|  |  |  |  |
| --- | --- | --- | --- |
| **Product Description/Code** |  | **Schedule No.** |  |
| **Cast Bed No.** |  | **Bar Mark No`s** |  |
| **Manufacturing Shop Drawing No.** |  | **Quantity.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reinforcement Bar Details: Steel Reinforcing Manufacture to AS/NZS 4671:2001 ACRS Certificate No. 61203** | | | | |
| **Item** | **Size Acceptable** | **Spacing Acceptable** | **Lap Acceptable** | **Cog Acceptable** |
| Mesh SL\_\_\_\_\_\_ | Y / N | Y / N | Y / N | Y / N |
| Distribution Bars | Y / N | Y / N | Y / N | Y / N |
| Other Bars | Y / N | Y / N | Y / N | Y / N |

|  |  |  |
| --- | --- | --- |
| **Reinforcement Dimensions: AS PER IFC DRAWING** | | |
| **Item** | **Acceptable** | **Remarks** |
| Is reinforcement drawing(s) attached? | Y / N |  |
| Is length acceptable +0mm -10mm | Y / N |  |
| Is width acceptable +0mm -10mm | Y / N |  |
| Is reinforcement square | Y / N |  |

|  |  |  |
| --- | --- | --- |
| **Reinforcement Assembly: AS PER IFC DRAWING** | | |
| **Item** | **Acceptable** | **Remarks** |
| Strength and Stiffness for lifting | Y / N |  |
| Sufficiently Tied. | Y / N |  |
| Perimeter Bar U.N.O | Y / N |  |

|  |  |  |
| --- | --- | --- |
| **Reinforcement Cage Setup: AS PER IFC DRAWING** | | |
| **Item** | **Acceptable** | **Remarks** |
| Bar chair type: ......................... | Y / N |  |
| Bar chair size (cover): ......................... | Y / N |  |
| Number of bar chairs acceptable | Y / N |  |

|  |
| --- |
| **Other Remarks** |
|  |

Legend:

N/A Not Applicable Compliant – Y / Proceed Non-Compliant – N / Hold

|  |  |  |
| --- | --- | --- |
| Checked by: ................................ | Position: Q.A Engineer | Date: ......./........../........ |
| Signature: .............................. | Position: Third Party Inspector | Date: ......./........../........ |
| Approved by: .............................. | Position: Manager | Date: ......./........../........ |

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