Appendix G: Quality Assurance Peer Field Review

Quality Control Officer: _____

Team Leader No. : _____

Company / District: _____

Team Leader: _____

Team Leader No.: _____

Company/District: _____

Team Members: _____

County: _____

County No.: _____

Bridge No: _____

NBI No.: _____

Road Name: _____

Crossing: _____

Inspection Date: _____

Inspection Type: ☐ Routine ☐ Fracture Critical ☐ Underwater ☐ Special Detail

Inspection Start Time: _____

Inspection Complete Time: _____

Routine Inspection Review

Review each question below and record the score reduction in each blank below. It is possible to use a lower reduction than the maximum possible reduction listed below. At the conclusion of the inspection, add up the reductions and subtract from 100. Record the score below. "Yes" and "N/A" answers shall be scored with a 0 reduction.

Performance Review	Yes	No	N/A	Max Reduc.	Score
1. Are inspections completed in a thorough manner?	☐	☐	☐	-15	
2. Was the bridge cleaned (if needed) (Part 1 – 4.3.3)?	☐	☐	☐	-10	
3. Were critical areas inspected?	☐	☐	☐	-20	
4. Were deficiencies measured?	☐	☐	☐	-10	
5. Was a proper equipment and appropriate safety measures used (Part 1 – 4.3.3)?	☐	☐	☐	-10	
6. Was a channel profile or cross-section measured (for scour critical bridges)?	☐	☐	☐	-5	
7. Were all accessible submerged substructure units probed (if an underwater inspection not required) (Part 1 – 3.5.2)?	☐	☐	☐	-10	
8. Were photos taken of deteriorated portions of the structure (Part X – X.X.X)?	☐	☐	☐	-20	
9. Does the team have the proper qualifications (Part 1 – 2.3.1)?	☐	☐	☐	-10	
				Total	

Score: 100-_____ = _____

Comments:

_____

_____

_____

Safety Equipment Used/Not Used:

_____

_____

_____

Fracture Critical/Special Detail Inspection Review

Review each question below and record the score reduction in each blank below. It is possible to use a lower reduction than the maximum possible reduction listed below. At the conclusion of the inspection, add up the reductions and subtract from 100. Record the score below. "Yes" and "N/A" answers shall be scored with a 0 reduction.

Performance Review	Yes	No	N/A	Max Reduc.	Score
1. Are inspections completed in a thorough manner?	☐	☐	☐	-15	
2. Was the bridge cleaned (if needed) (Part 1 – 4.3.3)?	☐	☐	☐	-10	
3. Were critical areas inspected?	☐	☐	☐	-20	
4. Were deficiencies measured?	☐	☐	☐	-10	
5. Was a proper equipment and appropriate safety measures used (Part 1 – 4.5.1)?	☐	☐	☐	-10	
6. Was 100% hands on inspection of all non-redundant members performed (Part 2 – 12.6.5)?	☐	☐	☐	-15	
7. Were photos taken of deteriorated portions of the structure (Part X – X.X.X)?	☐	☐	☐	-20	
8. Does the team have the proper qualifications (Part 1 – 2.3.1)?	☐	☐	☐	-10	
				Total	

Score: 100-_____ = _____

Comments:

_____

_____

_____

Safety Equipment Used/Not Used:

_____

_____

_____

Underwater Inspection Review

Review each question below and record the score reduction in each blank below. It is possible to use a lower reduction than the maximum possible reduction listed below. At the conclusion of the inspection, add up the reductions and subtract from 100. Record the score below. "Yes" and "N/A" answers shall be scored with a 0 reduction.

Performance Review	Yes	No	N/A	Max Reduc.	Score
1. Safety briefing conducted with emergency information and pre-dive checks.	☐	☐	☐	-20	
2. Waterline measured to reference point on bridge (Part 2 – 3.10.2).	☐	☐	☐	-5	
3. All required soundings recorded (Part 2 – 3.10.3).	☐	☐	☐	-10	
4. Photos taken (Part X – X.X.X)	☐	☐	☐	-5	
5. All appropriate dive equipment checked and used.	☐	☐	☐	-20	
6. Inspection notes recorded	☐	☐	☐	-10	
7. Does the team have the proper qualifications (Part 1 – 2.3.1)?	☐	☐	☐	-20	
				Total	

Score: 100-_____ = _____

Comments:

_____

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_____

Safety Equipment Used/Not Used:

_____

_____

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_____

Acceptable Scores: Any score lower than an 80 shall be considered unacceptable.

Routine Inspection Review:

Acceptable	Unacceptable	N/A
☐	☐	☐

Fracture Critical/Special Detail Inspection Review:

Acceptable	Unacceptable	N/A
☐	☐	☐

Underwater Inspection Review:

Acceptable	Unacceptable	N/A
☐	☐	☐

_____ _____

(Quality Assurance Officer) (Date)