



Inspector Quality Summary Form (SCDOT)

BIGD Attachment 9.9
Version 1.0, DEC2024
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SECTION 1: SCDOT Bridge Inspection Team Leader Information

In the area below, years of experience should be based on January 1st of the current year. In the complex inspection sections, please indicate if you have completed complex inspections during the current year or if you anticipate completing complex inspections during the next calendar year.

Subject SCDOT Bridge Inspection Team Leader:											
District:											
Years of FHWA (non-SCDOT) Bridge Inspection Experience:											
Years of SCDOT Bridge Inspection Experience:											
Date of First Inspection: (current year)											
Complex Inspections: (current year)	FHWA		LSS		LSC		MSM		MSA		NSTM
Complex Inspections: (anticipated next year)	FHWA		LSS		LSC		MSM		MSA		NSTM

SECTION 2: Field Reviews

In the area below, provide the results of a field review completed during the past year (12 months). Use the **buttons** to attach the signed and completed Field Review Quality Form (BIGD Attachment 9.2) associated to each review.

Per BIGD 9.2.2.2:

BITLs active since January 1st must provide 1 satisfactory field review.

BITLs starting after August 1st are not required to provide a satisfactory field review.

Field Quality Review	
Asset ID:	
Facility Carried:	
Facility Crossed:	
Type of Inspection:	
Date of Inspection:	
Inspection Team: (Initials)	
Field Reviewer:	
Field Review Rating:	
Field Quality Review 1 Completed Attachment 9.2	

SECTION 3: Independent Inspections

In the area below, provide the results of independent inspections completed during the past year (12 months). Use the **buttons** to attach the signed and completed Independent Inspection Forms (BIGD Attachment 9.3) associated to each inspection.

Per BIGD 9.2.2.3:

BITLs active on or before August 1st must provide ONE Independent Inspection with a score of 71 or greater.

BITLs starting after August 1st are not required to provide an Independent Inspection completed this calendar year.

Independent Inspection	
Asset ID:	
Facility Carried:	
Facility Crossed:	
Type of Inspection:	
Date of Inspection:	
Inspection Team: (Initials)	
Date of Independent Insp:	
Independent Inspector Name:	
Independent Insp. Score:	
Independent Inspection 1 Completed Attachment 9.3	