



# DWELUP CORPORATION

## SOIL TESTING CHECKLIST

### Professional Geotechnical & Pre-Construction Review

Use this checklist to record and review site soil testing requirements, observations, laboratory tests, and recommendations before construction.

Project / Client: _____	Date of Test: _____	Checked By: _____	Plot Ref.: _____
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#### A BASIC PROJECT & SITE INFORMATION

No.	Checklist Item	Options / Write-in	✓
1.	Project name / reference	_____	<input type="checkbox"/>
2.	Site location / address	_____	<input type="checkbox"/>
3.	Plot number	_____	<input type="checkbox"/>
4.	Client / owner name	_____	<input type="checkbox"/>
5.	Contact number	_____	<input type="checkbox"/>
6.	Intended project type	Residential / Commercial / Industrial / Other: _____	<input type="checkbox"/>

#### B SITE OBSERVATION & SAMPLING

No.	Checklist Item	Options / Write-in	✓
7.	Date of site visit	DD / MM / YYYY	<input type="checkbox"/>
8.	Borehole / test pit location marked	Yes / No	<input type="checkbox"/>
9.	Number of boreholes / pits	_____ (No.)	<input type="checkbox"/>
10.	Sampling depth recorded	Yes / No	<input type="checkbox"/>
11.	Ground surface condition	Level / Sloping / Uneven / Other: _____	<input type="checkbox"/>
12.	Groundwater observed	Yes / No (Depth: _____ m)	<input type="checkbox"/>
13.	Nearby drainage condition	Good / Moderate / Poor	<input type="checkbox"/>
14.	Access for testing equipment	Good / Moderate / Poor	<input type="checkbox"/>
15.	Sample labeling completed	Yes / No	<input type="checkbox"/>

#### C FIELD TESTS

No.	Checklist Item	Options / Write-in	✓
16.	Standard Penetration Test (SPT)	Yes / No	<input type="checkbox"/>
17.	Plate load test required?	Yes / No	<input type="checkbox"/>
18.	Field density test	Yes / No	<input type="checkbox"/>
19.	Moisture content checked	Yes / No	<input type="checkbox"/>
20.	Soil bearing indications noted	Yes / No	<input type="checkbox"/>
21.	Groundwater level measured	Yes / No (Depth: _____ m)	<input type="checkbox"/>
22.	Visual soil classification	Yes / No	<input type="checkbox"/>
23.	Disturbed samples collected	Yes / No (No. of Samples: _____)	<input type="checkbox"/>
24.	Undisturbed samples collected	Yes / No (No. of Samples: _____)	<input type="checkbox"/>

#### D LABORATORY TESTS

No.	Checklist Item	Options / Write-in	✓
25.	Grain size analysis	Yes / No	<input type="checkbox"/>
26.	Atterberg limits	Yes / No	<input type="checkbox"/>
27.	Natural moisture content	Yes / No	<input type="checkbox"/>
28.	Dry density / bulk density	Yes / No	<input type="checkbox"/>
29.	Specific gravity	Yes / No	<input type="checkbox"/>
30.	Compaction test (Proctor)	Yes / No	<input type="checkbox"/>
31.	California Bearing Ratio (CBR)	Yes / No	<input type="checkbox"/>
32.	Shear strength test	Yes / No	<input type="checkbox"/>
33.	Consolidation test	Yes / No	<input type="checkbox"/>
34.	Chemical / sulphate content	Yes / No	<input type="checkbox"/>
35.	pH test	Yes / No	<input type="checkbox"/>

#### E RESULTS & FOUNDATION REVIEW

No.	Checklist Item	Options / Write-in	✓
36.	Safe bearing capacity estimated	Yes / No	<input type="checkbox"/>
37.	Settlement risk reviewed	Yes / No	<input type="checkbox"/>
38.	Expansive soil risk reviewed	Yes / No	<input type="checkbox"/>
39.	Liquefaction risk considered	Yes / No	<input type="checkbox"/>
40.	Foundation type recommendation	Shallow / Deep / Other: _____	<input type="checkbox"/>
41.	Excavation difficulty noted	Easy / Moderate / Difficult	<input type="checkbox"/>
42.	Need for soil improvement?	Yes / No	<input type="checkbox"/>
43.	Backfilling requirements noted	Yes / No	<input type="checkbox"/>
44.	Groundwater control required?	Yes / No	<input type="checkbox"/>

#### F FINAL ASSESSMENT

No.	Checklist Item	Options / Write-in	✓
45.	Soil test report received	Yes / No (Date: _____)	<input type="checkbox"/>
46.	Report reviewed by engineer	Yes / No	<input type="checkbox"/>
47.	Key findings summarized	Yes / No	<input type="checkbox"/>
48.	Design recommendations included	Yes / No	<input type="checkbox"/>
49.	Foundation recommendation approved	Yes / No	<input type="checkbox"/>
50.	Additional testing required?	Yes / No (Details: _____)	<input type="checkbox"/>
51.	Final remarks	_____	<input type="checkbox"/>
52.	Recommendation	Proceed / Proceed with Conditions / Revise / Do Not Proceed	<input type="checkbox"/>

NOTES / REMARKS

INSPECTOR / ENGINEER SIGNATURE

DATE