

STATE OF UTAH MSE WALL INSPECTION FORM

Compiled As Part of Research By The Utah Department of Transportation

Instructions:

1-Fill out required sections for MSE Wall Inspector and Wall Characteristics.

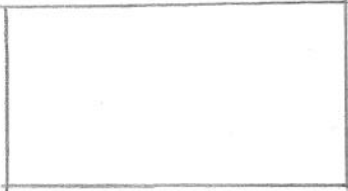
2-Inspect the wall using the attached form. Questions that require a 'Yes' answer should be documented by noting the extent of the problem in the right most column and photo documentation. Photo documentation should consist of wall or bridge number, nature of problem, date, photo number for wall, and a size reference, which should be indicated in the photo (white board/paper). Photos taken should be placed on the Top View layout and indicated with the appropriate number. Note should be taken by the inspector that often anomalies are due to construction and should be distinguished from those that are a result of post-construction. If it is observable that they existed at the time of construction note should be taken in the space provided for drawings.

3- Shoot digital photos of the entire wall. This may require the use of a variety of shots and angles on each wall to cover the wall in its entirety.

4- Indicate Layout of MSE Wall in respect to major intersections, roadways, potential hazards, irrigation, vegetation, locations of conditions for which 'Yes' was marked, etc. in space provided below. Also Indicate approximate GPS Coordinates of Site of Interest in space provided below

Region	✓	Identifying Road/Intersection	1415 . 600 N
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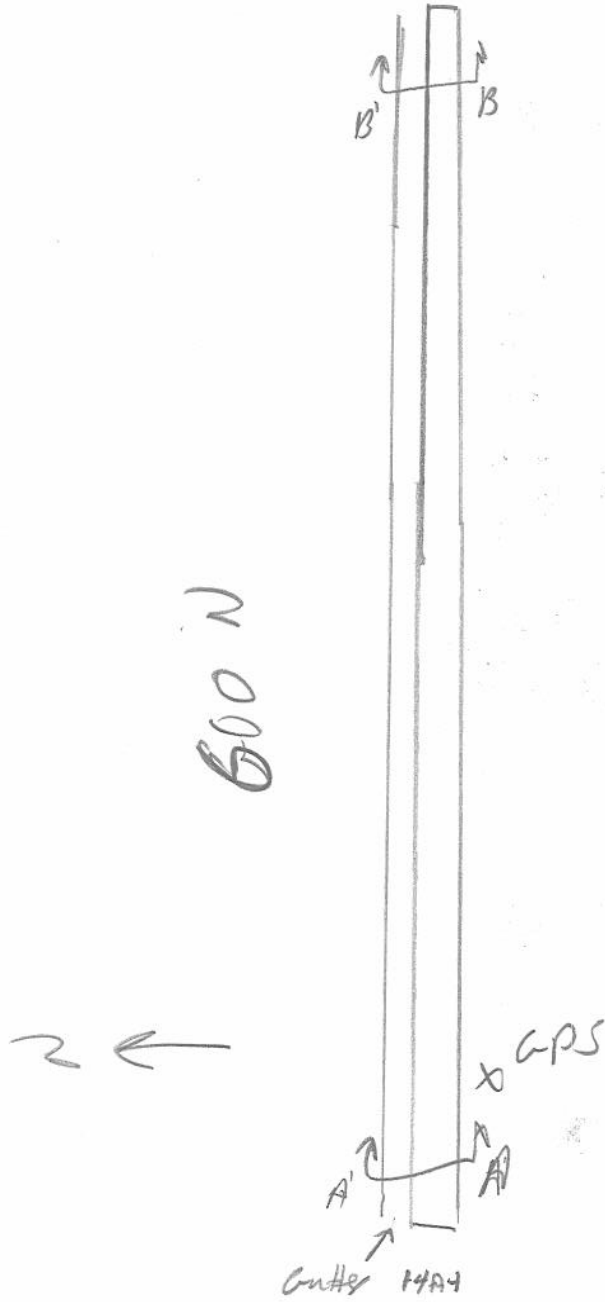
MSE WALL CHARACTERISTICS

MSE Wall at Bridge	Y N	Bridge Number if applicable:		Wall Number	R-337-F
Surrounding Structures				Maximum Height of Wall (ft)	7 Ft
Distance to Each Structure			One Stage, Two Stage or Block Wall		
State Route Number			Estimated Max Length of Wall Abutment:		380 Ft
Approximate Mile Marker			Max Slope of Ground in front of wall:		28%
GPS Datum	WGS/84, NAD/83, or NAD/27		Max Height of wall burial line above surrounding level ground:		1 Ft
MSE Wall GPS Coordinates (Location of Measurement shown on plan view)	40° 46' 55.43" N 111° 54' 28.67" W		Please draw rough layout of panel with approximate dimensions in space provided below:		
If known, Panel or System Manufacturer	<div style="display: flex; align-items: center; justify-content: center;"> 5  </div>				

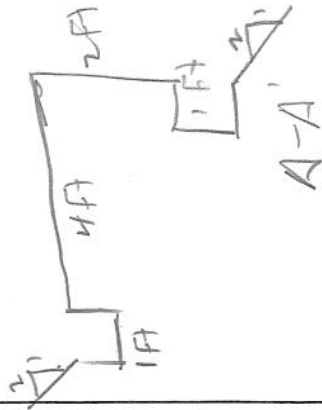
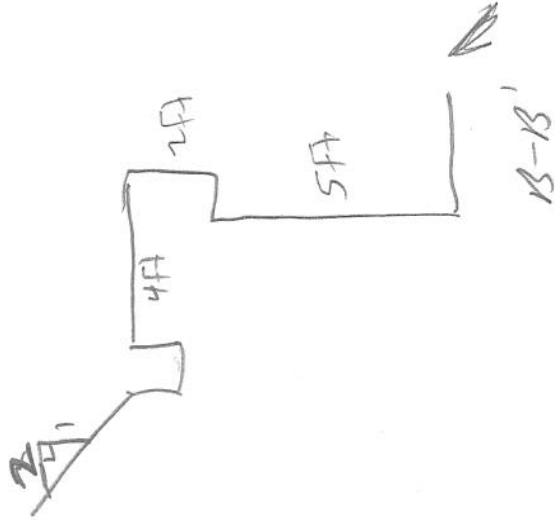
Summary of Key Observations:

seemed adequate

Plan View/Drainage:



Cross Sections:



Cross Sections:

BASE WALL DRAINAGE

Required Item:		Yes	No	NA	UKS	Measurement/Extent of Problem/Location/Photo Numbers
Drainage						
Y	1-Is there any active water source near the toe of the wall (i.e. the wall near a body of water with seepage)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-If applicable, are the cracks located at the base of the wall blocked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-Are there culverts penetrating through the wall?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-Do there vertical drains that travel through the backfill?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	5-Is there evidence at the base of the wall or in existing pads? (Photo 12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	6-Is there erosion along the wing wall?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	7-Are there any signs of water flow along the base of the wall?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	8-Is there less than 14 feet between irrigation sprinklers and wall?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	9-Does the backfill or joint fabric appear to be saturated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	10-Is there vegetation growing in paved joints? (Photo 8)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	11-Are the deck drains and outlets at the top of the wall blocked? (Photo 14)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	12-Can water enter the wall between coping and deck (i.e. Drain approximately)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	13-Is there evidence at discharge point of fill washing through drain pipes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE WALL JOINTS

Required Item:		Yes	No	NA	UKS	Measurement/Extent of Problem/Location/Photo Numbers
Joints						
Y	1-Is backfill coming out of joints or are there signs of backfill at the base of the wall? (Photos 2 & 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-Can you see fabric or mesh in the backfill behind panels when looking into joints? (Photo 5)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-Is there evidence of backfill in the horizontal joints? (Photo 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-Are there visible tears in the fabric? Is there evidence of backfill or water leaking through tears? (Do not reduce additional damage to fabric)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	5-Do the joints have a non-uniform horizontal spacing? Are some horizontal joints larger/smaller than others? (Photo 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	6-Do the joints have a non-uniform vertical spacing? Are some vertical joints larger/smaller than others? (Photo 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	7-Do the panels appear hollow, or appear as if it has undergone excessive UV exposure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE WALL FACING

Required Item:		Yes	No	NA	UKS	Measurement/Extent of Problem/Location/Photo Numbers
Wall Facing						
Y	1-Are the panels "tilt-lip"? Is there excessive cracking in the panels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-Are there cracks that continue vertically through adjacent panels? (Photos 9 & 10)? If yes, record the approximate number of panels in the wall with cracking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-Are there cracks that continue horizontally through adjacent panels? (Photos 9 & 10)? If yes, record the approximate number of panels in the wall with cracking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-Are the panels making contact with each other? If yes, record the approximate number in the wall.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	5-Do the panels appear "popped-off" or clipped from contact with an adjacent panel? If yes, record the number in the wall.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	6-Does crack spacing suggest Differential Settlement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	7-Does the existing coping exhibit Vertical Offset?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	8-Are the coping and parapets loose or detaching? If yes, it may be appropriate to contact LUDOT if detachment seems eminent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	9-Are the panels in danger of falling out? (If potential exist contact appropriate LUDOT region).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	10-Are the panels bulging (bowing horizontally)? If so, record maximum deformation from accessible maximum crack width.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	11-Do the panels have a maximum of 1/8" of movement of the wall? (Record maximum degree of tipping from vertical using vertical level and additional notes).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE TOP OF WALL OBSERVATIONS

Required Item:		Yes	No	NA	UKS	Measurement/Extent of Problem/Location/Photo Numbers
Top Of Wall						
Y	1-Is there evidence of settlement at the top of the wall (movement existing, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-Are there any open cracks in the concrete coping (see briefing)? If yes, record the approximate maximum crack width.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-Do the coping connections joints in the concrete coping appear open? (Photo 6). If yes, record the maximum joint width.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

