

# PLACEMENT CHECK CARD

## #1 - PLANNING

POUR/LIFT DRAWING:	WP1	FINISH REQUIRED:	AS CAST
LOCATION:	RETAINING WALL	APPROVED SPECIAL ADMIXTURES:	
PLACEMENT DATE AND TIME:		APPROVED MIX DESIGN:	
NEAT LINE QUANTITY:	166.05 YDS	SLUMP:	7"
QUANTITY ORDERED:	170 YDS	TEMPERATURE RANGE:	85 TO 90 DEG F
CURE TYPE APPROVED:	CHEMMASTER SAFE- CURE	CONCRETE ORDERED?	PUMP SCHEDULED?
COMPLETED BY:	MG	QUANTITIES DONE?	PICTURES TAKEN?
DATE:			

## #2 - PLACEMENT INSPECTION

<b>REINFORCING STEEL:</b> <input checked="" type="checkbox"/> <b>SUPPORT PLASTIC OR S.S.</b> <input checked="" type="checkbox"/> <b>CLEARANCE TIE WIRE CLEAR</b> <input checked="" type="checkbox"/> <b>SPACING PER DETAIL</b> <input checked="" type="checkbox"/> <b>COUNT</b> <input checked="" type="checkbox"/> <b>SIZE #6 VERT. &amp; #5 HORIZ.</b> <input type="checkbox"/> <b>WELDED</b> <input checked="" type="checkbox"/> <b>CLEAN</b> <input checked="" type="checkbox"/> <b>LAP SPLICES #5 = 28" &amp; #6 = 26"</b> <input checked="" type="checkbox"/> <b>PROJECTION 28" ALL SIZES</b> <input checked="" type="checkbox"/> <b>DOWELS #6 VERT. &amp; #5 HORIZ.</b> <input checked="" type="checkbox"/> <b>REBAR CLEAN</b> FOREMAN <b>DAREN</b>	<b>ANCHOR BOLTS:</b> <input type="checkbox"/> <b>LINE</b> <input type="checkbox"/> <b>PROJECTION</b> <input type="checkbox"/> <b>SIZE</b> <input type="checkbox"/> <b>TYPE</b> <input type="checkbox"/> <b>PROJECTION</b> FOREMAN <b>N/A</b> FE _____  <b>EMBEDS:</b> <input type="checkbox"/> <b>ANCHOR BOLTS</b> <input type="checkbox"/> <b>PLATES</b> <input type="checkbox"/> <b>ANGLES</b> <input type="checkbox"/> <b>PIPE SLEEVES</b> FOREMAN <b>N/A</b> FE _____  <b>ACCESS:</b> <input checked="" type="checkbox"/> <b>CONCRETE SUPPORT</b> <input type="checkbox"/> <b>PERSONNEL</b> <input checked="" type="checkbox"/> <b>TRUCKS-MONITOR</b> <input checked="" type="checkbox"/> <b>TRUCKS-STAGING</b> <input checked="" type="checkbox"/> <b>PUMPS-LOCATION</b> <input type="checkbox"/> <b>CRANES</b> FOREMAN <b>ALEX</b>  <b>PLACEMENT METHOD:</b> <input type="checkbox"/> <b>TAILGATE - TRUCK ACCESS</b> <input checked="" type="checkbox"/> <b>PUMP</b> <input type="checkbox"/> <b>CRANE AND BUCKET</b> <input type="checkbox"/> <b>OTHER</b> FOREMAN <b>ALEX</b>	<b>MECHANICAL:</b> <input type="checkbox"/> <b>FLOOR DRAINS</b> <input type="checkbox"/> <b>ELEVATIONS</b> <input type="checkbox"/> <b>QUANTITY</b> <input type="checkbox"/> <b>SIZE</b> <input type="checkbox"/> <b>LOCATION</b> FOREMAN _____ FE _____  <b>EMBEDDED PIPE:</b> <input type="checkbox"/> <b>INSULATION</b> <input type="checkbox"/> <b>PLUMB</b> <input type="checkbox"/> <b>ENDS CAPPED</b> <input type="checkbox"/> <b>BLOCKOUTS</b> FOREMAN _____ FE _____  <b>ELECTRICAL:</b> <input type="checkbox"/> <b>GROUPS</b> <input type="checkbox"/> <b>GROUND PLATE</b> <input type="checkbox"/> <b>CONDUIT</b> <input type="checkbox"/> <b>BLOCKOUTS</b> <input type="checkbox"/> <b>OPENINGS SEALED</b> FOREMAN _____  <b>SOILS:</b> <input type="checkbox"/> <b>PRE-SATURATION</b> <input type="checkbox"/> <b>OVER EXCAVATION</b> <input type="checkbox"/> <b>COMPACTION</b> <input type="checkbox"/> <b>TESTING</b> <input type="checkbox"/> <b>TERMITE SPRAY</b> FE _____	<b>EQUIPMENT:</b> <input checked="" type="checkbox"/> <b>VIBRATIONS</b> <input type="checkbox"/> <b>BUCKETS</b> <input checked="" type="checkbox"/> <b>TREMIES</b> <input checked="" type="checkbox"/> <b>SCREEDS</b> <input type="checkbox"/> <b>CURE</b> FOREMAN _____  <b>FIELD ENGINEER:</b> <input type="checkbox"/> <b>LASER CHARGED</b> <input type="checkbox"/> <b>LASER LOCATION</b> <input type="checkbox"/> <b>GRADE ROD W/ EYE</b> <input checked="" type="checkbox"/> <b>TAPE FOR ELEVATION</b> <input checked="" type="checkbox"/> <b>TWO BACKSIGHTS</b> <input checked="" type="checkbox"/> <b>BACKUP EQUIPMENT</b> FE <b>KASIE</b>  <b>SAFETY:</b> <input checked="" type="checkbox"/> <b>DOWELS CAPPED</b> <input checked="" type="checkbox"/> <b>CLEAN</b> <input checked="" type="checkbox"/> <b>EDGES GUARDED</b> <input checked="" type="checkbox"/> <b>OPENINGS COVERED</b> <input checked="" type="checkbox"/> <b>SIGNAGE IN PLACE</b> <input checked="" type="checkbox"/> <b>EMERGENCY PROCEDURE</b> <input checked="" type="checkbox"/> <b>POURWATCH</b> SAFETY ENGINEER _ FE <b>KASIE</b>
<b>FORMWORK:</b> <input checked="" type="checkbox"/> <b>LINE</b> <input checked="" type="checkbox"/> <b>GRADE</b> <input checked="" type="checkbox"/> <b>PLUMB</b> <input checked="" type="checkbox"/> <b>EXPANSION JOINTS</b> <input checked="" type="checkbox"/> <b>BRACING</b> <input checked="" type="checkbox"/> <b>CHAMFER 1/2" X 1/2"</b> <input checked="" type="checkbox"/> <b>BULKHEAD</b> <input checked="" type="checkbox"/> <b>CLEAN/OILED FORMULATE</b> <input checked="" type="checkbox"/> <b>STRIPS WOOD, METAL, PVC</b> <input checked="" type="checkbox"/> <b>KEYWAY</b> <input type="checkbox"/> <b>WATER STOP</b> <input checked="" type="checkbox"/> <b>FORM TIES LEAD PLUGS</b> <input type="checkbox"/> <b>BRICKLEDGE</b> FOREMAN <b>JULIO</b>			

## #3 - SIGN OFF AND COMMENTS

INSPECTOR:	JOHN SMITH	COMMENTS:	
SUPERINTENDENT:	MIKE JONES	COMMENTS:	

## #4 - ORDER

QUANTITY ORDERED:	170 YDS	TRUCK SPACING:	30 MIN.
SLUMP:	7"	MIX DESIGN:	
ORDERED BY:	MIKE JONES	TIME STARTED:	6:00 AM
TIME COMPLETE:		ACTUAL QUANTITY:	

## PLACEMENT CHECK CARD

### #5 - MIX DESIGNS

MIX DESIGNS:	MIX CODE:	STRENGTH:	SLUMP:	AREA OF USE:	AIR:	ADMIX:

### #6 - PHONE NUMBERS

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### #7 - INSPECTIONS SCHEDULED ON SITE

INSPECTIONS: _____	TIME: _____	DATE: _____
INSPECTIONS: _____	TIME: _____	DATE: _____
INSPECTIONS: _____	TIME: _____	DATE: _____
INSPECTIONS: _____	TIME: _____	DATE: _____

### # - DISCREPANCIES FOUND

DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
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DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____
DESCREPANCIES: _____	INITIALS: _____