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| --- | --- |
|  | Checklist 04-2: **Foundation Wall Reinforcement (TS2)** |
| MC Development Corp. | Project: | Contractor: |
| **Number** | **Checkpoints** | BI | DI | AI |
| **1** | Status of previous TS inspections are approved by the PM/DNV |  |  |  |
| **Comment** |  |
| **2** | Support chairs and ties are compatible with reinforcing type |  |  |  |
| **Comment** |  |
| **3** | Correct gauge/size/class/type/coating of reinforcing is used |  |  |  |
| **Comment** |  |
| **4** | Vertical bars tied to the dowels in the footing |  |  |  |
| **Comment** |  |
| **5** | Rebar spaced according to project specifications |  |  |  |
| **Comment** |  |
| **6** | Rebar centred between the wall forms |  |  |  |
| **Comment** |  |
| **7** | Cross pieces tied together in the corners |  |  |  |
| **Comment** |  |
| **8** |  Rebars lapped with a 24” overlap and tied with two metal ties |  |  |  |
| **Comment** |  |
| **9** | Reinforcing is clean and stable for concrete placement |  |  |  |
| **Comment** |  |
|  |  |
| **Quality Scores and Completion Sign-off** |
| **Inspection#**Quality 5 4 3 2 1 Notes:On-Time 5 4 3 2 1 Notes:Sign and date\*: Cell # / ID #: Signed: Date: Task has been verified complete and in compliance with contract drawings and specifications except for non-conformances and incomplete items reported above. |
| **BI=** Inspection **B**efore task begin **-----------DI=** Inspection **D**uring task in-process --------**AI=** Inspection **A**fter task completed*Quality Score**5 = 100% NO problems 4 = 1 minor problems 3 = Hotspot or 2-3 minor 2 = 6+ or major problems 1 = Excessive problems****On-Time Score*** *5 = On Time 4 = Late 3 = Late by 1 day 2 = Late by 2 days 1 = Late more than 2 days****Safety Score*** *5 = 100% NO problems 4 = 1 minor problem 3 = Hotspot or 2-3 minor 2= 4+ or major problem 1= Injury* |