VERIFICATION INSPECTION CHECKLIST									
TRADE:	<u>Me</u> tal w	ork		Date					
PROJECT	NAME:			Lot			Lot No.:		
ltem	✓/X	Description							
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	Hold Pt	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)							
Section	Complete	Name:				Proline sign:		Date:	
Method:	<u>(Subco</u>	ontractor &	Proline \$	Site Manager	to ticl	k off items	when checke	ed)	
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: <u>(Subcontractor & Proline Site Manager to tick off items when checked)</u>									
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	Hold Pt	Steel surfaces prepared for and immediately before, site applied finishes							
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 No		
Leaves to be restified before relinencetion									
Issues to be rectified before re-inspection: Proposed Date:									
For Proline u	•			n for quality deviat					
Work sequence	Mat	erials	Lack of care	Workmanship/ \$	Skills	Poor design detailing	Inadequate supervision	Poor Produ Other	
Feedback: It	ems that becar	me apparent dur	ing inspecti	on that should be o	consider	ed in future pro	cess:	<u> </u>	