|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ABN 28 143 251 183 | | | | | | | |
| **External Paving ITP Assessment** | | | | | | | |
| **Project:** | **New Footscray Hospital** | | | | | | |
| **Scope:** | **EXTERNAL PAVING IN PODS & PAVERS SYSTEM** | | | | | | |
| **Location:** | **Building : Zone:** | **Level:** | | | |  |  |
|  | | | | | | | |
|  | **Items** | **Completed (Circle as appropriate)** | | | **Verification** | **Date** | **Sign** |
|  | **Waterproofing by Others** |  | | | | | |
| **External Paving** | **1. Ensure Material and Tiles Set out Approved As per the drawings and spec**  **Drawings in use:** | **Y** | **N** | **N/A** | **HOLD POINT** |  |  |
| **2. Inspect substrate surface. Do not proceed works if substrate is unsatisfactory and report any issues to MPX for rectification** | **Y** | **N** | **N/A** |  |  |  |
| **3. Install Pedestal System & Lay pavers** | **Y** | **N** | **N/A** |  |  |  |
| **4. Install Windproof Locking system where required (P8 Pavers)** | **Y** | **N** | **N/A** |  |  |  |
| **5. Clean area** | **Y** | **N** | **N/A** |  |  |  |
| **7. Final Inspection and acceptance by MPX** | **Y** | **N** | **N/A** |  |  |  |
| **COMMENTS** |  | | | | | | |
| Wetspot | Name of Supervisor: |  | | | |  |  |
| Wetspot | Signature of supervisor: | Date: | | | |  |  |
| REVISION 0 | 14/11/2023 | PEPARED BY: ES | | | | | |