

# Inspection & Test Record for Sewers

Record No.: \_\_\_\_\_

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	System: _____

Reference Document: \_\_\_\_\_

Items to Inspect		from mh ... to mh ...		from mh ... to mh ...		from mh ... to mh ...		from mh ... to mh ...	
		s/c Init/Date	Company* Init/Date	s/c Init/Date	Company* Init/Date	s/c Init/Date	Company* Init/Date	s/c Init/Date	Company* Init/Date
1.0	Excavation								
2.0	De-watering								
3.0	Bedding								
4.0	Material of pipe								
5.0	Diameter of pipe								
6.0	Elev. invert charge								
7.0	Ele. invert discharge								
8.0	Connection pipe sections								
9.0	Connection pipe-mh								
10.0	Hydrostatic test-state durations from to								
11.0	Backfill Proctor test Y/N								
12.0	Miscellaneous								

H = Company's presence is mandatory for all activities in section.      Attachments, No. of pages: \_\_\_\_\_  
 h = Company's presence is mandatory

**Remarks:**

Accepted for Subcontractor	Accepted for Company	Accepted for Client
name: _____	name: _____	name: _____
signature: _____	signature: _____	signature: _____
date: _____	date: _____	date: _____

\*Company only initial holdpoint