IWP CIVIL PILING CHECKLIST

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|  | | MAJOR PROJECTS |
| **Appendix - 1** |
| **Department:** | CONSTRUCTION | Number: **PCM-GF-000X-1** |
| **Subject:** | IWP CIVIL PILING CHECKLIST | Revision:  **A** |

| **IWP ID Number:** | | | **Date Prepared:** | | |
| --- | --- | --- | --- | --- | --- |
| **IWP Description:** | | | | | |
| **ITEM DESCRIPTION** | | **YES / NO / N/A** | | **COMMENTS** | |
| Cable Tray For Work Package Onsite And Available For Installation | |  | |  | |
| Cable Supports And Material For Support Fabrication Onsite And Available For Installation | |  | |  | |
| **Crane(s) to Support Work Package Activities:**  a) Available  b) Scheduled | |  | |  | |
| Required Rigging And Accessories Onsite And Available To Support Work Package Activities | |  | |  | |
| **Transportation Requirements for Materials And Tools Etc.:**  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 | |  | |  | |
| Permit Requests Complete Ready To Be Submitted For Work Package | |  | |  | |
| Safety Items And Concerns Clearly Identified,  Listed And Addressed | |  | |  | |
| **Hazard Assessments/Requirements:**  a) Hazard Identified  b) Assessment Performed  c) Mitigated | |  | |  | |
| Additional Personnel Protection 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 | |  | |  | |
| **Scaffolding/Manlift Requirements:**  a) Identified  b) Available  c) Scheduled  d) Built (Scaffold Only) | |  | |  | |
| **All Required Drawings, Details And Specifications Included In Work Package:**  a) Electrical General Arrangements  b) Tray Installation Details  c) Tray Grounding Details  d) Electrical Specification  e) Special Requirements  f) Design Change Notices  g) Request For Information  h) Inspection And Test Plan  i) Lessons Learned Suggestion Form | |  | |  | |
| Tray Installation Inspected And Signed-Off As Complete And Ready For Use | |  | |  | |
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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:** |