

**CAMPANY NAME**  
**PLASTERING CHECKLIST**

<b>Project</b>		ABC	
<b>CLIENT</b>		XYZ	
<b>Report No.</b>		<b>Date of Inspection</b>	
<b>Location of work</b>		<b>Ref.Drawing No.</b>	
<b>Work done TIME : from</b>		<b>to</b>	
<b>S.No.</b>	<b>Description of Activity</b>	<b>YES</b>	<b>NO</b>
		<b>N/A</b>	<b>Remarks</b>
<b>Checks ( Before start of Plastering).</b>			
1	Was the Materials to be used in plastering Tested and Approved		
2	Surface over which plastering is to be done has been cleaned.		
3	All concrete surfaces were hacked properly before plastering		
4	All the surfaces were sprinkled with water before plastering and approved bonding agent applied on concrete surface.		
<b>Checks ( During Plastering )</b>			
5	Scaffolding work checked.		
6	Thiyyas / level dots were checked for thickness.		
7	Proportion of cement mortar,bulkage of sand checked.		
8	Thickness, line,level and plumb of plastered surface were checked.		
9	Adhesives if any were checked for proportion		
10	Chicken mesh at vertical and horizontal joints of R.C.C. and masonry were checked.		
11	Scaffolding holes were filled properly and checked.		
12	curing work after sufficient hardening of plastered surface were done and checked.		
<b>COMPANY ENGINEER</b>		<b>CLIENT ENGINEER</b>	
<b>Name</b>		<b>Name</b>	
<b>Sign</b>		<b>Sign</b>	
<b>Date</b>		<b>Date</b>	