

Appendix - 4

Department:	CONSTRUCTION	Number: PCM-CP-000X-4
Subject:	FIWP STRUCTURAL STEEL ERECTION CHECKLIST	Revision: A

FIWP ID Number:		Date Prepared:		
FIWP Description:				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
Foundation Complete Ready For Structural Steel:				
a) Anchor Bolts Checked And Correctly Located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Threads Not Damaged And Lubrication Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Latent's Removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Shim Blocks Set To Height And Grouted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Base Top Prepped Ready For Grout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Items/Parts/Frames To Be Pre-Assembled/Erected (On/Off Site) Clearly Identified With Marked-Up Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Members Required For Pre-Assembly / Erection Onsite And Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field Supply Material Onsite And Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area To Perform Pre-Assemble Identified (On/Off Site) And Available	<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"/>	
Lift Plan In Place And Ready For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engineered Rigging Study Required:				
a) Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Authorized For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Requirements For Equipment, Structural Members, 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"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix - 4

Department:	CONSTRUCTION	Number: PCM-CP-000X-4
Subject:	FIWP STRUCTURAL STEEL ERECTION CHECKLIST	Revision: A

Submitted For Work Package			
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	<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 Part 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 Steel Alignment:			
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 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"/>
All Required Drawings, Details And Specification Included In Work Package:			
a) General Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sections And Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Erection Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Piece Mark Detail Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Release For Grouting Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Request For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Steel Erected, Inspected And Signed-Off As Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-Builts:			
a) Structural Steel 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"/>

		MAJOR PROJECTS
		Appendix - 4
Department:	CONSTRUCTION	Number: PCM-CP-000X-4
Subject:	FIWP STRUCTURAL STEEL ERECTION CHECKLIST	Revision: A

	<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:	