

# VERIFICATION INSPECTION CHECKLIST



TRADE: **STRUCTURAL STEEL PREPARATION**

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

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

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

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

- 1  Architect's specification for finish of welds, if required
- 2  Proposed primer is compatible with following paint or fire protection system
- 3  Shop Drawings approved by the Structural Engineer including requirements for temporary propping/bracing.
- 4  Check with the Engineer that any eccentrically loaded edge beams will not suffer excessive twist when loaded
- 5  Steel mark up drawings have been submitted and approved by the Structural Engineer (if required)

<b>Section Complete</b>	<b>Name:</b> _____	<b>Proline sign:</b> _____	<b>Date:</b> _____
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**Method: (Subcontractor & Proline Site Manager to tick off items when checked)**

- 6  Risk assessment and method statement submitted and approved
- 7  Temporary bracing, if required, on drawing or method statement
- 8  Provision made for access for hoisting any pc units and plant etc. into building
- 9  Bolt threads to be delivered and stored to prevent damage
- 10  Fabricator's quality system by works visit (if necessary)
- 11  Choice of crane satisfactory (load, radius, counterweight, chain slings)
- 12  Fabrication yard and site welding procedures approved
- 13  Source of erectors and competence of supervision

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

- 14  Fabrication tolerances
- 15  Finish of welds, if applicable
- 16  Coating dry film thickness to specification (Evidence of specified coating complying to specification to be forwarded to Proline)
- 17  Test certificate for steel to be forwarded to Proline
- 18  Test results for welding to be forwarded to Proline
- 19  Delivery schedule & site bolt to be forwarded to Proline
- 20  Ensure that holding down bolts will arrive in advance of foundation work

<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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<b>For Proline use only:</b>	<b>If appropriate, circle reason for quality deviation: or Other:</b> _____						
Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Produ	Other

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

# VERIFICATION INSPECTION CHECKLIST



TRADE: **STRUCTURAL STEEL ERECTION**

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

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

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

Item	✓ / X	Description
<b>Advanced Works: (Proline Site Manager to tick off items when checked)</b>		
1	<input type="checkbox"/>	Steel mark up drawings have been submitted and approved by the Structural Engineer
2	<input type="checkbox"/>	Risk assessment /SWMS detailing plant to be utilised, harness pts, erection sequence submitted & approved
3	<input type="checkbox"/>	Laying out space, stacking timber and hardcore are adequate
4	<input type="checkbox"/>	Bolts free in pockets with threads in good condition
5	<input type="checkbox"/>	Grid lines marked & checked

<b>Section Complete</b>	<b>Name:</b> _____	<b>Proline sign:</b> _____	<b>Date:</b> _____
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<b>Steel Erection: (Subcontractor &amp; Proline Site Manager to tick off items when checked)</b>		
6	<input type="checkbox"/>	Members straight and clearly marked
7	<input type="checkbox"/>	First bay (temporarily) braced in both directions
8	<input type="checkbox"/>	First bay for line, level and plumb
9	<input type="checkbox"/>	Adequacy of bracing maintained as work proceeds
10	<input type="checkbox"/>	Temporary and permanent bracing adequately fixed
11	<input type="checkbox"/>	Stability of stair flights maintained as work proceeds
12	<input type="checkbox"/>	Proper use of craneage on site
13	<input type="checkbox"/>	Safety around perimeters and openings
14	<input type="checkbox"/>	Critical dimensions of steelwork checked against latest revision drawings
15	<input type="checkbox"/>	All bolts of correct type, in place, and tightened properly, with specified number of threads visible beyond each nut, and bolts painted
16	<input type="checkbox"/>	Fit of connections (gaps between end plates etc.)
17	<input type="checkbox"/>	Site welding complies with procedure
18	<input type="checkbox"/>	All lifts of steelwork within plumb, line and level tolerances
19	<input type="checkbox"/>	Base plates are grouted
20	<input type="checkbox"/>	Finish and / or coatings undamaged and correct thickness, and any making good completed correctly
21	<input type="checkbox"/>	All wedges driven tight
22	<input type="checkbox"/>	Joints grout tight
23	<input type="checkbox"/>	Special joints and water bars are as detailed
24	<input type="checkbox"/>	Stop ends fixed
25	<input type="checkbox"/>	Position of all box outs and built in items. These should be securely fixed
26	<input type="checkbox"/>	Final check of formwork line and level undertaken prior to concrete placement

<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 Produ	Other
<b>Feedback:</b> Items that became apparent during inspection that should be considered in future process:							