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| --- | --- |
|  | Checklist 05-6: **Standing and Bracing Walls (TS6)** |
| MC Development Corp. | Project: | Contractor: |
| **Number** | **Checkpoints** | BI | DI | AI |
| **1** | Status of previous TS inspections are approved by the PM/DNV |  |  |  |
| **Comment** |  |
| **2** | Preventative measures taken to keep the wall from sliding? |  |  |  |
| **Comment** |  |
| **3** | Adequate temporary bracing used to hold walls in place with consideration to safety and weather? |  |  |  |
| **Comment** |  |
| **4** | Double top plates nailed off from a ladder? |  |  |  |
| **Comment** |  |
| **5** | Double top plate overlaps nailed off as walls are stood |  |  |  |
| **Comment** |  |
| **6** | Walls straightened to a string line and brace at a maximum of 8’ and at wall partitions? |  |  |  |
| **Comment** |  |
| **7** | All walls double checked for being firmly held in place? |  |  |  |
| **Comment** |  |
| **8** |   |  |  |  |
| **Comment** |  |
| **9** |  |  |  |  |
| **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* |