CHECKLIST FOR PT WORK – INSTALLATION OPERATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT: DATE:  LOCATION: TIME:  COIL NO.: WEATHER: | | | | | | | |
| ANCHOR BODY HEAT NO.: | | | | Sunny | Cloudy | Rainy | Stormy |
| DUCT PRODUCTION DATE: | | | | | | | |
| ITEMS TO CHECK | | CHECKED AND CONFORMED  (YES / NO) | | REMARKS | | | |
| (a) | PT layout drawing |  | |  | | | |
| (b) | Number of tendons |  | |  | | | |
| (c) | Number of strands per tendon |  | |  | | | |
| (d) | Tendon profile (vertical) |  | |  | | | |
| (e) | Tendon spacing (horizontal) |  | |  | | | |
| (f) | Position of anchorages |  | |  | | | |
| (g) | Grout inlets and outlets |  | |  | | | |
| (h) | Stressing and dead-end length |  | |  | | | |
| (i) | Anti-bursting reinforcement |  | |  | | | |
| (j) | Cleanliness of strand |  | |  | | | |
| REMARKS: | | | | | | | |
| USS REPRESENTATIVE | | | WITNESSED BY | | | | |
| NAME: SIGN:  DESIGNATION:  DATE: | | | NAME: SIGN:  DESIGNATION:  DATE: | | | | |
| WITNESSED BY | | |  | | | | |
| NAME: SIGN:  DESIGNATION:  DATE: | | |  | | | | |

CHECKLIST FOR PT WORK – STRESSING OPERATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT: DATE:  LOCATION: TIME:  WEDGE PLATE HEAT NO: WEATHER: | | | | | | | |
|  | | | | Sunny | Cloudy | Rainy | Stormy |
| WEDGES BATCH NO.: | | | | | | | |
| ITEMS TO CHECK | | CHECKED AND CONFORMED  (YES / NO) | | REMARKS | | | |
| (a) | Approval for stressing |  | |  | | | |
| (b) | Cube strength (≥25 N/mm²) |  | |  | | | |
| (c) | Jack no. - …………………….. |  | |  | | | |
| (d) | Pressure gauge no. - ……………………… |  | |  | | | |
| (e) | Calibration validity |  | |  | | | |
| (f) | Stressing pressure |  | |  | | | |
| (g) | Theoretical elongation calculation |  | |  | | | |
| (h) | Stressing record form |  | |  | | | |
| (i) | Proper seating of wedge plates & wedges |  | |  | | | |
| REMARKS: | | | | | | | |
| USS REPRESENTATIVE | | | WITNESSED BY | | | | |
| NAME: SIGN:  DESIGNATION:  DATE: | | | NAME: SIGN:  DESIGNATION:  DATE: | | | | |
| WITNESSED BY | | |  | | | | |
| NAME: SIGN:  DESIGNATION:  DATE: | | |  | | | | |

# UTRACON STRUCTURAL SYSTEMS PTE LTD

CHECKLIST FOR PT WORK – GROUTING OPERATION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT: DATE:  LOCATION: TIME: | | | | | | | | | | | |
|  | Material | | Ratio | Qty. | WEATHER: | | | | | | |
| Cement | | 1 | 150 kg |
|  | Water | | 0.32 | 48 L |  | | | Sunny | Cloudy | Rainy | Stormy |
|  | Cebex 100 | | 0.0022 | 330 g |  | | | | | | |
| U-plast | | 0.0056 | 840 g |
|  | | | | | | | | | | | |
| ITEMS TO CHECK | | | | | | CHECKED AND  CONFORMED? (YES / NO) | | | REMARKS | | |
| (a) | | Patching of anchorage recesses | | | |  | | |  | | |
| (b) | | Flushing of tendons | | | |  | | |  | | |
| (c) | | Quantity and Ref. no. of Cement | | | |  | | |  | | |
| (d) | | Quantity and Ref. no. of Additives | | | |  | | |  | | |
| (e) | | Grout inlets & outlets | | | |  | | |  | | |
| (f) | | Grout pressure gauge no. and calibration validity | | | |  | | |  | | |
| (g) | | Test apparatus (flow cone, test moulds, sieve,  wick-induced tubes etc.) | | | |  | | |  | | |
| REMARKS: | | | | | | | | | | | |
| USS REPRESENTATIVE | | | | | | | WITNESSED BY | | | | |
| NAME:  SIGN:  DESIGNATION:  DATE: | | | | | | | NAME:  SIGN:  DESIGNATION:  DATE: | | | | |
| WITNESSED BY | | | | | | |  | | | | |
| NAME:  SIGN:  DESIGNATION:  DATE: | | | | | | |  | | | | |

# UTRACON STRUCTURAL SYSTEMS PTE LTD

CHECKLIST FOR PT WORK – POUR WATCH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT: DATE:  LOCATION: TIME:  WEATHER: | | | | | | | |
|  | | | | Sunny | Cloudy | Rainy | Stormy |
|  | | | | | | | |
| ITEMS TO CHECK | | CHECKED AND CONFORMED? (YES / NO) | | | REMARKS | | |
| (a) | Tendon positions intact |  | | |  | | |
| (b) | Tendon profiles intact |  | | |  | | |
| (c) | Ducts undamaged |  | | |  | | |
| (d) | Grout Vents undamaged |  | | |  | | |
| (e) | Anchorages intact |  | | |  | | |
| REMARKS: | | | | | | | |
| USS REPRESENTATIVE | | | WITNESSED BY | | | | |
| NAME:  SIGN:  DESIGNATION:  DATE: | | | NAME:  SIGN:  DESIGNATION:  DATE: | | | | |
| WITNESSED BY | | |  | | | | |
| NAME:  SIGN:  DESIGNATION:  DATE: | | |  | | | | |