

INSPECTION TEST REPORT (ITP)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name: Cambridge St. Epping** | **Date:** | **Adaptive representative** | **Bloc representative** | **Revision #** | **Rectification Works To Complete** | **Comments** |  |
| Level: **6-28** | Change Date  to green when 100% completed | Place Yes if completion is confirmed, No if with actual balance of works | If No, please explain | Are there any issues Adaptive needs to rectify on this issue? | Are there any site issues that need to rectify on this issue? | Further information | Signature |
| Room Name & Code: **RL Apartments - All bed types** |
| Joinery Code: **Kitchen** |
| Date Installed: |
| **Joinery Installed Level** |  |  |  |  |  |  |  |
| **Doors adjusted** |  |  |  |  |  |  |  |
| **Benchtop installed** |  |  |  |  |  |  |  |
| **Corian site measured** | NA | NA |  |  | NA |  |  |
| **Shelving installed** |  |  |  |  |  |  |  |
| **Gap filled** |  |  |  |  |  |  |  |
| **Screws capped** |  |  |  |  |  |  |  |
| **Bulkhead/Filler installed (if required)** |  |  |  |  |  |  |  |
| **Glass splashback measured after installation** | NA | NA |  |  | NA |  |  |
| **Power point locations on glass splashback have been confirmed prior to ordering** | NA | NA |  |  | NA |  |  |
| **Any damage to finished joinery** |  |  |  |  |  |  |  |
| **Setout location accurate** | NA | NA |  |  | NA |  |  |
| **Aluminium trim installed** | NA | NA |  |  | NA |  |  |
| **Pinboards installed** | NA | NA |  |  | NA |  |  |
| **Site conditions preventing completion of unit** |  |  |  |  |  |  |  |
| **Are we holding up any trades? Please explain what can we do to rectify this in the further information section.** |  |  |  |  |  |  |  |