

Controlled Low Strength Material (CLSM)

PROJECT NAME:		ACTIVITY CARD:	
BID #		DATE:	
QC INSPECTOR:		TIME:	
LOCATION:			
BID ITEM(s) #			
General		YES	NO
Did you attend the Pre-Activity Meeting where CLSM will be used?			
Were you present during the majority of the work?			
Specifics			
Is the CLSM the right mix design?			
Mix Number:			
Were samples taken?			
Did special circumstances exist? (Explain in Comments section)			
Have you reached the top of the "fill" zone?			
If Yes, you are at a hold point.			

Comments:

QC INSPECTOR INITIALS

QA Sign-Off	YES	NO
Did QC complete the checklist accurately?		
If NO, was a Deficiency written for improper Checklist?		
Give Deficiency Number from log. Log # _____		
Did you have to write any other Deficiency?		
Give Deficiency Number from log. Log # _____		
Do you take exception to allowing the work to progress?		
QA INSPECTOR INITIALS		