

Project Management

1		Is there a Site Specific Project Plan available?	__ YES	__ NO	
1	a.	Does it include a Fall Protection Plan	__ YES	__ NO	__ N/A
1	b.	Does it include a Lift Evaluation Form	__ YES	__ NO	__ N/A
1	c.	Does it include a Critical Lift Plan	__ YES	__ NO	__ N/A
1	d.	Does it include a Daily Jobsite check list	__ YES	__ NO	__ N/A
1	e.	Does it include a Daily Equipment check list	__ YES	__ NO	__ N/A
1	f.	Does it include an Emergency Evacuation Plan	__ YES	__ NO	__ N/A
1	g.	Does it include a Vehicle Accident Report	__ YES	__ NO	__ N/A
1	h.	Does it include an Accident/Near Miss Report	__ YES	__ NO	__ N/A
1	i.	Does it include JSA's	__ YES	__ NO	__ N/A
1	j.	Does it include a Site Layout Plan	__ YES	__ NO	__ N/A
1	k.	Does it include a Temporary Bracing Plan	__ YES	__ NO	__ N/A
1	l.	Does it include a Quality Control Plan	__ YES	__ NO	__ N/A
1	m.	Does it include a narrative regarding the Erection Plan	__ YES	__ NO	__ N/A
1	n.	Do the plans appear to be implemented			
2		Is a complete set of stamped "for construction" erection drawings maintained at the job site?	__ YES	__ NO	
2	a.	Is it legible?	__ YES	__ NO	
3		Does the erector have records to demonstrate that an engineer has signed off on the concrete ? See OSHA 1926.752(a)(1)	__ YES	__ NO	__ N/A

Comments:

Safety

1		Is there an individual on site assigned to safety functions? Note: the individual may perform other functions in addition to the duties related to safety.	__ YES	__ NO	
2		Is he conversant in the requirements of the company safety manual?	__ YES	__ NO	
3		Is there documentation that weekly safety meetings are held at the job site?	__ YES	__ NO	
3	a.	Are MSDS/SDS/GHS available to the workers?	__ YES	__ NO	
3	b.	Are the workers aware of GHS?	__ YES	__ NO	
4		Is there a designated area for first aid that is fit for purpose?	__ YES	__ NO	
5		Is emergency response information available?	__ YES	__ NO	
6		Is there evidence that perimeters and openings are protected?	__ YES	__ NO	__ N/A

Comments:

Receiving/Storage

1		Is there a process for unloading and inventorying?	__ YES	__ NO	
2		Is there a process for documenting damage?	__ YES	__ NO	
3		Are mastic and caulking stored in a dry location?	__ YES	__ NO	__ N/A
4		Are roof and wall panels stored as directed to avoid water pooling?	__ YES	__ NO	__ N/A
5		Are any materials damaged due to improper storage?	__ YES	__ NO	

Comments:					
Training					
1		Does the company have certified personnel for the scope of work for the project being inspected? Note: Inspector to validate at least 25% of job-site personnel. Inspector to list personnel verified and total number of personnel on job site.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
1	a.	Is there evidence of critical lift training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
1	b.	Is there evidence of OSHA 10 Training for personnel on job-site with at least one year experience	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2		Are there records of craft workers certifications and training for the following:			
2	a.	Roof Installers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	b.	IMP Installers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	c.	Welders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	d.	Connectors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	e.	Siding Installers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	f.	Riggers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	g.	SignalPerson			
2	h.	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3		Are there records of certifications/training for the equipment in use?			
3	a.	Fork-lift	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3	b.	Man-lift	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3	c.	Crane	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3	d.	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4		Are the welding personnel certified for the process and position the welder is welding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Comments:					
Competent Person					
1		Is there an identified Competent person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2		Is he conversant in the requirements of the site specific project plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		Does he demonstrate an understanding of manufacturers standards and details?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3		Has he verified anchor rod location and pattern are within tolerances as per anchor bolt plan and that anchor rods are properly tightened?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5		Is he capable of identifying existing and/or predictable hazards in the surroundings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6		Is he authorized to take corrective actions, if necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Comments:

Assembly Process

1		Is there a procedure to confirm anchor bolt placement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2		Are there check lists available and in use for QC of :	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2	a.	General Assembly			
2	b.	Installation of Roofing			
2	c.	Installation of Cladding			
2	d.	Weather-proofing			
2	e.	Insulation			
2	f.	Accessories			
2	g.	Final Inspection			
3		Is there a process to verify use of correct Bolts, Nuts and Washers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4		Are they adhering to the tightening method as specified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5		Which bolt tightening method was in use?			
5	a.	Turn of Nut (RCSC – 8.2.1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	b.	Calibrated Wrench (RCSC – 8.2.2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	c.	Tension Control Bolts (RCSC – 8.2.3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	d.	Direct Tension Indicators (RCSC – 8.2.4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	e.	Snug Tight	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6		Is there a procedure to verify square and plumb?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7		Is there a procedure for documenting changes, extra work and/or variance reports?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8		Is there a procedure to note any damage to material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9		Is there a procedure to verify repairs are approved and executed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10		Is there a process to verify shims, where needed are being used and installed properly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11		Is there a process to verify correct washer placement and location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12		Is the current schedule of activities included in the scope of work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Comments: