CEILING FRAMING QUALITY CONTROL CHECKLIST

Date: _____ Temperature: _____

Project Name: _____ Project #: _____

Project Manager: _____

Floor / Area Worked: _____

		Foreman	Q. C. Sign-off
1.	Confirm MEP overhead complete and sign-off prior to ceiling framing.	_____	_____
2.	Confirm MEP rough opening layout complete.	_____	_____
3.	Confirm MEP access door layout.	_____	_____
4.	Confirm top of wall firetaping and MEP caulking complete.	_____	_____
5.	Confirm soffit top track installed per plans and specs.	_____	_____
6.	Confirm studs are installed per plans and specs.	_____	_____
7.	Confirm materials are stocked in area.	_____	_____
8.	Confirm suspended ceilings conform to details on plans and specs.	_____	_____
9.	Confirm seismic wires and uplift posts at suspended ceiling framing.	_____	_____
10.	Confirm backing installed at items hung from ceilings.	_____	_____
11.	Confirm ceilings and soffits heights per plans and specs.	_____	_____
12.	Confirm soffits are straight with jet lines, etc.	_____	_____
13.	Confirm all lights, grilles and access door frames per plans and specs.	_____	_____

Comments:

_____

Foreman's Signature

_____

Quality Control Sign-Off

_____

Inspection Request #