Waikato Building Consent Group — Post-line Inspection

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:

Restricted Building Work - LBP license check *(Check against list of notified LBPs for this project)* ☐ Not applicable, not RBW

Name of LBP: *(If not on site, ask who the LBP is)*

LBP Onsite: ☐ Yes ☐ No
License sighted: ☐ Yes ☐ No
License No: ..... *(if sighted)*
Expiry Date: .....

ITEMS TO BE CHECKED *[Checked against the approved Building Consent (BC) documents]*

Key:
Decision: [√] or [P] = Pass [X] or [F] = Fail, further inspection required [I] or [—] or [NA] = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

? Approved BC documents and amendments on site
? Prior inspection passed or instructions addressed

General

? Correct wall linings
? Floor / ceiling nailed off as diaphragm
? Sheet bracing: location / correct fixing / patterns & penetrations
? Safety glass

Fire Rating / Acoustics

? Fire philosophy
? Fire rating - first layer
? Fire rating - second layer
? Stopping of fire rating
? Penetrations through fire rating
? Stairs
? Doorways / corridors
? STC sound ratings

Discuss with Builder as appropriate

? Compliance schedule features
? Accessible car parks
? Ramps
? Entrance
? Public reception area
? Lifts
? Controls (auto doors etc.)
? Laundering
? Food preparation
? Signage
? Surface finishes
? Accessible routes
? Flame index for interior finishes

Comments if required: ☐ Photos attached *(if relevant)* ☐ Memo / Instruction No: ..... ☐ Verbal instruction *(specify)*:

OUTCOME OF DECISIONS *[Tick the correct outcome: e.g. ☑ PASS or ☑ FAIL etc. Use REPEAT section if applicable.]*

Work complies with the approved BC documents
☐ PASS
☐ FAIL. Work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature : Date:

REPEAT: Work complies with the approved BC documents
☐ PASS
☐ FAIL. Work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature: Date: