



# STRUCTURAL ANALYSIS CHECKLIST

## Professional Structural Review & Analysis Input Form

Use this checklist to organize and verify the key inputs, assumptions, loads, and outputs required for structural analysis.

Project / Client	Date	Checked By	Revision
_____	_____	_____	_____

A PROJECT INFORMATION	Yes	N/A	Notes
1. Project name / reference	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Project type	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Location / seismic zone	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Number of floors	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Intended use / occupancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Applicable design codes	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Client / consultant details	<input type="checkbox"/>	<input type="checkbox"/>	_____

B STRUCTURAL SYSTEM & GEOMETRY	Yes	N/A	Notes
8. Structural system selected	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Grid layout confirmed	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Column positions finalized	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Beam layout finalized	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Slab system identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Foundation type proposed	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Story heights confirmed	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Critical spans identified	<input type="checkbox"/>	<input type="checkbox"/>	_____

C MATERIAL INPUTS	Yes	N/A	Notes
16. Concrete grade	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Steel grade	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Masonry / block properties	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Soil bearing capacity available	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Material safety factors verified	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Unit weights confirmed	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Durability / exposure class considered	<input type="checkbox"/>	<input type="checkbox"/>	_____

D LOADS & LOAD COMBINATIONS	Yes	N/A	Notes
23. Dead load defined	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Live load defined	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Roof load defined	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Wind load considered	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Earthquake load considered	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Water / surcharge loads considered	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Load combinations prepared	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Special loads identified	<input type="checkbox"/>	<input type="checkbox"/>	_____

E ANALYSIS MODEL SETUP	Yes	N/A	Notes
31. Modeling software selected	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Member sizes assigned	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Boundary conditions assigned	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Diaphragm settings reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Meshing / discretization checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Load cases input correctly	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Analysis run successfully	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Warnings / errors reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____

F RESULTS & REVIEW	Yes	N/A	Notes
39. Deflection limits checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Member forces reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Column reactions reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Foundation reactions reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____
43. Story drift checked	<input type="checkbox"/>	<input type="checkbox"/>	_____
44. Stability / irregularities reviewed	<input type="checkbox"/>	<input type="checkbox"/>	_____
45. Critical members highlighted	<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Design revisions required	<input type="checkbox"/>	<input type="checkbox"/>	_____

G FINAL NOTES & APPROVAL	Yes	N/A	Notes
47. Key observations	<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Recommended actions	<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Engineer comments	<input type="checkbox"/>	<input type="checkbox"/>	_____
50. Final status:	<input type="checkbox"/> Approved <input type="checkbox"/> Needs Revision <input type="checkbox"/> Hold		

Prepared By
_____
Name / Signature

Reviewed By
_____
Name / Signature

Approval Date
_____
DD / MM / YYYY

REMARKS
_____
_____
_____