



Independent Inspection Check Form (Consultant)

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REQUIRED STRUCTURE INFORMATION		
ASSET ID NUMBER (NBI 08):	DISTRICT # (NBI 02):	COUNTY (NBI 03):
LOCATION (NBI 09):	FACILITY CARRIED (NBI 07):	FEATURE INTERSECTED (NBI 06):
SUBJECT INSPECTION DATE:	SUBJECT COMPANY/CONSULTANT:	
BITL AND INSPECTION TEAM MEMBERS (LIST AND IDENTIFY BITL):		
SUBJECT INSPECTION TYPE:		
QC Reviewer (Name and Company):		

Part 1 - General Information Review

Review each question below and record the score in the applicable cell. At the conclusion of the independent inspection, add up the total score. Record the score below.

Review Category		Yes	No	N/A	Possible Score	Score
1	Structure Types: Are Main Structure Type (NBI 43A) and Approach Structure Type (NBI 44A) correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
2	Railings: Is the selected coding of Bridge Rail (NBI 36A), Transitions (NBI 36B), Approach Guardrail (NBI 36C) and Approach End Guardrail (NBI 36C) acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
3	Weight Restriction: Load limit (NBI 66) bridge posting is in place (NBI 70); if not, is it recommended as a Critical Finding or has the Load Rating Request Form been completed? <i>(Sign may have been removed following inspection, QC Reviewer to use discretion)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
4	Scour Critical: Is the NBI 113 (Scour Critical) code acceptable; if not has the Item 113 - Re-evaluation Form been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
5	Narrow Bridge/One-Lane Bridge: According to NBI Items (51, 28A, 102 and 41), "Narrow Bridge" or "One-Lane Bridge" signs are posted; if not, is it recommended with HMMS "A Flag"? (with Repair Recommendations Form) <i>(Sign may have been removed following inspection, QC Reviewer to use discretion)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
6	Inspection Team Qualifications: According to NBIS and the SCDOT BIGD, the inspection team had the proper qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 20 pts	
7	Deficit Reporting (Critical Findings and/or HMMS Documentation/Input): Critical Findings (if found) were properly reported using notification procedures and follow-up procedures required by SCDOT. Required maintenance and repair items are properly documented and they address specific issues such as deterioration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
TOTAL =						
TOTAL POSSIBLE SCORE =						80
70% OF TOTAL POSSIBLE SCORE (ACCEPTABLE SCORE) =						56
ACCEPTABLE?						<input type="checkbox"/>



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Part 2 - Measurement Review

The QC Reviewer is to inspect the bridge and provide his or her condition ratings below. The QC Reviewer should compare their own measurements to the measurements from the subject inspection and record the score in the applicable cell. At the conclusion of the independent inspection, add up the total score. Record the score below.

Review Category				within 10% or 12 in. (whichever is greater)			Possible Score	Score
Measurement		Subject Inspection	QC Check	Yes	No	N/A		
1	NBI Item 48: Span Length			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
2	NBI Item 50: Structure Length			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
3	NBI Item 51: Curb-to-Curb Roadway Width			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
4	NBI Item 52: Deck Out-to-Out Width			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
5	NBI Item 53: Vertical Clearance Above Deck			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
6	NBI Item 54B: Underclearance (Right)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
7	NBI Item 54C: Underclearance (Left)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
8	NBI Item 55: Lateral Clearance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
TOTAL =								
TOTAL POSSIBLE SCORE =								75
70% OF TOTAL POSSIBLE SCORE (ACCEPTABLE SCORE) =								52
ACCEPTABLE SCORE?								<input type="checkbox"/>

Part 3 – Condition and Appraisal Review

The QC Reviewer is to inspect the bridge and provide his or her condition ratings below. The QC Reviewer should compare their own ratings to the ratings from the subject inspection and record the score in the applicable cell. At the conclusion of the independent inspection, add up the total score. Record the score below.

Review Category				within 1 ±			Possible Score	Score
Measurement		Subject Inspection	QC Check	Yes	No	N/A		
1	NBI Item 58: Deck			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
2	NBI Item 59: Superstructure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
3	NBI Item 60: Substructure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
4	NBI Item 61: Channel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
5	NBI Item 62: Culvert			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
6	NBI Item 71: Waterway Adequacy			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
7	NBI Item 72: Roadway Alignment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
TOTAL =								
TOTAL POSSIBLE SCORE =								65
70% OF TOTAL POSSIBLE SCORE (ACCEPTABLE SCORE) =								45
ACCEPTABLE SCORE?								<input type="checkbox"/>



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Part 4 – Additional Inspection Items

Review each question below and record the score in the applicable cell. At the conclusion of the independent inspection, add up the total score. Record the score below.

Review Category		Yes	No	N/A	Possible Score	Score
1	NSTMs: NSTMs were identified and noted on the Nonredundant Steel Tension Member Inspection Form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
2	Fatigue Details: Fatigue-prone details were identified and noted in the inspection report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
3	Steel Section Loss: Reported section loss was reasonable (within 10%) on steel members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
4	Concrete Deterioration: Reported deterioration sizes were reasonable (within 10%) on concrete members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
5	Timber Deterioration: Reported deterioration conditions were noted on timber members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
6	Cracking: Cracking notes in the inspection report were reasonable for structural condition and structure type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 10 pts	
TOTAL =						
TOTAL POSSIBLE SCORE =						60
70% OF TOTAL POSSIBLE SCORE (ACCEPTABLE SCORE) =						42
ACCEPTABLE SCORE?						<input type="checkbox"/>

Part 5 – Element-Level Evaluation

The QC Reviewer is to review the inspection report for the elements used during the element-level evaluation of the structural members. The QC Reviewer should review the overall quantity provided for the element, the condition states assigned and any defect. The QC Reviewer should compare their own findings to the findings from the subject inspection and record the score in the applicable cell. At the conclusion of the independent inspection, add up the total score. Record the score below.

Review Category				within 10%			Possible Score	Score
				Yes	No	N/A		
1	Deck/Slabs		Element Number: _____ Element Name: _____					
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
2	Superstructure		Element Number: _____ Element Name: _____					
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	



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Part 5 – Element-Level Evaluation (continued)

Review Category				within 10%			Possible Score	Score
				Yes	No	N/A		
3	Substructure Element Number: _____ Element Name: _____							
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
4	Culvert Element Number: _____ Element Name: _____							
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
5	Other* 1: _____ Element Number: _____ Element Name: _____							
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
6	Other* 2: _____ Element Number: _____ Element Name: _____							
	Overall Quantity	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 5 pts	
	Condition State 1	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 2	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 3	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
	Condition State 4	SUBJECT INSPECTION:	QC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 or 3 pts	
TOTAL =								
TOTAL POSSIBLE SCORE =								102
70% OF TOTAL POSSIBLE SCORE (ACCEPTABLE SCORE) =								71
ACCEPTABLE SCORE?								<input type="checkbox"/>

* The DBIS performing the QC review may select two other elements from the other element categories at his or her discretion. These other categories may include bearings, joints, approach slabs, bridge rails or wearing surface/protective systems. The selected element should be applicable to the bridge, if possible.



INDEPENDENT INSPECTION CHECK FORM

SCORING SHEET

Part 1 - General Information Review (Passing Score: 56), Reviewer's Score: _____

☐ Acceptable ☐ Unacceptable ☐ N/A

Part 2 - Measurement Review (Passing Score: 52), Reviewer's Score: _____

☐ Acceptable ☐ Unacceptable ☐ N/A

Part 3 - Condition & Appraisal Review (Passing Score: 45), Reviewer's Score: _____

☐ Acceptable ☐ Unacceptable ☐ N/A

Part 4 - Additional Inspection Items (Passing Score: 42), Reviewer's Score: _____

☐ Acceptable ☐ Unacceptable ☐ N/A

Part 5 - Element-Level Evaluation (Passing Score: 71), Reviewer's Score: _____

☐ Acceptable ☐ Unacceptable ☐ N/A

QC Reviewer (Print Name): _____

Signature: _____ Date: _____

Acknowledgment Consultant Project Manager of Receipt (**Required**)

Signature: _____ Date: _____

SCDOT HQ Bridge Maintenance Office (BMO) Acknowledgement of Receipt (**Required**)

Signature: _____ Date: _____