

COMPANY NAME

CHECKLIST FOR PLUM CONCRETE

Project:	ABC		
Client	XYZ		
Report No.		Date of Inspection	
Location of work		Ref.Drawing No.	

Work done TIME : from _____ **to** _____

S/N	DESCRIPTION	CHECK POINTS			REMARKS
		Satisfactory	Not Satisfactory	N.A	
1	Plum Invert Level				
2	Formwork System				
3	Construction/Expansion Joint Location				
4	Cleanliness				
5	Lighting Arrangement at night				
6	Rain Protection				
7	Concrete Pouring Sequence				
8	Concreting Manpower Availability				
9	Equipment In Working Condition				
10	Concrete Ordered In Advance (For RMC)				
11	Access To Concreting Site Proper				
12	Slump cone available				
13	Grade of Concrete (___ N/mm ²)				
14	Slump Required (___mm)				
15	Others (Pls Specify)				

COMPANY ENGINEER		CLIENT ENGINEER	
Name		Name	
Sign		Sign	
Date		Date	