



Concrete Construction Observation Report

Project Name: Mercy Short Stay Hospital **Project No:** 06-1069.1
Client: Mercy Hospital **Date:** 4/30/07
Placement Type: Footing Wall Column Slab Other
Placement Location: 3rd Floor Deck-West side

<u>PRE PLACEMENT OBSERVATIONS</u>	<u>In Compliance</u>		<u>N/O</u>	<u>Comments</u>
Bar Size (diameter, length, bend and anchorage)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	See note section below
Location (# of bars, spacing, and cover)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
Splicing (weld joint, overlap)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	14" overlap of mesh
Stability (wiring, chairs, and spacers)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
Reinforcement free from mud, oil, rust, or other nonmetallic coatings	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Minor rust
Reinforcement appears in conformance to specifications	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
Soil subgrade prepared in accordance with project specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input checked="" type="checkbox"/>	

<u>Referenced Drawings</u>	<u>Date</u>	<u>Page</u>	<u>Rev.</u>	<u>ASTM</u>	<u>GRADE</u>
SMRT	4/27/07	SF103		A 615 <input checked="" type="checkbox"/>	40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input checked="" type="checkbox"/>
Barker Steel	9/07	RO3		A 616 <input type="checkbox"/>	75 <input type="checkbox"/>
				A 617 <input type="checkbox"/>	
				A 706 <input type="checkbox"/>	A 775 Epoxy <input type="checkbox"/>

<u>CONCRETE PLACEMENT OBSERVATIONS</u>	<u>In Compliance</u>		<u>N/O</u>	<u>Comments</u>
Required mix used	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4000 psi ¾"
Placement and consolidation of concrete observed	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No air
Concrete properly conveyed to all areas of placement	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depth of layer maximum limits not exceeded	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internal vibration (depth of insertion, spacing, time, vertical insertion, no conveyance of concrete by vibration)	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air compressor used to
Even layering around openings and embedments	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove debris/water
Removal of temporary ties and spacers	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FIELD TESTING OF CONCRETE PERFORMED Yes No
***CYLINDER SET NO:** 702 - 65 to 69 ←*refer to associated concrete test report

<u>POST PLACEMENT OBSERVATIONS</u>	<u>In Compliance</u>		<u>N/O</u>	<u>Comments</u>
Specified finish	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Screed/Troweled
Protection of surfaces from cracking due to rapid drying	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper curing procedures implemented	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

NON-CONFORMANCE ITEMS OBSERVED Yes No

Non-conformance item description:
 Action taken by SWCE:

N/O = Not Observed ATTACHMENTS Y N
 NOTES:

Jim Lanza of Gilbane provided SWC with revision sketches for Level 3 edge of floor deck.

SWCE REPRESENTATIVE: VLT

REVIEWED BY: RED