

# Main QC Inspection Form

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

Inspection Type: **Plate Placement Method-PPM**  
Inspection Number: 465465465

Date: 06/18/2007 Job Number: 46545  
Time: 7:15 am Truss ID: 15  
Inspector: LUKE Truss Type: Roof  
Line: A Cq: 1  
Shift: First Inspection Status:   
Crew: Tony Inspection Complete:

## Preliminary Inspection

- 1) Do all dimensions conform to design? Yes  
2) Does all lumber conform to design? Yes  
3) Do all plate sizes conform to design? Yes  
4) Are all plates properly embedded? Yes  
5) Do all plates have acceptable placement? Yes  
6) Are member to member gaps acceptable? Yes

	Specified	Actual
Span	26 - 0 - 0/16	26 - 0 - 0/16
Height	10 - 6 - 0/16	10 - 6 - 3/16

Comments:

Initials - Errors Fixed: \_\_\_\_\_

Joint			Plate				Placement			Rotation		Embedment		Member Gap	
			Specified		Actual		Inside polygon?	Distance from specified	Inside TCM polygon?	Angle 10° or less?	Degree of rotation	Plate edge gap ≤ 1/32"?	Measure height if >1/32"	Gap ≤ 1/8"?	Measure gap if >1/8"
Side	Number	Type	Size	Gage	Size	Gage									
F	01	H	4 x 6	20	4 x 6	20	Yes	0 - 8/16	Yes	Yes	4°	Yes	--/16	Yes	--/16
B	01	H	4 x 6	20	4 x 6	20	Yes	0 - 0/16	Yes	Yes	2°	Yes	--/16	Yes	--/16
F	06	H	4 x 6	20	4 x 6	20	Yes	0 - 4/16	Yes	Yes	0°	Yes	--/16	Yes	--/16
B	06	H	4 x 6	20	4 x 6	20	Yes	0 - 0/16	Yes	Yes	2°	Yes	--/16	Yes	--/16

Member			Defects		Number of Teeth								
			Defect circle > filled in?	% of circle filled in	Required	Found	Defective	Rolled	>1/32"	>1/16"	>3/32"	Eff teeth%	
F	01	1-4	No	0 %	--	--	--	--	--	--	--	--	--
F	01	1-8	No	0 %	--	--	--	--	--	--	--	--	--
B	01	1-4	No	0 %	--	--	--	--	--	--	--	--	--
B	01	1-8	No	25 %	--	--	--	--	--	--	--	--	--
F	06	6-5	No	50 %	--	--	--	--	--	--	--	--	--
F	06	6-7	No	0 %	--	--	--	--	--	--	--	--	--
B	06	6-5	Yes	125 %	40	60	8	8	0	0	0	110	
B	06	6-7	No	0 %	--	--	--	--	--	--	--	--	