MAX TENSION TL-3 PARALLEL INSPECTION CHECKLIST

Inventory ID	District	County	State Road Number
Section	Sub-Section	Roadway ID	Mile Post

Compliant				
YES	NO	Inspector Checklist		
		1. Cable closest to the traffic side of the system passes through bottom hole on impact head. (Pg. 26, Step 11)		
		2. Cable sleeves are at the front of the system. The sleeves shall rest a minimum of 6 inches below the impact head. (Pg. 26, Step 11)		
		3. No blockout at post 1. (Pg. 18, Step 3)		
		4. Slot on post 1 is on upstream end of the system. (Pg. 16, Step 1)		
		5. Guardrail nuts on impact head are on the outside. (Pg 25, Step 10)		
		6. Rectangular washer and square washer used at post 1. (Pg 25, Step 10)		
		7. Friction plate is installed inside impact head. (Pg. 26, Step 11)		
		8. Friction plate is turned to engaged position. (Pg. 27, Step 12)		
		9. Friction plate bolts are completely tightened. (Pg. 27, Step 12)		
		10.Rail 1 and rail 2 are spliced with the guardrail nuts on the outside. (Pg. 24, Step 9)		
		11.Slider Joint - traffic side slider (TSS) should be attached to downstream end of rail 2 with nuts on the traffic side and arrow pointing toward the front of the system. (Pg. 22 Step 7)		
		12. Slider Joint - inner side slider (ISS) should be attached to the upstream end of rail 3 with nuts on the non-traffic side. (Pg. 20, Step 5)		
		13. Slider Joint - rear side slider (RSS) should be attached with the nuts on the non- traffic side and arrow pointing toward the front of the system. (Pg. 29, Step 14)		
		14. Tooth is installed and engaged in the slot at the slider joint. (Pg. 22, Step 7)		
		15. Cables should be taut and not visibly sagging. (Pg. 28, Step 13)		
		16. System installed without offset or with allowable offset of 0-2 ft. (Pg. 16, Step 1)		
		17. System height shall be 31" +/- 1". (Pg. 16, Step 1)		
		18. All guardrail panels should be lapped with the upstream most rail on the outside. Rail 1 over rail 2, rail 2 over rail 3, rail 3 over rail 4, and rail 4 over rail 5. (Pg 24, Step 9)		

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Inventory ID:_____

Inspector #1 Name:	Signature:	Date:
Inspector #2 Name:	Signature:	Date: