



STRUCTURAL STEEL INSPECTION REPORT

RECORD NUMBER:		DATE:			
PROJECT NUMBER:		PROJECT NAME:			
UNIT/AREA:		SYSTEM:		WORK PACKAGE NUMBER:	
BUILDING:		DESCRIPTION:			
REFERENCE DOCUMENT NO.	REV. NO.	REMARKS			
ITEM	ACCEPT	REJECT	N/A	REMARKS	
1. Base plates at correct elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Base plates at correct NS & EW location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Column hold down nuts and washers in place and torqued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Columns plumb in all directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Horizontal steel framing at correct elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Bolted connections properly torqued using correct bolting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Plate washers provided to cover long slotted holes as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Weld filler material and completed weldment acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Post weld heat treatment complete and acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Welding nondestructive examination complete and acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Vertical and horizontal bracing complete and properly bolted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Exterior siding supports installed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Temporary supports and brackets removed from structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Miscellaneous steel (ladders, platforms, etc.) properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Grouting completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Coatings touched up as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Fire proofing repaired as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMMENTS:					
PERFORMED BY:		DATE:			



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