



JER CONSULT CORP.
Project Managers

INSTALLATION / INSPECTION CHECK LIST (IICL) ARCHITECTURAL WORKS ACOUSTICAL TILE & LUMINOUS CELING

Project: _____ **RFII No.** _____
Location: _____ **Date:** _____

Contractor: _____ **Structure** _____
Contract Package No.: _____ **Floor / Level** _____ **Area** _____

ITEM NO.	DESCRIPTION	Pls. Check			REMARKS
		Yes	No	N/A	
1.0	That materials comply with the design documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.0	That utilities, ductwork, electrical work, sprinklers, etc. are installed and tested before enclosing with the suspended ceiling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.0	Hangers for the supporting grid check requirements for additional hangers at light fixtures or other ceiling support equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.0	Requirements for bracing of unrestrained ceiling arches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.0	Prior to installation of acoustical tiles or panels, check alignment, pattern and level of supporting grid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.0	If ceiling panels are fixed in place, check requirements for access panels for piping, ductwork, equipment, etc. above ceiling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.0	That proper temperature and humidity are maintained during installation of acoustical ceiling panels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.0	Components for damage, soiling, or otherwise defective material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.0	Others. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes: _____

Requested by: _____ <div style="display: flex; justify-content: space-between;"> Contractor - CQC Date </div>	Witnessed by: _____ <div style="display: flex; justify-content: space-between;"> JERCC - Project Engineer Date </div>
Checked by: _____ <div style="display: flex; justify-content: space-between;"> Contractor - PIC Date </div>	Noted by: _____ <div style="display: flex; justify-content: space-between;"> JERCC - Construction Manager Date </div>

Note : This form must be submitted to JERCC Representative duly accomplished and signed by the corresponding Contractor's CQC / PIC at least 24 hours before to commence works.

Attachment No. _____