

FOOTING POUR L

SAFETY REQUIREMENTS

JOB PREPARATION / PERMITS / INSPECTIONS/ ITEMS TO BE CHECKED & REVIEWED

Safety Orientation Complete?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Live Utilities	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Job Scope Understood?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Area Clear/Clean/Ready for Work	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Proper Safety Equip. on Job Site?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Coordination w/ Other Trades	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Hot work	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Proper tools for job?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Excavation Permit Issued? What Type?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Reviewed the MSDS of any hazardous substance that might be present?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Crane 3rd party inspection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Confined Space	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Scarfing	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Proper signage in place?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Communicated work with others in area?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Trench Access	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

POTENTIAL HAZARD	HAZARD ELIMINATION	POTENTIAL HAZARD	HAZARD ELIMINATION
<input type="checkbox"/> Chemical Burn	<input type="checkbox"/> Gloves, Slicker, Protective Suite	<input type="checkbox"/> Moving Machinery	<input type="checkbox"/> Get the Experts for Installation/Training
<input type="checkbox"/> Particles in Eye	<input type="checkbox"/> Face Shields/Goggles	<input type="checkbox"/> Heat/Cold Exposure	<input type="checkbox"/> Dress Appropriately
<input type="checkbox"/> Elevated Load	<input type="checkbox"/> Proper Rigging	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Conduits/Tools Inspected
<input type="checkbox"/> Abrasion/Cuts	<input type="checkbox"/> Wear Proper Clothing	<input type="checkbox"/> Fire	<input type="checkbox"/> Fire Watch/Fire Extinguisher
<input type="checkbox"/> Loud Noises	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Impalement	<input type="checkbox"/> Rebar Caps / 2x4 Trough
<input type="checkbox"/> Sprains/Strains	<input type="checkbox"/> Bend and Stretch	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Keep Area Picked Up
<input type="checkbox"/> Soft Tissue Injuries	<input type="checkbox"/> Get Help	<input type="checkbox"/> Spills	<input type="checkbox"/> Tools/Material Secured in Place

QUALITY REQUIREMENTS

C.F.	Q.C.	SOILS / REBAR	C.F.	Q.C.	PRIOR TO CLOSURE	C.F.	Q.C.	PRIOR TO CLOSURE CONT.	C.F.	Q.C.	PRIOR TO PLACEMENT
<input type="checkbox"/>	<input type="checkbox"/>	No splicing rebar w/ in pad FTG	<input type="checkbox"/>	<input type="checkbox"/>	Waterstop @ Cold Joints installed	<input type="checkbox"/>	<input type="checkbox"/>	MEP sleeves placed & waterstopped	<input type="checkbox"/>	<input type="checkbox"/>	CJ / bulkheads
<input type="checkbox"/>	<input type="checkbox"/>	Do not recompact disturbed subgrade	<input type="checkbox"/>	<input type="checkbox"/>	Waterstop Around Steves installed	<input type="checkbox"/>	<input type="checkbox"/>	Shearlags box out	<input type="checkbox"/>	<input type="checkbox"/>	Grade established / marked
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Chamber strips - at knockout sections	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Rebar cleaned of debris
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	City Inspection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Elevations
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sufficient space allowed for placement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Forms plumb and level
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Clean and oil forms	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Forms shoring and bracing installed
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Blockouts / boxouts
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Anchor bolt locations

POUR SETUP AND QUALITY CONTROL

POUR SETUP	AFTER POUR CHECK	
Mix Design Slump	Verify dimensions	Total cubic yards poured
Date & Time	Anchor bolts in correct dims and bolt threads clean	Time complete
Cubic Yards Order	Confirm Elevations	
Truck Spacing	Forms secure / bracing held	Problems Encountered
Method of Pour	Wall plumb / lined	Rejected Trucks
Four Rise - Height of Lift		Slump Difference
Batch Plant Phone		
City Inspection		

EQUIPMENT LIST

REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.
<input type="checkbox"/>	3lb maul		<input type="checkbox"/>	Shovel		<input type="checkbox"/>	Hard hats		<input type="checkbox"/>	Gloves	
<input type="checkbox"/>	Radio for key people		<input type="checkbox"/>	Safety Glasses		<input type="checkbox"/>	Ear protection		<input type="checkbox"/>	Reflective vests	
<input type="checkbox"/>	Rebar Template		<input type="checkbox"/>	Condless drill		<input type="checkbox"/>	400' Extension Cords		<input type="checkbox"/>	Tie caps (plugs)	
<input type="checkbox"/>	Ice scraper		<input type="checkbox"/>	Skill saw		<input type="checkbox"/>	Fire extinguisher		<input type="checkbox"/>		
<input type="checkbox"/>	Hammer drill		<input type="checkbox"/>	Ladders		<input type="checkbox"/>			<input type="checkbox"/>		

MATERIAL LIST

REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.	REQ'D	ITEM	QTY.
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

TYPICAL DETAILS

HOSPITAL PILASTER SCHEDULE

MARK	PLASTER SIZE	VERT. REIN.	TES TOP	TES B/L
P2	5'-x5'-4"	(3) #8	(3) #8 @ 1'	#8 @ 12"

NOTE:
1. SEE A/S301 FOR TYPICAL REINFORCING PATTERN.

HOSPITAL SPREAD FOOTING SCHEDULE

MARK	PLAN SIZE	THICKNESS	REINFORCEMENT
F3	4'-10" SQ.	1'-4"	(3) #8 LK - BOTTOM

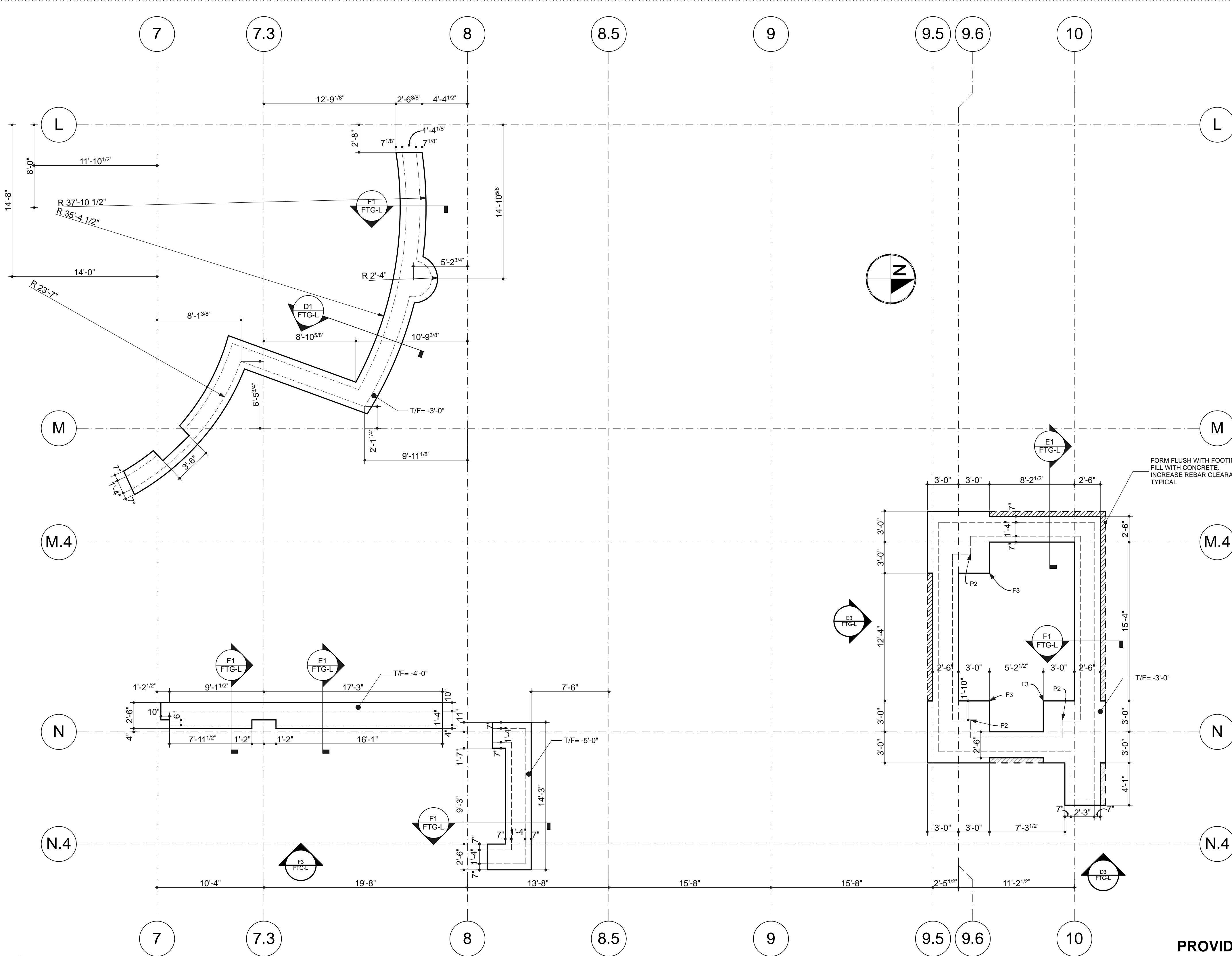
D1 FTG-L H / S301

D1 FTG-L G / S301

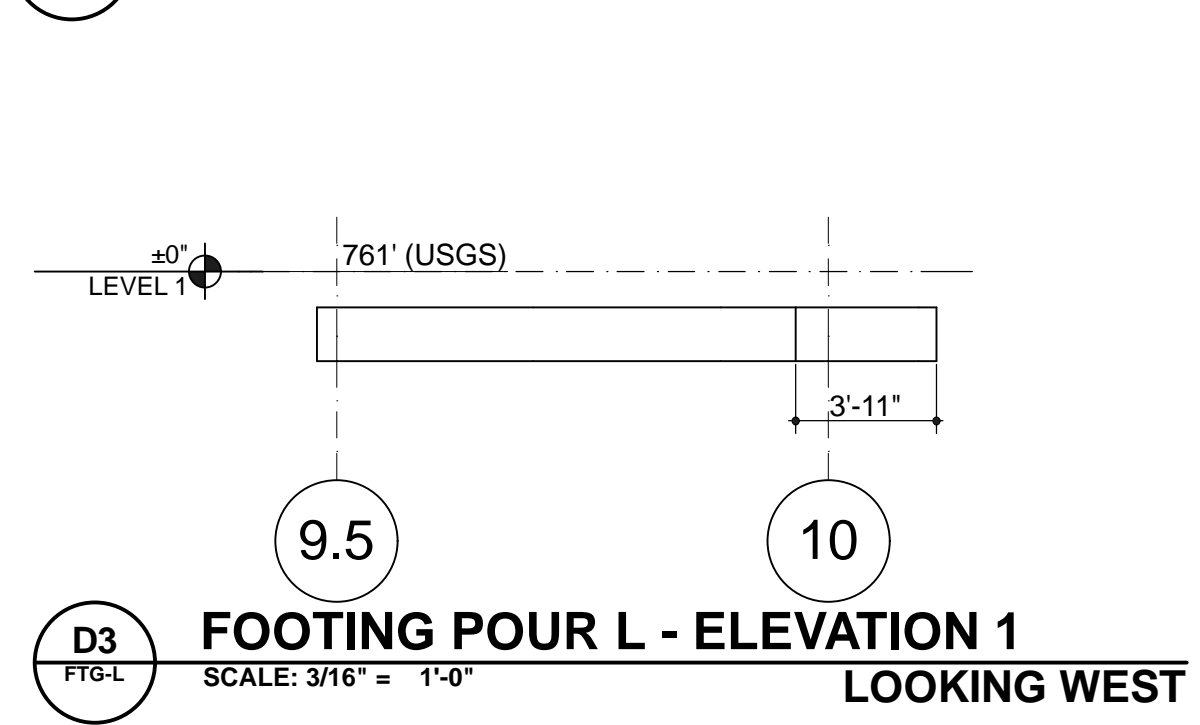
E1 FTG-L N.1 / S301

F1 FTG-L P / S301

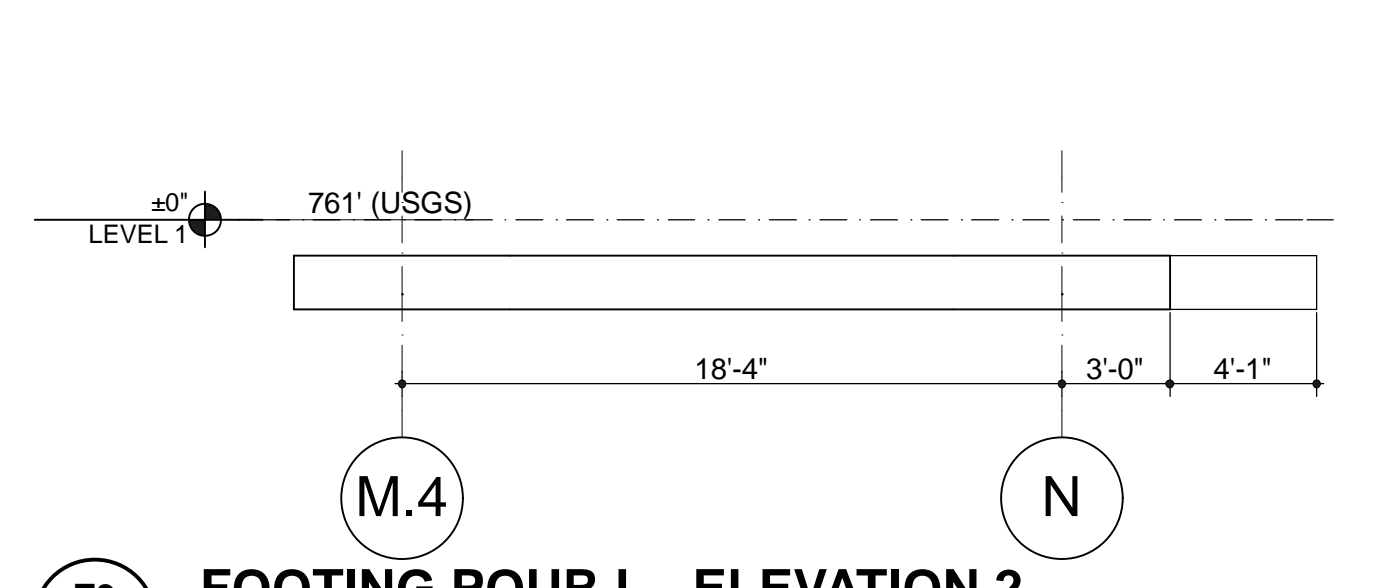
D1 FTG-L N / S301



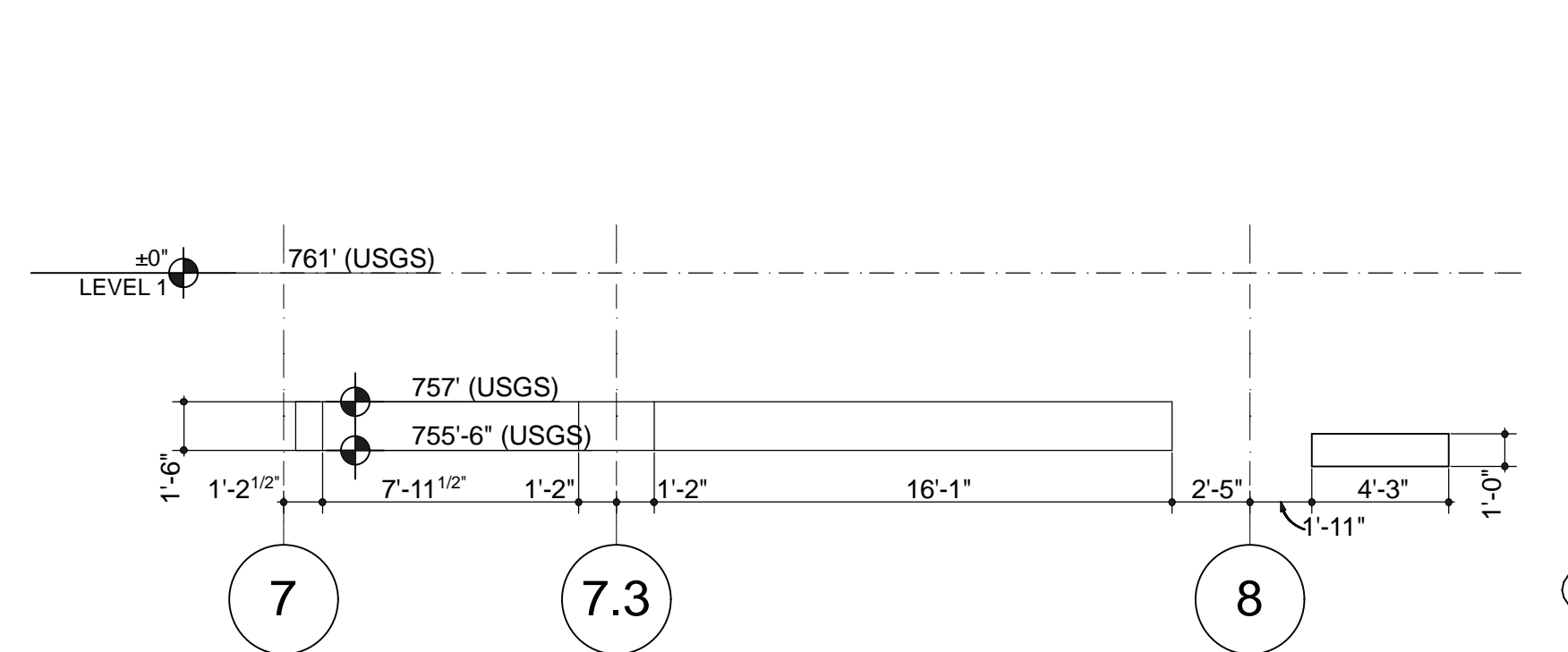
C3 FTG-L FOOTING POUR L - PLAN
SCALE: 3/16" = 1'-0"



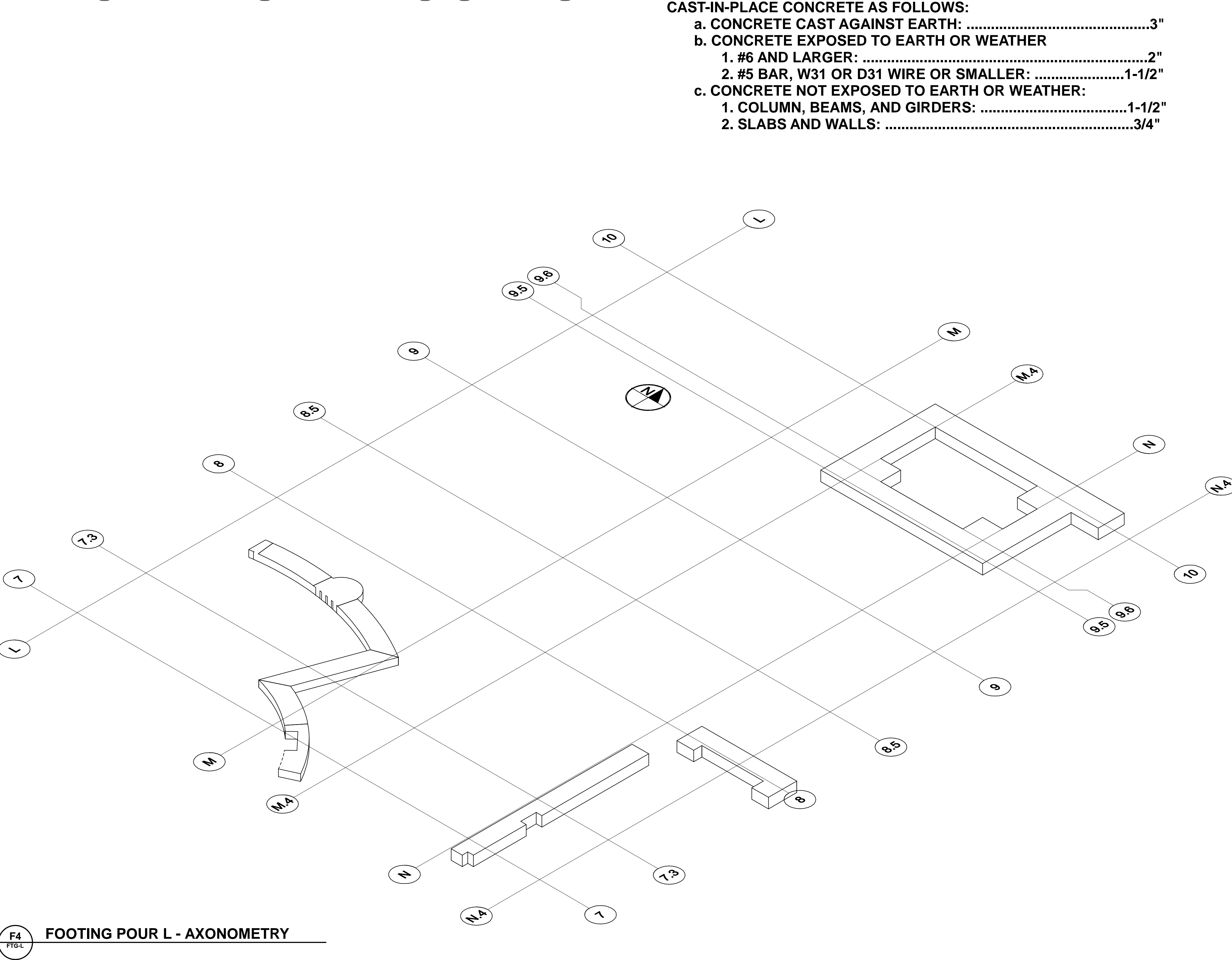
D3 FTG-L FOOTING POUR L - ELEVATION 1
LOOKING WEST
SCALE: 3/16" = 1'-0"



E3 FTG-L FOOTING POUR L - ELEVATION 2
LOOKING NORTH
SCALE: 3/16" = 1'-0"



F3 FTG-L FOOTING POUR L - ELEVATION 3
LOOKING WEST
SCALE: 3/16" = 1'-0"



F4 FTG-L FOOTING POUR L - AXONOMETRY

PROVIDE COVER OVER REINFORCING IN NON-POST-TENSIONED, CAST-IN-PLACE CONCRETE AS FOLLOWS:

- a. CONCRETE CAST AGAINST EARTH:3"
- b. CONCRETE EXPOSED TO EARTH OR WEATHER
 - 1. #6 AND LARGER:2"
 - 2. #5 BAR, W31 OR D31 WIRE OR SMALLER:1-1/2"
- c. CONCRETE NOT EXPOSED TO EARTH OR WEATHER:
 - 1. COLUMN, BEAMS, AND GIRDERS:1-1/2"
 - 2. SLABS AND WALLS:3/4"

PROJECT NAME:
SAINT JOSEPH Regional Medical Center

PROJECT ADDRESS:
SAINT JOSEPH REGIONAL MEDICAL CENTER
425 East Douglas Road
Mishawaka, IN 46545
Phone: (574) 274-8175
Fax: (574) 274-7901

KEY PLAN:

FIELD COMMENTS:

PRE-INSTALLMENT MEETING DATE:

AT THE FIRST MEETING OF REPETITIVE WORK ACTIVITIES THE FOLLOWING WILL BE REVIEWED AND UNDERSTOOD BY THE MEETING ATTENDEES:

- WORK ACTIVITY SPECIFIC JSA
- BEST PRACTICE REFERENCE
- SAFETY TRAINING NEEDS
- QUALITY TRAINING NEEDS
- EFFICIENCY GOALS, COMMENTS AND IDEAS THAT WILL IMPROVE SAFETY, QUALITY, AND EFFICIENCY ARE ALWAYS WELCOME

ATTENDEES	INITIALS
SUPT.:	
PE.:	
FOREMAN:	
RAFTWORKER:	
RAFTWORKER:	
RAFTWORKER:	
RAFTWORKER:	
RAFTWORKER:	
RAFTWORKER:	

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REVISIONS

NO.	DATE	DESCRIPTION

BEST PRACTICES: REVIEWED

REFERENCE DRAWINGS:
S 200B, S 301, S501

I/W/P PHASE:

ISSUE FOR CONSTRUCTION.

PROJECT NO. 06090006	ISSUED BY: MORTENSON
DRAWN BY: CRH	REVIEWED BY:
ISSUE DATE: 6/27/2007	

SHEET TITLE:
FOOTING POUR L

FTG-L

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