Field Review Quality Form

DISTRICT : - DATE OF INSPECTION:_____TIME:_____

ASSET ID:_____

BITL: _____

TEAM MEMBER(S):_____

TYPE OF INSPECTION: _ -

BRIDGE LOCATION: _____

FACILITY CARRIED: _____

FEATURE INTERSECTED: _____

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1. Did the team arrive at the bridge in a timely manner? ☐ Yes ☐ No

Comments: _____

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2. Rate the degree to which the team sets-up to inspect the bridge:

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Comments: _____

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3. Rate the degree to which the team is properly equipped for the inspection:

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Comments: _____

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4. Rate the degree to which team members observe safety rules and wear proper safety equipment:

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Comments: _____

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5. Rate the degree to which the Bridge Inspection Team Leader (BITL) performed the on-site safety briefing:

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Comments: _____

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6. What method of access was used for the inspection (Ladder, Boat, UBIU, etc.)?

_____

7. Was this access method appropriate? ☐ Yes ☐ No

Comments: _____

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8. Rate whether the inspection was sufficiently thorough enough to serve its desired purpose:

☐ Satisfactory ☐ Needs Improvement ☐ Unsatisfactory

Comments: _____

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9. Additional comments:

_____

_____

_____

☐ Check Box if any responses above were "Unsatisfactory"

DBIS (BMQE or other BITL) (the reviewer) (**Required**): _____

Signature: _____ Date: _____

BITL Acknowledgement of Receipt (**Required**)

Signature: _____ Date: _____

BMQE (or designee) Acknowledgement of Receipt (**Required**)

Signature: _____ Date: _____

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