

Project: New Footscray hospital

Project No. V0-175

Inspection & Test Plan No.	Revision No.
Task: Foundation Pile	Project Manager: Timothy Gannon
Location: New Footscray Hospital	Date:

Item	Operational Activities	Acceptance Criteria	Check Box	Inspection & Sign			Comments/ Attachment
				Delta	Multiplex	DoT	
1	Foundation Pile 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 Footing RL: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2	Foundation Pile Information						
2.1	Pile Detail	<ul style="list-style-type: none">Pile Diameter: _____Top of Steel RL: _____Length of Pile (m): _____Top of Pile (RL): _____Pile Socket Length: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2.2	Pile Hole Inspection	<ul style="list-style-type: none">Check for excessive water in hole	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2.3	Pile Reinforcement	<ul style="list-style-type: none">Main Bars: _____Ligs: _____Cage Length: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Photos attached
2.4	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.

2.5	Commencement of Pour	<ul style="list-style-type: none"> Delta Group representative signed Multiplex 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
3	Foundation Pile 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: 75mm 	<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	Foundation Pile 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				