**CONTRACTOR’S CERTIFICATE OF SHOP DRAWING QUALITY CONTROL –   
SIGN BRIDGES AND OVERHEAD SIGN SUPPORTS**

Wisconsin Department of Transportation

DT2326 7/2018

|  |  |
| --- | --- |
| Project ID | Structure Number |
| Highway | County |
| Project Name | |
| Region Contact | Region |
| Design Engineer | |
| Contractor Shop Drawing Submittal Ref. No. | |

The Wisconsin Department of Transportation places all responsibility for quality review of shop drawings on the Contractor. With each shop drawing submittal and resubmittal, the Contractor must include this certification that the following items have been checked on Shop Detail Drawings.

|  |  |
| --- | --- |
| **Shop drawings submitted with this certificate incomplete, or missing, will be rejected.** | |
| **Initials** | **Item** |
|  | 1. Principal controlling dimensions |
|  | 2. Size and length of plates, shapes and pipes |
|  | 3. Splice details, if applicable |
|  | 4. Number, size and spacing of high strength bolts |
|  | 5. Weld size, location and type |
|  | 6. Weld Procedure Specification (WPS) number included on weld symbols |
|  | 7. All connection details |
|  | 8. Surface cleaning and profile specifications; coating notes, coating thickness and specifications |
|  | 9. Compliance with Wisconsin DOT standard specifications and project-specific requirements |
|  | 10. List of materials designations and conformance to contract plans and standard drawings |
|  | 11. Incorporation of all necessary revisions into the shop detail drawings |
|  | 12. All “Contractor Verify” or “Field Verify” queries resolved |
|  | 13. If Wisconsin DOT approved material substitutions are used, verify the joint geometry and spacing is still satisfied |
|  | 14. Verify handhole and lighting details, if applicable |
|  | 15. Vent/drain holes are detailed, if applicable |
|  | 16. Border sheet information (Wisconsin project and structure ID, fabricator job number) |
|  | 17. For contractor designed structures – Shop drawing and calculations sealed by a Professional Engineer licensed in the state of Wisconsin |

**STATEMENT OF CERTIFICATION**

**I hereby certify that the attached shop drawings have been reviewed as indicated above.**

     

(Contractor Company Name) (Fabricator Company Name)

X X

(Authorized Contractor Signature) (Date) (Fabricator Reviewer Signature) (Date)

     

(Title) (Title)

     

(Print Name) (Print Name)

Original  Revision Number