COMPANY NAME
Pour Card

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

Work done TIME : from to

A	GENERAL INFORMATION:			
	Location			
	Date of Casting			
	Grade of Concrete			
	Member/ Structure			
	Concrete		M^3	
B	CHECKLIST	YES	NO	NA
	Formwork Checklist approved			
	Reinforcement Checklist approved			
C	OTHER INFORMATION			
	Theoretical Concrete Requirement (Cum) No of Concrete Cubes Required to be taken Water Cement Ratio Actual number of Concrete cubes taken Slump MM			

Any other Remarks/Qty Calculation:

Checked By:-COMAPNY ENGINEER		Reviewed By :- CLIENT ENGINEER	
Name		Name	
Sign		Sign	
Date		Date	