Checklist – CAC040M  
Retaining Structures (MRTS03)

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| --- | --- | --- | --- | --- | --- |
| Contractor |  | Date |  | Review No. |  |
| Contract No. |  | Project No. |  | Project Name |  |

| Reference | Requirements | Addressed | Comments/Observations |
| --- | --- | --- | --- |
| Reinforced Concrete Retaining Wall | | | |
| Cl 50.2 | Materials   * Do Materials comply with Specifications? * Are materials being supplied from an approved supplier? |  |  |
| Cl 50.3 | Where necessary:   * Have excavations been carried out to permit construction? * In accordance with MRTS04 Clause 13.3.1 (Bottom of Excavation)? |  |  |
| Cl 50.3 | Has it been ensured that:   * Retaining walls have been constructed in accordance with the drawings |  |  |
| Cl 50.4 | Tolerances   * Does finished surface meet Specification requirements |  |  |
| Concrete Masonry Retaining Walls | | | |
| Cl 51.2 | Materials   * Do Materials meet Specifications requirements |  |  |
| Cl 51.3 | Have concrete masonry retaining walls been constructed in accordance with Drawings? |  |  |
| Cl 51.3 | * Has the insitu material in the excavation been compacted in accordance with MRTS04? |  |  |
| Cl 51.4 | Tolerances   * Does finished surface meet Specification requirements |  |  |
| Crib Walls | | | |
| Cl 52.2 | Is backfilling material   * Free draining granular material conforming MRTS04 Clause 19.2.4 (General Earthworks)? |  |  |
| Cl 52.3 | Are crib walls constructed in the locations and in accordance with the details shown on the Drawings? |  |  |
| Cl 52.3 | * Has the insitu material in the excavation been compacted in accordance with MRTS04? |  |  |
| Cl 52.3 | Has it been ensured that:   * Crib walls are installed to manufacturer's recommendations and in accordance with the Drawings? |  |  |
| Cl 52.3 | Following installation has:   * Each course of the wall been backfilled in and behind the crib units as specified by manufacturer and compacted using appropriate mechanical tampers? |  |  |
| Cl 52.4 | Tolerances   * Does finished structure meet Specification requirements |  |  |

*Delete below section if not required*

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| Audited by: |  | |  | |  | |
| Name |  | Signature |  | Date |  |