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| **PRODUCT DETAILS** | | |
| **Product Description/Code** | **Cast Bed No** | **Drawing Revision** |
| 1. |  |  |
| **Other Remarks:** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PRE-POUR CHECK LIST (Circle appropriate response) ACCEPTABLE DEVIATIONS – AS 3610.1-2010 TABLE 3.3.3** | | | | | | | | | | | | | | | | | | | | | | | | |
| * Mould dimensions within project tolerance | | | | | | | | | | | Y / N | | | * Correct reinforcement size & position | | | | | | | | | | Y / N |
| * Mould surface cleaned | | | | | | | | | | | Y / N | | | * Sufficient & correct bar chairs/nibs | | | | | | | | | | Y / N |
| * Sealing and rubbers in place | | | | | | | | | | | Y / N | | | * Correct lifters, type and position | | | | | | | | | | Y / N |
| * Mould oiled and excess removed | | | | | | | | | | | Y / N | | | * Correct fittings & casting items installed | | | | | | | | | | Y / N |
| * Correct diameter grout tubes and length. | | | | | | | | | | | Y / N | | | * Correct Chamfer and edging tools | | | | | | | | | | Y / N |
| **Cover Measurement AS PER IFC DRAWING** | | | | | | | | | | | | | | | | | | | | | | | | |
| COVER | SPEC | ACT | | COVER | SPEC | | | | | ACT | | | | COVER | | SPEC | ACT | | COVER | SPEC | | ACT | | |
| Crown |  |  | | Top |  | | | | |  | | | | Ends | |  |  | | Inner |  | |  | | |
| Sides |  |  | | Bottom |  | | | | |  | | | | Haunch | |  |  | | Rebate |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **CASTING CHECK LIST (Circle appropriate response) Sampling in accordance with AS.1012.1** | | | | | | | | | | | | | | | | | | | | | | | | |
| Casting commenced: ....................hrs | | | | | | | | | | | | | Casting completed: ....................hrs | | | | | | | | | | | |
| Sample no: | | | | Slump: .................mm | | | | | | | | | Air temp: ....................oC | | | | | | Concrete temp: ...................oC | | | | | |
| Concrete mix code: .............................. | | | | | |  | | | Mix strength: | | | | | | | | No. of cylinders: ................. | | | | | | | |
| Delivery docket No. | | |  | | | |  | | | | | | | |  | | |  | | |  | | | |
|  | | |  | | | |  | | | | | | | |  | | |  | | |  | | | |
| * Finish applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | |  | | | | | | | | | | |  | |

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| **POST POUR AND STORAGE CHECK LIST (Circle appropriate response) ACCEPTABLE DEVIATIONS – AS 3610.1-2010 TABLE 3.3.3** | | | | | | | | |
| Date stripped: | ......./......../....... |  |  | |  | |  | |
| * Visual inspection on all faces | | | | Y / N | * Specified class of finish achieved | | | Y / N |
| * Product dimension checked (minimum 1in 10 units) | | | | Y / N | * Any stripping, handling or storage damage | | | Y / N |
| * Any defects identified including cracks, honeycombs etc. if Yes, Specify (......................................................) | | | | Y / N | * Product clearly labelled.   (Include Code, Date, Mould No. Weight etc.) | | | Y / N |
| * Any cracking visible - mark on product check drawing | | | | Y / N | * NCR required: Y/N | * NCR No.: ............... | | |

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| Checked by: ................................ | Position: QA Engineer | Date: ......./........../........ |
| Signature: .............................. | Position: Third Party Inspector | Date: ......./........../........ |
| Approved by: .............................. | Position: Manager | Date: ......./........../........ |