



TRUSS PLATE INSTITUTE

WEEKLY QC INSPECTION LOG

Company Name: _____

Week #: _____

Plant Location: _____

Week Ending: _____

Hours Line was in Operation (1)

Line	Set-Up ⁽²⁾	Shift	Insp #	Crew	Date	Job #	Truss ID	Span	CJs ⁽³⁾	M	T	W	TH	F	Comments
		DAY	Insp #1												
			Insp #2												
			Insp #3												
		NIGHT	Insp #1												
			Insp #2												
			Insp #3												
		DAY	Insp #1												
			Insp #2												
			Insp #3												
		NIGHT	Insp #1												
			Insp #2												
			Insp #3												
		DAY	Insp #1												
			Insp #2												
			Insp #3												
		NIGHT	Insp #1												
			Insp #2												
			Insp #3												
		DAY	Insp #1												
			Insp #2												
			Insp #3												
		NIGHT	Insp #1												
			Insp #2												
			Insp #3												

(1) Number of hours the line was in operation. Three inspections are required per 40-hour week per line. (May be reduced proportionately if less than 40 operating hours)

(2) If the line has multiple set-up locations, identify them as per In-Plant QC Manual.

(3) Number of Critical Joints inspected (minimum: 1 Critical Joint per truss inspected on average)

Management Review: _____ Date: _____