

**REQUEST FOR SITE INSPECTION**Project: **Normanton Park**

To:Resident Engineer / Resident Technical Officer		Form No. :NP201810-RFSI-S-BLK3-00048
We,the main contractor, hereby confirm that we have checked the essential dimensions,and coordinated the Architectural,civil&structure and Mechanical&electrical elements,We have completed the following works and certify that they are in order for your inspection.		
Type of work to be inspected:	Structural	
Activity:	Rebar Inspection	
Block/Location:	BLK3 L-04	
Gridline:	GL 8-15	
Drawing Ref: Attached part of drawing,highlighting area for inspection		
1st Inspection		<input type="checkbox"/> Approved <input type="checkbox"/> Rectify items for re-inspection Comments by RE/RTO :
Date&Time Submitted		
Request Date&Time to Inspection	08/07/2020 16:46:00	
Date&Time Inspected	Time started	
	Time ended	
Name&Sign of Contractor's Rep		
Name&Sign of RE/RTO,who checked the work		
2nd Inspection		<input type="checkbox"/> Approved <input type="checkbox"/> Rectify items for re-inspection Comments by RE/RTO :
Date&Time Submitted		
Request Date&Time to Inspection		
Date&Time Inspected	Time started	
	Time ended	
Name&Sign of Contractor's Rep		
Name&Sign of RE/RTO,who checked the work		
3rd Inspection		<input type="checkbox"/> Approved <input type="checkbox"/> Rectify items for re-inspection Comments by RE/RTO :
Date&Time Submitted		
Request Date&Time to Inspection		
Date&Time Inspected	Time started	
	Time ended	
Name&Sign of Contractor's Rep		
Name&Sign of RE/RTO,who checked the work		

**CHECKLIST FOR REINFORCEMENT (1st Inspection)**

Inspection Form Reference No : Block No : Project title :

Location : Date and Time at Start of Inspection :

S/N	DESCRIPTION	COMPLIANCE		
		YES	NO	NA
1	Approved Bar Chair or Spacer Block	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Reinforcement <ul style="list-style-type: none">Size of RebarSpacing of RebarPosition of Rebar (Staggered or Non- staggered)	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	Links & Stirrups <ul style="list-style-type: none">Size of RebarSpacing of Rebar	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
4	Trimming Bar <ul style="list-style-type: none">Size of RebarNo of RebarPosition of Rebar	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	Starter Bars (Size, Spacing and Position) <ul style="list-style-type: none">BeamSlabWallColumnNon Structural Items (Mass Concrete, Kerb, RC Plinth etc)	<input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6	Lap Length	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Cranking of column reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Concrete Cover	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Slab Top Level (Peg and Marking)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Condition of Reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Remarks :			

Date and Time at End of Inspection :

_____(Name and Signature of Contractor's Rep)

_____(Name and Signature RE/RTO/QP)