

# **Site Visit Report Template**

## **4th Dimension Architects**

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### **SITE VISIT REPORT**

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#### **Project Information**

<b>Field</b>	<b>Details</b>
<b>Project Name</b>	
<b>Project Code</b>	
<b>Site Address</b>	
<b>Client</b>	
<b>Contractor</b>	

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#### **Visit Details**

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

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#### **Attendees**

<b>Name</b>	<b>Company</b>	<b>Role</b>	<b>Contact</b>
4th Dimension	Architect		
[Contractor]	Site Engineer		
[Client]	Representative		

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#### **Purpose of Visit**

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

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## 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*

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## 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

### Issues & Concerns

#### Outstanding Issues from Previous Visit

Issue #	Description	Status	Remarks
		<input type="checkbox"/> Resolved <input type="checkbox"/> Pending	
		<input type="checkbox"/> Resolved <input type="checkbox"/> Pending	

#### New Issues Identified

#	Location	Issue Description	Priority	Action By	Due Date
1			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/>		
		Low			
2			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/>		
		Low			
3			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/>		
		Low			

### Decisions Made

#	Decision	Decided By	Date
1			
2			

### Instructions Given

#	Instruction	To	Due Date
1			
2			
3			

## **Clarifications Requested**

#	Query	Drawing Ref	Response Required By
1			
2			

## **Photo Documentation**

Photo #	Location/Description	Date/Time
P1		
P2		
P3		
P4		

*[Attach photos at end of report]*

## **Materials on Site**

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

## **Next Steps**

#	Action Item	Responsible	Target Date
1			
2			
3			

## **Next Site Visit**

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

## **Distribution**

Name	Company	Email

Client  
Contractor  
4th Dimension (Principal)  
4th Dimension (File)

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## **Sign-Off**

### **Prepared By:**

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Name: Designation: Date:

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

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Name: Designation: Date:

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

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