**CONTRACTOR’S CERTIFICATE OF SHOP DRAWING QUALITY CONTROL – FABRICATED BRIDGE COMPONENTS (Structural Steel Diaphragms, Expansion Devices, Railings and Bearing Assemblies)**

Wisconsin Department of Transportation

DT2327 7/2018

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| 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.

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| **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, pipes and tubes |
|       | 3. Splice details |
|       | 4. Number, size and spacing of bolts |
|       | 5. Weld sizes, locations and types |
|       | 6. Weld Procedure Specification (WPS) number included on weld symbols |
|       | 7. Surface cleaning and surface profile notes and specifications |
|       | 8. Coating system specifications, thickness and product name |
|       | 9. List of materials designations and conformance to contract plans and standard drawings |
|       | 10. Incorporation of all necessary revisions into the shop detail drawings |
|       | 11. All “contractor verify” or “field verify” queries resolved |
|       | 12. Compliance with Wisconsin DOT standard specifications and project-specific requirements |
|       | 13. Constructability of curved sections (railings) |
|       | 14. Minimum number of posts per rail sections (railings) |
|       | 15. Vent/drain holes are detailed, if applicable (railings) |
|       | 16. Border sheet information (Wisconsin project and structure ID, fabricator job number) |

**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