

## Independent Pre-Pour Inspection

OBN Client \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Type of home: One Story \_\_\_\_\_ Two Story \_\_\_\_\_ Other \_\_\_\_\_

Plan # \_\_\_\_\_

### Design Information

	Yes	No
1. Are foundation plans on site?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is form board survey on site?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is foundation placement free of encroachments?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are house plans and plot plan on site?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is proper drainage provided?	<input type="checkbox"/>	<input type="checkbox"/>

### Bearing Soil Conditions

1. Type: Virgin    Compacted Fill    Combination (circle one)		
2. Are soils loose or poorly compacted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are trees and shrubbery within 20' of foundation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are root shields installed?	<input type="checkbox"/>	<input type="checkbox"/>

### Slab on Grade

#### A. Slab type:

Post Tension \_\_\_\_\_  
 Conventional Reinforced \_\_\_\_\_  
 Engineered Slab on Grade \_\_\_\_\_

### Slab Form Work

1. Is string line in place?	<input type="checkbox"/>	<input type="checkbox"/>
2. Average thickness of slab: _____ Required thickness _____		
3. Are form boards straight and properly braced?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is slab properly thickened to support fireplace?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are dimensions of forms correct overall and specifically for porches, shower drops, offsets, brick ledge, doors and fireplaces?	<input type="checkbox"/>	<input type="checkbox"/>
6. All underground mechanicals in place and properly located?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is all copper piping covered to prevent contact with concrete?	<input type="checkbox"/>	<input type="checkbox"/>



## Beams

Yes No

	Yes	No
1. Depth: Front _____ Back _____ Right Side _____ Left Side _____		
2. Width: Front _____ Back _____ Right Side _____ Left Side _____		
3. Embedment: Front _____ Back _____ Right Side _____ Left Side _____		
4. Number of beams: Side to side _____ Front to back _____ Per plan?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there water in beams?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there cave-ins?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are beams a minimum of 6" into undisturbed soil or compacted fill?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are beams spaced and dug per plan?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are beams clean and free of loose material?	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="checkbox"/> Are there plumbing lines running parallel in any beams?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are void boxes being used?	<input type="checkbox"/>	<input type="checkbox"/>

## Moisture Barrier

1. Is barrier per plan, lapped and taped?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is barrier sealed in bottom of beams with slits if required?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are plumbing penetrations sealed?	<input type="checkbox"/>	<input type="checkbox"/>

## Reinforcing Steel (See page 3 for additional items, notes and discrepancies)

1. Is all steel installed per plan?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is steel insulated from forms and pipes?	<input type="checkbox"/>	<input type="checkbox"/>

## Tendons

1. Quantity: Front to back _____ Side to Side _____		
2. Are tendons per plan?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are tendons 1/2"?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have tendons been installed with live and dead ends?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are tendons in good condition (sheathing, nicks, abrasions, kinks etc.) with exposed cables taped?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there cushion sand?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are tendons securely anchored with live ends snug to forms?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are chairs wired in place under tendons?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are tendon intersections securely clamped?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are tendons at least 6" from corners?	<input type="checkbox"/>	<input type="checkbox"/>



