled Shaft Inspector's Manual (Local Department)
- Drilled Shaft Inspector's Qualification Course Manual (NHI #132070)

Testing Equipment

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

Blank Forms

- Drilled Shaft Soil/Rock Excavation Log
- Drilled Shaft Rock Core Log
- Drilled Shaft Inspection Log
- Concrete Placement Log
- Concrete Volume Form
- Drilled Shaft Log
- Drilled Shaft Construction & Pay Summary

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



Precast, Prestressed Slab / Box Beam Placement Checklist

Project Information

Project Name (Section) Contract No.

Highway Federal Aid No.

Contractor or Subcontractor

Placement Date:

Item	Completed			Remarks	
	Yes	No	N/A		
1	Beam seat elevations checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Beam seats parallel to cross slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Beam seats parallel to grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	1/2" grout layer on beam seat below elastomeric pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Beam position checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Correct beam location (inserts, rail stirrups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Uniform bearing on beam seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Tie rod DTI protrusions against hardened washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	DTI on end with open access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	DTI checked with feeler gauge for correct number of refusals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Keyway grout on 6/1 slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Keyway grout cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	No heavy loads until keyway grout cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks

Inspected by

Date

