

Project: New Footscray hospital

Project No. V0-175

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

Item	Operational Activities	Acceptance Criteria	Check Box	Inspection & Sign			Comments/ Attachment
				Delta	Multiplex	DoT	
1	Raft 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				
1.3	Waterproofing membrane installed by other		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A				
2	Raft Information						
2.1	Raft Detail	<ul style="list-style-type: none">Length (mm): _____Width (mm): _____Depth (mm): _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
2.2	Raft Reinforcement	<ul style="list-style-type: none">Bottom Reo: _____Top Reo: _____Side Bar: _____Wall Stater Bars: _____	<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.

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2.4	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	Raft Concrete Placement						
3.1	Date of Pour Entered	• Date: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
3.2	Concrete Delivery Docket	• 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	Raft 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				