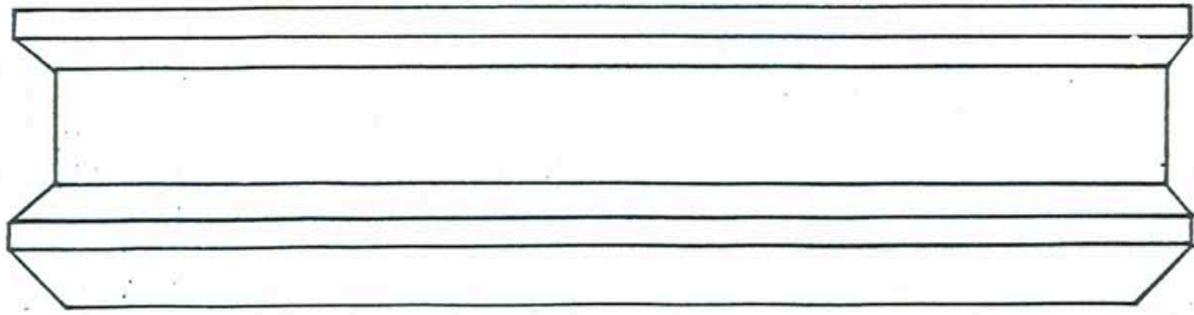
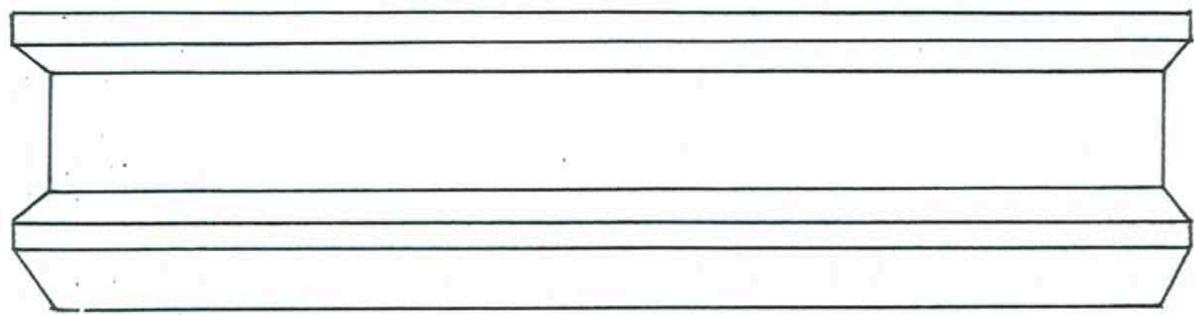


# Beam Detail Sketch Sheets

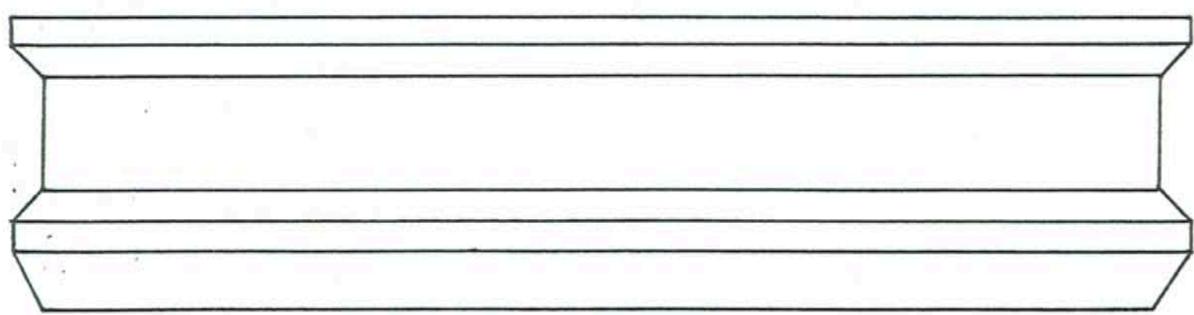
SPAN



BEAM NO. \_\_\_\_\_



BEAM NO. \_\_\_\_\_



BEAM NO. \_\_\_\_\_

**PRESTRESSED BOX BEAM SKETCH REPORT**

(INSERT PIERS WHERE NEEDED)

(OMIT ANY BEAMS IF NECESSARY)

SHOW NORTH

BRIDGE I.D. \_\_\_\_\_

SPAN NO. \_\_\_\_\_

INSPECTED BY : \_\_\_\_\_

DATE : \_\_\_\_\_

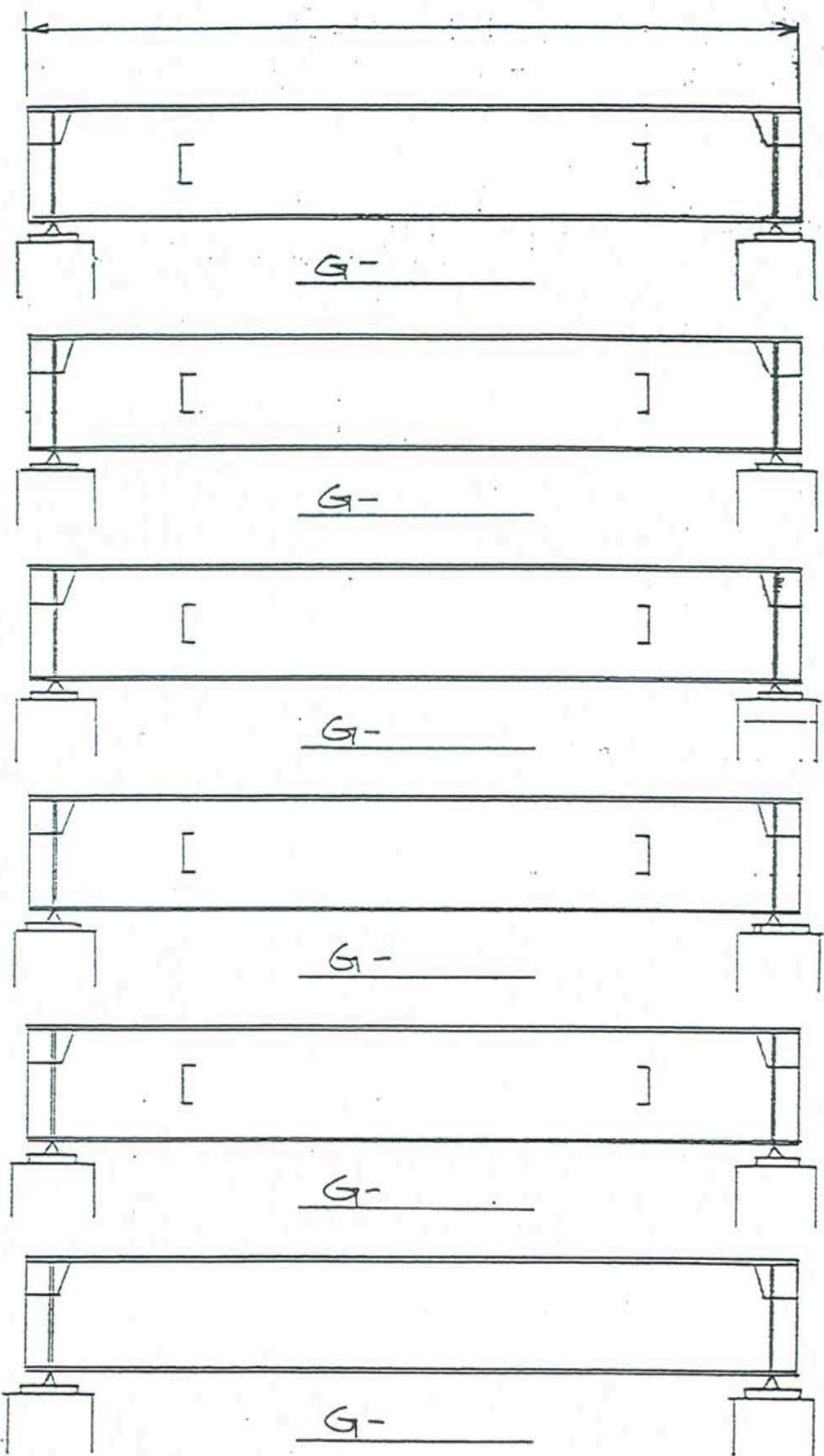
1	2	3	4	5	6	7	8	9	10	11	12	13	14

DO ALL BEAMS HAVE VENT HOLES - YES - NO  
IF YES, ARE VENT HOLES OPEN - YES - NO - SOME

1=  
2=  
3=

4=  
5=  
6=

(BXBM12/96)



BY ..... DATE ..... SUBJECT ..... SHEET NO. .... OF .....  
 CHKD. BY ..... DATE ..... JOB NO. ....  
 ..... BR # ..... SPAN # .....

