



UPF GROUT REQUEST/RELEASE INSPECTION RECORD

Work Package No: _____

Task No.: _____

REQUEST/RELEASE/INSPECTION NO.		PROJECT NUMBER:		PROJECT NAME:	
BLDG / AREA:		COMPONENT IDENTIFICATION:			
SYSTEM:					
QUALITY LEVEL: <input type="checkbox"/> Q <input type="checkbox"/> RS <input type="checkbox"/> CC					
REFERENCE DOCUMENT NO.			REV. NO.	REMARKS	
ITEM TO BE GROUTED			LOCATION	ELEVATION	COMMENTS
REQUESTOR: (print/sign)					DATE:
GROUT DISCIPLINE RELEASE (Check if Applicable) INITIAL AND DATE					
<input type="checkbox"/> Civil	<input type="checkbox"/> Electrical	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Structural		
<input type="checkbox"/> Piping	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Start Up	<input type="checkbox"/> Other		
RELEASED FOR GROUT: (print/sign)					DATE:
INSPECTION ITEM	FE - Initial / Date		QC - Initial / Date		
	REJECT	ACCEPT	REJECT	ACCEPT	
1. Surfaces properly prepared					
2. Item to be grouted is properly positioned and supported					
3. Shims to be: <input type="checkbox"/> Left in place <input type="checkbox"/> Removed					
4. Grout forms adequate					
5. Pre-soak complete					
6. Manufactured grout is an approved product. {Grout type: }					
7. Grout properly mixed					
8. Temperatures within specified range Air: _____ Dry Grout: _____ Water: _____ Mixed Grout: _____ Surfaces Item: _____ Base: _____ M&TE ID No: Expiration date: _____					
9. Grout placement method: Date: _____					
10. Curing method:					
11. Curing complete, forms removed, finishing and/or patching complete					
12. Clean-up complete					
13. Grout placement complete and acceptable					
14. Other					
15. Other					
16. Other					
17. Other					
18. Other					
19. GROUT CUBE TEST RESULTS (Compressive Strength)					
3 day:		5 day:		7 day:	
				28 day:	



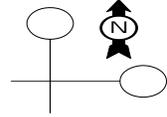
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LOCATION SKETCH (OPTIONAL):



PLAN VIEW

COMMENTS:

REMARKS:

Field Engineer: (print/sign)

Date:

Quality Control Engineer: (print/sign)

Date: