Preliminary Inspection Form

Frequency: 3 Trusses Per Set-Up Location Per Week - Inspect Non-Critical Joints On Each Side Of Truss

Inspection: PPM☐ TCM☐
Inspection Number: _____

Date: _____
Time: _____
Inspector: _____
Line: _____
Shift: _____
Crew: _____

Job Number: _____
Truss ID: _____
Truss Type: Roof☐ Floor☐
C_q Value: _____

Note for PPM:
Roof: C_q = 1.00
Floor: C_q = 1.11
Note for TCM:
C_q likely = 1.25

1/32"

Preliminary Check — OK?

1) Do truss dimensions conform to design (span within 3/4" and height within 1/2")? yes no

Note: Dimensions are required.

Truss Dimensions (ft-in-16th)		
Component	Specified	Actual
Span		
Overall Height		

2) Does all lumber conform to design (top chords, bottom chords, and webs)? yes no *if no…*

Note: If no either a) record the lumber combination or b) leave the answer "no" and record a comment detailing the lumber problem and how it was remedied.

Lumber Information						
	Specified			Actual		
Member Type	Grade	Species	Size	Grade	Species	Size
TC BC W						
TC BC W						
TC BC W						

Comment: please list the Front/Back Side, Joint Number, and the problem's specific cause and decided remedy.

3) Do all plate sizes conform to design (both dimensions must be equal to or greater than specified)? yes no *if no…*

4) Are all plates properly embedded (including less than 1/32" gap and without excessive rolled teeth and lumber characteristics)? yes no *if no…*

5) Do all plates have visibly acceptable placement (including rotation 10° or less and actual midpoint appears close to specified midpoint)? yes no *if no…*

6) Do all joints clearly have an acceptable member to member gap (within 1/8" or within 1/16" for floor truss splices)? yes no *if no…*

Initials verifying that errors on form have been corrected: _____

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