

Appendix - 1

Department:	CONSTRUCTION	Number: PCM-GF-000X-1
Subject:	FIWP CIVIL PILING CHECKLIST	Revision: A

Work Package ID Number: _____ **Date Prepared:** _____

Work Package Description:

ITEM DESCRIPTION	YES/NO/OTHER	COMMENTS
Piling Rig And Crew Onsite:		
a) Available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Piling Rig Attachments Required And Available To Support Work Package	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pile Available For Installation:		
a) Type	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Size	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Quantity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Rebar Cages Made (On/Off Site) 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, Piles, Cages, 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) Scheduled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Ordered	<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"/>	
c) Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Training Complete	<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"/>	

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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"/>	
Surveyor For Piling 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 Piling Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Required Drawings, Details And Specification Included In Work Package:				
a) Piling Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Piling Layout Drawing	<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"/>	
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"/>	
Piles Installed, Inspected And Signed-Off As Complete And Ready For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As-Builts:				
a) Piles 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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planner Name (print):	Planner Signature:		Date:	
Superintendent Name (Print):	Superintendent Signature:		Date:	

		MAJOR PROJECTS
		Appendix - 1
Department:	CONSTRUCTION	Number: PCM-GF-000X-1
Subject:	FIWP CIVIL PILING CHECKLIST	Revision: A

Work Foreman Name:	Work Foreman Signature:	Work Start Date:
Work Foreman Signature:	Work Completion Date:	