QHSE DOCUMENTS Ready2Use Free Editable	The Employer	Engineering Consultancy

INSPECTION CHECK LIST FOR STEEL WORK	Rev: 00	IR No:
	Sub-Contractor:	
	PAD/FOUNDATION:	
LOCATION:		
SCHEDULED INSPECTION DATE & TIME:		
ACTUAL INSPECTION DATE & TIME:		

Item No	ACCEPTANCE CRITERIA	PASS	FAIL	NA	Signature	NCR No. & Ref.	Re-Insp. Date
A	**SPECS. & DRAWINGS**						
A1	Related Specifications & Drawings are submitted and approved.						
B	**STEEL WORK**						
B1	Availability of approved Method statement, ITP, Bar bending schedule and IFC drawing.						
B2	Steel supplier is approved and certified.						
B3	Horizontal and Vertical Spacing Within Tolerance.						
B4	Number of bar vertical & horizontal is checked and as per drawing.						
B5	Overlapping of the steel bars is as per specification and standards.						
B6	Supporting system (Chairs or Blocks) are provided correctly.						
B7	Splicing of steel is of proper length and at proper location.						
B8	The Rebar is straight (Not bent and kinked) and free from rust.						
B9	Clearance or Spacing from Forms/Ground is provided as per specification.						
B10	Dowels placed properly.						
B11	Rebar Size as per the approved drawing and design.						

CONTRACTOR		ENGINEER
Date:		Date:
Name:		Name:
Signature:		Signature: