**CONTRACTOR’S CERTIFICATE OF SHOP DRAWING QUALITY CONTROL –   
RETAINING WALLS**

Wisconsin Department of Transportation

DT2329 10/2023

|  |  |  |
| --- | --- | --- |
| Project ID | | Structure Number |
| Highway | | County |
| Project Name | | |
| Region Contact | | Region |
| Wall Supplier Design Engineer | | |
| Contractor Shop Drawing Submittal Ref. No. | Fabrication Plant(s) (List All – 80 characters limit) | |

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. Wall location and controlling elevations are consistent with contract plans |
|  | 2. Proper wall embedment is detailed |
|  | 3. Proper batter, if required, is detailed |
|  | 4. Coping joints, if applicable, are located properly and coordinated with the wall railing supplier |
|  | 5. Proper soil reinforcement and length, if applicable, is detailed |
|  | 6. Wall aesthetics, if required, are consistent with contract plans |
|  | 7. Proper type and size of leveling pad is detailed |
|  | 8. Corner details are addressed |
|  | 9. Soil reinforcement, if applicable, is detailed to avoid obstructions |
|  | 10. General notes are consistent with contract plans |
|  | 11. Materials designations and conformance with contract plans |
|  | 12. All contract plan revisions, if applicable, are accounted for in shop drawing details |
|  | 13. All “Contractor Verify” or “Field Verify” queries resolved |
|  | 14. Compliance with WisDOT Standard Specifications and project-specific requirements |
|  | 15. Border sheet information (WisDOT Project and Structure ID, Fabricator Job Number) |
|  | 16. 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) (Wall System Name)

X X

(Authorized Contractor Signature) (Date) (Wall System Representative Signature) (Date)

     

(Title) (Title)

     

(Print Name) (Print Name)

Original  Revision Number