**STRUCTURE INSPECTION QUALITY ASSURANCE – MOVEABLE BRIDGE**

Wisconsin Department of Transportation

DT2033 01/2025 s.84.17 Wis. Stats.

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| **INSPECTION PROGRAM REVIEW** |
| Reviewer Name:       Title:       Date: |
| QA Field Review Type:  County  City  State  Federal  Agency Reviewed:  Agency Program Manager & ID:  Is a current copy of the DT2002 (QC) form on file:  Yes  No  Comments: |
| **PROGRAM PERFORMANCE** |
| Overall Commentary and Performance of Program: |
| Commendable Practices: |
| Room for Improvement: |
| Follow-up Actions: |

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| **FIELD REVIEWS** | | | | | | |
| Structure ID (B-XX-XXXX):       Reasonable Amount of Time to Perform Inspection:  Yes  No  Inspection Type(s) Reviewed:       Date on Reviewed Inspection:  Inspection TL Name:       Inspector ID Number:  Overall Inspection Quality (Excellent, Good, Fair, Poor, Unacceptable): | | | | | | |
| Overall Notes: | | | | | | |
| Follow-up Actions: | | | | | | |
| Elements/Assessments: | Number Coded Correctly: | | | | | |
| *(List specific element/ assessment numbers  for any that are not  correct)* | Number Miscoded: | | | | | |
| Number Missing: | | | | | |
| Number Coded that Are Not on the Structure: | | | | | |
| DT form values  Bbjfnjfnv | File: | Electrical: | Mechanic: | Hydraulic: | | Structural: |
| DT form values | Review Panel: | Electrical: | Mechanic: | Hydraulic: | | Structural: |
|  | Each DT Form Value Within One:  Yes  No | | | | | |
| **MISCELLANEOUS QUESTIONS** | | | | | | |
|  | | | | | | |
| Were representative photos/sketches attached to the inspection for CS3/CS4 defects? | | | | | Yes  No  N/A | |
| Were there adequate notes to describe all defects visible on the structure? | | | | | Yes  No  N/A | |
| Were suggested maintenance/repair items documented by the inspector? | | | | | Yes  No  N/A | |
| Were the maintenance items appropriate (i.e. were there items missing, or no longer needed)? | | | | | Yes  No  N/A | |
| Were all "due" inspection activities (Electrical, Mechanical, Etc.) completed by the inspector? | | | | | Yes  No  N/A | |
| If reviewing a special inspection (Electrical, Mechanical, Structural, etc.) were inspection procedures included? | | | | | Yes  No  N/A | |
| Were all forms fill out completely and have there been oil sample taken, megger ohms recorded within 5yrs? | | | | | Yes  No  N/A | |
| If there is immediate maintenance work or a critical finding needed, was it reported to the owner on the day of inspection and did it follow the critical finding protocol? | | | | | Yes  No  N/A | |

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