|  |  |
| --- | --- |
|  | Checklist 09-4: **Installing Water Lines (TS4)** |
| MC Development Corp. | Project: | Contractor: |
| **Number** | **Checkpoints** | BI | DI | AI |
| **1** | Tubing stored in a way protected from mechanical damage |  |  |  |
| **Comment** |  |
| **2** | Pipes kept a minimum of 12 inches vertically and 6 inches horizontally from sources of high heat |  |  |  |
| **Comment** |  |
| **3** | Tubing lines protected from nail damage where appropriate |  |  |  |
| **Comment** |  |
| **4** | Not tighter than minimum bending radius  |  |  |  |
| **Comment** |  |
| **5** | No cut, puncture, or damage on the tubing surface  |  |  |  |
| **Comment** |  |
| **6** | Kitchen plumbing in wall, not under cabinet |  |  |  |
| **Comment** |  |
| **7** | Correct support spacing and locations |  |  |  |
| **Comment** |  |
| **8** | Double check all pipe sizes be corrected |  |  |  |
| **Comment** |  |
| **9** | Crimps applied correctly  |  |  |  |
| **Comment** |  |
| **10** | System is ready for testing |  |  |  |
| **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* |