

# Site Visit Report Template

## 4th Dimension Architects

### SITE VISIT REPORT

#### Project Information

Field	Details
Project Name	
Project Code	
Site Address	
Client	
Contractor	

#### Visit Details

Field	Details
Report No.	SVR-[Project Code]-[XXX]
Visit Date	
Visit Time	From: _____ To: _____
Weather	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hot
Prepared By	
Reviewed By	

#### Attendees

Name	Company	Role	Contact
	4th Dimension	Architect	
	[Contractor]	Site Engineer	
	[Client]	Representative	

#### Purpose of Visit

☐ Regular progress check ☐ Quality inspection ☐ Issue resolution ☐  
Client meeting ☐ Handover/completion ☐ Other: \_\_\_\_\_

Current Work Status

Overall Progress: [\_\_]% Complete

Activity	Status	% Complete	Remarks
Site clearing	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Excavation	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Foundation	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Plinth	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Superstructure	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Brickwork	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Plastering	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Flooring	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Electrical	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Plumbing	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Painting	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
Joinery	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	
External works	<input type="checkbox"/> NS <input type="checkbox"/> IP <input type="checkbox"/> C	%	

NS = Not Started, IP = In Progress, C = Complete

Observations

1. General Site Conditions

Item	Status	Comments
Site cleanliness	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Material storage	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Safety measures	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Labor strength	Adequate / Insufficient	

2. Quality Observations

[Describe quality of work observed, compliance with drawings/specifications]

Area	Observation	Drawing Ref	Status
			<input type="checkbox"/> OK <input type="checkbox"/> NI

☐ OK ☐ NI

☐ OK ☐ NI

*NI = Needs Improvement*

### 3. Deviations from Drawings

Item	Drawing Shows	As Built	Action Required
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### Issues & Concerns

#### Outstanding Issues from Previous Visit

Issue #	Description	Status	Remarks
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☐ Resolved ☐ Pending

☐ Resolved ☐ Pending

#### New Issues Identified

#	Location	Issue Description	Priority	Action By	Due Date
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1 ☐ High ☐ Med ☐ Low

2 ☐ High ☐ Med ☐ Low

3 ☐ High ☐ Med ☐ Low

### Decisions Made

#	Decision	Decided By	Date
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1

2

### Instructions Given

#	Instruction	To	Due Date
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1

2

3

## Clarifications Requested

#	Query	Drawing Ref	Response Required By
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1			
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2			
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## Photo Documentation

Photo #	Location/Description	Date/Time
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P1		
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P2		
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P3		
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P4		
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*[Attach photos at end of report]*

## Materials on Site

Material	Quantity	Quality Check	Remarks
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Cement		<input type="checkbox"/> OK <input type="checkbox"/> Reject	
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Steel		<input type="checkbox"/> OK <input type="checkbox"/> Reject	
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Bricks		<input type="checkbox"/> OK <input type="checkbox"/> Reject	
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Sand		<input type="checkbox"/> OK <input type="checkbox"/> Reject	
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Aggregate		<input type="checkbox"/> OK <input type="checkbox"/> Reject	
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## Next Steps

#	Action Item	Responsible	Target Date
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1			
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2			
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3			
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## Next Site Visit

Scheduled Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

## Distribution

Name	Company	Email
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Client

Contractor

4th Dimension (Principal)

4th Dimension (File)

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## **Sign-Off**

### **Prepared By:**

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Name: Designation: Date:

### **Acknowledged By (Contractor):**

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Name: Designation: Date:

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*4th Dimension Architects [Address] / [Phone] / [Email]*