

Waikato Building Consent Group

Blocks, Beams, Columns & Tilt Slab 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) <input type="checkbox"/> Not applicable, not RBW	
Name of LBP: (If not on site, ask who the LBP is)	LBP Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No License sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No License No: (if sighted) Expiry Date:
ITEMS TO BE CHECKED [Checked against the approved Building Consent (BC) documents]	
Key: Decision: <input checked="" type="checkbox"/> or <input type="checkbox"/> P = Pass <input type="checkbox"/> X or <input type="checkbox"/> F = Fail, further inspection required <input type="checkbox"/> I or <input type="checkbox"/> — or <input type="checkbox"/> NA = Not Applicable Reason for decision: Compliance or non compliance with the approved building consent documents	
<input type="checkbox"/> Approved BC documents and amendments on site <input type="checkbox"/> Prior inspection passed or instructions addressed Bond beams, Beams, Columns, Block Work <input type="checkbox"/> All steel as per detail: size, type, placement, laps, ties, cover <input type="checkbox"/> Bond beams / lintels, No. of bars, stirrups <input type="checkbox"/> Wash out ports are clean <input type="checkbox"/> Construction joint placement <input type="checkbox"/> Tanking / drainage <input type="checkbox"/> Subfloor ventilation	Tilt Slabs <input type="checkbox"/> All steel as per detail: size, type, spacing, laps, ties, cover <input type="checkbox"/> Thickness of slab correct Required Documentation <input type="checkbox"/> Engineer inspection completed PS4: <input type="checkbox"/> Received <input type="checkbox"/> Outstanding <input type="checkbox"/> NA
Comments if required: <input type="checkbox"/> Photos attached (if relevant) <input type="checkbox"/> Memo / Instruction No: <input type="checkbox"/> Verbal instruction (specify):	
OUTCOME OF DECISIONS [Tick the correct outcome: e.g. <input checked="" type="checkbox"/> PASS or <input type="checkbox"/> FAIL etc. Use REPEAT section if applicable.]	
Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. Work may proceed to next inspection. <input checked="" type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee	REPEAT: Work complies with the approved BC documents <input type="checkbox"/> PASS <input type="checkbox"/> FAIL. Work may proceed to next inspection. <input type="checkbox"/> FAIL. Repeat inspection required <input type="checkbox"/> Additional fee
Officer Name:	Officer Name:
Signature:	Date: