

INSPECTION FOR CLOSING DEFECT

Project:	
Ref No:	
Contractor's Request:	
The following location are/ will be ready for inspection at (date) on (time) (24hours notice must be given)	
Location of work: Block Level	Gridline
Inspection of closing defect list rectification item:	
	_
Attachment for Inspection: Defect List, attendance document reference (*attached one time only during the first time of the particular trade commence)	
By Client / Client's Representative:	
Inspection Response:	
A. Inspection Passed. Remedial works are satisfied.	
B. Remedial works listed below to be completed and re-inspection is required afterward.	
Submitted by Main Contractor:	Inspection & Approve by Client / Client's Representative:
(Signature)	(Signature)
Name:	Name:
Time:	Time:
Date:	Date:
Re-inspection by Client / Client's Representative (if required):	
Re-Inspection Passed. Remedial works are satisfied.	Instantian C. Assumes by Client / Client/s Decreased this
Re-Inspection by Main Contractor:	Inspection & Approve by Client / Client's Representative:
(Signature)	(Signature)
Name:	Name:
Time: Date:	Time: Date:

FORM NO: SLG/PRO-PCON/FRM/02/01 | REVISION NO: 00 | EFF DATE: 31/1/2024