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| **Lot No:**  **FP – Foundation Preparation**  **Schedule:**  **Package: Brine Tank** | | | | |
| Work Start Date: |  | Work Finish Date: |  | Underlying Lot: |

| **Controlled Work Activities from ITP** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Specifications** | **Type** | **Confirms** | **Client** | **RSA** | **Comments** |
| 01 | **Lot Identification**  Location of work identified in accordance with project technical specification | CHK | Yes / No |  |  |  |
| 02 | **Compaction Trial**  Compaction trial for general fill will be completed and approved by the client | CHK | Yes/No |  |  |  |
| 03 | **Foundation Preparation Inspection**  Foundation preparation of Lot will be inspected for material type, moisture and organic material prior to foundation preparation works. | VIS | Yes / No |  |  |  |
| 04 | **Foundation Preparation – Proof Rolling**  Subgrade shall be Proof Rolled in accordance with Queensland Department of Main Roads Technical Specification (MRTS) 04 General Earthworks Section 18.3.2 or similar method as approved by the Superintendent while in the presence of the Client.  Areas of subgrade identified by the superintendent as unsuitable material shall be excavated and replaced with material conforming to the requirements of the overlying fill zone | WP | Yes / No |  |  |  |
| 05 | **Foundation Preparation – Ground Surface Treatment**  Scarify minimum 150mm, moisture condition and compact.  The Superintend shall inspect the subgrade for conformance with the specification prior to placement of overlying fill. | HP | Yes / No |  |  |  |
| 06 | **Foundation Preparation – Smooth drum rolling of material**  Prior to the placemat of construction materials, the subgrade shall be rolled using a smooth drum roller to form a hard-smooth surface and approved by the superintendent. | HP | Yes / No |  |  |  |
| 07 | **Ground Surface Treatment Testing**  The foundation surface level shall be scarified, watered and compacted to a density ratio of no less than 96% of standard MDD and -+2 % of OMC | HP | Yes / No |  |  |  |
| 08 | **As built Survey**  Finished levels checked for Vertical and horizontal tolerances as required. | HP | Yes / No |  |  |  |

| **Inspection and Verification Statement** | |
| --- | --- |
| Inspection:  Verification: | I declare that the above work has been inspected and the recorded results of the inspections are correct.  Inspected by :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signed) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_(am/pm)  I verify that the recorded results of the above inspections are correct.  Inspected by :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signed) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_(am/pm) |

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| **Document Status** | | | | | |
| **Revision Status** | **Responsible Person** | Signed | | **Dated** | **Revision** |
| **Draft By:** | Madhu Achana | |  |  | Rev0 |
| **Reviewed By:** |  | |  |  |  |
| **Submitted By:** |  | |  |  |  |
| **Approved By:** |  | |  |  |  |