



MAIL: P. O. Box 130819 - Tyler, Tx 75713  
 STREET: 3535 Shiloh Rd. - Tyler, Tx 75707  
 TELEPHONE: 903-561-3000 or 800-442-8979  
 FACSIMILE: 903-561-7686 or 903-581-6671  
 WEBSITE: www.tylerbuilding.com

## Building Erection Check List

Tyler Job No.: \_\_\_\_\_ Substantial Comp. Date: \_\_\_\_\_  
 Subcontractor: \_\_\_\_\_ Initial Inspection Date: \_\_\_\_\_  
 Crew: \_\_\_\_\_ Final Completion. Date: \_\_\_\_\_

Structural	Approved	Needs Corrective Action	C.A. Complete
1. Installation of anchor rods, nuts and washers. . . . .	_____	_____	_____
2. Installation of columns / rafters . . . . .	_____	_____	_____
3. Base plates align with concrete . . . . .	_____	_____	_____
4. Installation of purlins / girts . . . . .	_____	_____	_____
5. Bolted connections . . . . .	_____	_____	_____
6. Installation of cables / rods . . . . .	_____	_____	_____
7. Installation of purlin / girt banding . . . . .	_____	_____	_____
8. Installation of flange braces . . . . .	_____	_____	_____
9. Condition of steel primer. . . . .	_____	_____	_____

Sheeting and Trim	Approved	Needs Corrective Action	C.A. Complete
10. Roof sheet alignment & lap . . . . .	_____	_____	_____
11. Roof sheet <i>fastener</i> type, alignment, installation . .	_____	_____	_____
12. Roof clean of debris . . . . .	_____	_____	_____
13. Wall sheet alignment & lap . . . . .	_____	_____	_____
14. Wall sheet <i>fastener</i> type, alignment, installation . .	_____	_____	_____
15. Wall sheets clean . . . . .	_____	_____	_____
16. Base of wall sheets elevated above concrete . . . . .	_____	_____	_____
17. Trim installation, lap, fasteners, appearance . . . . .	_____	_____	_____

Weather Proofing	Approved	Needs Corrective Action	C.A. Complete
18. Framed openings properly sealed / flashed . . . . .	_____	_____	_____
19. Roof penetrations properly sealed / flashed . . . . .	_____	_____	_____
20. Flashing of tie-conditions . . . . .	_____	_____	_____
21. Inside of building free of light leaks . . . . .	_____	_____	_____

Accessories	Approved	Needs Corrective Action	C.A. Complete
22. Installation of accessories . . . . .	_____	_____	_____
23. Operation of accessories (doors, vents, etc.) . . . . .	_____	_____	_____
24. Insulation appearance (lap, punctures, etc.) . . . . .	_____	_____	_____
25. Insulation turned under at base of panels . . . . .	_____	_____	_____

Over-All Inspection	Approved	Needs Corrective Action	C.A. Complete
26. Removal of debris from job site . . . . .	_____	_____	_____
27. Alignment of rakes, eave struts, corners . . . . .	_____	_____	_____

