

*Your Company Name,
Logo and Details Here*

DAY WORKS

VAT Registration No:
Co Registration No:

FACILITY DETAILS		
Facility:	Location:	Contact Details:

FACILITY CONTACT PERSON		
Name:	Mob:	Date of Inspection:

SITE CONDITIONS				
<input type="checkbox"/>	Fences	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Gates	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Signage	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Internal Roads	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Car Parks	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Lighting / Flag Poles	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Drainage	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Trees	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	

BUILDING ELEMENTS				
<input type="checkbox"/>	Structural Stability	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Doors (External)	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Doors (Internal)	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Windows/Glass	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Walls (External)	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	
<input type="checkbox"/>	Walls (Internal)	Action Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A	

Signed COMPANY Engineer

Print COMPANY Engineer

Signed CLIENT Representative

Print CLIENT Representative