

# VERIFICATION INSPECTION CHECKLIST



TRADE: Falsework

Date: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Item	✓ / X	Description
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**Installation: (Subcontractor & Proline Site Manager to tick off items when checked)**

1	<input type="checkbox"/>	All works in accordance with falsework drawing(s) and SWMS and all equipment undamaged.
2	<input type="checkbox"/>	Base timbers adequate size and type; level, well bedded and central under standards.
3	<input type="checkbox"/>	Ground and bedding material adequate and no wash out risk
4	<input type="checkbox"/>	Floors below propped if required
5	<input type="checkbox"/>	Base plates straight, square and nailed
6	<input type="checkbox"/>	Standards vertical, at correct centres and centrally loaded
7	<input type="checkbox"/>	Ties and bracing as per drawings, adequate, continuous and taken to a fixed point
8	<input type="checkbox"/>	Correct pins in adjustable props
9	<input type="checkbox"/>	U-heads and associated bracing correctly installed
10	<input type="checkbox"/>	All fittings of type specified and spanner tight
11	<input type="checkbox"/>	Wedges tight

<b>Section Complete</b>	<b>Subcontractor Name:</b> <b>Sign:</b>	<b>Company:</b>	<b>Proline sign:</b>	<b>Date:</b>
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**Underside of formwork decking: (Sub/C & Proline SM to tick off items when checked)**

12	<input type="checkbox"/>	Horizontals central in forkheads and wedged
13	<input type="checkbox"/>	Decking not cantilevering beyond supporting timbers
14	<input type="checkbox"/>	Timber quality, centres and member sizes as per drawing(s) and laps staggered.
15	<input type="checkbox"/>	U heads tight to timbers

**Generally: (Subcontractor & Proline Site Manager to tick off items when checked)**

16	<input type="checkbox"/>	Access ladders secure
17	<input type="checkbox"/>	Platforms wide enough, with toe boards and guard-rails fixed.
18	<input type="checkbox"/>	"Permit to Load" issued.

<b>Work completed by (Subcontractor Name / Sign):</b>	<b>Date:</b>
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<b>Work Inspected by (Proline Name/ Sign):</b>	<b>Date:</b>
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<b>Work Inspected (if required) by (Client Name/ Sign):</b>	<b>Re-inspection Required</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Issues to be rectified before re-inspection:</b>	<b>Proposed Date:</b>
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For Proline use only: \_\_\_\_\_ If appropriate, circle reason for quality deviation: or Other: \_\_\_\_\_

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Production	Other
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**Feedback:** Items that became apparent during inspection that should be considered in future process: