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) Type  b) Sizes  c) 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 Verified  b) Material Verified  c) Length Verified  d) 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) Onsite  b) Available  c) Scheduled | |  | |  | |
| Required Rigging And Accessories Onsite And Available To Support Work Package Activities | |  | |  | |
| **Transportation Requirements For Equipment, Material, Forms, Tools Etc.:**  a) Available  b) Scheduled | |  | |  | |
| Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use | |  | |  | |
| **Concrete Requirements Type And Quantity:**  a) Available  b) 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 Etc  b) Equipment Operation; Manlift Etc.  c) Other  d) Training Complete | |  | |  | |
| **Excavation Shoring Requirements:**  a) Shoring Required  b) Shoring Installed  c) 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 Identified  b) Assessment Performed  c) 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) Available  b) Scheduled | |  | |  | |
| **Vendor Requirements:**  a) Required  b) Available  c) Scheduled | |  | |  | |
| **Scaffolding / Manlift Requirements:**  a) Identified  b) Available  c) Scheduled  d) Built (Scaffold Only) | |  | |  | |
| **Surveyor For Foundation Layout:**  a) Available  b) 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 Arrangement  b) Foundation Details  c) Rebar Cage Details  d) Design Change Notices  e) Request For Information  f) Inspection And Test Plan  g) Lessons Learned Suggestion Form | |  | |  | |
| Foundation / Pile Caps Installed, Inspected And Signed-Off As Complete | |  | |  | |
| **As-Builts:**  a) Foundations Installed As Per Drawings And Specifications  b) Changes Or Modifications Made  c) 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:** |