|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Checklist 05-5: **Sheathing Walls (TS5)** | | | | | | | |
| MC Development Corp. | | Project: | Contractor: | | | | | |
| **Number** | **Checkpoints** | | | BI | DI | | | AI |
| **1** | Status of previous TS inspections are approved by the PM/DNV | | |  |  | | |  |
| **Comment** |  | | | | | | | |
| **2** | Bottom plate nailed to a straight line? | | |  |  | | |  |
| **Comment** |  | | | | | | | |
| **3** | Top plate secured in place after wall is squared? | | |  |  | | |  |
| **Comment** |  | | | | | | | |
| **4** | Sheathing placed according to strength axis? | | |  | |  |  | |
| **Comment** |  | | | | | | | |
| **5** | All window and door openings cut before lifting walls? | | |  | |  |  | |
| **Comment** |  | | | | | | | |
| **6** | Walls nailed off according to project specifications? | | |  |  | | |  |
| **Comment** |  | | | | | | | |
| **7** | Guard rails installed to top of wall (when joisting will be done on top of wall and space allows? | | |  |  | | |  |
| **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* | | | | | | | | |