



JER CONSULT CORP.
Project Managers

INSTALLATION / INSPECTION CHECK LIST (IICL) ARCHITECTURAL WORKS DRY WALL

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	The material complies with design documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.0	Layout of all work for correct location, alignment and special items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.0	Utilities are installed and tested before enclosing with drywall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.0	Recessed items and supports are installed in proper sequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.0	Support structures for alignment, plumb, square and anchorage before application of drywall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.0	Requirements for sound deadening insulation, resilient clips and channels in sound deadening are partitions complied with: Wallboard installation (use Manufacturer's Instructions) for : <ul style="list-style-type: none"> The long dimension of the drywall is horizontal. The fastenings are properly indented in drywall and covered. The corners are reinforced. Tape is properly embedded with number of coatings required sanding between coats is performed. Feathering is out 12 to 15 inches and joints are unnoticeable after finish is applied. Metal edges are used where shown. Proper type of texture is applied. Dry Wall joints : <ul style="list-style-type: none"> Joints should occur over supports (studs or furring channels). Those between backer board and finish board are properly staggered. Those at ends of drywall panels are staggered. Those on opposite sides of a partition occur at different studs. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.0	Others. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes: _____

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.

Attachment No. _____