

MDOT BRIDGE PAINTING PROJECT OFFICE CHECKLIST

CONTROL SECTION	PROJECT NO.	DATE
STRUCTURE NO.	STRUCTURE LOCATION	
PAINTING CONTRACTOR		ENGINEER

Contractor Training & Records

	<u>Yes</u>	<u>No</u>	<u>Action/Comments</u>
Accessible safety container at the project site with the waste container storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous Waste Training Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee Hazardous Waste Training (all employees)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous Waste Contingency Plan and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Phone numbers for Contractor 24 hr, Fire Department, Police Department(s), Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weekly Inspection Log of Stored Material	<input type="checkbox"/>	<input type="checkbox"/>	_____
Material Safety Data Sheets (Paint, Solvent, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Product Data Sheets (Paint, Solvent, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Solvent Reuse Determination Procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Solvent Tracking Log	<input type="checkbox"/>	<input type="checkbox"/>	_____

Facilities (on the project site and functioning prior to blasting)

Contractor provided shower and/or wash facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contractor provided respirators and protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____

Containment

Total Enclosure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Negative pressure (Where applicable) with sufficient airflow to provide visibility and a safe work environment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dust Collectors & Filters (clean air being discharged from collector/filter):			
Clean when brought to the site	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean when leaving the site	<input type="checkbox"/>	<input type="checkbox"/>	_____
Containment of all spent material	<input type="checkbox"/>	<input type="checkbox"/>	_____
Removal of Containment			
Tarps must be cleaned/vacuumed before removal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barge used if over waterway	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floating boom across waterway for secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cleanup and Storage of Spent Materials

Daily cleanup of spent blasting material prior to painting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spent materials placed in suitable containers and tightly covered (Barrels and/or gondolas)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waste containers are placed together and covered (barrels tied together) to prevent spillage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waste containers properly located out of potential wet areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous waste label(s) placed on the waste containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Label(s) completely filled out	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Hazardous Waste label(s) placed over the existing label when the tests indicate that the material is non-hazardous	<input type="checkbox"/>	<input type="checkbox"/>	_____

CONTROL SECTION	PROJECT NO.	DATE
STRUCTURE NO.	STRUCTURE LOCATION	
PAINTING CONTRACTOR		ENGINEER
COAT <input type="checkbox"/> Prime <input type="checkbox"/> Intermediate <input type="checkbox"/> Top coat		INSPECTOR

Abrasive Blasting Operation

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Were surfaces scraped to remove dirt and debris prior to blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were areas of oil and grease solvent cleaned as per SSPC-SP 1 prior to blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the surface meet SSPC-SP 10 (Use reference photos-SSPC Visual Standards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the surface profile within the required 1.0 to 2.8 mils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were fins, tears, slivers, and burred or sharp edges ground to SSPC-SP 11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the surface clean and free of excess dust, oil, dirt, or other foreign substances after blow down and vacuuming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air and surface temperatures greater than 50°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative humidity not above 90%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface temperature 5°F above the dew point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any moisture on surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any rust bloom forming on the surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the blasted surface meet with the requirements of the specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coating Materials and Equipment

Did Contractor supply product data sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the coating products on the Qualified Products List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coating materials temperature greater than 50°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the product information (product numbers for each component and thinners, batch numbers, Etc.) been recorded on the IDR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper mixer available per the product data sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the coating been strained with the proper screen per the data sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coating Application

Is the paint mixed in accordance with manufacturer's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the primer continuously agitated during application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If thinning was necessary, was the proper amount of thinner added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature of the mixed coating above 50°F for the primer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature of the mixed coating above 50°F for the intermediate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature of the mixed coating above 40°F for the top coat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>