

VERIFICATION INSPECTION CHECKLIST



TRADE: Reinforcement

Date: _____

PROJECT NAME: _____

Lot No.: _____

| Item | ✓ / X | Description |
|------|--------------------------|---|
| 1 | <input type="checkbox"/> | Blinding / formation level |
| 2 | <input type="checkbox"/> | Mill certificates confirm that correct grade of steel is being used and that deformed bar is as specified on bending schedule |
| 3 | <input type="checkbox"/> | Delivered material checked against bending schedule |
| 4 | <input type="checkbox"/> | Reinforcement sundries (spacers, tie wire, chairs) available |
| 5 | <input type="checkbox"/> | Bars stored so as to prevent contamination and damage and facilitate sorting and handling |
| 6 | <input type="checkbox"/> | Custom size sheets of mesh ordered where advisable |

| | | | | |
|-------------------------|----------------------------|-----------------|----------------------|--------------|
| Section Complete | Subcontractor Name: | Company: | Proline sign: | Date: |
| | Sign: | | | |

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

| | | |
|----|--------------------------|--|
| 7 | <input type="checkbox"/> | Bar size, spacing and fixity |
| 8 | <input type="checkbox"/> | Lap lengths |
| 9 | <input type="checkbox"/> | Reinforcement corresponds with drawings / bending schedules |
| 10 | <input type="checkbox"/> | Starters and dowels (number, length, position, orientation, fixity, debonding, caps) |
| 11 | <input type="checkbox"/> | Dimensions of prefabricated cages |
| 12 | <input type="checkbox"/> | Location of prefabricated cages in works |
| 13 | <input type="checkbox"/> | Cover (minimum and maximum) |
| 14 | <input type="checkbox"/> | Spacers and chairs adequate to maintain cover |
| 15 | <input type="checkbox"/> | Orientation of mesh |

| | |
|---|--------------|
| 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 deviation: or Other: _____

| | | | | | | | |
|---------------|-----------|--------------|---------------------|-----------------------|------------------------|------------|-------|
| 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: