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|  |
| **Inspection Plan Checklist** |
| **Patching**  Doc.Ref-ITC-005-Rev1 |

Project Information

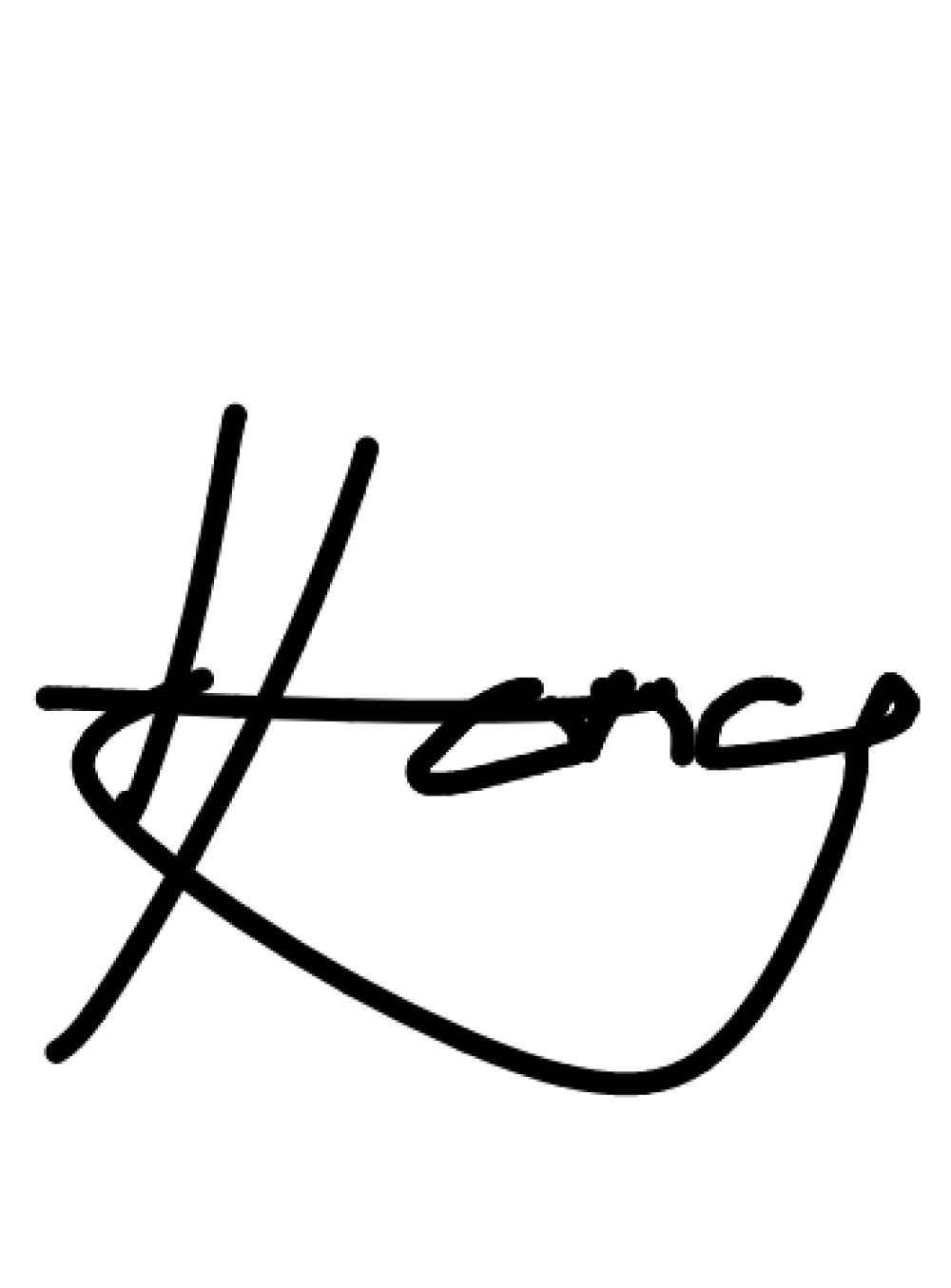
|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Wellington St Student Accommodation | **Work:** | All applicable |
| **Address:** | 325-335 Wellington Street, Perth, WA 6000 | **Location:** |  |
| **Head Contractor:** | Buuilt | **Drawing Ref. :** |  |

Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PECOMMENCEMENT** | | **STATUS** | | |
| SPECIFICATION / DRW No. | | **OK** | **N/A** | **DATE** |
| DESIGN & COMPUTATIONS | |  |  |  |
| SAMPLES | |  |  |  |
| MATERIALS MEET SPECIFICATION REQUIREMENTS | |  |  |  |
| CHECK FOR DAMAGE | |  |  |  |
| MAINTAIN SUITABLE STORAGE | |  |  |  |
| **INSTALLATION REPORT** | |  |  |  |
| Item 1: CEILINGS | |  |  |  |
| Item 2: WALLS | |  |  |  |
| Item 3: CLEAN UP | |  |  |  |
| **N.C.N. / C.A.R.** |  |  |  |  |
|  |  |  |  |  |

FINAL INSPECTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WITNESSED BY: | NAME | SIGNATURE | POSITION | DATE |
| SUBCONTRACTOR: |  |  | Foreman |  |
| BUILDER: |  |  |  |  |
| OTHER: |  |  |  |  |
| **COMMENTS:** | | | | |

**Inspection and Test Plan**

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| --- | --- | --- | --- |
| **Scope:** Patching | **ITP Document No.:** 5 | **Revision No.** A | **Date of Revision:** 15/03/2024 |
| **Project Name:** Wellington St Student Accommodation | | **Organization Name:** Multiplex | |
| **Project Address:** 325-335 Wellington Street, Perth, WA 6000 | | | |
| **Prepared by** | | | |
| **Name:** Austin Han | **Position:** Contract Administrator | **Signature:** | **Date:** 15/03/2024 |
| **Approved by** | | | |
| **Name:** ShuHan Hong | **Position:** Site Foreman | **Signature:** | **Date:** 15/03/2024 |

|  |  |
| --- | --- |
| **Level:** | **Room No./Area:** |
| Project Specification: AR-SPC01 | Australian Standards: AS2589 | Project Drawings: HB-AR-00, HB-AR-03, HB-AR-05 Series | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| W = Witness, HP = Hold Point, S = Surveillance, R = Review | | | | | | | | |
| **Item** | **Activity** | **Reference Documents** | **Acceptance Criteria** | **Frequency** | **Verification Records/Comments** | **Inspection By** | | |
| **Subcontractor** | **Built** | **Client** |
| 1 | Check ceilings | Architect drawings | Architect RCP drawings approved by Built. | Each unit | Visual Checklist  Attached marked off drawings and photos | S | S |  |
| 2 | Check walls | Architect drawings | Architect GA plan & wall type drawings approved by Built. | Each unit | Visual Checklist  Attached marked off drawings and photos | S | S |  |
| 3 | Clean up | Architect drawings | Waste all cleaned. Tools and materials placed well. | Each location | Visual Checklist  Attached marked off drawings and photos |  | R |  |

|  |  |
| --- | --- |
| Comments: | |
| Date of Inspection: | Carried out by: |

|  |  |
| --- | --- |
| **Verification Statement**  This is to confirm that the nominated representative of L&D Commercial Interiors Pty Ltd, responsible for overseeing the works, has carried out all necessary inspections as listed above, and will be able to verify with documented evidence that the work has been completed and confirms to the contract specification(s) | **Attachments**   Checklists  Photos   Dockets  Sample Material   Drawings  Calibration Certificates   Test Results / Certificate  Others:   Inspection reports |
| **Signed :** | **Date:** |

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