



TRUSS PLATE INSTITUTE

IN-PLANT QC INSPECTION FORM

PLANT INFORMATION

Company: _____ Inspector: _____
 City/State: _____ Date: _____
 Time: _____

GENERAL INFORMATION

Line and Set-Up: _____
 Crew: _____
 Shift: _____

TRUSS INFORMATION

Job Number: _____
 Truss ID: _____
 Span: _____
 Fabrication Tolerance: _____

PART I – PRELIMINARY INSPECTION *(Inspect all joints – both sides)*

	NO	YES
1. LUMBER GRADES as specified <i>(or better)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. TRUSS DIMENSIONS conform to design or within tolerances <i>(span ± 3/4", height ± 1/2")</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. PLATE SIZE/GAUGE as specified on design drawing or larger <i>(see ANSI/TPI 1, Chapter 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. PLATE EMBEDMENT and DEFECTS acceptable <i>(see ANSI/TPI 1, Chapter 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. PLATE POSITION/ROTATION acceptable <i>(see ANSI/TPI 1, Chapter 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. MEMBER-TO-MEMBER GAPS acceptable <i>(see ANSI/TPI 1, Chapter 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: <i>(If "NO" to any question above, explain below.)</i>		

PART II – DETAILED JOINT INSPECTION *(Inspect both sides)*

List Joint Number(s) Inspected: _____ NO YES

1. PLATE ROTATION acceptable <i>(see ANSI/TPI 1, Chapter 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. PLATE LOCATION acceptable <i>(midpoint inside polygons or within 1/2" if TC method used)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. MEMBER DEFECTS acceptable <i>(less than defect circle on joint detail)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. TOOTH COUNT acceptable if tooth count used <i>(mark-out if Plate Placement Method used)</i>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:		

SUMMARY

Truss Repairs or Corrections Required? (List Below) NO CORRECTIONS REQUIRED

Truss Repairs or Corrections Completed? YES Date Corrected: _____

SIGNATURE

Inspector Signature _____

Date _____