

Joint Proof Test

Minimum Frequency – To be conducted at commencement of any new design or major design alterations as detailed in *Product Specification & Inspection and Test Plan*.

Notes:

- i) Testing shall be in accordance with *Clause 8.5 AS/NZS 7000:2010 and relevant site Work Instructions*.
- ii) Record lateral deflection, angular rotation, and crack widths with corresponding distance from tip at each 10% load interval with the following abbreviations: $0.15/3 = 0.15\text{mm}$ crack width located 3m from tip or H/L = hairline crack width (width less than 0.05mm feeler gauge)
- iii) Record joint gap (mm) at each 10% load interval. Dial gauges should be used at joint set-up for optimal & precise measurements.
- iv) Post initial 50% loading, remove load to 0% and record permanent set (mm), crack widths and joint gap (mm)

If non-conforming do the following:

- a. Advise the designated quality coordinator of non-conformance and provide them with a copy of this form. – *NCR shall be raised*

Pole Size (Length / Working Load):	Ultimate Test Load:	kN
Drawing No.:	No. of Lugs	
Date Cast:	No of Studs	
Test Date:	Nuts Tightened to:	N.m
Pole No.:	Top Section Measured Mass	kg
Date forwarded to Engineering Dept.:	Butt Section Measured Mass	kg
Top Section Butt Wall Thickness (mm): TDC: _____ 90° _____ 180° _____ 270° _____		
Butt Section Tip Wall Thickness (mm): TDC: _____ 90° _____ 180° _____ 270° _____		

% of Ultimate Test Load	Load (kN)		Lateral Deflection (mm)	Angular Rotation (deg)	Joint Gap (mm)	Remarks
	Target	Actual				
10						
20						
30						
40						
50						
Perm. Set 0						

Size of Joint Gap at 50%: _____ mm

Size of Joint Gap at Perm Set 0%: _____ mm

After 1st 50% loading cracks closed to: H/L / Not Visible / Width = _____

Deflection measured at _____ mm below / beyond tip

Crack Widths determined by: Feeler Gauge / Optical Device / Visual Estimate

Joint Gap determined by: Ruler / Tape Measure / Dial Gauge

Any visible damage to lug or stud? YES / NO

If YES, note below:

Result: _____ Testing Officer: _____ Witness: _____

Comments:

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