

## REINFORCED CONCRETE TRAINING SYLLABUS

**Class Date:** Monday's, 02/25/2019 – 04/29/2019

**Class Time:** 5:30 – 8:30 PM

**Instructor:** Sean S. Flint, 425-766-2052, sean@nwcel.org

**Location & Address:** ***Week 1, 5 and 9 only:*** Redmond Community Center Marymoor Village | 6505 176 Ave NE,  
Redmond WA 98052; Room 202

***All other classes will be held as live webinar***

### COURSE DESCRIPTION

This ten-week course is intended to follow the Concrete Placement/Batch plant Inspector course and will cover the International Building Code, ACI 318, structural plan reading and the workmanship and general placing of reinforcing steel in concrete.

### ORGANIZATION

This course will have lecture, group discussion and bookwork components. There will be weekly topics and quizzes, a midterm test and a final exam.

### COURSE OBJECTIVE

1. To teach students the duties and responsibilities of a reinforced concrete special inspector.
2. Educate students on the International Building Code requirements for reinforced concrete construction.
3. To familiarize students with reading and interpreting structural drawings.
4. To prepare students to take (and PASS) the ICC reinforced concrete exam.

### COURSE TOPICS

1. Reinforcing Steel Identification
2. Sizes and grades
3. Code requirements
4. Placement requirements and practices
5. Plan reading
6. Practical field inspections and procedures
7. Post-tensioning, Masonry, Structural Steel, Anchor Bolts and Pre-Cast Concrete lifting devices as they pertain to Reinforced Concrete inspection.

### TEXTBOOK AND REQUIRED SUPPLIES

1. **2015** International Building Code
2. **2014** ACI 318 – VERY IMPORTANT! Other versions will not work!
3. ICC Manual of Special Inspection
4. 3 ring binder with paper for taking notes
5. Pens and pencils

### COST

Determined by enrollment. Invoice will be emailed no later than one week after course has ended.

### REGISTRATION

Please fill out the attached registration application and email to Thanh Kieu at thanh@nwcel.org

## REINFORCED CONCRETE TRAINING REGISTRATION APPLICATION

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### CONTACT INFORMATION

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### BILLING CONTACT INFORMATION

CHECK IF SAME AS ABOVE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### STUDENT REGISTRATION

First: \_\_\_\_\_

Last: \_\_\_\_\_

Email: \_\_\_\_\_

First: \_\_\_\_\_

Last: \_\_\_\_\_

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