

Project Name:		Inspector Name:	
Project No.:		Inspector Company:	
Project Location:		Installation Equipment:	
Installer:		Torque Monitoring Device:	
		Date Of Calibration:	

Pile Information	Pile Number						
	Start Time						
	Completion Time						
	Pile Shaft Designation						
	Lead Length (ft)						
	Qty & Size of Lead Helice(s)						
	Extension Lengths (ft)						
	Qty & Size of Extension Helice(s)						
Periodic Torque Measurements	Depth (ft)	Torque (ft-lbs) / (psi)					
	3						
	6						
	9						
	12						
	15						
	18						
	21						
	24						
	27						
	30						
	33						
	36						
	39*						
Termination Data	Required Torque						
	Final Torque						
	Anticipated Depth (ft)						
	Minimum Depth (ft)						
	Final Depth (ft)						
	Above Ground (ft)						
	Criteria Met?						

Comments: _____ _____ _____ _____ _____ _____ _____ _____ 	Piles marked "YES" for "Criteria Met?" were installed in general accordance with project documents.
	Signature: _____

	Pile Number						
	Depth of Reading (ft)	Torque (ft-lbs) / (psi)					
Periodic Torque Measurements (Continued)	42						
	45						
	48						
	51						
	54						
	57						
	60						
	63						
	66						
	69						
	72						
	75						
	78						
	81						
	84						
	87						
	90						
	93						
	96						
	99						
	102						
	105						
	108						
Deviations	North-South Deviation (in)						
	East-West Deviation (in)						
	Vertical Deviation (in)						
	Planned Inclination Angle						
	Measured Inclination Angle						

Comments: _____ _____ _____ _____ _____ _____ _____ _____ 	Legend: a. Augering b. Practical Refusal c. Obstruction d. Working Pile Up and Down e. Retorque Measurement
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