



| PIPE OR BOX PLACEMENT INSPECTION FORM                    |                          |                                |
|--|--------------------------|--------------------------------|
|  | <b>INSPECTION CARD #</b> |                                |
| <b>Project Name:</b>                                     |                          | <b>DATE</b>                    |
| <b>Bid#:</b>   |                          | <b>Activity Card Reference</b> |
| <b>Location</b>  |                          |                                |
| <b>From Station</b>                                      |                          |                                |
| <b>To Station</b>  |                          |                                |
|  | <b>COMMENTS</b>          |                                |
| <b>General</b>   |                          | <b>YES NO</b>                  |
| Did you attend the Pre-Activity Meeting for this item?   |                          |                                |
| Were you present during the majority of the work?        |                          |                                |
| <b>Bedding</b>   |                          | <b>YES NO</b>                  |
| Was the proper lift thickness used?                      |                          |                                |
| What is the Compaction Requirement? (Percent)            |                          |                                |
| Were Density Tests taken?                                |                          |                                |
| If, NO, did you write the reason on back of this sheet?  |                          |                                |
| Are all test results within spec's?                      |                          |                                |
| If, NO, did you write a Deficiency?                      |                          |                                |
| Is a copy of the results attached?                       |                          |                                |
| Did you verify the grade to be at the proper elevation?  |                          |                                |
| <b>Pipe</b>  |                          | <b>YES NO</b>                  |
| Was Gasketing Material placed for each joint?            |                          |                                |
| Was Gasketing Material properly installed?               |                          |                                |
| Is the joint gap within specs?                           |                          |                                |
| Is grouting required?                                    |                          |                                |
| If yes, is grouting complete per specs?                  |                          |                                |
| Are "pick holes" filled?                                 |                          |                                |
| Did you verify that you obtained the proper grade?       |                          |                                |
| Is there a "balling" or mandrel requirement?             |                          |                                |
| Was "balling" or mandrel results acceptable?             |                          |                                |
| Did Special Circumstances exist?                         |                          |                                |
| List the special circumstances on the back of this sheet |                          |                                |
| <b>QC INSPECTOR INITIALS</b>                             |                          |                                |
| <b>QA Sign-Off</b>                                       |                          | <b>YES NO</b>                  |
| Did QC complete the checklist accurately?                |                          |                                |
| If NO, was a Deficiency written for improper Checklist?  |                          |                                |
| <b>Give Deficiency Number from log</b>                   |                          |                                |
| Did you have to write any other Deficiency?              |                          |                                |
| <b>Give Deficiency Number from log</b>                   |                          |                                |
| Do you take exception to allowing the work to progress?  |                          |                                |
| <b>QA INSPECTOR INITIALS</b>                             |                          |                                |