

MnDOT BRIDGE PAINTING QUALITY ASSURANCE START-UP CHECK LIST

Contractor: _____
 Bridge ID: _____
 Location: _____
 Contract No: _____

Report No. _____
 Date: _____
 QA Inspector's Name: _____
 Signature: _____

Project Start-Up Check List Items	Yes	No	NA	Comments
1) Check current Rules, Regulations and MnDOT Requirement at: www.dot.state.mn.us/environmental/environment/regulate/dmaterials/contractors.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Contact OES, (651) 366-3630 (D1, D2, D3, D4, ME, MN), (651) 366-3637 (D6, D7, D8, MW, MS) for "Just in Time" Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Paint analysis for lead (and P.C.B.'s if paint system was installed prior to 1980) is complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Residents within 200' of Paint Removal notified at least 10 days prior to work (only for lead or PCB paint removal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Letter and date filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) List of Resident's addresses that were contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Contractor project schedule submitted and reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Contractor work plan submitted and reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Contractor qualifications submitted? (QP 1, QP 2, QP 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) Contractor submittals reviewed, approved and onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a) Engineered containment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Container and removed paint debris security plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Quality Control Plan (QCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) MSDS for all materials as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) PDS for Abrasive and Certificate of compliance for Blastox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Project Start-Up Check List Items	Yes	No	NA	Comments
f) PDS for Rust Inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) PDS for coating materials and thinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h) Color samples – finish coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) PDS for Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Worker Lead or PCB Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k) Environmental Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l) Waste Management Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) Contractor supplied hygiene facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) Contractor reference standards onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) Contractor inspection equipment calibrated and onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) Specified coating materials and thinners onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13) Test sections prepared and accepted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	