

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

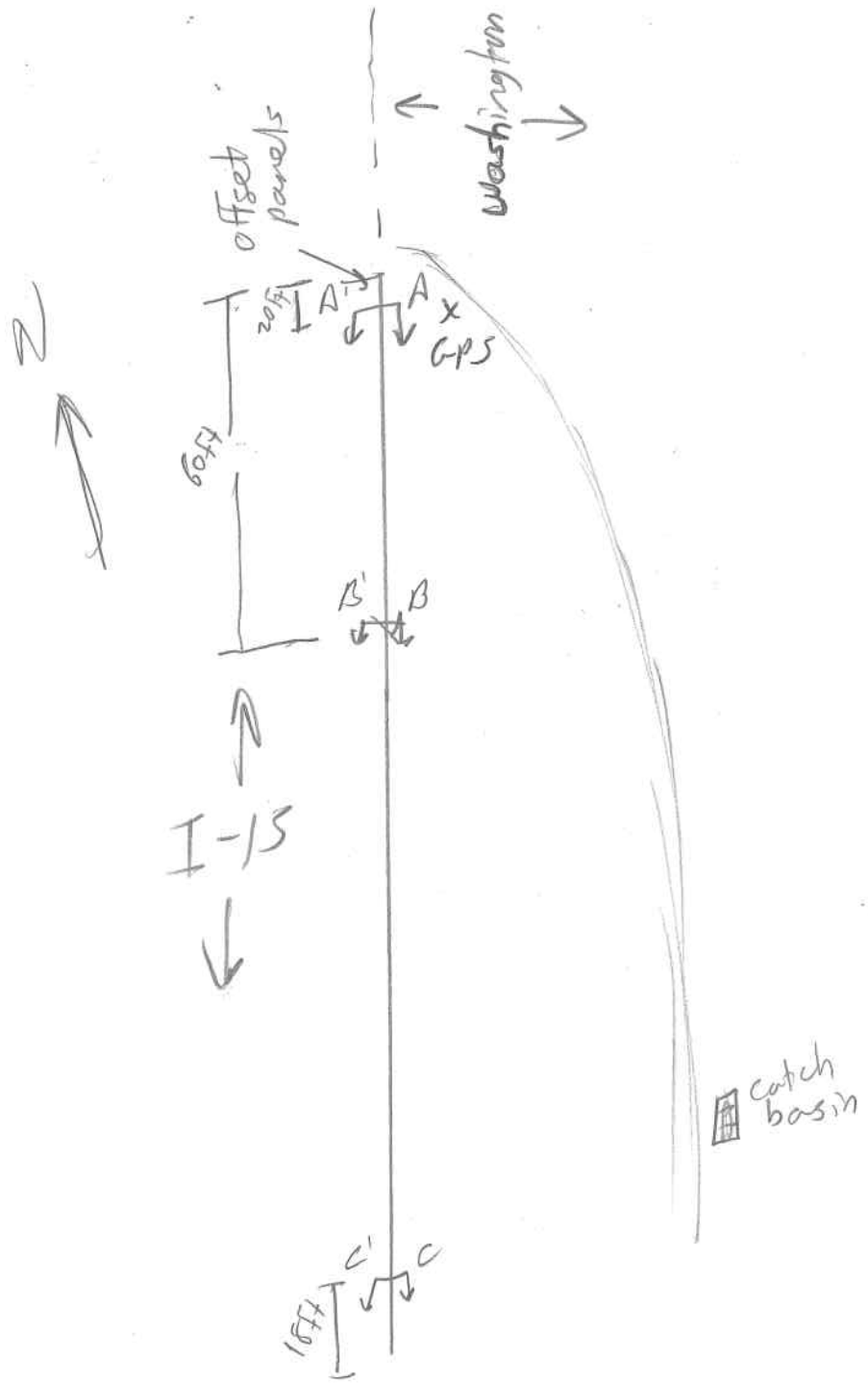
Region	4	Identifying Road/Intersection	I-15, Washington Interchange, St. George
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MSE WALL CHARACTERISTICS

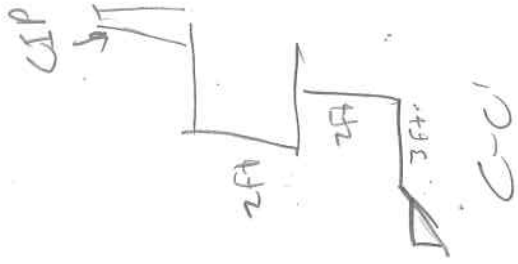
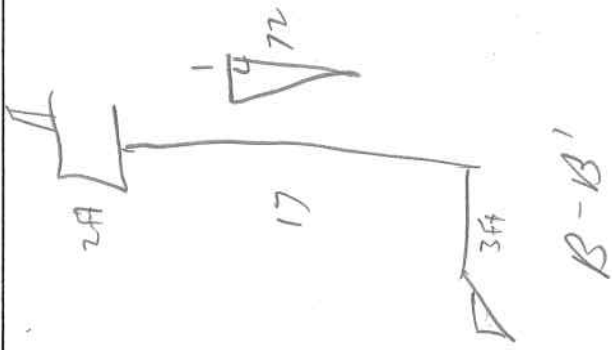
MSE Wall at Bridge	(Y) N	Bridge Number if applicable:		Wall Number	R-383-B
Surrounding Structures				Maximum Height of Wall (ft)	25ft
Distance to Each Structure				One Stage, Two Stage or Block Wall	1-stage
State Route Number				Estimated Max Length of Wall Abutment:	
Approximate Mile Marker				Max Slope of Ground in front of wall:	0
GPS Datum	WGS/84, NAD/83, or NAD/27			Max Height of wall burial line above surrounding level ground:	12ft
MSE Wall GPS Coordinates (Location of Measurement shown on plan view)	37° 7' 41.85" N 113° 31' 30.91" W			Please draw rough layout of panel with approximate dimensions in space provided below:	
If known, Panel or System Manufacturer	<div style="border: 1px solid black; width: 200px; height: 100px; margin: 0 auto; position: relative;"> 5' 6' </div>				

Summary of Key Observations:

Plan View/Drainage:



Cross Sections:



Cross Sections:

RISE WALL DRAINAGE

Required Item	Yes	No	NA	UNS	Measurement/Extent of Problem/Location/Photo Numbers
1-Is there an active water source near the base of the wall (is the wall near a body of water with seepage)?	Y	N/A	UNS	UNS	Drainage
2-If applicable, are the catch basins at the base of the wall blocked?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
3-Are there obstructions protruding through the wall?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
4-Are there vertical drains that travel through the backfill?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
5-Is there condensation at the base of the wall or leveling pad? (Photo 12)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
6-Is there condensation along the rising wall?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
7-Are there any signs of water flow along the base of the wall?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
8-Is there low flow (1-4 feet) between irrigation windrows and wall?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
9-Does the backfill or joint fabric appear to be saturated?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
10-Is there vegetation growing in panel joints? (Photo 8)?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
11-Is the deck fabric and outlet at the top of the wall blocked? (Photo 14)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
12-Can water enter the wall between coping and slab (i.e. Daults appropriately)?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
13-Is there evidence of discharge point of fill washing through joint pipes?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

RISE WALL JOINTS

Required Item	Yes	No	NA	UNS	Measurement/Extent of Problem/Location/Photo Numbers
1-Is backfill coming out of joints or are there piles of backfill at the base of the wall? (Photos 2 & 3)	Y	N/A	UNS	UNS	Joints
2-Is the joint wide enough to see fabric or backfill behind panels when looking into joint? (Photo 5) If yes, record the approximate maximum joint width in inches.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
3-Is there exposed backfill visible in the horizontal joints? (Photo 4)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
4-Are there visible tears in the fabric? Is there evidence of backfill or water leaking through tears? (Do not include additional damage to fabric)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
5-Do the joints have a non-uniform horizontal spacing size? Are some horizontal joints larger/smaller than others? (Photo 6)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
6-Do the joints have a non-uniform vertical spacing size? Are some vertical joints larger/smaller than others? (Photo 7)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
7-Is there an offset at the joint either in or out of the wall? (Photo 7) If yes, record the approximate maximum offset.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
8-Does the fabric appear brittle, or appear as if it has undergone excessive UV exposure?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

RISE WALL FACING

Required Item	Yes	No	NA	UNS	Measurement/Extent of Problem/Location/Photo Numbers
1-Long level string/GPS - correct crack usage	Y	N/A	UNS	UNS	Wall Facing
2-Are the panels "Tilt-Up"? Is there excessive cracking in the panel?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
3-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.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
4-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.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
5-Are the panel corners rounding/cracking with each other? If yes, record the approximate number in the wall.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
6-Are the panel corners "popped-out" or chipped from contact with an adjacent panel? If yes record the number in the wall.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
7-Does crack spacing suggest Differential Settlement?	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
8-Are the coping and parapets loose or delimiting? If yes, it may be appropriate to contact UDOT if delimiting occurs.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
9-Are the panels in danger of falling off? (If potential exist contact appropriate UDOT region).	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
10-Are there any signs of panel bulging (bowing horizontally)? If yes, record maximum deformation from accessible coping to leveling pad. (Photo 11)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
11-Is there "humping" at the top or bottom of the wall? (Record maximum degree of coping from astrak using vertical level and affected area).	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

RISE TOP OF WALL OBSERVATIONS

Required Item	Yes	No	NA	UNS	Measurement/Extent of Problem/Location/Photo Numbers
1-Long level string/GPS - correct	Y	N/A	UNS	UNS	Top of Wall
2-Is there evidence of settlement at the top of the wall? (Invertment checking, etc)	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
3-Are there any signs of cracks in the concrete coping (not bedding)? If yes record the approximate maximum crack width.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
4-Is there the construction joints in the concrete coping opened up? (Photo 6). If yes, record the maximum joint width.	Y	N/A	UNS	UNS	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	16-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16-A: Is there a large gap between the approach slab and the approach pavement? (Photo 15) Other than a burping sealant on the approach, has the joint between the approach maximum gap size exceeded maximum distance.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	17-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17-A: The abutment, has the joint between the wall coping and the abutment opened up significantly? If so, record maximum distance.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	18-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18-A: Is the coping wall pulling away from pavement (today's section)? Please record maximum displacement for wall.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	19-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19-A: What is the location depth of the coping wall? Please record the minimum depth for MSE wall to a maximum depth of 24 inches (24 inches is the minimum depth for MSE wall).	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	20-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20-A: Is leveling pad exposed?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	21-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-A: Is there resulting in the leveling pad? If so, record maximum crack size with gaps.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	22-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22-A: Is there a flow back (level dips) directly along the wall before the slope changes (Record Width)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	23-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23-A: Is there a slope steeper than V: 1.5 to H: 1 in front of the wall? Please record slope and height of backfill above top of wall.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	24-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24-A: Is there a slope greater than V: 1.5 to H: 1 below the wall? Please record slope and height of backfill below the wall.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	25-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25-A: Is there excessive degradation of panel face?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	26-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26-A: Is there excessive corrosion on guardrails or other exposed metal that might indicate corrosion conditions?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	27-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27-A: Are there major rust stains on the face panels? Along joints? If so, record seal number.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	28-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28-A: Are any formal water stops present? Please record the location of the water stop. If applicable, please record the seal number of the stop.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	29-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29-A: Was a flexibility strip used in the wall? If so, please indicate depth in inches.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	30-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30-A: Is there any indication of rebar corrosion (swelling bars, rust, exposed metal epoxy coating)? If so, please record the total number of panels affected.	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	31-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31-A: Are guardrails well protected in place at the base of the wall (to protect it from potential traffic damage)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	32-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32-A: Does it appear that the wall has been involved in an accident (employed panel, recent dips in the wall)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	33-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33-A: Does it appear the wall functionality and integrity has been compromised by a collision or accident?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	34-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34-A: Are there access wall angles (SW)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	35-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35-A: Are there available drawings for the wall? Please indicate type (Situation and Layout, Design, As Built, etc.)	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	36-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36-A: Is the layout in general accordance with drawings?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	37-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37-A: Are the panels CIP (Cast in Place)? Does there appear to be excessive cracking in the panels?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	38-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38-A: Was GEF/foam used in the construction of the wall?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	39-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39-A: Are there any structures on or near wall that were not included in initial drawings?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	40-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40-A: Are there any irrigation, utilities, or intrusions that are not part of the initial drawings?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	41-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41-A: Have there been any excavations or evidence of excavations near the wall?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	42-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42-A: Have local property owners changed the diameter of the wall (additional structure, irrigation, vegetation, etc.)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	43-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43-A: Are there piles located in the wall (bridge abutment)?	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	44-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44-A: Is the wall built different than design	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	45-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45-A: Are there any obstructions in Reinforcement Geometry	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /

Required Item:		Yes	No	NA	UKN	Comments	Measurement/Extent of Problem/Location/Photo Numbers
Y	46-A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46-A: Are there any obstructions in Reinforcement Geometry	/ 0-Nb 1% 5% 10% 25% 50% 75% 90% 95% 100% /