



<b>GENERAL INSPECTION FORM</b>									
	<b>INSPECTION CARD #</b> <input style="width: 100%;" type="text"/>								
<b>Project Name:</b> <input style="width: 90%;" type="text"/>	<b>DATE</b> <input style="width: 100%;" type="text"/>								
<b>Bid#</b> <input style="width: 90%;" type="text"/>	<b>Activity Card Reference</b> <input style="width: 100%;" type="text"/>								
<b>General</b>									
Did you attend the Pre-Activity Meeting for this item?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Safety</b>									
Is Call before you dig clearly marked in this work area?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Are all safety requirements met?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Traffic Control</b>									
Is Traffic Control in place?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
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<input type="checkbox"/>	<input type="checkbox"/>								
Was Traffic Control reconfigured?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Did Traffic Control provider "sign-off"?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Are Flaggers on site?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Survey</b>									
Is survey in place?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>								
Is restaking required?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Material Delivery</b>									
Was Material Delivered today?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Did you log it?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Were certifications collected and attached?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Was MSDS provided?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
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<input type="checkbox"/>	<input type="checkbox"/>								
<b>Logs</b>									
Have you completed the Labor and Equipment Tables?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Do you have existing Deficiencies still outstanding?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Have you completed the New Deficiency Table?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Have you completed the New Resolution Table?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Have all samples that were taken been logged?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Daily Close-Out</b>									
Is your crew doing the same work tomorrow?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Is QC testing required tomorrow?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
List the time(s) testing will be needed.	<table border="1" style="float: right;"> <tr><td><input style="width: 100%;" type="text"/></td><td>AM / PM</td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td>AM / PM</td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td>AM / PM</td></tr> <tr><td><input style="width: 100%;" type="text"/></td><td>AM / PM</td></tr> </table>	<input style="width: 100%;" type="text"/>	AM / PM	<input style="width: 100%;" type="text"/>	AM / PM	<input style="width: 100%;" type="text"/>	AM / PM	<input style="width: 100%;" type="text"/>	AM / PM
<input style="width: 100%;" type="text"/>	AM / PM								
<input style="width: 100%;" type="text"/>	AM / PM								
<input style="width: 100%;" type="text"/>	AM / PM								
<input style="width: 100%;" type="text"/>	AM / PM								
<b>QC INSPECTOR INITIALS</b>	<input style="width: 100%;" type="text"/>								
<b>QA Verification (Sign-Off not required to Close Checklist)</b>									
Did QC complete the checklist accurately?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
If NO, was a Deficiency written for improper Checklist?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Give Deficiency Number from log</b>	<input style="width: 100%;" type="text"/>								
Did you have to write any other Deficiency?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>Give Deficiency Number from log</b>	<input style="width: 100%;" type="text"/>								
Do you take exception to allowing the work to progress?	<table border="1" style="float: right;"> <tr><th>YES</th><th>NO</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<b>QA INSPECTOR INITIALS</b>	<input style="width: 100%;" type="text"/>								