

Appendix - 2

Department:	CONSTRUCTION	Number: PCM-CP-000X-2
Subject:	FIWP CIVIL FOUNDATIONS AND PILE CAPS CHECKLIST	Revision: A

FIWP ID Number:	Date Prepared:
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FIWP Description:

ITEM DESCRIPTION	YES / NO / N/A	COMMENTS
Required Rebar Onsite And Available for Use:		
a) Type	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Sizes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Quantity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Prefabricated (On/Off Site) Rebar Cages Made And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Form Materials Onsite And Available for Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pre-Built (On or Off Site) Forms Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Embed Requirements Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Anchor Bolt Requirements:		
a) Type Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Material Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Length Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Anchor Bolt Templates Clearly Identified, Tagged, Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Slide Plate Requirements Onsite And Available For Installation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Crane(s) To Support Work Package Activities:		
a) Onsite	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Required Rigging And Accessories Onsite And Available To Support Work Package Activities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transportation Requirements For Equipment, Material, Forms, Tools Etc.:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Special Tool Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Concrete Requirements Type And Quantity:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Material Requisitions Complete Ready To Be Submitted For Work Package	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Materials In Warehouse Bagged And Tagged	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Special Training / Qualification Requirements:		
a) Safety; SCABA, High Level Rescue Etc	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Equipment Operation; Manlift Etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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c) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Training Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation Shoring Requirements:				
a) Shoring Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Shoring Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Signed-Off And Safe To Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Requests Complete Ready To Be Submitted For Work Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Items And Concerns Identified, Listed And Addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard Assessments / Requirements:				
a) Hazard Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Assessment Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Mitigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Personnel Protective Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QC forms inserted into package for required inspection and sign-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Third Party Inspection And Testing:				
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor Requirements:				
a) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding / Manlift Requirements:				
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surveyor For Foundation Layout:				
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surveying And Layout Complete For Initial Foundation Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Release And Ready To Pour Concrete Signed-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Required Drawings, Details And Specification Included In Work Package:				
a) Foundation Location Plan General Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Foundation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Rebar Cage Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		MAJOR PROJECTS
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f) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation / Pile Caps Installed, Inspected And Signed-Off As Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As-Builts:				
a) Foundations Installed As Per Drawings And Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Changes Or Modifications Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Changes Or Modifications Recorded And Included on Master As-Builts Drawing Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planner Name (print):	Planner Signature:		Issue Date:	
Superintendent Name (Print):	Superintendent Signature:		Issue Date:	
Work Foreman Name:	Work Foreman Signature:		Work Start Date:	
Work Foreman Name:	Work Foreman Signature:		Work Completion Date:	