

Project: New Footscray hospital

Project No. V0-175

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| Inspection & Test Plan No. | Revision No. |
| Task: Ground Beam | Project Manager: Timothy Gannon |
| Location: New Footscray Hospital | Date: |

| Item | Operational Activities | Acceptance Criteria | Check Box | Inspection & Sign | | | Comments/ Attachment |
|------|---|--|--|-------------------|-----------|-----|---|
| | | | | Delta | Multiplex | DoT | |
| 1 | Ground Beam Documentation &Setout | | | | | | |
| 1.1 | Documentation | <ul style="list-style-type: none">Drawing & Revision Number: – | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 1.2 | Survey Set out – check position | <ul style="list-style-type: none">Binding RL: _____Top of Ground Beam RL: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 1.3 | Waterproofing membrane installed by other | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | | | | |
| 2 | Ground Beam Information | | | | | | |
| 2.1 | Ground Beam Detail | <ul style="list-style-type: none">Length (mm): _____Width (mm): _____Depth (mm): _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2.2 | Ground Beam Reinforcement | <ul style="list-style-type: none">Main Bar: _____Side Bar: _____Ligature: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Photos attached |
| 2.3 | Sign offs Required | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Hold Point – Ensure Engineer/Building surveyor/ Department of Transport sign offs are completed before pour- Attached report as applicable. |
| 2.4 | Commencement of Pour | <ul style="list-style-type: none">Delta Group representative signed. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Hold Point - Pass once all pre-pour checks have been completed and ready to pour concrete |

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| | | <ul style="list-style-type: none"> Multiplex representative signed. | | | | | |
| 3 | Ground Beam Concrete Placement | | | | | | |
| 3.1 | Date of Pour Entered | <ul style="list-style-type: none"> Date: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3.2 | Concrete Delivery Docket | <ul style="list-style-type: none"> Docket Number: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Concrete Docket attached |
| 3.3 | Concrete Details Complete | <ul style="list-style-type: none"> Concrete Grade: _____ Cover: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Concrete Batch mix strength and slump test – refer Mix Design |
| 3.4 | Mud Map attached to indicate date and location of pour | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Attached Mud Map |
| 4 | Ground Beam post pour-sign off/ Handover | | | | | | |
| 4.1 | Concrete testing | <ul style="list-style-type: none"> Slump at least one truck One set of 3 cylinders per 50m³ poured. 28 Day Concrete Compressive Strength (MPa) _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Attached Concrete compressive report Attached as built drawing |
| 4.2 | Post Pour Signoffs | <ul style="list-style-type: none"> Delta Group representative signed. Multiplex representative signed. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |