IWP CIVIL FOUNDATIONS AND PILE CAPS CHECKLIST

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|  | MAJOR PROJECTS |
| **Appendix - 2** |
| **Department:** | CONSTRUCTION | Number:**PCM-CP-000X-2** |
| **Subject:** | IWP CIVIL FOUNDATIONS AND PILE CAPS CHECKLIST | Revision: **A** |

| **IWP ID Number:**  | **Date Prepared:**  |
| --- | --- |
| **IWP Description:**  |
| **ITEM DESCRIPTION** | **YES / NO / N/A** | **COMMENTS** |
| **Required Rebar Onsite And Available for Use:**a) Typeb) Sizesc) Quantity | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Prefabricated (On/Off Site) Rebar Cages Made And Available For Installation | [ ]  [ ]  [ ]  |  |
| Form Materials Onsite And Available for Use | [ ]  [ ]  [ ]  |  |
| Pre-Built (On or Off Site) Forms Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| Embed Requirements Onsite And Available For Installation | [ ]  [ ]  [ ]  |  |
| **Anchor Bolt Requirements:**a) Type Verifiedb) Material Verifiedc) Length Verifiedd) Onsite And Available For Installation | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Anchor Bolt Templates Clearly Identified, Tagged, Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| Slide Plate Requirements Onsite And Available For Installation | [ ]  [ ]  [ ]  |  |
| **Crane(s) To Support Work Package Activities:**a) Onsiteb) Availablec) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Required Rigging And Accessories Onsite And Available To Support Work Package Activities | [ ]  [ ]  [ ]  |  |
| **Transportation Requirements For Equipment, Material, Forms, Tools Etc.:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| **Concrete Requirements Type And Quantity:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Material Requisitions Complete Ready To Be Submitted For Work Package | [ ]  [ ]  [ ]  |  |
| Materials In Warehouse Bagged And Tagged | [ ]  [ ]  [ ]  |  |
| **Special Training / Qualification Requirements:**a) Safety; SCABA, High Level Rescue Etcb) Equipment Operation; Manlift Etc.c) Otherd) Training Complete | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Excavation Shoring Requirements:**a) Shoring Requiredb) Shoring Installedc) Signed-Off And Safe To Use | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Permit Requests Complete Ready To Be Submitted For Work Package | [ ]  [ ]  [ ]  |  |
| Safety Items And Concerns Identified, Listed And Addressed | [ ]  [ ]  [ ]  |  |
| **Hazard Assessments / Requirements:**a) Hazard Identifiedb) Assessment Performedc) Mitigated | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Additional Personnel Protective Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use | [ ]  [ ]  [ ]  |  |
| Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points | [ ]  [ ]  [ ]  |  |
| QC forms inserted into package for required inspection and sign-off | [ ]  [ ]  [ ]  |  |
| **Third Party Inspection And Testing:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Vendor Requirements:**a) Requiredb) Availablec) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Scaffolding / Manlift Requirements:**a) Identifiedb) Availablec) Scheduledd) Built (Scaffold Only) | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Surveyor For Foundation Layout:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Surveying And Layout Complete For Initial Foundation Work  | [ ]  [ ]  [ ]  |  |
| Release And Ready To Pour Concrete Signed-Off | [ ]  [ ]  [ ]  |  |
| **All Required Drawings, Details And Specification Included In Work Package**:a) Foundation Location Plan General Arrangementb) Foundation Detailsc) Rebar Cage Detailsd) Design Change Noticese) Request For Informationf) Inspection And Test Plang) Lessons Learned Suggestion Form | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Foundation / Pile Caps Installed, Inspected And Signed-Off As Complete | [ ]  [ ]  [ ]  |  |
| **As-Builts:**a) Foundations Installed As Per Drawings And Specificationsb) Changes Or Modifications Madec) Changes Or Modifications Recorded And Included on Master As-Builts Drawing Set | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
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|  | [ ]  [ ]  [ ]  |  |
| **Planner Name (print):** | **Planner Signature:** | **Issue Date:** |
| **Superintendent Name (Print):**  | **Superintendent Signature:**  | **Issue Date:**  |
| **Work Foreman Name:**  | **Work Foreman Signature:** | **Work Start Date:** |
| **Work Foreman Name:**  | **Work Foreman Signature:**  | **Work Completion Date:**  |