

DAILY INSPECTION REPORT

WATER MAIN CONSTRUCTION

Project No.	Consulant No.			Date:	2009-01-01
Project Name	Project Name			CRD File #	875-09-001
Contractor	Name of Firm				
Contractor Superintendent	Full Name				
Road Name	Provide full description				
Time	Arrival On-Site	8:25 AM	Leave Site	8:25 AM	
Inspector					
Weather at time of this inspection?					
<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing Temperature: ____°C Comments:					
Contractor Safety:					
<input type="checkbox"/> Hard Hats <input type="checkbox"/> Safety Boots <input type="checkbox"/> Safety Vest or Coveralls <input type="checkbox"/> Proper Signage <input type="checkbox"/> Safe Trench <input type="checkbox"/> Flagging Comments:					
Approved Drawings On-Site				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Materials:					
Pipe Material: <input type="checkbox"/> DI CL350 <input type="checkbox"/> PVC DR18 <input type="checkbox"/> HDPE DR11 <input type="checkbox"/> Fusible PVC <input type="checkbox"/> DI Thrust-Lock <input type="checkbox"/> DI T-Lock Diameter: <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> 450 <input type="checkbox"/> 500					
Work Performed:					
Pipe Installation					
	Length Installed	metres	From Station		To Station
	PVC Manufacturer	<input type="checkbox"/> IPEX <input type="checkbox"/> Royal Plastics <input type="checkbox"/> Rehau Pipe (Aqualoc) <input type="checkbox"/> Northern Pipe			
	Deflection of Joint Allowed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	End Caps on Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Joint Deflection within Tolerance	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Condition of Pipe	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Description of Native Soils				
	Type of Bedding	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Type of Backfill Material	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Compaction Methods (300 mm Lifts)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Type of Compaction Equipment	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Compaction Tested	<input type="checkbox"/> Backfill <input type="checkbox"/> Asphalt	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
	Depth of Cover	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
	Elevation of Top of Pipe Recorded every 20m	<input type="checkbox"/> Yes <input type="checkbox"/> No			

#. of Bends	##	Elevation Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	UTM Coordinates Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reducer(s) Installed	##	Elevation Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No	UTM Coordinates Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Valves Installed	##	Rt. Hand Opening	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 mm (1 ¼") Operating Nut	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Hydrants Installed		Flange Height Correct	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrant Plum	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Services Installed	19 mm	##	25 mm	##	Other _____
No. of Irrigation Services Installed	##	Size (mm)	##		
Dewatering Required				Station	
CDF Required				Station	
Separation from Sewers				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Separation from Other Utilities				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Meter Box & Service Installation				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Fire Hydrant Flange Height (Max. 225mm)				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Type of Valve Box				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Adjustment of Valve Box				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Thrust Blocks				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Joint Restraint				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Installed as per Approved Drawings				<input type="checkbox"/> Yes	<input type="checkbox"/> No
As-Built Info Recorded				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water Main Marking Tape				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Trench Dams				<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Trench Dams Location Recorded				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:
Insert Comments Here

(This area is intentionally left blank for notes or observations.)

Inspector	Print Name	Signature
Engineer of Record	Print Name	Signature and Seal
Action Taken:		
Copy to Contractor:		PDF to File:
Copy to Engineer of Record:		Copy to CRD Water Services: