Tooth Count Method (TCM) Inspection Form

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

Inspection Date:________________ **Job Number:**________________

Inspection Number:________________ **Truss ID:**________________

Joint

Joint QC Detail needed for shaded areas

Side	Joint		Plate				Placement (midpoint)		Rotation		Gap (mbr-to-mbr)	
			Specified		(1) Actual							
(F/B)	Number	Type*	Size	Gage	Size	Gage	(1) Inside polygon?	Distance from specified	(1) Angle 10° or less?	Degree of rotation	(1) Is gap = 1/8"?	Measure gap if >1/8"
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	
F B							yes no		yes no		yes no	

**E=Exterior H=Heel I=Interior IS=Interior Splice P=Peak S=Splice*

***Found = All teeth including rolled, defective, and embedment.*

Member

Side	Joint	Member	Number of Teeth						
							Plate and member gap		
(F/B)	Number	(i.e., 3-5)	Required	Found**	Defective	Rolled	>1/32"	>1/16"	>3/32"
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									
F B									

Comments:

Additonal Notes:
(1) If wrong plate size or gage, placement out of the TCM polygon, rotation is greater than 10°, or member gap > 1/8" for the side of that joint you will not need to fill out member information because the joint needs to be repaired.

Initials verifying that errors on form have been corrected: ________________