

Project Name		Inspection Checklist Lean Concrete									
Project Number		WBS ID		Date							
Client		Mix Design		Reference Doc							
Client's Repres.		Report No.		Contractor							
Location		Work Executor		Contractor		Client		Remarks			
Item		Checked (initials & Date)		Hold Point		Inspected (initials & Date)		Hold Point		Inspected (initials & Date)	
1.0 Excavation (if applicable)											
1.1 Compaction Test				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
1.2 Level				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
2.0 Forms (if applicable)											
2.1 Location, Elevation, Dimension				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
2.2 Cleanliness				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
2.3 Vapor Barrier				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
3.0 Preparation											
3.1 Access				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
3.2 Equipment				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
3.3 Pour Plan				W <input type="checkbox"/> H <input type="checkbox"/>				W <input type="checkbox"/> H <input type="checkbox"/>			
Work Executor		Contractor Acceptance				Client Acceptance					
Name		Name		Name		Name		Name			
Signature		Signature		Signature		Signature		Signature			
Date		Date		Date		Date		Date			