

Works inspection report

Section A

Works reference: _____ Highway authority: _____

Works location: _____ Promoter organisation: _____

Inspection date and time: _____ Inspector: _____

Inspection type:

Live site

- ☐ Category A
- ☐ Site occupancy
- ☐ Conditions
- ☐ Third party
- ☐ Routine

Reinstatement

- ☐ Category B
- ☐ Category C
- ☐ Third party
- ☐ Routine

Non compliance follow up

- ☐ Joint site visit
- ☐ Follow up
- ☐ Follow up completion

Inspection outcome:

General

- ☐ Passed
- ☐ **Failed – low***
- ☐ **Failed – high***
- ☐ Unable to complete inspection
(Specify reason in additional details below)

Site occupancy

- ☐ Works stopped - Apparatus remaining
- ☐ Works in progress - No carriageway incursion
- ☐ Works in progress
- ☐ Works stopped

Non compliance follow up

- ☐ Further inspection required
- ☐ Agreed site compliance

Permit condition

- ☐ Non compliant conditions
(Specify reason in additional details below)

***Complete Section B on page 2 to record failed inspection details**

Additional inspection details:

Reinspection details (optional)

Inspection type and category:

Inspection date and time:

Inspector signature: _____

Date logged: _____

Section B – Complete this section for failed inspections

Non compliance areas:

Reinstatement

Quality	Non compliance site(s)
<input type="checkbox"/> Acute angles	_____
<input type="checkbox"/> Anti-skid	_____
<input type="checkbox"/> Damage to surround area	_____
<input type="checkbox"/> Fixed features	_____
<input type="checkbox"/> Modular	_____
<input type="checkbox"/> Proximity	_____
<input type="checkbox"/> Saw cutting	_____
<input type="checkbox"/> Verge	_____

Materials

<input type="checkbox"/> Damaged	_____
<input type="checkbox"/> Edge sealant	_____
<input type="checkbox"/> Incorrect	_____
<input type="checkbox"/> Infill/Pointing	_____
<input type="checkbox"/> Ironwork/Apparatus	_____
<input type="checkbox"/> Over-banding	_____
<input type="checkbox"/> Road markings	_____

Performance

<input type="checkbox"/> As laid profile	_____
<input type="checkbox"/> Breaking out/fretting	_____
<input type="checkbox"/> Crowning	_____
<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Edge depression	_____
<input type="checkbox"/> Interface cracking	_____
<input type="checkbox"/> Texture depth	_____

Category A / SLG

Signing Lighting & Guarding	Non compliance site(s)
<input type="checkbox"/> Barriers	_____
<input type="checkbox"/> Cyclist provision	_____
<input type="checkbox"/> Distance(s)	_____
<input type="checkbox"/> Operative qualification	_____
<input type="checkbox"/> Pedestrian provision	_____
<input type="checkbox"/> Safety zone	_____
<input type="checkbox"/> Signage	_____
<input type="checkbox"/> Traffic control	_____

Excavation, Backfill & Reinstatement

<input type="checkbox"/> Compaction	_____
<input type="checkbox"/> Construction layers	_____
<input type="checkbox"/> Equipment	_____
<input type="checkbox"/> Materials	_____
<input type="checkbox"/> Storage of materials	_____

Were the non compliant issues fixed?

- ☐ Yes, by the inspector
- ☐ Yes, by onsite members
- ☐ No

Name of person spoken to

Call outcome and summary

Non compliance details