



JER CONSULT CORP.
Project Managers

INSTALLATION / INSPECTION CHECK LIST (IICL) ARCHITECTURAL WORKS DOOR, DOOR JAMB & HARDWARES (METALS)

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	Electrical components (such as interlocking switches) are as specified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.0	Co-ordination is performed with related trades for delivery and installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.0	Anchoring and attachment devices for vehicle and special purpose doors are as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.0	Installation of weather stripping where specified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.0	Separation of dissimilar materials at door frames.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.0	Required grouting at metal door frames. That frames and doors are installed straight, plumb level and adequately braced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.0	Doors and hardware operate properly and the direction of swing is as specified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.0	Motorized doors have smooth, unhindered operation and are inspected by an electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.0	Engineer for acceptance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.0	Requirements for undercutting for thresholds or ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.0	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. _____