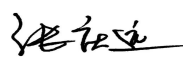



Architectural Services Department		Form No. D/BSI.006	
Project : Design and Construction of Light Public Housing at Yau Pok Road, Yuen Long, at Tuen Mun Area 3A, and Choi Hing Road, Ngau Tau Kok			
Main Contractor :	Contract No. : SSM 518	To : Contractor Employed Building Services Inspector (CE/BSI) c.c.IIA(BS)	
Chevalier- China Railway	RFI No. :		
Venture (CCRJV)	Drawing/Sketch* No. : SSM518-D1-OUT- 1371 /518-SDS- 0090		
Sub-contractor:	Testing Equipment: KEW-6010B		
中建科工集團綠色科技有 限公司(中建科工)	Date :		
Request for Inspection of Works*			
The following work will be ready for inspection on _____ at _____ hour Location : 箱體編號 : _____ Description of Work : _____ _____ Works proposed after inspection: 打包、清潔衛生、發貨			
Signature	 張慶遠(Sub-Contractor)	Signature	 許振輝 (Main Contractor)
Received by BSI : _____ On _____ at _____ hour Inspector's Decision: (1) The above work was inspected and found <input type="checkbox"/> in order / <input type="checkbox"/> not in order . Re- inspection <input type="checkbox"/> is / <input type="checkbox"/> is not required . Permission to carry out proposed works above is <input type="checkbox"/> given / <input type="checkbox"/> not given for the following reasons.			
Signature	黃桂明(Main Contractor)	Designation	CE/BSI
Inspector's Decision: _____ On _____ at _____ hour (1) The above work was inspected and found <input type="checkbox"/> in order / <input type="checkbox"/> not in order . Re- inspection <input type="checkbox"/> is / <input type="checkbox"/> is not required . Permission to carry out proposed works above is <input type="checkbox"/> given / <input type="checkbox"/> not given for the following reasons.			
*Further record in Site Record Book (book _____ Page _____ Item _____)			
	Inspected by	Inspected by	Witnessed by
Signature			
Full name	()	()	()
Designation	CE/BSI	IIA(BS) , if applicable	
Date			
Copy of the RFI form Received by Main Contractor : _____ On _____ at _____ hour			
Distribution: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>PMD/BSE <input type="checkbox"/></div> <div>PA <input type="checkbox"/></div> <div>PSE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>PCOW <input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>			

Legend:

* Delete as where not applicable