

VERIFICATION INSPECTION CHECKLIST (Prep)



TRADE: **BRICKWORK / BLOCKWORK**

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
1	<input type="checkbox"/>	Delivery (a) bricks and blocks delivered on pallets and covered in polythene (b) from specified manufacturer and of correct type(s) and quantities (c) bricks factory blended or measures taken to blend them on site (d) any sample panels show typical, normal brick colour variations
2	<input type="checkbox"/>	Detailing (a) Movement joints detailed (b) Parapets and allied DPCs detailed (c) Window reveals and allied DPCs detailed (d) Wind post detailing does not compromise inner skin, cavity or horizontal DPCs
3	<input type="checkbox"/>	Mortar (a) mortar strengths specified (b) mortar colour samples approved for finished brickwork (c) mortar batching and mixing arrangements agreed (d) mortar testing arrangements made
4	<input type="checkbox"/>	Choice of Brick Ties: (a) adequate length for 50mm embedment plus normal site tolerances (b) small order of oversized ties for any localised problems (c) use of safety ties (d) ordering of stainless steel ties if specified (e) ordering of special ties (eg: across movement joints)
5	<input type="checkbox"/>	DPC and flashing details: (a) all required details drawn, including stop ends (b) methods of lapping and jointing agreed (c) DPC ordered wide enough to protrude 5mm beyond face of brickwork (d) methods agreed for providing rebates below DPCs where flashings to be tucked in
6	<input type="checkbox"/>	Brick tie shutter inserts: (a) drawings detail required positions of inserts (b) correct ties ordered for inserts used (c) drill and fix methods approved for positions where inserts incorrectly located
7	<input type="checkbox"/>	Insulation: (a) extent of insulation fully detailed on drawings (b) manufacturer's instructions obtained (c) correct clips ordered to hold insulation in place (d) 40mm cavity maintained between insulation and outer skin of cavity brickwork
8	<input type="checkbox"/>	Setting out and levels at footing and subsequently at DPC level
9	<input type="checkbox"/>	Storage and mixing areas adequate

Work completed by (Subcontractor Name / Sign):	Date:
Work Inspected by (Proline Name/ Sign):	Date:
Work Inspected (if required) by (Client Name/ Sign):	Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>
Issues to be rectified before re-inspection:	Proposed Date:

For Proline use only: If appropriate, circle reason for quality defect: _____ or Other: _____

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Product	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback: Items that became apparent during inspection that should be considered in future process:

VERIFICATION INSPECTION CHECKLIST (Install)



TRADE: **BRICKWORK / BLOCKWORK**

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
1	<input type="checkbox"/>	Mortar: (a) On-site mortar is batched using gauge boxes and mixed correctly <input type="checkbox"/> (b) On-site mortar mixed correctly <input type="checkbox"/> (c) Mortar testing undertaken at specified frequency, if required by specification <input type="checkbox"/> (d) Correct mixes used in each location <input type="checkbox"/> (e) Mortar is fresh and has no unauthorised additives
2	<input type="checkbox"/>	Support angles & wind posts: (a) All support angles checked <input type="checkbox"/> (b) Wind posts and head restraints correctly located and securely fixed <input type="checkbox"/> (c) Wind posts do not provide a route for water penetration
3	<input type="checkbox"/>	Brick joints: (a) All perp joints full of mortar <input type="checkbox"/> (b) All bed joints full of mortar <input type="checkbox"/> (c) Movement joints provided as per drawings and specification
4	<input type="checkbox"/>	Ties: (a) Ties are correct type, correct centres and built in as work proceeds <input type="checkbox"/> (b) Ties correctly located around reveals and openings <input type="checkbox"/> (c) Ties fall to outer skin with drips central and downwards <input type="checkbox"/> (d) Ties properly fitted in any cast in inserts <input type="checkbox"/> (e) No mortar sitting on brick ties
5	<input type="checkbox"/>	Cavities: (a) Cavities being kept clean as work proceeds <input type="checkbox"/> (b) Cavities checked by Proline before being closed up
6	<input type="checkbox"/>	Insulation: (a) Correctly tied back <input type="checkbox"/> (b) No gaps <input type="checkbox"/> (c) No mortar sitting on insulation
7	<input type="checkbox"/>	DPCs and flashings: (a) DPC's built full depth of brickwork/blockwork <input type="checkbox"/> (b) DPC's show on outside face of brickwork <input type="checkbox"/> (c) DPC's correctly jointed and stop ends provided where detailed or specified <input type="checkbox"/> (d) DPC's not slumped, torn or with backfall <input type="checkbox"/> (e) Any specified weepholes correctly located <input type="checkbox"/> (f) Rebates left <u>below</u> DPC's where flashings have to be tucked in
8	<input type="checkbox"/>	Aesthetics: (a) Overall appearance is consistent with sample panel <input type="checkbox"/> (b) Line, level, verticality and regularity
9	<input type="checkbox"/>	Protection: Work is kept clean and exposed cavities to unfinished work protected from rain
10	<input type="checkbox"/>	Approved winter working procedure is being followed, if appropriate

Work completed by (Subcontractor Name / Sign): _____ Date: _____

Work Inspected by (Proline Name/ Sign): _____ Date: _____

Work Inspected (if required) by (Client Name/ Sign): _____ Re-inspection Required

Issues to be rectified before re-inspection: _____ Proposed Date: _____

For Proline use only:		If appropriate, circle reason for quality defect: or Other: _____					
Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Product	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feedback: Items that became apparent during inspection that should be considered in future process: _____