



Routine Condition Bridge Inspection Form (except for log stringer or timber stringer bridges)

GENERAL INFORMATION (enter either long/lat or UTM below – not both)						
*Site #: _____	*Crossing Name: _____	*Type/Class: <input type="checkbox"/> Temporary bridge <input type="checkbox"/> Permanent bridge	*Project File ID# _____			
*Structure #: _____			*Br. _____			
*FSR Name: _____	*Forest District: _____	*Kilometres: _____	User km: _____			
Longitude: (ddd / mm / ss.s) _____	OR	UTM Zone _____	UTM Easting _____	UTM Northing _____		
Latitude: (ddd / mm / ss.s) _____						
LEFT/RIGHT APPROACHES (as seen facing downstream) E = excellent; G = good; F = fair; P = poor; N/A = not appl., UR = Unrated						
Item	Present Condition (circle or fill-in)	Comments <small>(a comment is mandatory if condition "Poor" is selected)</small>				
Alignment	E G F P UR					
Bridge Ahead Signs Missing	0 1 2					
Brushing Required	Yes No					
Delineator Missing Left	0 1 2					
Delineator Missing Right	0 1 2					
Fender Condition	E G F P None UR					
Posted Load Rating	_____(tonnes) or None					
Road Surface	E G F P UR					
LEFT/RIGHT ABUTMENTS (as seen facing downstream)						
Item	Present Condition (circle)	Comments <small>(a comment is mandatory if condition "Poor" is selected)</small>				
Log/Timber Cribbs	E G F P N/A UR					
Tie-backs	E G F P N/A UR					
Bin Wall	E G F P N/A UR					
Concrete (cast in place; lock blocks, precast)	E G F P N/A UR					
Caps or Sills	E G F P N/A UR					
Piles or Posts	E G F P N/A UR					
Ballast Wall	E G F P N/A UR					
Wing Wall	E G F P N/A UR					
Bracing	E G F P N/A UR					
Hardware	E G F P N/A UR					
Fill	E G F P N/A UR					
Riprap	E G F P N/A UR					
Bearings	E G F P N/A UR					
Corrosion Protection	E G F P N/A UR					
Span 1 of ____ (spans are numbered consecutively starting from the left abutment) Use "Additional Spans" Sheet for Multiple Spans						
DECK						
Item	Present Condition (circle)	Comments <small>(a comment is mandatory if condition "Poor" is selected)</small>				
Running Surface (N/A if running surface is gravel or timber planks)	E G F P N/A UR					
Running Planks	E G F P N/A UR					
Sub-deck	E G F P N/A UR					
Ties	E G F P N/A UR					
Nails	E G F P N/A UR					
Deck to Girder Bolts	E G F P N/A UR					
Concrete Deck	E G F P N/A UR					
Grout Pockets	E G F P N/A UR					
Deck Joints	E G F P N/A UR					
Steel Deck Plate	E G F P N/A UR					
Gravel Surface	E G F P N/A UR					
Gravel Deck Depth	____metres or N/A					
Curb Rail/Blocks/Posts	E G F P UR					
Handrails/ Walkouts	E G F P N/A UR					
Hardware	E G F P N/A UR					
Overall Deck Condition	E G F P UR					



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GENERAL INFORMATION				
*Site #:			*Structure #:	
SUPERSTRUCTURE				
Item	Present Condition (circle)	Comments <small>(a comment is mandatory if condition "Poor" is selected)</small>		
Girders	E G F P UR			
Diaphragms	E G F P N/A UR			
Bracing	E G F P N/A UR			
Under-trussing	E G F P N/A UR			
Hardware	E G F P N/A UR			
Welded / Grouted Shear Connectors	E G F P N/A UR			
Stream CHANNEL				
*Est. Present Water Level Depth ____ (m)		*Est. Present Water Level Width ____ (m)		*Est. High Water Level Clearance ____ (m)
HAZARDS (circle yes or no for each item))				
High Water?	Yes No	Scour?	Yes No	Ice? Yes No
				Debris? Yes No
				Aggradation? Yes No
Comments				
REPAIRS: <input type="checkbox"/> Recommended <input type="checkbox"/> Not required (H = High, M= Medium, L = Low)				
Repair Item #	*Priority (circle)			*Estimate (\$)
				*Repair Description
1	H M L			
2	H M L			
3	H M L			
*Monitoring Status: <input type="checkbox"/> Recommended <input type="checkbox"/> Not required				
Monitor Item #	*Monitor Description			
1				
2				
PHOTO LOG				
Photo #	Description	Photo #	Description	
INSPECTOR TO COMPLETE THIS SECTION				
As-built Drawings Checked? Yes No		P Eng Inspection Required? Yes No		Inspector's Estimate of Full Log Haul Traffic Replacement Date (year): <small>(PEng to review and evaluate inspector's estimate, and to update "Full Log Haul Traffic Replacement (year)" on structure details screen in CBR)</small>
*Date of Inspection (yyyy/mm/dd)	*Inspection Company Name	*Inspector's Name (print)	Inspector's Signature	
Inspector's Comments				
PROFESSIONAL ENGINEER (PEng) TO COMPLETE THIS SECTION				
Current Load Rating GVW (tonnes): <small>(PEng to update structure details screen in CBR as necessary)</small>			Date of Next Planned Inspection (yyyy/mm/dd)	
Reviewer Company Name	Reviewed by - PEng's Name (print)	Reviewed by - PEng's Signature	Date Reviewed (yyyy/mm/dd)	
PEng Reviewer's Comments				

* Denotes Mandatory Information for Corporate Bridge Register



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USE THIS SHEET FOR ADDITIONAL SPANS

GENERAL INFORMATION		
Site #	Structure #	
Span ____ of ____ (spans are numbered consecutively starting from the left abutment)		
DECK.		
Item	Present Condition (circle)	Comments (a comment is mandatory if condition "Poor" is selected)
Running Surface (N/A if running surface is gravel or timber planks)	E G F P N/A UR	
Running Planks	E G F P N/A UR	
Sub-deck	E G F P N/A UR	
Ties	E G F P N/A UR	
Nails	E G F P N/A UR	
Deck to Girder Bolts	E G F P N/A UR	
Concrete Deck	E G F P N/A UR	
Grout Pockets	E G F P N/A UR	
Deck Joints	E G F P N/A UR	
Steel Deck Plate	E G F P N/A UR	
Gravel Surface	E G F P N/A UR	
Gravel Deck Depth	_____ metres or N/A	
Curb Rail/Blocks/Posts	E G F P UR	
Handrails/ Walkouts	E G F P N/A UR	
Hardware	E G F P N/A UR	
Overall Deck Condition	E G F P UR	
SUPERSTRUCTURE		
Item	Present Condition (circle)	Comments (a comment is mandatory if condition "Poor" is selected)
Girders	E G F P UR	
Diaphragms	E G F P N/A UR	
Bracing	E G F P N/A UR	
Under-trussing	E G F P N/A UR	
Hardware	E G F P N/A UR	
Welded / Grouted Shear Connectors	E G F P N/A UR	
PIER ____ of ____ (piers are numbered consecutively starting from the left abutment)		
Item	Present Condition (circle)	Comments (a comment is mandatory if condition "Poor" is selected)
Caps	E G F P UR	
Piles or Posts	E G F P N/A UR	
Concrete	E G F P N/A UR	
Bracing or Sheathing	E G F P N/A UR	
Cribs	E G F P N/A UR	
Hardware	E G F P N/A UR	
Rip Rap	E G F P N/A UR	
Dolphins	E G F P N/A UR	
Bearings	E G F P N/A UR	
Wall	E G F P N/A UR	
Overall	E G F P UR	