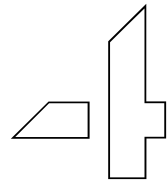


# BUILDING INSPECTION CHECKLIST & REPORT (COM)

GROUP FOUR



GROUP FOUR  
BUILDING CONSULTANTS

INSPECTOR: PH  LJ  MH  MM  BB  DM  DC

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

TYPE OF PROJECT : \_\_\_\_\_ AREA OF WORKS: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

## FINAL

### DOES THE STRUCTURE CORRESPOND WITH ENDORSED BUILDING DRAWINGS?

Plan Layout the Same	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	No of Facilities (Including Disabled)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Building Elevations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Fire Fighting Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Exit Signage Correspond	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Egress Paths Satisfactory	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Emergency Lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Handrails and Steps Satisfactory	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

### DO WE HAVE THE FOLLOWING DOCUMENTS AND CONDITIONS?

Commissioning, pressure flow and Installation of Fire Hose Reels -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commissioning, pressure flow and Installation of Hydrant System -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commissioning and Installation of mechanical system -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commissioning and Installation of smoke and fire detection system -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commission and Installation of smoke doors and smoke proof walls -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commissioning, pressure flow and Installation of Sprinkler System -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Connection of FIP to Fire Brigade or approved monitoring agency -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Confirmation in writing all penetration are sealed as per BCA requirements to any fire walls and smoke walls, including roof spaces -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Commissioning and Installation of Exit and Emergency lights -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Verify all building permit conditions on the Building Permit -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
CFA or MFB report Regulation 1003 as a result of Reg. 309 report -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Plumbing Compliance Certificates -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Electrical Compliance Certificates -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Glazing Certificates -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Thermal Insulation Certificates including Acoustic Ratings (where required) -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Termite Certificates (Part A & B)- If Applicable -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Fire Indices of Materials Spec. C1.10 BCA -	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

INSPECTION RESULT: APPROVED  NOT APPROVED  APPROVED SUBJECT TO COMMENTS

Contractor Notified: YES  NO  Contractor On Site: YES  NO  Use Reverse Side for Comments

Name of Contractor On Site and/or Phone No. \_\_\_\_\_