



JER CONSULT CORP.
Project Managers

REQUEST FOR INSTALLATION/INSPECTION (RFII) ARCHITECTURAL WORKS

Project: _____				RFII No. _____			
Location: _____				Date: _____			
Contractor: _____				Structure _____			
Contract Package No.: _____				Floor / Level _____ Area _____			
Please Check:							
DIVISION CODE							
09000 - Finishes		07000 - Thermal & Moisture Protection		08000 - Doors & Windows		05000 - Metals	
<input type="checkbox"/> Plastering, Skim Coating <input type="checkbox"/> Dry wall <input type="checkbox"/> Painting <input type="checkbox"/> Tiles (Ceramic, Homogeneous Non-Skid) <input type="checkbox"/> Flooring (Laminated, Resilient, Raised) <input type="checkbox"/> Baseboard <input type="checkbox"/> Veneer <input type="checkbox"/> Stone <input type="checkbox"/> Ceiling (Acoustic, Luminous) (Gypsum, Rubbed Concrete) <input type="checkbox"/> Caulking / Sealant <input type="checkbox"/> Terrazo <input type="checkbox"/> Stamp Concrete		<input type="checkbox"/> Insulation (Roofing, Wall, Ceiling) <input type="checkbox"/> Waterproofing / <input type="checkbox"/> Dampproofing <input type="checkbox"/> Elastomeric Roofing <input type="checkbox"/> Built - Up Roofing & Insulation <input type="checkbox"/> Flashing		<input type="checkbox"/> Door / Jamb / Hardware (PVC, Wood, Metal, Glass) <input type="checkbox"/> Curtain Wall <input type="checkbox"/> Frame <input type="checkbox"/> Windows		<input type="checkbox"/> Steel Roof Deck	
						<input type="checkbox"/> Reception Counter <input type="checkbox"/> Toilet Partition <input type="checkbox"/> Facial Mirror <input type="checkbox"/> Carpentry Works <input type="checkbox"/> Pipe Chase Encls. <input type="checkbox"/> Composite Panel <input type="checkbox"/> Decorative Panel <input type="checkbox"/> Railings / Handrails <input type="checkbox"/> Column/Wall Guard <input type="checkbox"/> Steel Bollards <input type="checkbox"/> Decorative Panel <input type="checkbox"/> Water Repellant <input type="checkbox"/> Aluminum Cladding <input type="checkbox"/> CHB / Bricks <input type="checkbox"/> Others Pls. Specify _____	
Check Items	Contractor Check Name	Initial	Date	Quality Control Check Name	Initial	Date	REMARKS
1. Line & Grade							
2. Architectural							
3. Structural Civil							
4. Electrical							
5. Mechanical							
6. Fire Protection							
7. Plumbing/Sanitary							
8. Safety Officer							
9. Others							
Remarks : _____							
Requested by: _____ Contractor - CQC Date				Witnessed by: _____ JERCC - Project Engineer Date			
Checked by: _____ Contractor - PIC Date				Noted by: _____ JERCC - Construction Manager Date			
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.							

Received by: _____ Date: _____
JERCC - Admin. Officer